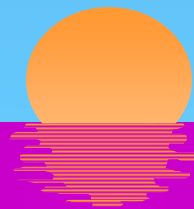


So You Want an EMR?

Myths, realities & what you can
do *now*

J Aalberg

Lincoln Medical Partners Internal Medicine
MMC Family Medicine



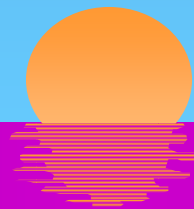
Our Panel

Lincoln Medical Partners Internal Medicine

- Went live Epic 2009
 - Kristin Kentopp
 - Lisa Bowers
 - Debbie Murray
 - Melissa Walters

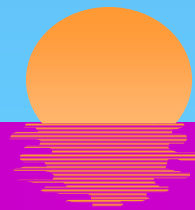
MMC Family Medicine

- Went live Logician 2003
 - LeeAnn Costello
 - Mary McDonough
 - Charles Belisle



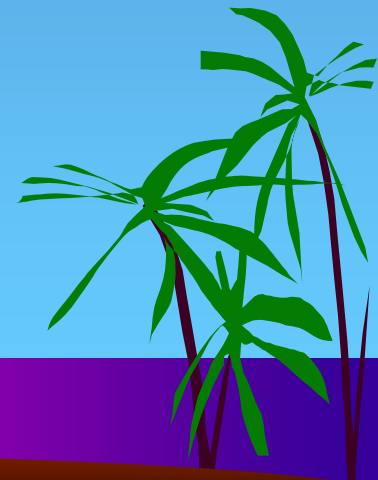
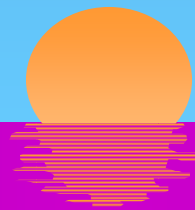
Agenda

- Introduction
- Myths/realities
- What you can do *now*
- Wrap up



Why do we *have* to do this?
(go to an electronic medical record 'EMR')

Improve the care we deliver to our patients



Six Nation Summary Ranks on Health System Performance

	AUS	CAN	GER	NZ	UK	US
Overall Ranking	3.5	5	2	3.5	1	6
Quality Care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Patient-Centered Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Healthy Lives	1	3	2	4.5	4.5	6

Note: 1=highest ranking, 6=lowest ranking.

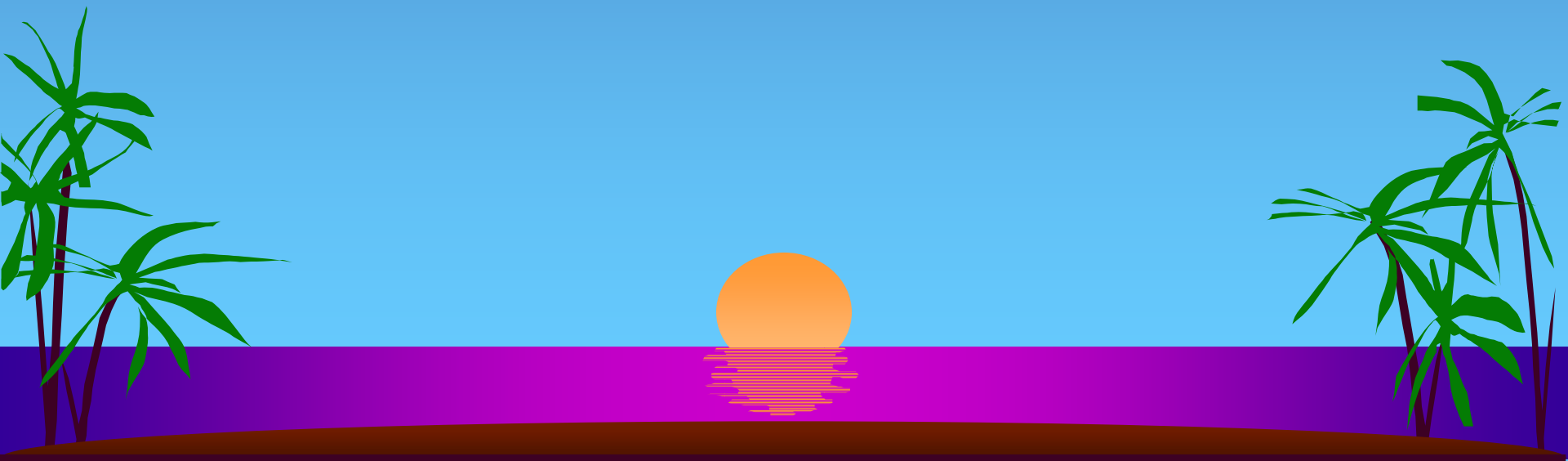
* Health expenditures per capita figures are adjusted for differences in cost of living. Source: OECD, 2004

Health expenditures data are from 2004 except Australia and Germany (2003).

