

The conventional wisdom is that it is very difficult to install an EMR. It is said to take careful planning, equipment selection, staff training, and even then you may lose productivity for months. On top of that, it is expensive, and has very little direct payback.

All together, it seems like a big risk. No wonder so many physicians, especially those in smaller practices, have been reluctant to take the plunge.

Why is EMR implementation thought to be so difficult? It's because many installations have made one key mistake, a mistake that can have disastrous consequences. They have introduced a computer system that affects the entire practice, and tried to do it all at once.

Let's think about an analogous situation:

Most of us use our home computers for many different tasks. But suppose you had just acquired your first home computer. You realize you can use it for all your writing, your bookkeeping, and your investments. Suppose you decided to start using the computer for these tasks, starting today. This would drive you crazy. You'd have to select a word processor and learn how to use it. Ditto with a bookkeeping program. You'd sign up for electronic access to your bank accounts, credit cards, and investment accounts. When you take a phone message for a member of your family, you would go to the computer, crank up Word, and type the message. When you write a shopping list, you'd start Word and type Milk, Bread, and Jam. Write down a recipe, the same. Thank You note to Aunt Judy who never forgets to send you a birthday present, you would have to do it on Word. You get the idea.

In fact, you would never do this—it is ridiculous. You would very soon go back to pen and paper. This is just what can happen with an EMR. Installing and using an EMR this way is just too difficult, because in order to do it you have to change many aspects of your practice, your own work habits, and if any part fails it can drag the whole project down, and the system goes back on the shelf.

The Easy Way

The key to implementing an EMR is: Implement in stages.

How is this possible?

Remember that an EMR is fundamentally a database, one that keeps different categories of information for each of your patients. Among these are problem lists, medications, allergies, labs, histories, and your notes. Supporting them is the demographic information for each patient—which may be just name, sex, birth date, and address.

The key fact is that many of these data categories are independent. That is, you can enter a patient's medication into the EMR without entering any of his lab results, and you can enter a lab result without entering his medications. In this respect, the EMR mimics the paper chart, which is composed of independent paper records.

Thus you can begin to use an EMR by using just one of its categories of data. This ensures that the changes in your own habits and methods will be manageable. Later, you can add other categories, one or two at a time.

Labs First?

Where should you begin? Pick something that will bring an immediate benefit to you or your staff. In an internal medicine practice, for instance, this might be the recording of lab results. The volume of results is high, so if the results were recorded automatically there would be clear benefits to both staff and physician. On the other hand, a surgeon who does a lot of dictation might find that the ability to enter reports directly, either by speech recognition or with a template-driven approach, might find significant cost savings that way.

Suppose that you choose to begin with lab results. Now, lab results come from outside your office, either by fax or by transmission and printing. So entering them into a computer by hand would be a very time-consuming job for the staff. The best way to handle labs is to have them entered into the EMR electronically. The lab results can be sent to your computer in the form of a file, and your EMR

EMR Implementation Made Easy

Mr. Joseph R. Landau, CEO of VersaForm Systems Corporation

program can read them in. However, getting computers to cooperate always requires some setup, and your EMR vendor and your lab will have to coordinate. Usually this is simple, but sometimes one or the other of them will have to make adjustments.

But what happens if something goes wrong? What if the technician who is doing the setup wins the lottery, and quits? The nice thing is whatever happens you can easily fall back to the old way of handling labs. The lab results are still coming to you just as before, whether by printer, fax, or U.S. mail, and you can still use them. And no other part of your computer system is affected. There is minimal risk to your practice.

And when the installation is done, the lab results will be available on your computer system, faster than before, and you will be able to look up all the results for a patient, both for the current labs and the previous ones, usually on the same screen. They can also be printed so you can read them without using the computer (just as you do now), and tuck them into the patient's chart, which you will still be keeping (because going paperless is the last thing you do with an EMR, not the first).

Now the assessment: You bought a computer (or used one that you already had), purchased an EMR (or downloaded one free*), installed it (this took only as long as installing any other program), and let your primary lab start downloading results. Your costs have been minimal or nil (or paid by the lab), there has been little stress on you, and you have an EMR up and running in your office. It gives you lab results and alerts earlier than before that you can examine with less time and effort. It is a pure win.

Meds First?

Alternatively, suppose you decide to begin with medications rather than labs. Again, you could start by installing the EMR system on a computer you already have—even a notebook computer. Or, if you don't have one that you can use, the cost of a new one is low.

You can start by simply recording your prescriptions. On most EMRs, this is very simple, and it can be done either by you or by an assistant. I am assuming here that the patient's name is in the EMR already—this could have been done at your registration desk, or it

could have been done by importing all the names from your practice management system. (Naturally, if your practice management system and your EMR are an integrated system, the patient information is already there.)

The last change to your existing routine would be to continue writing prescriptions by hand, as you have been. You could use a two-part pad, so there would always be a copy. Then a clerical staff member would enter the data into the EMR. Though it would require clerical support, the impact on you would be very low. A slightly larger step would be to enter the prescriptions yourself (most conveniently into a notebook or tablet computer), and let the EMR print them on a nearby printer. Finally, you can have your EMR system send the prescriptions directly to the patient's pharmacy. Doing this will require some setup, and it may have a cost, but the payoff is in easier handling of requests for reissue, drug and allergy interaction checking, and accurate, rapid delivery of the prescription.

Minimal Change, Minimal Risk

Again, the point is: you can implement almost any EMR function without drastically upsetting the routine of your office, or your own. Implement only the features that will improve your life or the care you provide, and ignore the others. After all, the computer is there to serve you, not the other way around.

The key is: Low Risk. You do not need to spend a lot of money, and you can preserve the ability to change your mind at any time. By implementing one feature at a time, you can have your EMR the easy way.

* The system provided by the author's company is one of several available free EMR systems.

About the Author

Mr. Joseph R. Landau is founder and CEO of VersaForm Systems Corporation. VersaForm currently offers several medical software applications including a medical practice management application and an electronic medical records application which can be downloaded at no charge from the company's website, <http://www.versaform.com>.