Leverage your EHR investment
Rosemarie Nelson. Medical Economics. Oradell: Mar 10, 2011. Vol. 86, Iss. 5; pg. 32, 3 pgs

Abstract (Summary)
Many doctors and practice administrators think that successfully implementing electronic health records (EHR) is just about training. Your chances for a successful EHR adoption improve significantly, however, if you start to get "EHR-ready" even before the training sessions are scheduled. The most successful practices implement technology to achieve incremental benefits, often using a phased approach rather than a "big-bang" initiative that can be challenging to users and frustrating to providers. The following recommendations are preparatory action items that not only will improve the potential for successful EHR adoption, but increase operational efficiency regardless of future technology adoption: 1. Standardize forms (such as medication and immunization flow sheets, review-of-systems, past family history). 2. Standardize chart styles. 3. Stop printing paper schedules. 4. Save documents printed from the Web as electronic files. 5. Investigate hiring an information technology support firm. 6. Implement electronic signoff on transcription, whether it is outsourced or performed in-office. 7. Build a patient portal on your practice's Web site.

Full Text (1406 words)
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[Headnote]
HOW TO STREAMLINE YOUR OPERATIONS TO REALIZE A GREATER RETURN ON NEW TECHNOLOGY

How can you prepare your practice for meaningful use of electronic health records (EHRs)? Many doctors and practice administrators think that successfully implementing EHRs is just about training. Your chances for a successful EHR adoption improve significantly, however, if you start to get "EHR-ready" even before the training sessions are scheduled.

It's important to remember that implementing EHRs is a change management project, not a technology project. Both implementing an EHR and improving operations require change—change in workflow and change in work process. But managing change presents challenges, because it is human nature to cling to the status quo and resist change, even while we complain about the status quo.

WHY EMPLOYEES RESIST CHANGING TO EHRS

The most common reasons employees resist changing to an EHR are concerns about their own abilities to learn a new technology and adapt to a new system, and fear that an EHR will require more effort than the old system. Some individuals have a low tolerance for change, even when they see the need for it in concept.

With this in mind, practice leaders must prepare for change by identifying core values, understanding end-user needs, creating a vision that compels the need for change, and being sensitive and responsive to individuals' stress resulting from change. In addition, they must demonstrate the benefits of the EHR system and develop solutions to the potential problems that may prevent user acceptance.

The most successful practices implement technology to achieve incremental benefits, often using a phased approach rather than a "big-bang" initiative that can be challenging to users and frustrating to providers. The following recommendations are preparatory action items that not only will improve the potential for successful EHR adoption, but increase operational efficiency regardless of future technology adoption:

* Standardize forms (such as medication and immunization flow sheets, review-of-systems, past family history).
Often, a physician will admit that he or she rarely uses a particular form because he or she doesn’t like it and even has developed his or her own special form.

* Standardize chart styles. During a recent consulting engagement, we found that some charts had securely filed notes, test results, and patient information in chronological order, whereas others contained loosely stuffed paperwork.

* Stop printing paper schedules. You have computers in the clinic area. Use them to access the scheduled arriving patients. The biggest changes resulting from EHRs will fall on your support staff, and every opportunity to use technology will help them get ready for EHRs while increasing efficiencies. Modify your practice management system to accommodate the various patient statuses (for instance: arrived, checked in, ready to be roomed, ready for lab or x-ray) to facilitate patient flow.

* Save documents printed from the Web as electronic files. Nurses often print from Web sites documents that they subsequently file in the paper chart. These documents instead could be saved as electronic files, enabling nurses to retrieve them as needed and save paper filing time. (Generally the documents are saved in case of future questions, not because they are essential for providing follow-up care, so they don’t need to be in the chart used in the exam room.) Your practice will need to establish a document naming protocol to accommodate this practice.

* Stop using paper message forms, and standardize electronic phone message tasks across all support staff. Most practice management systems have a message/email-like routing tool that can readily be adapted for tracking telephone calls. Use it.

* Investigate hiring an information technology (IT) support firm. IT support will be critical to a successful EHR implementation. The more demands we put on technology, the more reliable we need to make it.