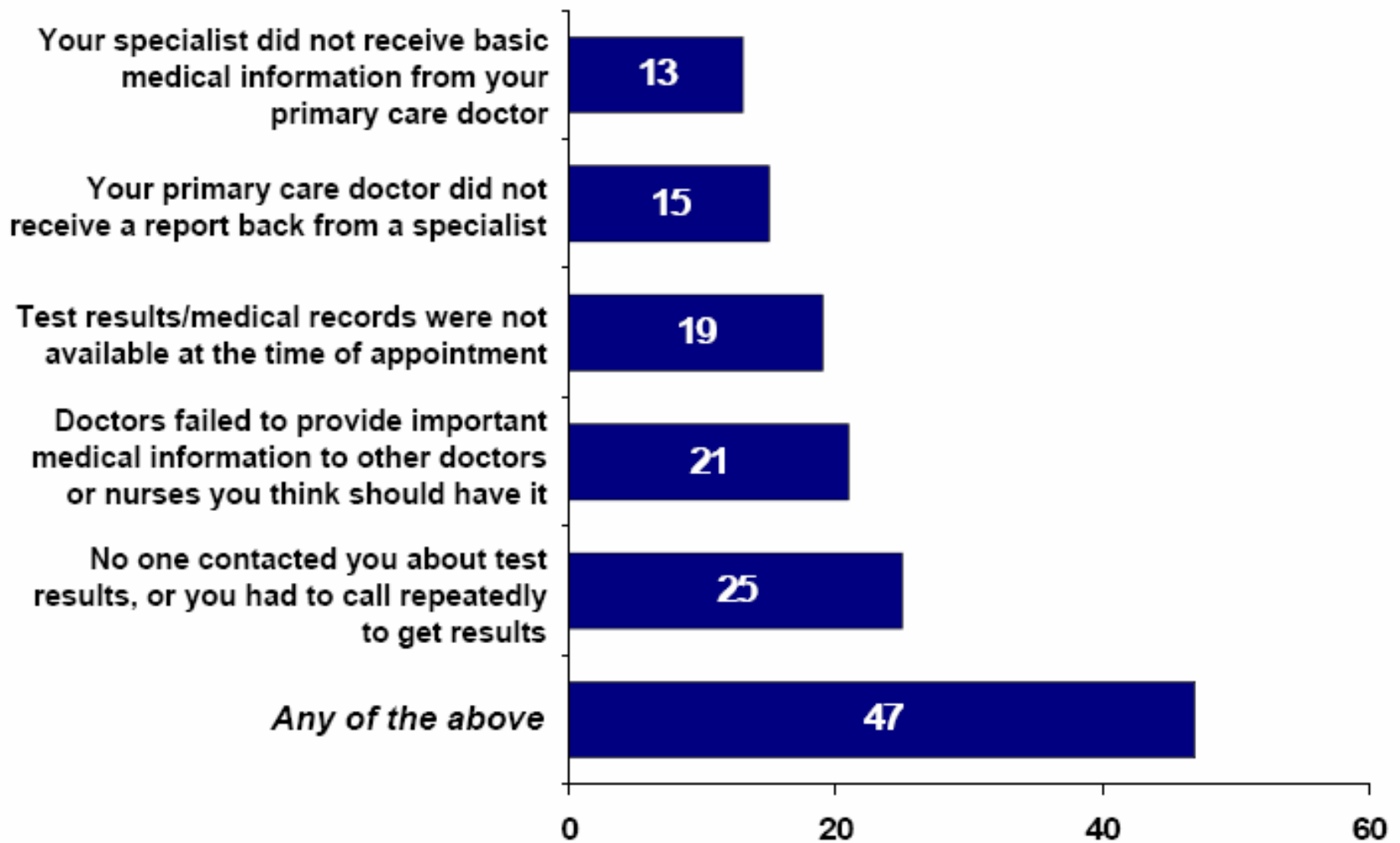
Source: Calculated by The Commonwealth Fund based on the Commonwealth Fund 2004 International Health Policy Survey, the Commonwealth Fund 2005 International Health Policy Survey of Sicker Adults, the 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians, and the Commonwealth Fund Commission on a High Performance Health System National Scorecard.

Why do we have to do this?

Access to information



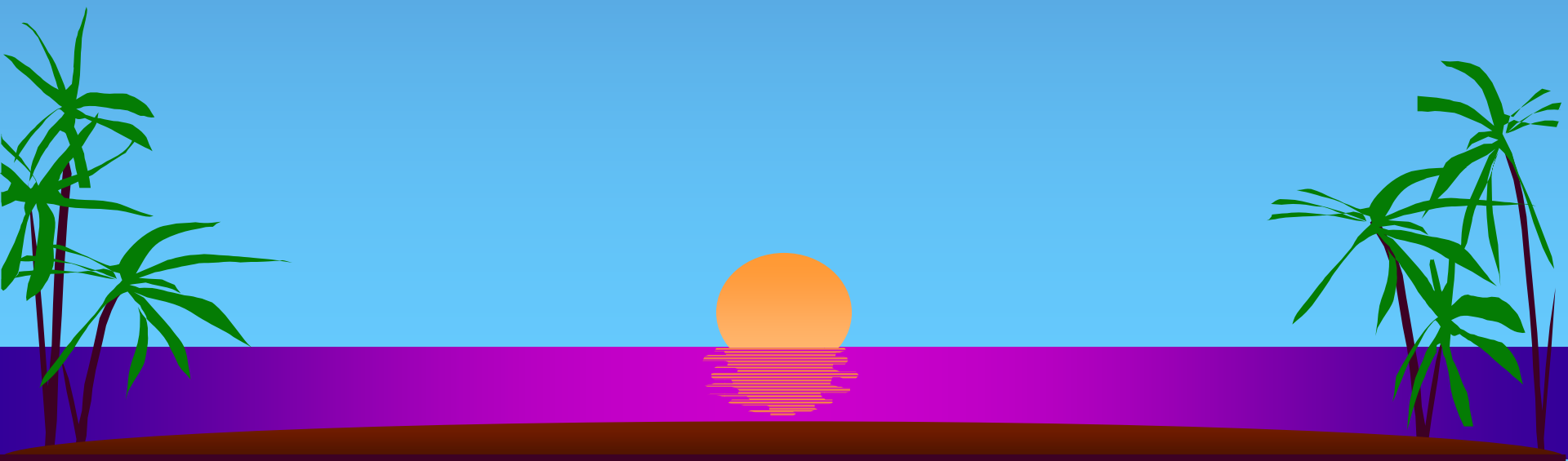
Percent U.S. adults reported in past two years:



Source: Commonwealth Fund Survey of Public Views of the U.S. Health Care System, 2008.

Why do we have to do this?

We have trouble tracking our performance



Why do we have to do this?

On ABC's, USA Gets An "F"

Percentage of Americans:

