

**EMR for the Small Practice:
The Seven Hurdles of Making an EMR Decision**

Second in a series of five White Papers for Physicians
excerpts of paper written by Jack Callahan

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Practitioners in small medical offices face many pressures in today's cost-conscious world. With decreasing reimbursements, rising costs in all aspects of medicine, and increased pressures such as "pay for performance" and other results-based measures, practices spend far more time "managing" their practice than ever before. Finding ways to streamline the business and operate more efficiently has become imperative. This is especially true for small practices with limited resources.

Information technology (IT) and automation has brought great improvement to white collar productivity in many other industries. The offices of independent physicians in small practices, however, represent one profession in which IT has not been readily embraced. Years ago, electronic medical records (EMR) were cast as an IT savior for practices, but thus far have yet to enjoy wide adoption in the market. While EMRs promise to reduce costs, eliminate administrative overhead, improve office processes and increase revenues, their overall results are mixed at best. With EMR products present in the market for over fifteen years, there is still great debate about the benefits actually realized given the large investment of time, people and money. As a result, physicians in the full spectrum of medical disciplines today face a "conundrum": To EMR...or not to EMR.

In the first paper, "The EMR Conundrum," we covered the five major reasons why "the conundrum" exists and how it has paralyzed many physicians from making an EMR decision. Many studies and articles have documented the tremendous benefits, both tangible and intangible, of a successful EMR implementation. Other research has revealed that there has been no shortage of significant failures and abandonment of EMR projects. Reasons most often cited include technical difficulties, product compatibility, unexpected cost overruns, staff-resistance and lack of time.

Over the last decade, our experience with physicians in small practices has helped us identify seven categories of obstacles that practices encounter while tangled in the conundrum. These "Seven Hurdles" encompass most of what practice managers deal with when trying to decide whether or not to move ahead with EMR deployment. Because each practice is unique in its specialty, geography, resources, mission for the practice and perhaps other variables, these seven hurdles come in differing proportions. Most small practices have concerns in several of them, while some have issues with just one or two. Reducing these issues to a process that takes into account the practice's goals and resources is the key to making the informed EMR decision. After detailing each hurdle, we conclude with a "vision" which practices can adapt to help them get beyond the paralyzing hurdle.

The Seven Hurdles

1. Cost/Economics

There are several negative perceptions associated with the costs of implementing an EMR. These misconceptions include; they cost too much, the benefits don't outweigh the costs, revenue is lost due to learning curve, and annual costs are too high.

Given the fact that EMRs were initially developed for use in hospitals and large clinics, it's no wonder that those institutions require far more complex functions, features and requirements than most small physician practices. Large clinics and hospitals also typically have more resources, such as dedicated IT staff, hardware, networks and other software systems. Again, something small clinics do not have. Small

practices often cannot afford the overhead, complexity and downtime associated with systems that were designed to meet the needs of larger clinics.

Being close to patients is one of the many factors that draw physicians to small practices. Because of that, physicians fear that using technology in front of a patient will be viewed as “impersonal”. With the baby-boom and post boomer generations, technology is ubiquitous and often expected. Automation is now bringing that same power and reliability to healthcare. EMRs leverage physicians time to do more, and to do it with greater accuracy and speed. All this has an impact on the quality of care. The key is to design software that is centered specifically for the small, independent practice. Software must be easy to use, involve minimal “typing,” be intuitive and as easy to use as the pen and paper method.

Hospital-based systems do not “scale down” well for use in small practices. Decreased complexity and ease of use are not features that can be added in, while scaling software down to a local PC network. Remote or ASP modeled systems also are fraught with issues for small practices. Plagued by technical problems such as device interfaces, storage of patient records and performance issues, ASP models are often not as attractive as they first appear. Low up-front costs and maintenance-free hardware are eaten up quickly by a la carte charges with monthly service fees that are never-ending.

It is widely estimated that the average cost to purchase an EMR is between \$20,000 and \$35,000 per provider, plus as much as \$10,000 per year in maintenance charges. That may be acceptable for larger practices and in-patient clinics, but not for the small practice. There is no need for small practices to pay that much, especially for a product that was not developed for small practices. Finding a product for half as much that that was designed for small practices is a much more realistic goal.

Vision: Practices considering EMR should have a vision of how their practice would be changed if an EMR were fully and successfully implemented. Practice leaders can rise above the conundrum, the choices, the cost, the staff resistance, and concerns about “getting there,” and invest more time in visualizing how the office *could* function. Re-visit the studies (call us and we’ll provide them) that document the amount of after-hours time that can be saved; the ability to access records from remote locations such as hospitals, home, conferences, vacations; the E&M coding improvements; maximizing your “pay for performance” reimbursements; the access to records without chart-pulls and routings. The list goes on and on. Sometimes, simply getting over the barriers of perceptions will help you focus on ***Getting it Right the First Time.***

2. Productivity

A decline in productivity is the biggest hurdle that many small practice physicians fear when considering an EMR. Increasing costs and declining reimbursements leave many small practices in an economic crunch. The only way to stay ahead, for many, is to see more patients. But many fear that using an EMR will slow them down and result in seeing fewer patients.

