

# HOW TO CHOOSE AN EMR

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## THREE APPROACHES THAT SEEM TO WORK BEST

Which EMR is right for your practice? The very question creates anxiety in many physicians. You may have heard horror stories about doctors investing tens of thousands of dollars in an EMR only to have the investment wither away when the vendor was acquired by another company, dropped support, or had simply exaggerated what its product could do. It's certainly tempting to stick with paper-based systems.

Having just served as a judge for *Physicians Practice's* "Practice of the Year" contest (look for the winner next month), I observed some emerging patterns in EMR use that might help. Following are three different strategies you can use when trying to implement an EMR in your practice.

One caveat, though: My purpose here is not to endorse a particular product but to give you a framework for understanding the options.

### STRATEGIES THAT WORK

The strategies are:

1. A modular, custom-built approach;
2. Integrated "horizontal" EMR solutions which may also include modules designed for your specialty;
3. A standalone EMR solution designed from the beginning for your type of practice.

One of the best-run groups in our application pile opted for a modular, custom-built approach from outside its specialty. The product had a catalog of individual functional modules that allowed a customized build of the EMR functions this practice wanted.

Companies with products like this bring together a menu of tools with such individually powerful

modules that a practice wanting to go to a little extra trouble can set up an EMR customized to local practice needs.

The next approach is to use an integrated system that is part of a "horizontal" multispecialty EMR package. Some of these also have specialty specific modules. I found that more than one practice had opted for A4 Health Systems' HealthMatics products ([www.a4healthsystems.com](http://www.a4healthsystems.com)).

The HealthMatics EMR creates a paperless patient flow management system. A new patient will have written information scanned directly into a new patient record while insurance eligibility is verified at the front office. Nursing information is entered at exam room workstations so that the information the physician needs is available before the patient's examination. Encounter information is entered in real time by the physician at the keyboard in the exam room.

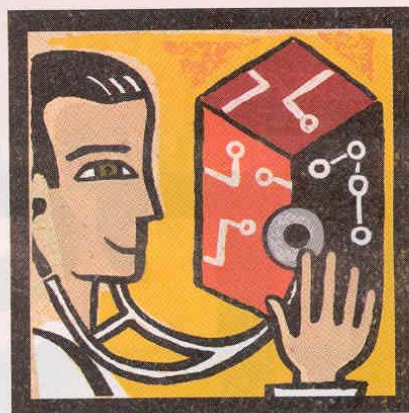
The third approach is to use a specialty EMR system. These systems have the same embedded functionality of most EMRs but with nuances important to the specialty.

### SHOULD YOU DO IT?

Is an EMR better than conventional dictations with paper charting? As with all new technologies, the answer is a mixed one.

No EMR charting solution can enter information as completely or as quickly as the handwritten note or transcription of dictation, making many physicians hard-pressed to choose an EMR just yet.

Still, there are some other important considerations that apply here:



Patient safety and revenue generation both depend on reliable patient flow. Increases in throughput translate to better patient access and higher total charges. Also, bottlenecks in patient flow occur from not having the chart accessible to all involved caretakers. How many times have you wasted three to five minutes looking for a paper chart that a technician or nurse has? For a busy, multiphysician practice, that translates into six or seven hours a day of lost productivity. That could cost a high-volume group \$200,000 or more in physician time wasted. An EMR can mitigate those costs.

Almost every capable practice in our contest that had implemented an EMR found improvements in charge capture or patient flow that more than paid for it. One group found that reducing the number of dictated charts by 10 percent led to transcription cost savings approaching \$400,000.

There is no "one size fits all" EMR. It's pretty clear, though, that in an era of heightened patient safety awareness and cost containment, the EMR is something you'll want to implement for your own practice in the near future. ■

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