

Selection Success

by Paul Shearer

“Taking the Plunge;” some advice on buying an EMR.

After working as a sales executive for two major EMR companies I’ve seen results from all over the spectrum of implementation success. When it comes down to it, choosing the right EMR for your physician office can be summed up with a brief analogy that came across my desk recently in the form of an e-mail. It read:

“Choosing an EMR is like getting married: Unless you make a lousy choice, you will be happier than before. There are a lot of possibilities so it can take as long to find an EMR as a spouse. It’s a huge deal to divorce your EMR and wed another. I’m still waiting to see if I have a midlife crisis with my EMR.”

All in all a true analogy. I have met some doctors and office staff who don’t know how they managed to practice before they got their EMR system up and running just like I have encountered some who are on their second or even third system and just can’t make it work. The good news is that if you take your time and make the right decision, you can and will see tremendous gains from an EMR.

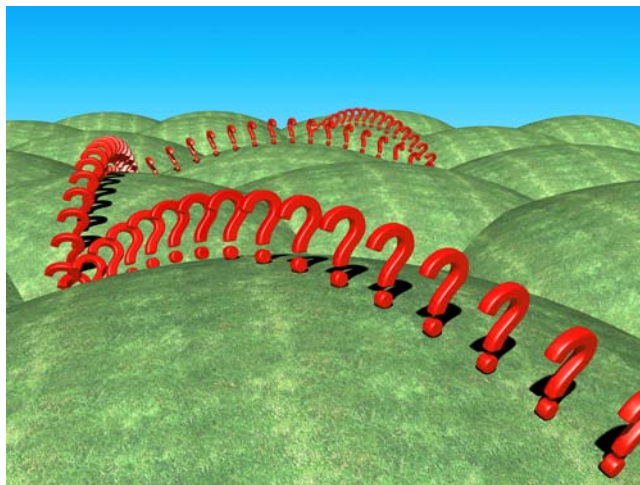
Coming from someone who has spent recent years working EMR sales (the other side of the fence), I’d like to share with you some key truths about the EMR in the physician office. Mind you, these are words not from the ever-growing pool of healthcare IT acronyms (CCHIT, HCIT, DOQ, etc.) not another vendor or another one of a vendors “pet” Physicians. This is from a former EMR sales executive who has been around the proverbial block and wants to help out; the usher at your EMR wedding.

The right EMR IS worth the investment: The benefits from office to office vary but they exist, they are tangible and they are worth it. There are a variety of gains an office can experience and the right system should be able to pay for itself in 18 months.

One EMR does NOT fit all: There are roughly 200 vendors who provide some sort of EMR to the physician office. If the perfect one were out there they would probably be the only one in existence. Specialties have different exam content, MDs prefer different documentation methods, some are more tech savvy than others, some work better with voice, some are effective at point n’ click, some have great support, some lack features you may need, some are geared towards primary care, some specialty oriented, the list of variables goes on. Good news; the right one is out there.

Consider the EMR when choosing or upgrading your billing system:

It is indeed nice to be able to point one finger (or choke one throat!) when issues arise and there is something to be said for that sales guy that called you using that buzzword of “integration.” Although you are not bound down to your billing system’s EMR (Interfaces to other billing systems can be done and can work well enough depending on the vendor), be sure to get a demo and research a company’s EMR system before purchasing their billing piece. It could save you a great deal of time and money when you decide to go to EMR.



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If the Doctors aren't doing their exams in the EMR it is not working: The part that makes or breaks an implementation is where the providers chart their exams. This is where the bills are paid and where time is critical. This is what makes that return on your investment 18 months and not four or five years. This is what separates the men from the boys and a true EMR from just a document management system.

You do not need to be a "techy" to gain from an EMR: Sure it helps to have some basic understanding of Windows, but there are plenty of systems out there that your everyday technophobe can use with just some basic system training.

How much do they really cost?: With so many vendors, there are prices all over the spectrum. There are systems that range from a few thousand dollars all the way up to six figures to furnish a solo doc office in an EMR. Don't let the price tag determine your decision or even the quality of the system; YOU should determine that based on your buying criteria. If all you want to do is speed

up some standard exams, a low cost system may do you just fine. If you want to make things easier for the entire office, kill transcription, pull patient data, educate patients with electronic visuals and get ongoing support you'll likely be paying for it. Keep in mind however that the right EMR for your office should yield a good return on investment.

Next month I'd like to share with you some real world experiences and advice from those who have had successful implementations and from some who have had failures. We'll share what they would have done differently and some key points to consider to make sure you are confident when you walk down the aisle.

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