

BUSINESS BRIEFS

EMR: Putting Flexibility Up Front

By Jeanne-Marie Phillips

Orthopedists implement innovative electronic medical records system that adapts to their business needs.

I wanted an EMR program that would reflect my own ideas, knowledge, and style of practicing medicine,” says Andrew W. Jeffers, MD, an orthopedist who runs a successful solo practice in Oxnard, Calif. “After all, independence and control are probably two of the main reasons I went out on my own.”



Andrew W. Jeffers, MD, installed an EMR system in his Oxnard, Calif, practice in 2003.

“EMR systems can offer huge benefits. But if you’re not careful, they can end up directing how you practice medicine,” says David S. Huang, MD, a Wichita, Tex.-based orthopedist. “Too often these systems reflect the thinking of their creators—not the physicians using them.”

With just 5 years of medical experience, Jeffers established his own orthopedic practice in 2003, after working in a large university hospital and a sizeable orthopedic group. As a solo practitioner, he handles a full range of cases—from clavicles to feet—with a single secretary to help. Clinically and administratively, he does it all. Jeffers wanted an electronic medical record (EMR) system to help support his growing patient load by taking over some of his administrative burdens.

With 25 years of experience, Huang is a hand surgeon who practices, along with two other orthopedists, in a multi-specialty clinic. Although backed by a large support staff, he wanted to add efficiency to his documentation processes and also felt that ultimately EMR was where medicine was going—and he wanted to be there first.

DIVERSE NEEDS—MULTIPLE BENEFITS

These orthopedists differ significantly in their practice areas, professional experience, and work environments. However, both share the belief that carefully selected technology can help physicians stay ahead of the curve in today’s tumultuous health care environment. Both wanted EMR systems as individual as they are, feeling that one size could not possibly fit

all when it comes to managing information so central to their livelihoods and to the treatment of their patients.

Today, after seeking out a system that supported their vision, both are reaping important benefits, while practicing medicine their way—without compromise.

Jeffers reports that, thanks to his EMR—which was installed in 2003—he is enjoying new administrative efficiencies. He says that one of its major benefits has been helping him avoid the expense of expanding his staff, or taking on increased administrative burdens himself. Additionally, documentation of his caseload is not only faster but also far more detailed and precise.

Pointing to similar improvements, Huang also is able to create more accurate and comprehensive patient charts using the technology. As a result of this, as well as other specialized features, billing is often more accurate and complete and geared for the maximum reimbursements.

A DESIRE FOR FLEXIBILITY

While both physicians sought technology with a full range of advanced features, they also selected their EMR systems for what they did not have—structured language, strict adherence to protocols, and templates. While Huang believes that templates clearly save time in the short term, after experimenting with a number of popular EMR technologies, he felt they posed major limitations on how physicians are able to document cases.

“Most EMRs rely on standard forms for particular types of patients and pathologies, as well as structured language to describe the treatment process. Often these templates automatically populate with information. In some cases, physicians choose information from a ‘pick list’ of possibilities,” he explains.

The physicians felt highly structured systems simply could not deliver the same precision as would description in their own words with its nuances and complexities. “I tried numerous EMR programs of this type, but I found them difficult or impossible to use,” said Huang. Other problems, he felt, arose from the restrictive treatment options presented.

Jeffers notes, “I felt that many of these programs were actually telling me how to practice medicine. Naturally, that made me uncomfortable.”

CONCEPT PROCESSING—AN INNOVATIVE ALTERNATIVE

After carefully researching the market, the orthopedists discovered an alternative approach to EMR, termed “concept processing,” that could help busy physicians automate their patient records using their own language, while supporting their individual styles of medicine.

Concept processing was developed during the past decade to provide physicians greater flexibility in the practice of medicine. Relying on sophisticated artificial intelligence, the technology reconstructs appropriate information from a database of the physician's most relevant prior cases for use in documenting the current case. Because users input all initial cases themselves, the program uses their words and typical treatment paths to generate documentation. The physician edits this as a basis for the new case.

As physicians continue to work with the concept processor, it memorizes all data. Therefore, the charting information presented to the user becomes increasingly accurate, as the program selects information from a database that is constantly growing in size and diversity. This, in turn, makes the concept processor much faster than typing, dictation, and transcription, while using templates, voice recognition, or even a human transcriptionist.

It also helps physicians to immediately identify their own best approach for a particular patient based on similar prior cases and practice better as it presents the best approach used by himself under similar situations in the past, and to constantly fine-tune it going forward. He can constantly improve on it.

A key benefit of concept processing, according to the doctors, is that it never forces them to choose information that is not completely accurate, because all elements included in the case can be altered on the fly. "That's a unique and extremely useful feature," notes Jeffers.

