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Posits on EMR

First Posit: "Electronic Medical Records (EMRs) will (or do) reduce the overhead and increase the efficiency of my practice."

Second Posit: "EMRs will (or do) improve the quality of care in my medical practice."

THE THEME OF THESE RELATED POSITS was suggested by SSVMS member Jerry Rogan, who plans to include the results in testimony before legislative committees dealing with EMR. It is timely, considering President Obama's effort to promote and require EMR for all Medicare billing by 2015.

Among 222 responses, 149 agreed with either or both posits, while 57 disagreed with either or both. (A number commented but made only partial yes/no decisions.) Commentary follows: We prefer to allow the writers to speak for themselves, rather than weigh their words down under an editorial burden.

"The use of computers in medicine has been around long enough for physicians to have figured out the plusses and minusus of their use. They are helpful when they work right but we still don't have the paperless society that was promised years ago, and we probably never will. When records are lost or the computer "crashes" we are in trouble. Also access to a patient's records by hackers is always a threat. I am not convinced that the use of computers will save money in our practices" - **Byron H. Demorest, MD**

"Reduce overhead but efficiency decreased until system is learned." - **Franklin D. Robinson, III, MD**

"It is easier to track lab work and not let items fall through the cracks. Records can be accessed remotely to assist physicians on call. Legible records make care easier and I can fax a copy of a record to a treating physician with a single keystroke." - **Joanne Berkowitz, MD**

"The implimentation of the EMR to my practice at Kaiser-Permanente/ South Sacramento has been truly a spectacular revolution in my professional life. I could write paragraphs about how much more efficient my care delivery has become, about the ease of access to all aspects of my patient's medical record, about the absence of illegibility, the vast reduction in medication errors, the ease of data collection, the ease with which I can now communicate with my colleagues about any given patient, even at remore K-P facilities, the ease with which I can communicate, in a secure fashion, with my patients, the ease with which I can practice virtual medicine, where applicable, the tremendous improvement in my life as an on-call surgeon, etc. The EMR compares to pen and paper the way my cell phone compares to the 'two tin cans connected by a string' I used as a kid!!" - **David J. Manske, MD**

"EMR in most systems that I have worked at increase the overhead and decrease the efficiency of practice to some degree. This is balanced by more improved communication, better access, increased ease for patients. EMRs do improve quality of care - better documentation, better access among health care providers, linking to pharmacy records - all improve patient quality of care." - **Cheri W.P Leng, MD**

"We have been using them at KP for 3 years--the convenience is remarkable. Being able to read other provider's notes is already a big plus." - **Victoria F. Akins, MD**

"EMR has added three hours to my work day." - **Reinhardt G. Hilzinger, MD**

"I disagree on both. I am at Kaiser so am familiar with EMRs. The utility is limited but it is there." - **Mark Zlotlow, MD**

"Increase efficiency, cost neutral to more expensive. Medication safety, legible notes, records always available, no other way to practice in the 21st century." - **Thomas J. Russell, MD**

"EMR has a huge time commitment associated with it. This really takes away from practice efficiency. EMR do allow a better look at practice norms." - **Donna M. DeFreitas, MD**

"It removes almost all postal and transcription costs saving as much as 7,000-10,000 dollars a year. It makes it easy to check on medications and via e-scripts I get quick feedback from pharmacies if patients are trying to abuse prescriptions." - **Michael H. Robbins, MD**

"An article in the Wall Street Journal, Thursday, March 12,2009, says it all. It was written by Doctors Groopman and Hartzband and on the faculty of Harvard Medical School. They refer to the Rand study, a theoretical study published in 2005 and funded by Hewlett Packard and Xerox (hmm?). The Rand policy analysts readily admit in their report that there was no compelling evidence at that time to support their theoretical claims. "Moreover, in the four years since the report, considerable data have been obtained that undermine their claims." The article should be read by all those who believe the hype that EMR will improve medicine, lead to fewer errors, etc., and that, therefore, the government should adopt this as national policy. My own experience, though limited, did not decrease costs nor did it decrease errors. However, medical prescription writing, loded with a patient's drug data, and containing all side effects of those drugs, would be an asset (I think)." - **Wayne C. Matthews, MD**

"EMRs are not perfect and can detract from patient doctor interactions and make notes seem impersonal, but the efficiency of having all the pertinent information just a click or two away, from any location, far outweighs the drawbacks. It is amazing how long it has taken, and continues to take modern medicine to move beyond paper charts." - **Thomas J. Curran, MD**