* Implement electronic signoff on transcription, whether it is outsourced or performed in-office. The process will enable you and your staff to become more comfortable with technology in preparation for EHRs. Too many practices print the transcribed reports daily, route them for physician signature, then scan them again in addition to filing them in the paper charts. This process creates a great deal of extra work and increases operating costs.

* Maintain electronic folders with transcribed notes, and provide physician access to them to reduce chart pulls. You and others in your practice will gain valuable experience accessing the electronic documents and will find tremendous benefit when you are offsite and would like to see the last note about a patient.

* Identify the paper logs or notebooks the practice uses for tracking things such as outgoing pathology specimens, imaging studies, and Pap smears. How are the logs maintained, who maintains them, who reviews them, and what are the redundancies inherent to the process? This assessment process establishes the specific tracking that takes place with orders and incoming lab result reports, an important step in preparing for EHR adoption. It also will help you identify potential time savings in the flow of paperwork.

* Investigate electronic faxing. Installing a digital fax server on your network allows your medical records staff to easily route documents to the appropriate person while also filing the document in the chart. Keep electronic copies of incoming faxes and you’ll save valuable time hunting for pieces of paper by simply accessing the electronic folder. This process will require establishing a document naming protocol.

* E-prescribe. E-prescribing delivers benefits every day in the form of enabling staff to manage patient/ pharmacy requests for refills without pulling charts.

* Make medication and follow-up orders consistent. Take, for example, a provider who writes a prescription for 90 days and an order for a followup patient visit for 6 months. When the patient runs low on medications, he or she requires a reissue, and that generates a phone call or fax, a chart pull, authorization for the reissue by the physician, a communication from a staff member to the pharmacy and/or patient, and a refilling of the chart. The estimated cost of this process in terms of support staff time is about $3.50 per request, assuming that the chart is in its proper place in the file room. If a provider receives 15 of these requests each day, then that daily cost is approximately $52.50, without even including the cost of the physician’s time.

* Build a patient portal on your practice’s Web site. Doing so will improve patient service and reduce work for your staff. Develop interactive services on the Web site that allow patients to request new or changed appointments and
prescription reissues, complete a medical/social/family history, and view diagnostic test results while simultaneously reducing incoming phone calls for the staff. An electronic kiosk in the office is a supplement to the patient portal and can automate patient check-in, insurance coverage verification, and copayment collection, and it can capture health history data that ultimately can be entered into the EHR system.

PAIRING EHRS, OPERATIONAL IMPROVEMENTS

Is it the EHR system or the operational improvement that drives profitability? In reality, it's both. Operational improvements usually are required before the transition to EHRS, but once in place, EHRS allow for greater efficiency. A recent Medical Group Management Association (MGMA) survey demonstrated that total medical revenue/full-time equivalent (FTE) physician after operating cost was consistently greater across single specialty and multispecialty groups using EHRS than for their peers not using EHRS.

The table below provides key performance indicators for 2009 data on primary care practices (median per FTE physician) using paper records, EHRS, or a hybrid of paper and EHRS.

Higher levels of productivity, supported by fewer staff per FTE physician, resulting in higher levels of revenue, collected faster. Only by combining operational changes with EHR implementation can a practice achieve significant improvement.

Sounds like change might be good, doesn't it? Time to get EHR ready.

[Sidebar]
[THE MOST SUCCESSFUL PRACTICES IMPLEMENT TECHNOLOGY TO ACHIEVE INCREMENTAL BENEFITS, OFTEN USING A PHASED APPROACH RATHER THAN A 'BIG-BANG' INITIATIVE THAT CAN BE CHALLENGING TO USERS AND FRUSTRATING TO PROVIDERS.]

[Sidebar]
POWER POINTS
Treat EHR implementation as a change management project.
Standardize your practice's existing printed forms as much as possible.
Explore hiring an IT firm on a retainer basis to provide technical support.
Develop a patient portal on your practice's Web site to improve service and reduce staff workload.

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Indexing (document details)
Subjects: Electronic health records, Technology adoption, Guidelines, Physicians, Standardization
Classification Codes: 9190, 5260, 9150, 8320
Locations: United States--US
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Document types: Feature
Document features: Photographs, Tables
Publication title: Medical Economics. Oradell: Mar 10, 2011. Vol. 88, Iss. 5; pg. 32, 3 pgs
Source type: Periodical
ISSN: 00257206
ProQuest document ID: 2312512741