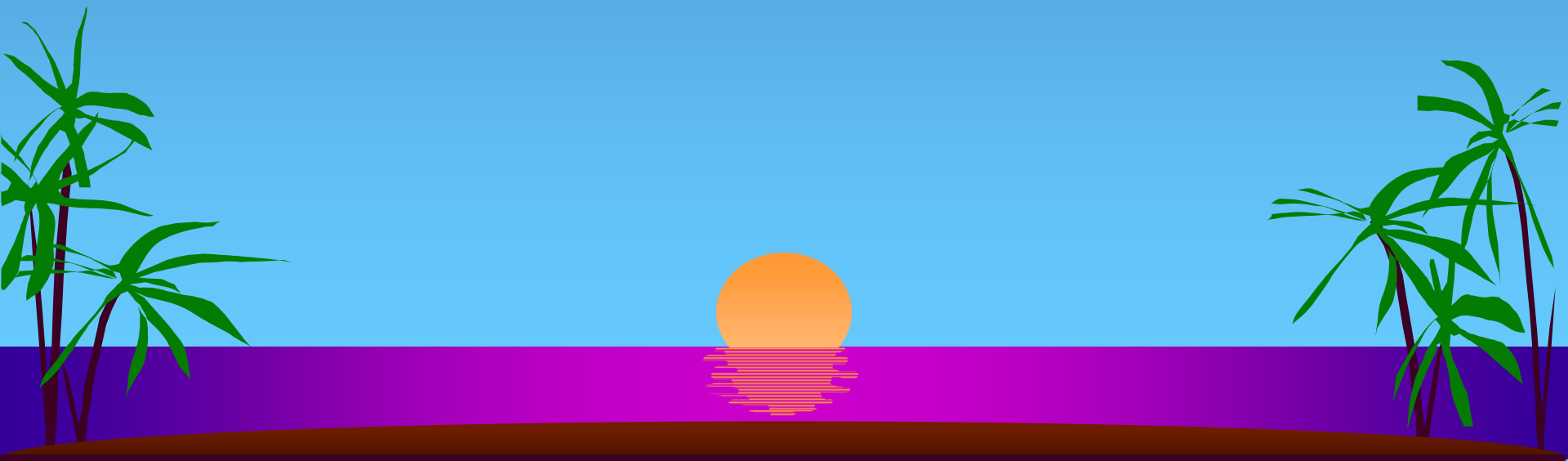
- at increased risk of heart disease that are taking Aspirin – 33%
- with hypertension that have adequately-controlled Blood pressure - 44%
- With high Cholesterol that have controlled hyperlipidemia – 29%
- Smokers trying to quit that get help – 20%

AN EMR would improve tracking of patients' data



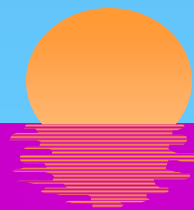
Why do we have to do this?

Decision support



EMR can provide instant information-from anywhere!

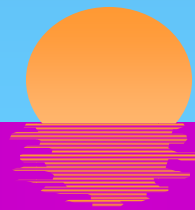
- What's the recommendation for colonoscopy?
- What's the best med for Osteoarthritis?
- Who is on Vioxx?
- It's 1 AM and I need to call a patient...
- What are the exercises for plantar fasciitis?
- Why/when did I switch that med?
- Is this patient have a diabetes?



Why do we have to do this?

Our administration says to improve healthcare we must...

- Build an IT infrastructure
- And use it *meaningfully*



President Barack Obama announces an audacious plan:

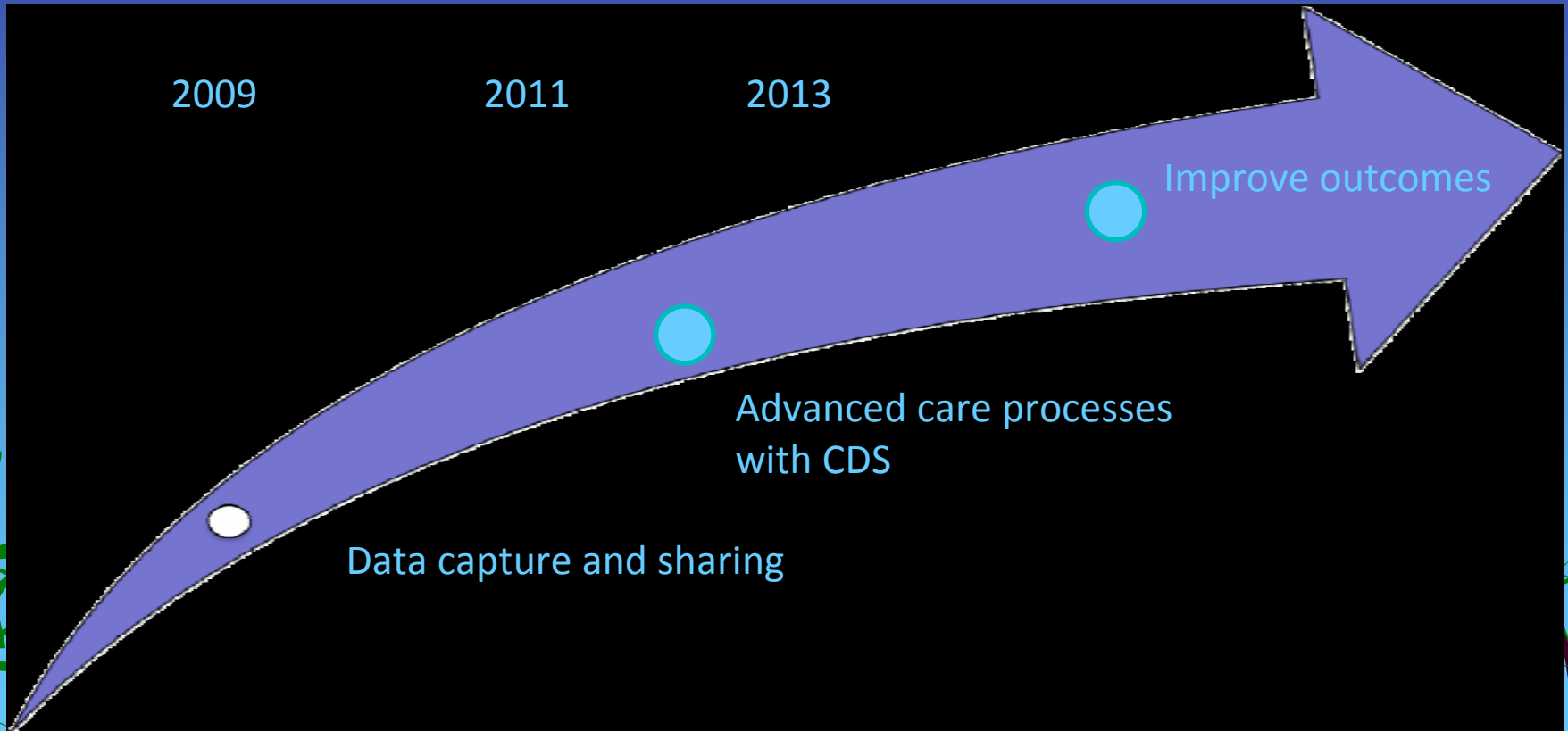
“Computerize all health records within five years.”