"Depends on how integrated it is with other providers." - **David Z. Tzeng, MD**

"I have beta-tested several and find that they require me to spend more time producing visit notes which I normally can complete in writing before the end of each visit. EMR would also cost me money both front-loaded and in annual costs that I would not recoup, as EMR would not allow me to see more patients than I already do. I do not find that EMR would replace detailed record keeping and attention to detail. I do not need a computer to notify me of standards of care or upcoming/overdue interventions or follow up. I say this as a technologic early adopter with an in-office computer system, three networked wireless personal netbooks and laptops and a regular user of the local medical centers VPN" - **Mark L. Tong, MD**

"Readability errors due to handwriting are eliminated with EMRs." - **Deepu Bindal, MSI**

"It will increase the "hassle factor" of your practice and decrease the enjoyment time of your practice unless you love typing and computers . It may increase efficiency and overhead" - **John W. Kuhn, MD**

"I have an EMR and it is absolutely added to the efficiency of my practice and saved expense." - **Dominic M. Erba, MD**

"We've been using eClinicalWorks since 11/06 and have seen improvements in efficiency and billing. It took about 6 months for us to be able to chart as quickly as with our previous system. We've been using eClinicalWorks in our urgent care clinic since 11/06. No more lost/misplaced/misfiled charts is a huge plus. Notes and previous lab, Xray, etc. are well organized and legible and easily located. Any part of the chart can be easily faxed to patient's PCP or specialist. We also fax prescriptions or send them electronically and have immediate feedback regarding potential drug interactions. Calls from pharmacists to clarify Rx have dropped 90%." - **Kimette M. Marta, MD**

"EMR must be standardized in order for our nation to get any cost savings or increase in efficiency as part of the economic stimulus package. I am worried that the EMR that I invested in for my practice 4 years ago will become obsolete and I will be forced to buy something different that may not be specialty specific. I want the government to work on software to link databases and software systems rather than mandating the system that we must use." - **Alison A. Boudreaux, MD**

"[My experience has been that the EMR] did reduce the overhead and increase efficiency. [As to quality of care,] I was able to immediately download up-to-date information, which I could share with patients and implement at that time." - **Richard N. Gray, Jr., MD**

"Efficiency is up but overhead is more or at best the same, keeping up the software & equipment. In addition the efficiency sometimes sacrifices accuracy or the ability to do rapid reasonable reviews. However, EMRs promote and make more efficient information-sharing from various remote locations (lab, xray, satellite clinics, etc.) They become mechanical and rote, and sometimes sidetrack the give/take of patient interaction. In peer reviews/audits (part of one my_jobs) it appears that electronic check-boxes sometimes cause errors when physicians "forget" to interact or to thoroughly review the previous notes." - **Evalyn Horowitz, MD**

"EMR has definitely improved my efficiency, but a big reason for this is that I know how to type. I think it has likely improved quality of care as well." - **Michael A. Flaningam, MD**

"EMR can improve the efficiency of a practice and improve billing and charge capture if done well. There is a learning curve, but with patience it can quite useful. Templates can be set up to maximize billing and can reduce some paperwork if used properly. I recommend avoiding EMRs that are provided "free of charge", there are usually strings attached you may not want. The best thing that EMR can do is help cut down on medication errors and allowing a physician to be up to date on all medications the patient may be taking to avoid drug interactions. Finally, it can be useful to help insure a patient is getting all recommended preventive medical care. This can be profitable if the practice has a pay for performance contract." - **Sidney A. Scudder, MD**

"Initially efficiency will decrease because of cumbersome data entry, eventually should improve overall." - **Richard T. Wakamiya, MD**

"[I Agree with both posits] BUT, not during the transition (the benefits come later.)" - **William L. Bargar, MD**

"I disagree with both posits. The cost of setting up EMR and paying licensing and maintenance fees will never be made up. I'm also concerned it will be that much easier for insurance companies and the government to monitor medical care and enforce treatment protocols in order to limit care." - **Sidney Yassinger, MD**

"It may reduce cost of taking care of pt with reduced repeat labs and xrays but overall little change in quality of care. It has increased each of my work day by 1 - 2 hours and I see 20% less patients (=less salary) and I wind up having to work at home on computer to try and catch up taking up my previously free time." - **Kenneth L. Corbin, MD**

