

## Avoiding common pitfalls in electronic health record implementation

A clinician who has transitioned to EHRs in his own practice offers tips and encouragement for others to follow suit.

**by James E. Silone Jr., DO**

In our daily lives, we operate naturally with automated scheduling and billing. We embrace throwing out our checkbooks and banking online. We appreciate receiving our salaries and reimbursements via direct deposit. So why are ophthalmologists so resistant to switching to electronic health records?

A 2008 survey by the American Academy of Ophthalmology shows that only 29% of practices have already switched to EHRs or have immediate plans to do so. With the government getting into the act, switching to EHRs will soon not be optional. Starting in 2011, there will be incentives for offices

that employ EHRs in a meaningful way. But when 2016 rolls around, Medicare payments will actually be reduced for offices that do not use EHRs.

Second, it is important to recognize and budget for the appropriate technical help. With the move from paper to electronic records comes an inescapable reliance on information technology (IT) infrastructure. Make sure you not only have the right hardware and enough of it, but also plan for how you will handle such IT concerns as server availability and data security. If you do not already have an IT-savvy person on staff, make arrangements to hire someone who can work with you through the process. A large, multi-practice office will have even greater IT demands with networking, etc.

### Staffing needs

First, it takes a team to transfer an office from paper to electronic records. Physicians tend to be very involved in the process of selecting the software to use, and then tend to leave the implementation process to their adminis-

### Managing time and resources

Third, you must recognize that the transition will be time-consuming and give yourself enough extra resources. This most often requires cutting back on the schedule or, at the very least, scheduling the switchover for a typically lighter month. Initially the learning curve will demand more time from both the administrative staff and the physicians, and not planning adequately for that will cause great frustration. In our office, we reduced patient load by 30% for at least 1 month in order to make the change.

In addition, we hired a temporary employee to assist in scanning and keying in the existing paper charts. We planned 1 week ahead and gave the temporary employee a priority stack of the charts for all the patients we would be seeing the following week, and she

**“The organizational efficiency, reduction of human error and remote access to my patients’ records help me practice better medicine.”**

— JAMES E. SILONE JR., DO

trative staff. It should not be that way. Administrative staff obviously has to be greatly involved, but it is important to have the back office, or physician side, involved as well. That keeps the ophthalmologists from being out of the loop and not using the software.

Government incentives aside, our office started using EHRs with the Ophthalmology Advantage system (Com-

scanned in the relevant tests and keyed in the last visit. This way, when we saw the patient, we were already working from a digital chart instead of just reading a paper chart scanned onto a screen. We decided to scan in only the last test and key in the last visit, instead of just making a large electronic record of every paper in the file. Then we kept the paper charts as backup until they were no longer required. New patients went straight to electronic records, and existing patients were switched over as they scheduled appointments. The transition took several months before it was complete, but the important fact is that once we implemented the changeover, we worked entirely from electronic records. As physicians, we no longer made paper notes and only looked at paper charts when necessary. This is key because it prevents staff and physicians from having a preference or avoiding adaptation to the new system.

### Selecting software

Fourth, you must take the time to choose the right software. You really need to understand your office and its workflow, even the small steps that you often take for granted. Then you can choose a software program that works for you and understands your practice as a busy ophthalmologist. We found Ophthalmology Advantage to be the best option for us. It is designed specifically for the ophthalmic practice, and we were able to start using it “out of the box” with very few changes.

Then, as we became comfortable with the system, we were able to customize it to our particular office. Even now, 4 years after initial implementation, we make small changes at least monthly. These include things such as changing the order

**“Electronic systems prevent a certain amount of human error, and that results in better medicine. Now that we are using electronic health records, I would never go back to paper.”**

— JAMES E. SILONE JR., DO

of drop-down menus to prioritize the functions most commonly used in our office or adding additional forms as we add new practice areas. With our vendor, we have truly been able to keep adapting the system so that it now seems as if it was custom-made for our office, giving us the maximum gains in efficiency. Just recently we added the E-Rx component, so we can now send prescriptions directly to the patient’s pharmacy of choice. Being able to adjust the software at our pace has been a critical element in making it work for our office.

### Managing expectations

The last key to success is realistic expectations. Your practice is not going to be faster or more efficient right away; it

takes time to learn to use the system and adapt the way you work. Nor are you going to be able to eliminate redundant staff within the first week. However, the system will allow you to attend to your patients more efficiently and, I believe, help you become a better doctor. Now if a patient has an emergency on off-hours, I can access their chart from home without guessing the results of their last test or trying to remember what medications they are on. Nor do I have to drive into the office and find their file to give them an accurate accounting. Our system also allows us to set reminders to check test results and send out exam reminders, things that often fell by the wayside before.

Electronic systems prevent a certain amount of human error, and that results in better medicine. Now that we are using electronic health records, I would never go back to paper. While the process was not simple and fast, it was definitely worth the growing pains to convert to EHRs.



### Reference:

Chiang MF, Boland MV, Margolis JW, et al; The American Academy of Ophthalmology Medical Information Technology Committee. Adoption and perceptions of electronic health record systems by ophthalmologists: An American Academy of Ophthalmology survey. *Ophthalmology*. 2008; 115(9):1591-1597.

**James E. Silone Jr., DO**, can be reached at Center For Sight, 1371 W. Main St., Newark, OH 43055; 740-522-8555; fax: 740-522-3620; silone@centerforsight.com.