February 17, 2009 – the American Reinvestment and Recovery Act (ARRA) is signed into law

• *HITECH component of ARRA provides a \$19B incentive program to stimulate the adoption and use of HIT, especially EHR’s*

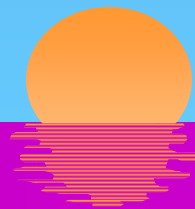


Healthcare Reform Goals



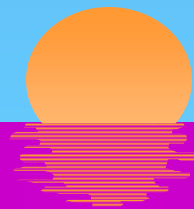
Why we *want* to do this for (to) our office (not)

- Everyone is doing it
- Charts are messy
- Its modern
- We like change
- We've nothing else to do...



What's the Local Health Care Environment?

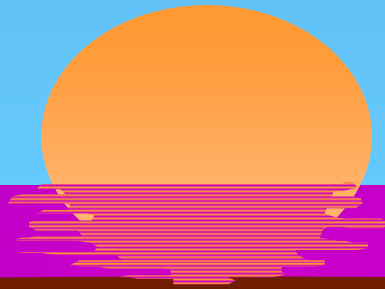
- Payers, employers, government (CMS) want to see quality
- We all know we need to do a better job delivering care
- Data:
 - Need *our* data to demonstrate quality
 - Infrastructure: we can't hand enter registry data
 - Reimbursement to practices will depend upon data



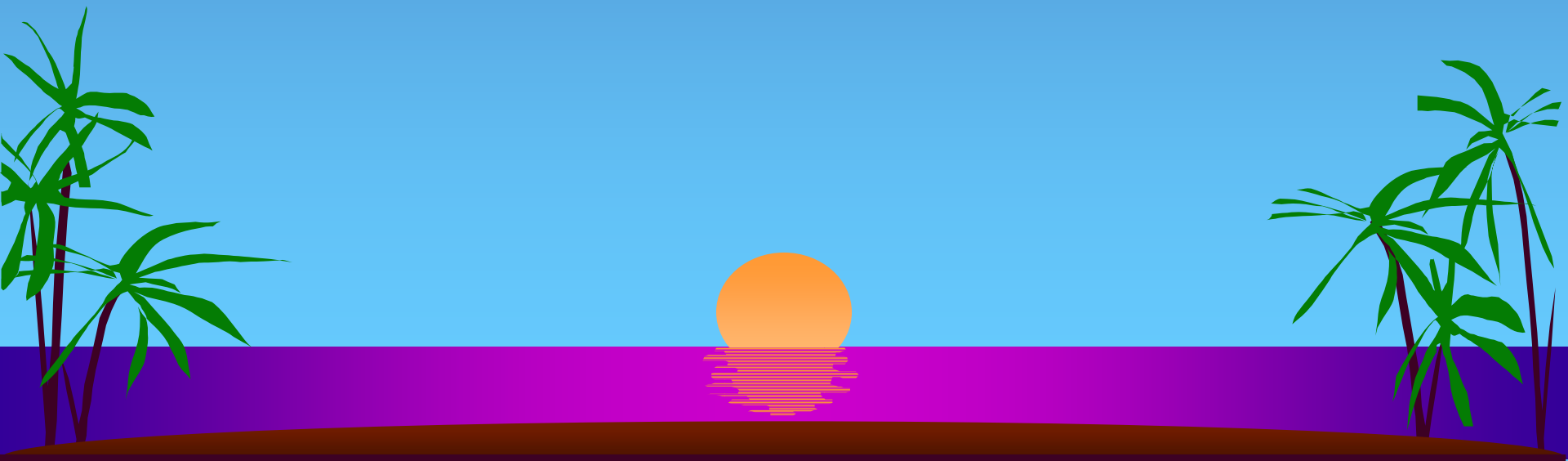
Myth or Reality?

What we hear about an

EMR



Having an EMR will save
money



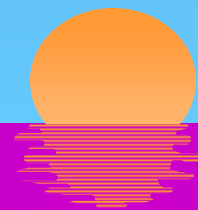
Having an EMR will save money

- NO

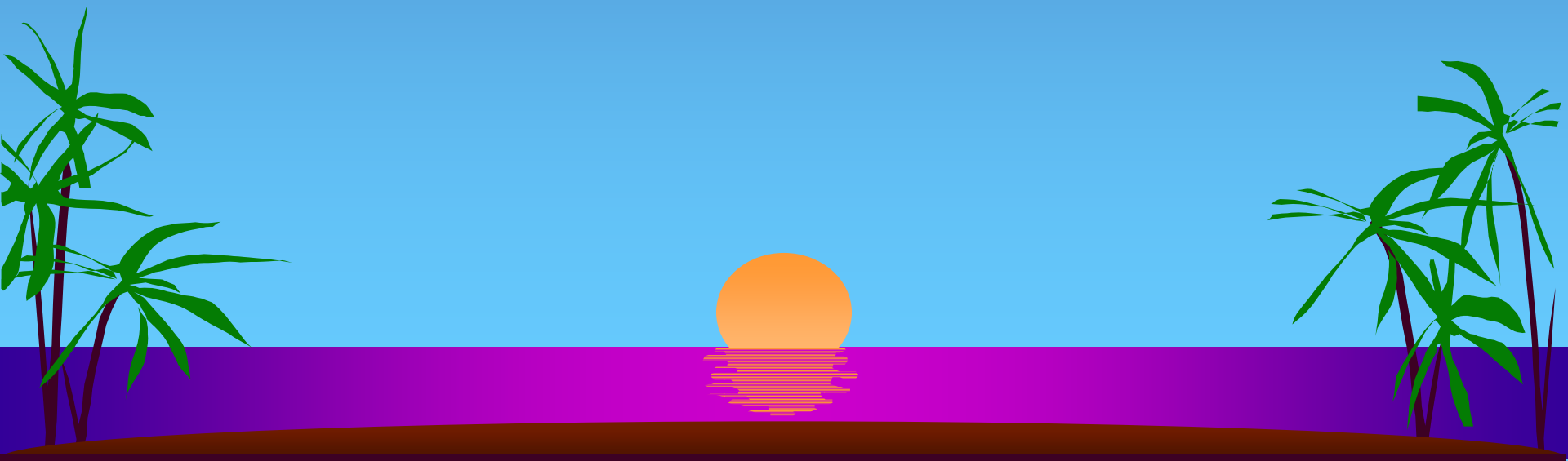
- Large upfront costs in the product, staff time and support
- Eventually fewer med rec staff, but these usually matriculate to other areas

