

Are you ready to take the plunge?

Many practices wonder if it's time to move to EMR system

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With President Bush calling for the majority of Americans' medical records to be computerized within the next 10 years, an electronic medical record (EMR) system may soon be an expectation in today's medical practice—not a technological advance.

While many large groups or hospital-based practices have transitioned to electronic medical records, some smaller groups and solo practitioners have taken a "wait-and-see" attitude. An EMR system represents a significant financial investment (often \$50,000 per physician), and smaller practices can't afford to make a mistake.

And yet, the EMR system has obvious benefits. One physician described the EMR as the vehicle that unchained him from his desk and allowed him to get re-energized about practicing medicine. Prior to having an EMR system in place, the physician spent Saturday afternoons in the office working on backlogged dictation and transcription, worked after hours searching for patient charts to respond to phone calls, and was constantly late for dinner with his family.

How do you know if your practice is ready for an EMR system? The following statements may help you decide.

- *Your practice has a well-trained and dedicated clinical and clerical support team.* Computer systems help organize information, but they don't automatically organize your office. If your staff isn't trained and at their peak performance, adding additional tasks could make things more chaotic. Be sure that your operations are in order before introducing a complex new system.
- *Job duties are clearly defined in your practice, and staff are accountable for those duties.* An EMR system can make staff more efficient by enabling them to answer phone calls quickly due to the immediate availability of patient information, to pull up test results without running to the file room, and

much more. However, job duties must be assigned and clarified before an EMR system will work. You must decide who will mark patient arrivals in the EMR system, who will take phone messages in the system and route them to appropriate providers, and who will take requests for same-day visits and screen and schedule if appropriate. Job duties may change with EMR implementation, but responsibilities still must be clear.

- *The physician(s) has set policies regarding phone messaging, prescription refill calls, and documentation of phone calls with patients.* All of these tasks are automated to some degree with an EMR system, which is great. But if there are no protocols in place in your practice, you may end up with inaccurate data or an underutilized system. While physicians in a group don't necessarily have to follow the same protocol, it is helpful. At the very least, staff need to be clear on the varied protocols and able to execute them using the computer.
- *Your staff and physicians have basic computer skills, including keyboarding, Internet and e-mail usage, and experience*

in Windows-based programs. The single biggest mistake most practices make is not planning enough training for system users. Be sure to plan extra time up front for computer basics. One client had to take a step back and teach some of the office staff how to use a mouse. That may seem funny to younger users who intuitively point and click, but not using the system because you can't navigate is no laughing matter.

- *Your practice provides computer system training for staff and physicians annually or whenever updates are installed.* Systems are updated regularly with new features, which means that your staff must be trained to use the new features to take advantage of them. When selecting an EMR system, remember that you will need to invest in ongoing training and support to get the most out of the system. Be sure to factor in these costs.

If you can answer "yes" to the statements above, you are ready to start your search for an EMR system. Get your multi-disciplinary team (physician, administrator, clinician, and receptionist) together and start discussing what each would like to see in an EMR system. ■