

## Get the right start with electronic health records

Practitioner finds that going paperless improves office efficiency and the quality of medical care.

### by Joseph L. Sokol, MD

When I launched my solo practice in 2006, after 11 years in group practice, I planned from the start to launch a paperless practice, with an electronic practice management system for scheduling and billing and an electronic health record system for patient records. I later added electronic prescribing as well.

Although most ophthalmic practices have automated scheduling and billing, the portion of those using EHRs is much smaller — just 12%, according to a 2008 survey, with another 17% working toward implementing EHRs. The perceived costs or hassles of converting to EHRs can be intimidating, and there is no denying the psychological barrier for us as doctors to change the way we are accustomed to practicing.

But I would never go back to paper — and surveys have shown that among physicians who are using EHR systems, satisfaction rates are quite high.

### Pick the right partner

The most important piece of advice I could offer to anyone trying to join the EHR ranks is to pick the right vendor. I chose Ophthalmology Advantage from Compulink because it integrated all the practice management features that I wanted and because it was designed specifically for ophthalmology and eye care. This company's "launch manager" served as our business partner in successfully

implementing the system and changing the way we perform critical administrative functions.

I also paid attention to the degree of customization that was available with the various systems. We were able to use our system essentially "out of the box" for the first year, but then gradually began to experiment with greater customization so that it truly fits the practice.

### The benefits of going digital

There are significant practical advantages to using an EHR system. Rather than writing the same thing over and over, I now can quickly check off routine symptoms, test interpretations, diagnoses and management plans. Unlike my handwriting, the electronic record is always legible, and the use of highlighted fields helps to ensure that components required for billing a particular level of service are not left out.

For me, the ability to eliminate the office space dedicated to the chart room and the staff hours devoted to filing and tracking down charts has been a major cost savings. Patients also perceive electronic record-keeping as more high-tech and progressive, so it makes a positive impression for my practice.

The federal government is getting into the act as well, with a new program that offers financial incentives of up to \$44,000 between now and 2015 for pro-

viders who can demonstrate meaningful use of EHR systems.

All of these are valid reasons for considering EHRs for your practice, but the biggest advantage is probably one that we do not hear about as much: I believe EHRs have helped me to be a better doctor.

How is that? Can the art and science of medicine really be programmed into a computer? The answer is no, but a good EHR system can help eliminate the weaknesses of human error and human memory.

### Better medicine

When I order a test, our system prompts me to follow up on that test result — something that all too often falls through the cracks with a paper record and a busy schedule. I have been able to add consult letter templates that I can personalize with just a few keystrokes instead of dictating a letter each time. The result is that I communicate with other providers much faster and more frequently than I did in the past. That is a better way to practice medicine.

I can also access patient records remotely. This is not only convenient but helpful in accurately triaging after-hours calls. I can log into my system, see that patient's photo and full record, and make a better decision than if I were relying on memory alone.

### A clean break

Because I was starting a new practice, I did not have the mammoth task of converting years of paper records

for thousands of patients, but I believe that both new and established practices can benefit from a “clean break” approach.

To avoid the headaches of dealing with two systems simultaneously, I recommend treating each encounter as a new patient, for records purposes. In other words, when Mrs. Jones schedules an appointment, summarize her history from any paper records, scan in any images or other forms that need to be kept on file, and shred the rest. From that day forward, Mrs. Jones’ record should be entirely electronic.


In the beginning, both doctor and staff spend a lot of extra time reviewing charts and entering historical data, but once the record becomes a digital one, updating it during repeat visits is quick and easy. My technicians and I update the record as we talk with and examine the patient, with close to 90% of information entered in real time.

### Thinking differently

Perhaps the biggest challenge in adopting EHRs is simply learning to think differently about the patient record. Doctors who become fixated on making the electronic record look and feel exactly like a paper record will likely waste a lot of time and money — and may still wind up dissatisfied.

Instead, one has to be open to a more data-driven way of doing things. For example, I used to routinely make optic nerve head drawings in my glaucoma patients’ charts. In converting to an EHR system, it was hard to get used to not having a physical piece of paper on which to draw. But numeric ratios and measurements, along with digital images that can be incorporated into the electronic record, may be a better way of tracking optic nerve changes.

As doctors, we may not like to think about automating our subjective assessments or treatment plans, but some

degree of automation makes for more consistent pattern recognition and standardized treatment and thus, better medicine. Electronic records are one way to improve the science without detracting from the art of medicine. 

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