- Yes

- Huge savings if one eliminates transcription
- Savings in 'busy work' eg finding charts, finding info, chart prep, doc filing
- Clinical outcomes



An EMR will save time



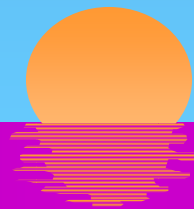
An EMR will save time

- Yes (all)

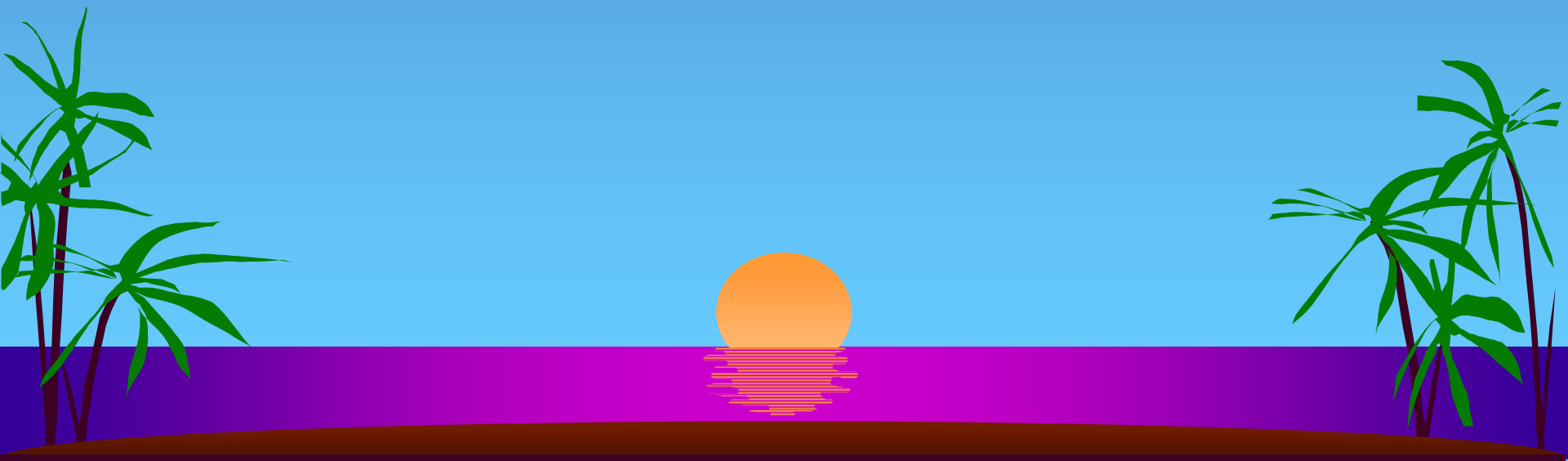
- Find charts
- Finding info in charts
- Answer messages
- Communicating
- Remote access
- Rx's
- Referrals
- Letters

- No (providers)

- Nothing is quicker than dictation
- You will work longer hours for some time
- It will feel like you're working longer

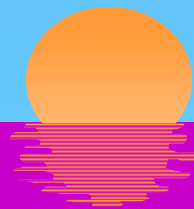


Quality of care will be the
same as before an EMR

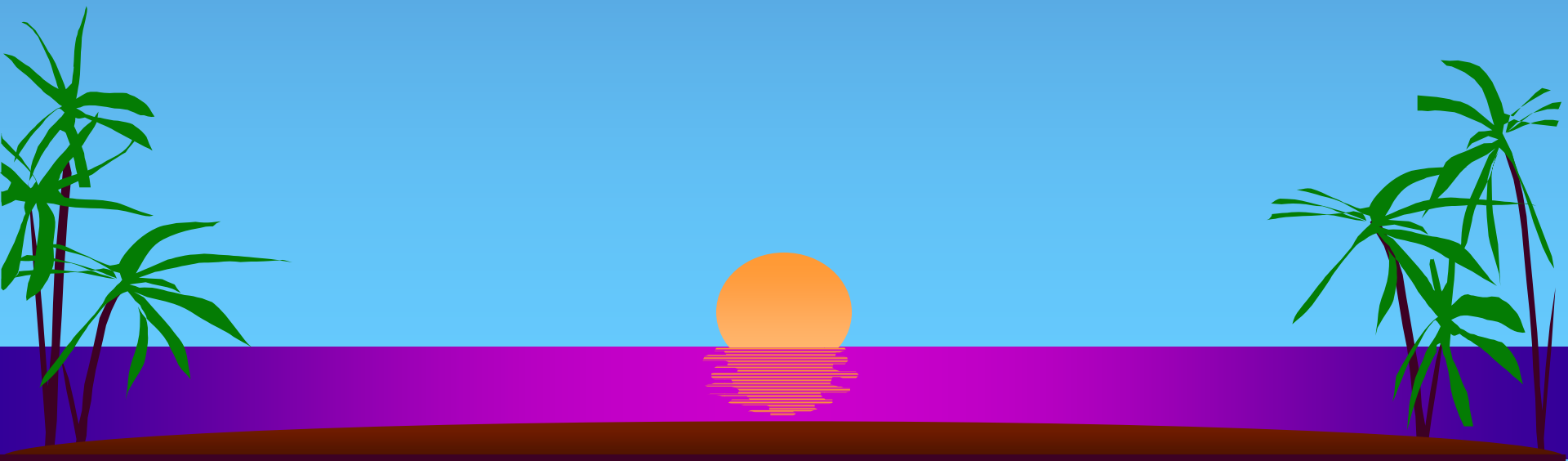


Quality of care will be the same as before an EMR

- No, it will be far superior
 - Standardization
 - Probs, meds, allergies
 - Finding info
 - Less lost info
 - Decision support
 - Demographics
 - Messaging (careful!)
 - Rx accuracy
 - Research of info (eg drug recalls)
 - QI
 - Searchable data
 - Finding data
 - Much more
- Yes?
 - The way we treat, respect and care about our patients will be the same



