

Practice Management

The writing on the wall

Is the move toward EHR inevitable?

Done right, it can bring administrative, financial, and clinical care benefits to your practice

By Joseph B. Studebaker, OD, FAAO

A few years ago, I realized that the shift toward electronic health records (EHR) was inevitable. The administrative demands of Medicare and private third-party payers had become increasingly rigorous, and the calls for electronic record-keeping more insistent.

In early 2009, the federal government passed the Health Information Technology for Economic and Clinical Health (HITECH) Act, which offers incentive payments of up to \$44,000 per provider for converting to EHR. The first payments under this act will be made in 2011 to Medicare providers who are using EHR systems in a meaningful way in 2010. But after the carrot comes the stick: Beginning in 2015, Medicare payments to practitioners who are not using EHR will actually be reduced.

The increasing sophistication of diagnostic technology is also driving the trend toward EHR. For example, in the past when I ordered optical coherence tomography (OCT), my old system provided a single image. Now, I use proprietary spectral-domain optical coherence tomography technology, which generates 128 cross-sections of the eye at each exam. Grappling with the sheer volume of data from this and other devices is challenging in any format. But, I would rather integrate these digital images into an electronic system than continue to devote more office space for files of paper printouts.

With that in mind, our group practice in Englewood, OH, began the transition to EHR about 18 months ago. My brother and I co-own the practice that our father (who still works part-time for us) started more than 45

Take-Home Message

The time and effort of implementing electronic health records is a critical long-term investment in a practice. ODs must determine how they want to use the software, avoid setting artificial time limits for implementation, and choose the appropriate vendor and software.

years ago. Each of us is equally committed to making this a successful transition, and we already feel that EHR is helping us cope with administrative demands and enhancing the quality of care for our patients.

Phasing in EHR

Although the conversion to EHR is not easy, I consider the time and effort to be a critical long-term investment in the practice. I would caution against setting any artificial time limits for converting to EHR. For our practice, a phased-in implementation has worked best, allowing us to realize some efficiencies quickly while gradually weaning ourselves from handwritten records.

The first step for us was to become comfortable using the software interface during relatively simple encounters, such as the so-called "routine" exams. We now use electronic charting for nearly all these types of visits.

One thing to consider at this early stage: How do you want to use EHR in the exam room? Some doctors prefer touch-screen tablets they can hold like a paper chart, while others have an employee serve as a scribe at a computer. I have a computer connected to a wall-mounted display so that the patient can see everything I enter and the same diagnostic images I'm looking at. This method requires a degree of comfort with transparency, but I consider it an asset in patient communication.

After routine exams, we began to tackle more sophisticated presentations and complex cases, such as patients with age-related macular degeneration who also have complicated systemic histories. We need to test these patients often and follow them over time.

We also added the electronic prescribing application (E-Rx, Compulink), which is one of the best things about EHR. I now e-prescribe for nearly all my patients, except those who use mail-order pharmacies or whose insurance companies don't accept e-prescriptions, or when I prescribe oral narcotics. Patients are extremely impressed that I can send a prescription directly to the pharmacy.

We have chosen to make a long-term investment in EHR for the good of our patients, the health of our practice, and the need to remain competitive in the health-care marketplace of the future.

The electronic prescribing module makes it easy for me to participate in Medicare's E-Prescribing Incentive Program because the software supplies the relevant codes to the Centers for Medicare and Medicaid Services (CMS) with each e-prescription. The HITECH Act will require electronic prescribing to collect payments, and CMS has already indicated that it will be a factor in determining future compensation.

Where we are

Currently, we are working on fully integrating all the imaging and diagnostic technology in

Focal Point

Designers of EHR software must understand eye care and all that goes into a range of patient visits.

the office. This includes our automated refractometers, keratometers, corneal topographers, and perimeter; spectral-domain OCT; and confocal scanning laser ophthalmoscopy.

We are also customizing the software screens and drop-down menus to fit our patient flow and clinical emphases better. This is one area in which I wish we had focused more attention earlier on, because it would have helped us to be more efficient faster.