In our ten years of experience working with small practices we have come to several conclusions regarding “productivity”. First, the main cause of failed EMR implementations is poor preparation. This includes poor planning, lack of commitment and training in the EMR process. Not doing something as simple as pre-implementation planning and involving the whole practice can be fatal. Practices that try to minimize costs by taking less than the recommended training or those who think they can learn EMR on their own, often suffer the consequences of a failed implementation.

With several options on how to “phase” the usage of EMR into the flow of patients, there should only be a minimal productivity impact during the initial weeks of implementation. This minimal loss will easily be recovered once the EMR has gone live and physicians will enjoy the productivity gains from many areas for years to come.

Vision: As practices struggle with the productivity issues of installing an EMR, it is important not to let negative “perceptions” dominate the decision process. Physicians should focus on the results an EMR

can provide. Successfully planning, learning and implementing an EMR created with the small physician practice in mind will not deter productivity. In fact, it will probably produce greater results. These results include speed and accuracy of patient encounter notes, legibility and confidence, and a potential increase in patients. Physicians will have the ability to electronically gather all patient documents, reports, labs, exams and other clinical information in one place, allowing for unprecedented access to information while in the office or away. Other benefits include improvements to office work flow, patient tracking, legible treatments and procedures, all without the need for paper charts and difficult-to-read histories. One of the keys to ***Getting it Right the First Time*** lays in the practices ability see the productivity benefits through the mountain of misconceptions.

3. Fit

Physicians who have practiced for a number of years get accustomed to working in a certain way. There is a certain “hum” of familiarity in the methods, processes and systems that are used every day. There is often a “we do things differently” mentality resulting in physicians assuming that an EMR will either force them to change their current, comfortable processes or create such chaos that the staff will resist the change. Doctors are often reluctant to use new technology because doing so requires them to adapt to the software, as opposed to the other way around.

If physicians in small practices are already struggling with hurdles such as cost, productivity and the inevitable learning curve, the issue of “fit” can be the final straw. There is no reason for a physician’s practice to have to adapt to the way an EMR works. If designed correctly, EMRs for small practices strike the right balance of usability and changeability. In fact, when fully implemented, EMRs have been known to expose unnecessary processes and activities currently being used in the office.

Vision: As small-practice physicians continue to feel the pressure and need to deploy EMR, the issue of “fit” is yet another obstacle they must overcome. The key is to envision how the issue of “fit” is perceived once EMR implementation is achieved. Imagine the practice running smoother, the lost/misplaced charts issue has been eliminated, and patient’s clinical data is being documented more accurately and legibly than ever before. The note, updated HPI and all conditions relating to the patient are instantly retrievable and current. Prescriptions are being dispatched and prepared before the patient has even left the exam room; letters of reference are being generated by the time the patient returns to the waiting room; and labs and test are scheduled returned and prepared for review electronically directly to the patients file. All of these (and more) are examples of how an EMR should “fit” into a practice. Finding a system that “fits” and adapts well to a physicians needs is an important step to ***Getting it Right the First Time***.

4. Quality

A transition to electronic records will also encompass several new office processes. As with any transition, there are bound to be reasonable questions that conjure up feelings of doubt and uncertainty. What if medical records are lost? What happens if the system “crashes” or is unavailable? Does the software have “bugs”? Will I still have to keep my paper records? Although these questions are natural, in reality an electronic medical records system is far more secure and stable then paper records ever could be.

Everyone knows how to “back up” a paper file system. But who actually makes copies of all their records and stores them at an alternate site? How many man-hours are lost implementing this type of back up system? Not to mention the costs associated with purchasing paper, toner cartridges and the money spent on rental for off-site storage. With electronic records, this can be done, largely with the click of a mouse, and as often as desired. No mountain of paper to store, no toner to buy.

Computer systems can fail, just like copiers, X-Ray machines and other medical devices. With proper, easy-to-use back up procedures, computer failures will cause minimal impact and data that is regularly backed-up can be easily restored. Other options for security include utilizing a tablet computer that can be run independently of the system it attaches to. The data collected can always be “downloaded” later.

Vision: When an EMR is fully implemented and all patient visits are charted using the system. The practice is more productive. They are not staying to 'finish paper work,' catch up on notes, edit transcriptions, write reference letters, etc. These are all by-products of having the EMR system in place. Additionally, office staff also benefit from an EMR. Workflow keeps track of patient activities, tracks time waiting in each place, sends alerts as needed so the next patient can be attended to, update the patient's history, etc. Charts are no longer "pulled," they are automatically "queued" based on appointments scheduled for that day. Once a patient's visit is complete, the folder is automatically "re-filed" after all aspects of the visit have been closed out by the physician.

Having this vision is imperative when considering an EMR. For those who put the vision in front of the negative perceptions, the benefits will come quickly. It's a natural consequence of *Getting it Right the First Time*.