An EMR will facilitate
communication



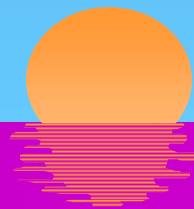
An EMR will facilitate communication

- Yes

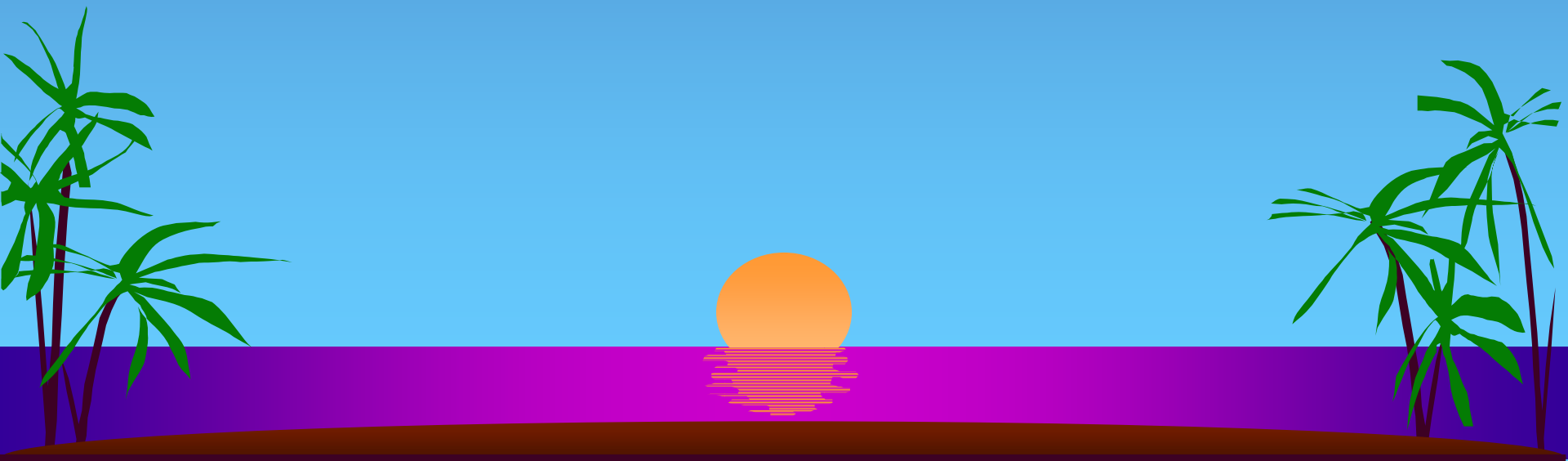
- All messaging to patients should be recorded, therefore retrievable
- Signatures/ownership should be enhanced
- Phone volume should go down

- Perhaps

- Some messaging best done in person



Patients will like an EMR



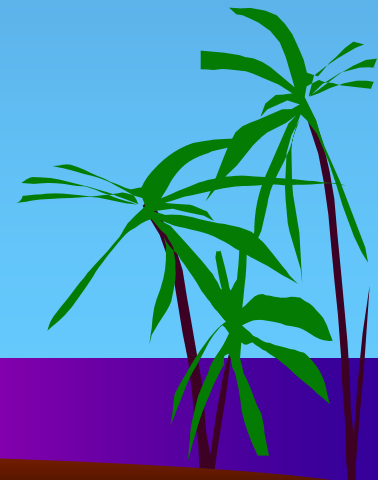
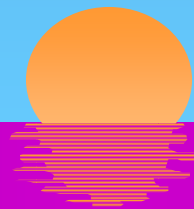
Patients will like an EMR

- Maybe

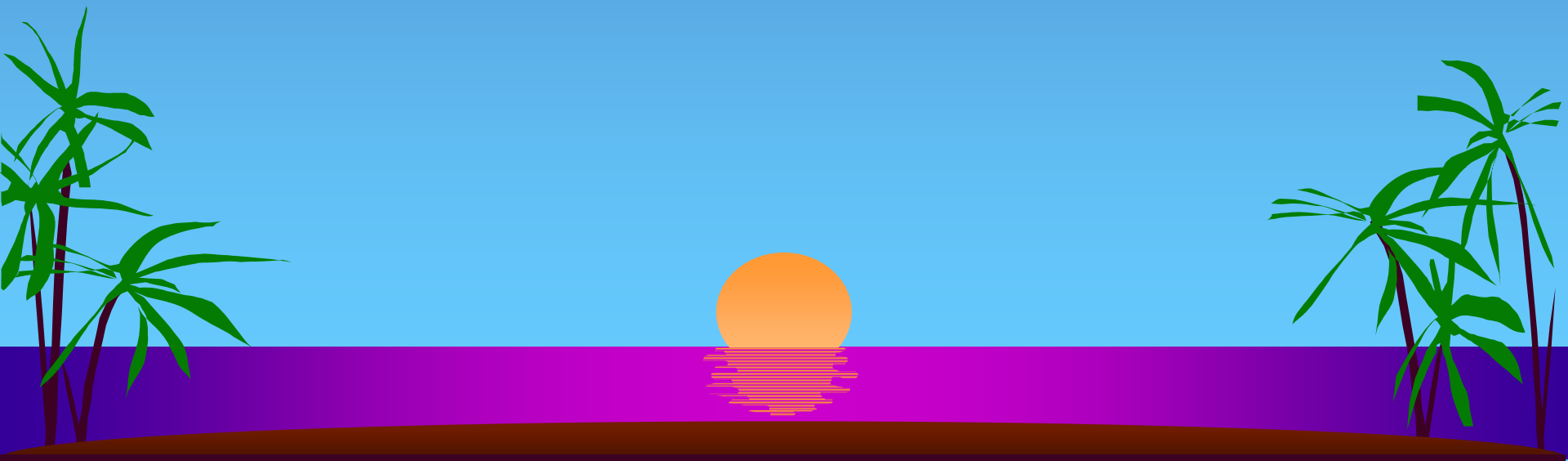
- They'll like the idea that your practice is 'modern'
- They'll like instant access to info
- They'll like their access to info

- No

- If the computer takes your attention away from the patient- you're in trouble
- They'll be suspect about confidentiality