"This is especially hard on a small individual practice. [The] physician is so busy typing the history he will lose valuable time [and neglect] establishing communication with the patient. Dr. Osler might turn over in his grave. Critics also caution that the long term cost will far exceed the \$60,000 incentive the government [offers] to entice us to use the EHR. It may be cost effective to large group practices. Can CMA give us a cost breakdown?" - **J.M. Young, MD**

"At present there is no published evidence other than anecdotal or speculative musings to support [either of these] propositions." - **David Gibson, MD**

"As a patient, I have not felt inconvenienced or slighted by my physician's use of the computer during my visits. In fact, I feel that it is a beneficial tool in our relationship. Someday, I hope to have total access to my records, even if it's just read only. Total access by the patient would solve a lot of problems.

As Executive Director, I believe that for the majority of small offices, the investment in a system (that may not even be around in a year or two) for a couple of extra points in reimbursement is probably a wasted effort. When Microsoft offers a program, it will be a good time for a small office to buy an EMR package." - **Bill Sandberg**

"The key concept is that EMRs will INCREASE the overhead and DECREASE efficiency in the short term, but will eventually yield huge benefits. That challenge is a major barrier to EMR adoption. Improvements in quality should occur immediately, because humans may forget or overlook items that the computer will always remember." - **Alfredo Czerwinski, MD**

"I now have consistent access to notes from prior visits with other physicians, prescriptions, labs and imaging." - **Anthony J. DeRiggi, MD**

"The first question is self conflicting. The EHR will increase overhead in an absolute sense. The systems are expensive. They will also significantly increase efficiency if in the following areas (and others) the physician office is already in compliance:

- Documentation for coding is adequate and compliant.
- Work flows for Clinical Assistants are within their scope.
- Notes and documentation are legible and coherent for all purposes.
- Billing is effective

I would submit that many offices use processes that are not compliant and that are significantly more efficient as a result. Having the MA call in refills that have changes for example, is out of scope for them but I believe many office ignore this requirement, to implement a compliant process in a paper system is very inefficient, to implement with an electronic record is much more efficient. If the office is non compliant to begin with the electronic system will not seem like an improvement in efficiency. (I am not

defending all the requirements in physician practice that contribute to inefficiency in care, but I do believe we should be compliant with those that exist and work to improve regulation that is more friendly to operations expense)

Other efficiencies revolve around patient care. Systems allow the physician to look at groups of patients to see how they are doing, systematically monitoring diabetics in a practice for example.

The second question is true without a doubt.

Patient safety is improved through allergy and interaction checking in medications. Health maintenance and disease monitoring functions allow more effective identification and more efficient ordering of procedures / imaging / labs to manage these patients. Billing is often streamlined reducing billing costs. If physician skill sets are strong enough dictation costs can be eliminated. Finally in large organization the achievement of a single patient record for all environments is priceless.

A recent article noted that the physicians and their organizations bear the cost while the insurers reap the benefits of cost savings in care, and surprisingly enough the stimulus plan seems to have recognized this non alignment of incentives. Physicians should share in insurance plan cost savings and benefits that accrue to help pay for the systems and reward physicians that provide better care as a result." - **Thom Atkins, MD**

"A) vote: No opinion

comment:It depends on what you measure as cost savings. yes savings from hiring at least 2 groups of people (that could otherwise be earning and feeding their families and are now jobless or reorienting to learn a new trade) the transcribers and the coders. We can do at least those two right away. cost saving to me? No. I have to spend all my time doing these and that is an expenditure that is much more than I would pay both those groups together,as I would then be using the skills that I have as a surgeon, in clerical work to replace them and that I think is economically quite unsound. the next around the pike will be appointment clerk work(some of which we already do) and then reception work, i.e registration. soon telephone operator and the call center. Ugh when will I do my work?

B) vote : yes

Undecidedly the best thing that happened to medicine; provided we follow the ethics of truly well practised medicine." - **Elisabeth Mathew, MD**

"Yes and No - availability to all who have access, organization of records and legibility are a huge boost to efficiency. However, the electronic record used by Mercy Medical Group requires more physician time because 1) more detail goes into the records; and 2) the physician is now the one who does entering E&M and CPT codes and things which other staff used to do." - **John A. Schafer, MD**