5. Resistance to Change

Most humans are resistant to change in one way or another; even if the outcome of the change will have a positive impact on their life. In his recent book, "The Change Function," Pip Coburn points out that there is a great deal of resistance to change until the ACTUAL pain experienced by the existing "system" exceeds the PERCEIVED pain of changing to a new system. This element of human nature cannot be underestimated in the implementation of EMR.

"Change Management" (which will be discussed in detail in the fourth white paper) is the process in which physicians and their staff take ownership of the steps needed to initiate and embrace a change. This helps to not only deal with the issues related to the "resistance to change," it drives the change forward by getting all members of the team engaged in the new procedures. Merely buying a product and taking training won't make it successful. It's a process that must involve the focus of the entire staff.

Vision: With EMR, "change" is markedly for the better. That won't stop some of the staff, or even some physicians, from resisting in ways that are sometimes subtle. Practices must continue to envision the benefits of deploying an EMR and all that will be achieved once it is installed in the practice. Many tedious tasks will be eliminated; lost, missing and un-organized documents will be minimized; productivity of the office as a whole will increase; the office will feel and look more contemporary; costs will be lowered; and potential for revenues will increase. Keeping the goals in sight in approaching EMR is imperative to *Getting It Right the First Time*.

6. Dissonance

Human nature represents the sixth hurdle. It's perfectly natural second-guess any large decision in our lives. In the case of EMR, one may wonder, did I choose the right one or did I spend too much money, or is EMR the right decision for my practice? We most often experience this in making a major purchase, such as an auto or a home. After the decision is made, we continue to have some issues on whether or not we made the right decision. And sometimes, this prevents us from fully committing to the decision and the process.

Practices considering EMR get caught up in dissonance quite often. Weighing the known benefits against the negative perceptions, concerns, costs and uncertainties can create a significant conflict. But with so many products to choose from, and many of them certified by the same CCHIT (for more standards and certification used for EMRs, visit www.cchit.com) process, there is plenty of room for dissonance to become an issue.

Vision: Fighting human nature is not easy. Dissonance causes us to ponder the pros and the cons, but the outcome may not be as clear. One must maintain focus and continue to visualize the improvements an EMR can make to a practice. Continuing to maintain a clear vision and move forward will lead to increased pay for performance, reimbursement, automated processes, as well as the assurance that all your records are safe, legible and accessible. These are the benefits of *Getting it Right the First Time*.

7. Implementation

Finally, it all comes down to implementation. Once the decision to purchase an EMR is made, many believe being fully operational is just one quick step away. When in actuality, implementation is the step that is most often taken for granted. This is the sole subject of the third White paper in this series, "EMR for the Small Practice: Five Keys to Successful Implementation".

Through work with our thousands of clients, we have developed a process called Practice Success Management, or PSM. PSM was conceived to ensure that a practice achieves the level of success that was intended in the initial planning process. Some practices want to start by charting only a few specific exams, while others want to use the EMR on only a few patients a day. Others may want to be totally paperless in less than six months. With PSM, the practice sets its own pace.

Vision: Concerns about implementation and the process of fully deploying an EMR are one of the major hurdles in making the decision to move forward for a practice. If a practice has attempted to implement an EMR before, much of that baggage is still lingering. If it has not done so in the past, it is often a major point of resistance. MediNotes guides several implementations a month, across the full spectrum of medical specialties, from Cardiology to General Medicine, Chiropractic and Podiatry. Partnering with an experienced vendor whose product was designed with the small practice physician in mind is an invaluable asset to any implementation. Physicians who focus on the tremendous benefits that will accrue from EMR implementation, and have the ability to stay committed to *Getting it Right the First Time*, will be the ones who ultimately achieve success.

EMR for the Small Practice: The 5 Keys to Successful EMR Implementation

In the third white paper in this series, we will share our implementation experiences in working with more than 4,000 medical offices and 15,000 users nationwide. Most of these are small, specialty practices with limited budgets and little to no IT staff. The most vital step in EMR implementation is keeping a clear vision of the benefits, and ensuring that vision is communicated to, and shared by the entire staff. Being able to anticipate the various challenges along the road of implementation is also a major advantage to ensuring success. If done right, EMR implementation should only occur once in a physician's career. Our experience has taught us that by having a dedicated staff, clear plan for implementation and an expected timeframe will ensure that you are *Getting it Right the First Time*.

Subsequent papers in this series will help you adapt to and benefit from the process of implementing an EMR. By taking the five steps of implementation seriously, the transition from paper to electronic records can be a relatively painless process. Looking ahead, the fourth paper in this series will cover "Change Management" and the process of ensuring EMR success. The fifth and final paper in this series will bring all these approaches and notions into a cohesive process that will not only greatly enhance your decision on EMR, but also minimize the risks. As long as your practice's vision is kept in the foreground, and the entire staff remains committed, there is no reason your EMR initiative will not succeed. Stay dedicated and *Get it Right the First Time*, it's well worth it!