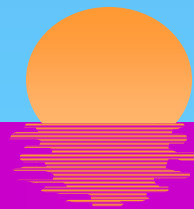


Physician & staff satisfaction
will increase with an EMR

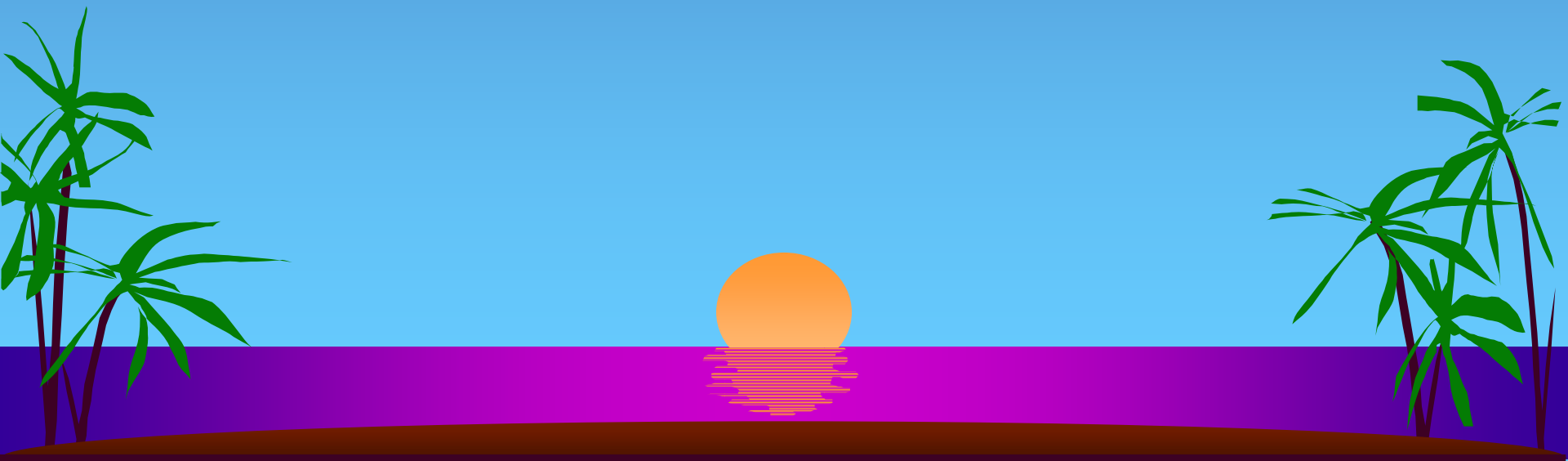


Physician & staff satisfaction will increase with an EMR

- Provider (may be slow)
 - EMR facilitates consistency of provider behavior
 - Feels like (is) more work
 - Quality goes up, thus satisfaction
- Staff (Almost always)
 - EMR facilitates consistency of provider behavior
 - Clear messaging



An EMR will help coding (\$)



An EMR will help coding

- Yes

- drop down and menu selections can make it easy to capture elements essential to higher coding levels

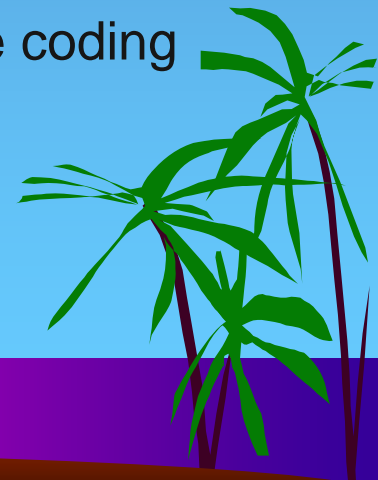
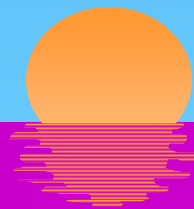
- Maybe

- we still need to think through the proper and essential elements of coding

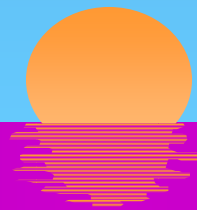
- No

- what we hear from, and deliver to, our patients in the exam room shouldn't change
- there is a risk that we record elements of the encounter that were not done

*Some EMRs have coding assistance



An EMR will change the
fundamentals of practicing
medicine



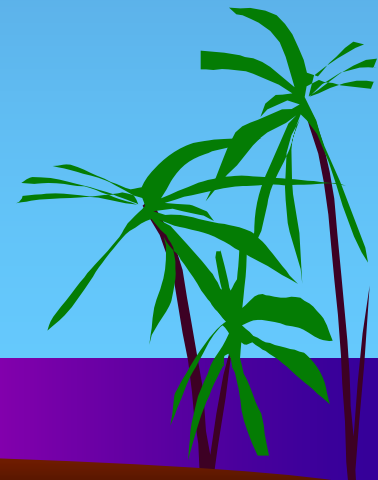
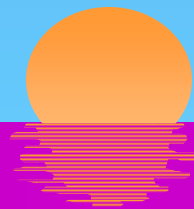
An EMR will change the fundamentals of practicing medicine

- Yes

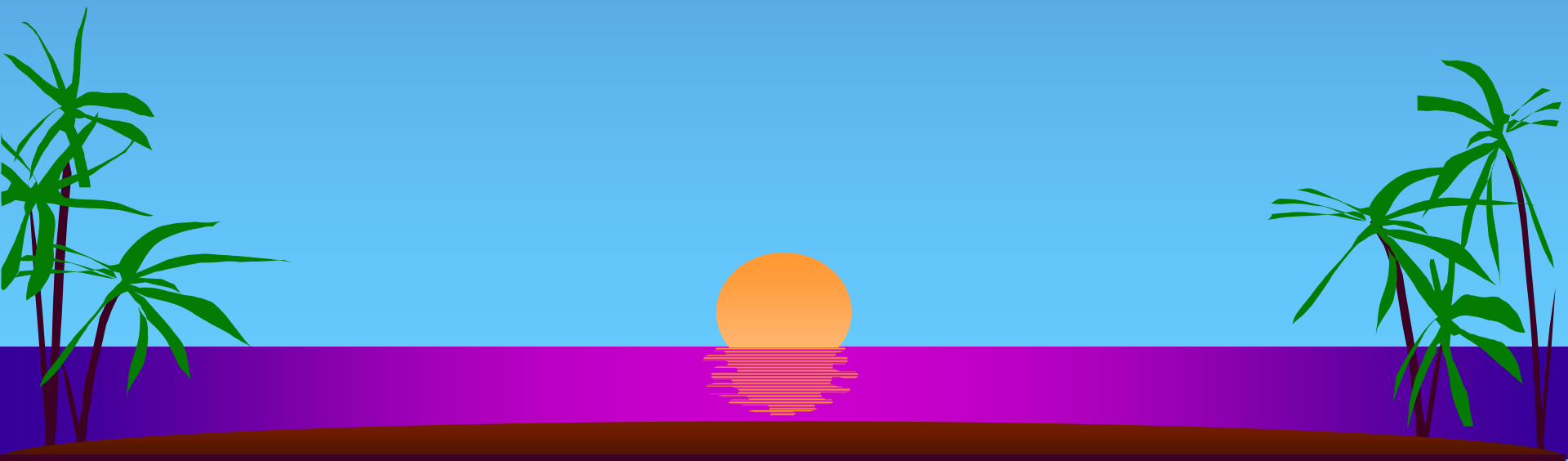
- physicians are trained to write comprehensive prose notes that are a monologue of our 'own' language; EMR will morph the brain to 'computerese'
- Staff will have standardized, and possibly less personal relationships