Customization can be as simple as moving a box from the left side of the screen to the right to match the order of your typical patient work-up better. Or, it can be as complex as deciding which diagnoses and treatment plans to include as default options. Regardless, any changes should be acceptable to all the practitioners using the EHR system, not just the one most active in implementing it.

Narrowing the field

For us, the choice of an EHR vendor was relatively easy. Although we researched several other systems, we ultimately stayed with our long-time provider (Compulink Business Systems Inc.).

Perhaps the most important pieces of advice I can offer when researching vendors is to look past aesthetic appeal to the actual functionality of the software. Although some systems offered prettier fonts or screens, we preferred the flexibility, customization, and scalability of integrator software (Eyecare Advantage, Compulink).

As the complexity of what we're trying to do with EHR has increased, we've realized how critical the vendor's staff knowledge, training, and support can be. Success really demands that the people who designed the software understand medical eye care and everything that goes into typical and complex patient visits.

Our provider's software integrates with more than 150 ophthalmic devices, so we don't need third-party software programs to interface with those devices. Their support people also are very knowledgeable about optometry. I would be very frustrated if I had to explain the purpose of the devices I use to someone not well versed in ophthalmic technologies and exams.

Lessons learned

Our staff is adapting nicely to EHR. Our employees were tired of paperwork-related hassles and were eager to embrace any mechanism that would simplify their daily tasks.

Four tips for successfully effecting EHR

By Joseph B. Studebaker, OD, FAAO

- 1 Take the long-term view.** The shift to electronic health records (EHR) is inevitable. Start to invest in this aspect of optometric practice now so that you can stay ahead of the curve.
- 2 Think about the transition.** There are a variety of ways to handle an EHR conversion, from "cold-turkey" approaches to phased-in implementation. Develop a plan that works for your practice.
- 3 Find the right partner.** Choose an EHR vendor that can provide the technological know-how, critical support, and confidence you need to begin and be successful throughout this transition.
- 4 Allocate enough resources.** The cost of the EHR software is only one portion of the overall cost of implementation. You may also need to upgrade hardware, increase network security, and increase redundancy and backups. You will almost certainly need some information technology consulting help along the way.**OP**

Doctors and staff can attain basic operational proficiency with Eyecare Advantage within a few days, although more sophisticated tasks usually take weeks or months to learn. Employees who have little computer experience may require a longer learning curve. Our provider's Web-based instruction has been extremely helpful when we need to get a new employee started quickly.

It's important to dispel the erroneous perception that EHR-related training is a finite process, though. Our goal as a practice is to encourage continuous improvement and lifelong learning with EHR, just as we do with other clinical and administrative skills.

Besides the "bonus reporting" we do through electronic prescribing, the integrator software system has helped us meet the regular Physician Quality Reporting Initiative (PQRI) reporting thresholds. PQRI codes have been incorporated into the software's coding tab

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for easy reference and submission.

Although we don't have much hard data yet on how EHR has changed our practice, our patient surveys indicate that patient satisfaction with wait times has improved since we began using EHR. As a practitioner, I find it much easier to keep up with documentation demands, such as interprofessional correspondence.

Although EHR seems like an administrative function, it definitely affects clinical care.

For example, the integrator software helps us identify and proactively manage patients with chronic systemic and ocular diseases, such as diabetes, glaucoma, and macular degeneration, who are overdue for preventive monitoring. One of the greatest advantages of an EHR system is that it helps ensure that these patients receive timely and appropriate care. Additionally, EHR will be a major component in our ability to analyze and interpret clinical tests and findings over time and perform more complex analyses of patient outcome data.

With time and greater customization and skill at using our system, I believe we will continue to see clear and measurable financial and clinical benefits.

Implementation of EHR is a fundamental change in the way we practice eye care. Our ultimate goal is a seamless process that gathers and integrates information electronically from the time the patient visits our Web site to scheduling, pre-testing, the clinical exam, product orders, billing, prescribing, and electronic claims processing.

There are definitely challenges and glitches along the way, but going back to paper would be incomprehensible to me. Rather, we have chosen to make a long-term investment in EHR for the good of our patients, the health of our practice, and the need to remain competitive in the health-care marketplace of the future.**OP**

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