While some EMRs do offer customizable templating, Huang points out that alterations must be made in advance, creating problems. "If you're in the middle of documenting a case and the template does not present you with an appropriate option, you're stuck. To complete the chart, you need to navigate through a complicated template editing process and then start the documentation all over again." To be efficient, a physician must envision all the possible scenarios for a diagnosis in advance and set them up. "For many busy doctors, that's extremely difficult," he says.

CHARTING AS YOU LIKE IT

Huang comments: "Concept processing allows me to practice medicine any way I want. For example, I may have a patient with an idiosyncratic reaction to a particular medication. If I want to prescribe an alternate treatment, I can. And I can chart it. Or I may want to postpone treatment so that a patient can go on a vacation without postoperative pain. I wanted an EMR that would support this. With template-based technology, if you don't already have a particular scenario built in, you simply can't go down that path."

Additionally, not every physician treats every pathology strictly by protocol—particularly pathologies that are not clearly understood. In these cases, once again, a rigid template-based EMR simply may not allow documentation of the intervention of choice. "Medicine is as much an art as a science," comments Jeffers, "but typically template-driven EMRs do not have room for the creative practice of medicine. Although concept processing may take a little extra time to get up and running, I knew it would be well worth the effort in the long run."

DETAILED EMR DOCUMENTATION ESSENTIAL

Along with flexibility and freedom, both orthopedists had additional goals clearly in mind for their EMR systems, and looked for the features to support these.

“Insurance says if it’s not documented, it hasn’t been done,” comments Huang. “So I wanted my EMR to document everything with as much detail and precision as possible.”

Jeffers agrees, “Today, in medicine, documentation is the name of the game. The voluminous amounts of legal, financial, and other bureaucratic paperwork that medicine entails are difficult for any busy physician to handle.”

With their EMR systems, both physicians enjoy comprehensive reporting capabilities. As the concept processor searches its database, they are presented with easily editable charts with all the elements included in similar cases—encounter notes, prescriptions, patient instructions, operative reports, letters to referring physician, admitting orders, and more. The doctors simply alter the information to suit the current patient.

Another aspect of the technology that has proven useful is the ability of the EMR to prompt the physician for information required for insurance and Medicare reimbursements. Huang notes that for Medicare cases, the system even allows selection of a specific reimbursement level, prompting him for all the information needed. Later, this documentation is automatically pulled and organized for billing documentation as needed.

The flexibility of EMR concept processing offers a particular benefit in today’s rapidly changing regulatory environment. As information based on new regulations is entered, it becomes part of the EMR application. With rigid, template-driven systems, change is not simple.

SCHEDULING AND BILLING KEY

Both physicians also agree that integration of their EMR systems with scheduling and related front-office tasks has been successful and should be an important factor for any doctor considering an EMR. “Examine all technology in depth,” advises Huang. “I would encourage doctors to seek out a system that can help facilitate follow-up with patients on subsequent appointments, prescription renewals, and even regular health maintenance. Our system schedules all this automatically based on my treatment plans for previous patients with similar conditions.”

To achieve this, EMR concept processing automatically schedules all this data using innovative “agents” that reside in the system and actually create e-mail or memo reminders for office staff when action is required. Users also can create and schedule agents to perform a wide range of tasks as needed, from printing forms to activating to-do lists for specific users.

Likewise, Pre-SOAP (simple object access protocol) protocols are automatically generated to help the practice staff implement appropriate paperwork, screening, and testing before the physician sees patients.

Other useful features include automation of reports for referring physicians, insurance and related forms, prescriptions, and more. The program can recognize what is needed based on the doctor's previous actions for a similar case and automatically print, fax, or e-mail those documents appropriately.

Naturally, according to both physicians, a billing component also is crucial in the automated EMR medical office. However, they note that billing need not be built into the program. An EMR must simply interface with quality billing software and automatically and seamlessly provide it with all the complex information required for reimbursements.

THE FUTURE IS DIGITAL

After using his EMR for more than a year, Jeffers is extremely pleased with his choice of technology. His EMR application has helped him communicate more quickly, accurately, and in greater detail with referring physicians—a tremendous plus to any orthopedist who depends on referrals for business. He also believes the time saved in locating and accessing patient folders alone is highly significant. "I never realized how many hours a week were spent simply retrieving hard copy files," he says.

Also focusing on the benefits of reduced hard copy records, Huang says that with just an Internet connection, he routinely accesses digital files while at the hospital performing surgery or at home. "I really don't miss carrying all that heavy paper around," he says.

Industry experts predict that the future of health care information is digital, bringing with it new effectiveness, efficiencies, and speed. Based on their EMR experiences, the physicians agree—and this time, feel they simply could not have said it better themselves.

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