- No

- what we hear from, and deliver to, our patients in the exam room shouldn't change



An EMR will help policies,
procedures and workflows



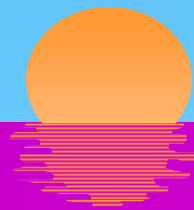
It will help policies, procedures and workflows

- YES

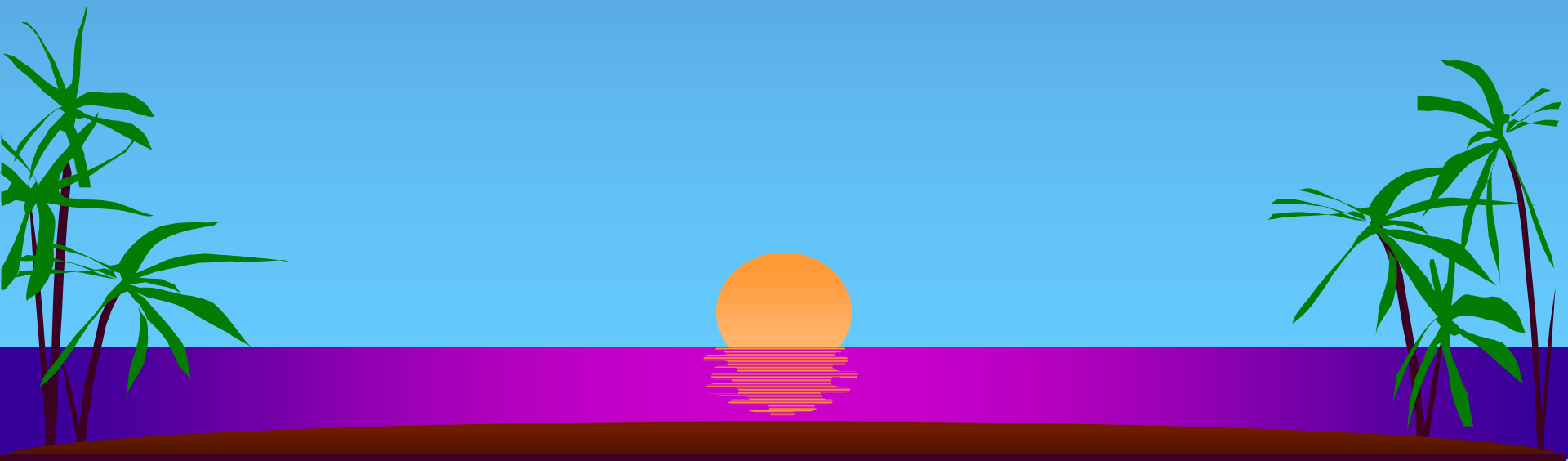
- Implementation will force your practice to develop/enhance/standardize your daily workflows

- NO

- If your practice has none of these, the EMR won't fix it

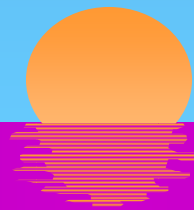


An EMR will fix a practice
that is process challenged



An EMR will fix a practice
that is process challenged

?



What to do now (1)

people

- Hold meetings: everyone
- Encourage leadership (physician, staff)
- Explore options (eg EMR, no EMR)
- Survey: curb anxiety
- Begin communication standards (newsletter? Posters?)
- Assess documentation & communication styles
- Encourage support for each other
- ID IT expertise: can you type? Use computer?
- Discuss change and change readiness

Start talking

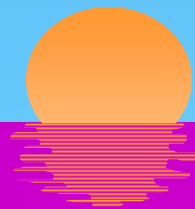
The background of the slide features a stylized sunset scene. A large orange sun is positioned in the center, partially obscured by the text 'Start talking'. Below the sun, horizontal lines represent the sun's reflection on a body of water. The sky transitions from a light blue at the top to a darker blue at the bottom. On the left and right sides, there are silhouettes of palm trees with green fronds. The bottom of the slide shows a dark brown ground line.

What to do now (2)

your organization

- Build a commitment to change
- Workflows: take a look
- Charts: clean them up
- Hardware: think about what fits, ergonomics
- Set goals (eg patient & staff satisfaction)

Recognize it's a change



What to do now (3)

getting it done

- Research various EMRs
- Practice management system: assess link to EMR
- IT support
- Set a timeline and set aside time
- Know where to get help
 - Workflows
 - IT
 - Leadership training
 - Team building

Get help



Summary

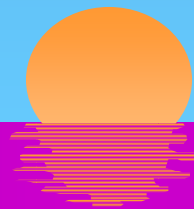
The good, the bad and...

good

- Quality of charting up
- Can work remotely
- Messaging easier
- Mandates workflows
- Standardization
- Data readily available
- Promotes teamwork
- Change?

bad

- More time to chart
- Feels like more work
- Messaging impersonal
- Mandates workflows
- Lose autonomy
- Huge amount of data
- Ah...those physicians
- Change is hard



Wrap up

- You must do it
- You can do it
- It will be worth it

Better care, better health, lower costs



Contact Information

- Jeffrey Aalberg, MD, *Senior Medical Director*,
aalbej@mmc.org or 482-7061
- The MMCPHO website <http://mmcphe.org>
- MaineHealth Epic resources website:
<https://my.mainehealth.org/epic/Pages/Home.aspx>

