

## Selection Success Fall 2007

by Paul Shearer

*"Who moved my clipboard?"  
Some advice on letting go of the paper*

I used to carry around a day planner; a rather large one. It was about 400 pages and held every name, number, address and meeting for my entire year. I looked like a traveling preacher getting ready to stand on a hill and start shouting but it was alright, I felt organized, secure and confident in my commitments. That is until I received a Palm Pilot as a birthday gift. I received the gesture in a way that a senior citizen might if he received a PlayStation for Christmas; big smile, and a "thanks but why?" expression. I thought I would plug it in for fun to please who bought it for me, but I may never really use it. The thought of trusting my entire well being to this tiny gadget was hard to imagine. That is until one day I decided to block out an hour to learn my way around this thing. The next thing I knew I didn't know how I was getting by without it. My scheduling "bible" was now not only small enough to fit in my suit pocket, it was also my phone, my camera, my alarm clock, notepad and email system. Rome was certainly not built in a day but once finished, it's a much better place.

EMR experiences are not much different. An EMR can almost be seen as a Palm Pilot for the Doctor's office; you're going away from the security of that paper, but if you take the time to choose wisely and invest some time into learning your system, your headed to a better place. So here are some answers to some commonly asked questions I hear from physicians wondering how to manage this change.

### How do we get all our paper into the system and how long does it take?

This depends. One way is to scan the patient's chart into the system as they come in. This means your paper charts will take time to disappear; perhaps a couple of years but it also ensures that all data in your system will be "clean" data and there are no dormant patients or unused data in the system.

Some offices want to go chartless as soon as possible. Most EMR vendors will coach you on how to do this but will not actually provide the manpower to get you there. From there you can either hire some temporary help or hire a third party service to get all the paper scanned in the appropriate place in the EMR. With EMR becoming more and more common, there are even some companies out there who actually specialize in EMR scanning transitions; they often charge by the chart.

The "Palm Pilot" effect is that once this is complete, you and your staff will have a "virtual chartroom," and everyone, including the patients will love it. A patient calls with a question, the staff will type the patient's name and poof, they are now viewing their chart. No sticky notes, call-backs, misfiles or headaches, plus your patient gets immediate answers.

### How am I going to learn how to do exams in this thing?

Refer to the summer edition where I point out that this is where the hard dollar bills are paid and where an EMR can most effectively pay for itself. This is where selection is critical and where you as the Physician need to pay close attention to the selection process to make sure you have chosen a system that YOU can document in effectively and swiftly; not just the paid specialist you saw give the demonstration. You can often "phase in" when it comes to documenting in the EMR and keep up with your workload. For example, start out doing just routine procedures in the EMR. After a week or two, once you feel more comfortable, go ahead and do some more thorough examinations. As a fall back, it's nice if the documentation has voice recognition, or at least a voice capture module. Many vendors say to expect a six-month to one-year ramp up period until you're swift enough on the clinical documentation to not miss a beat. It may seem like awhile, but compared to the length of a career, it's not as drastic.

You can then report on any and all data you put into the system. Imagine the possibilities with just that one benefit. Show me all patients I have on a recalled drug, show me all patients with high

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blood glucose levels....you get the idea. You'll also be able to eliminate a lot of transcription costs, not have to do dictation at the end of the day and possibly code at a higher level due to having complete documentation.

Again, Rome was not built in a day, and certainly not without some effort but once built, Rome is nice.

### **How do I motivate my staff to learn it?**

Your staff will indeed have a learning curve, but I have never heard a staff member say "I wish we were still on paper." Their jobs are less stressful and they can now pull charts and fax electronically without leaving their chairs. Have the office manager and a key user look at the administrative portion of a demonstration from a vendor. Again if the vendor is the appropriate selection, their enthusiasm should be pretty contagious.

### **What if the system goes down?**

This comes up all the time and I too always wondered "what if my Palm Pilot ever got erased." I have known practices running EMR for years who have never had a server go down, and some who have had it happen a few times in one year, so it's a legitimate concern, but one that is often over speculated. Your server should have at least one level of redundancy for data recovery; often in the form of tapes or hard drives. Some vendors offer an off-site back-up option as well. Worst case if your server goes down and your techy can't make it until tomorrow; you work off paper for a day.

### **What about the relationship I have with my patients?**

You should be able to reach a system of documentation where you can document your exam and not lose focus on the patient. One way is to pull up a template (Make sure your vendor of choice has template content for your specialty and that the templates are easy to customize), enter the exam room and document by exception, this way you can maintain eye contact and listen intently to your patient and his/her concerns.

It's pretty universal that change is uncomfortable and often difficult, yet it is needed if we want to improve. From the cell phones and palm pilots to the now overlooked items such as DVD players and personal computers, they all required at one time that one step out of his or her comfort zone. As you peruse vendors, ask yourself "can I see myself doing this for years to come?" If the answer is a confident "perhaps" then you should consider taking the plunge. As global business consultant Price Pritchett once said, "Change always comes bearing gifts."

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