

Is The Time Finally Right For EMR?

Financial incentives and government programs reward ophthalmology practices for implementing EMR.

BY A. J. DELA HOUSSAYE, MD

For many, electronic medical record (EMR) technology represents the future of health care efficiency. By computerizing patient information, clinics of all types and sizes can eliminate costly paper, reduce errors, speed the flow of information, and free up staff from time-consuming tasks.

For ophthalmology practices that have adopted EMR, results have usually lived up to the promise, fostering multiple clinical and business benefits. In fact, the advantages of EMR systems are so clear, it is a wonder more practitioners have not already installed them. Why would anyone not pursue a solution that cuts costs, improves quality of care, and raises productivity?

Since the advent of EMR more than 10 years ago, the answer to this question has been price and inertia. Acquisition costs are not insignificant; up-front professional and clerical training and changes in workflow have been major stumbling blocks. Regrettably, many clinics are simply resistant to change, even in the face of progress.

However, if ever the scales have tipped in favor of broad EMR implementation, that time may be now. Thanks to a coming together of critical factors ranging from new EMR business alternatives that lower initial cost to customization and ease-of-use improvements—especially for ophthalmology clinics—as well as financial incentives from the federal government, EMR may finally be on the path to widespread use.

Compass Intelligence (Scottsdale, AZ), a global market research company, estimates a \$14 billion increase in US health care information technology expenditures between 2010 and 2014 to \$85 billion. The Obama administration, through the American Recovery and Reinvestment Act (ARRA), has allocated \$36 billion in long-term funding to help health care providers purchase information technology, including EMR.

FINANCIAL RETURN

Return on investment has never been an issue with EMR. While every clinic's experiences are different, at SEECA Medical, an ophthalmology practice in Louisiana's delta region, we have enjoyed positive results ever since we deployed our EMR in 2000. Using the MedInformatix EMR (Medinformatix, Inc., Los Angeles, CA) as our base, we have created a modified solution to suit our workflows. Our system allows us to service an average daily patient load of 70 individuals with a professional staff of just one doctor and four technicians.

Other performance improvements have resulted as well. We have reduced our employee count from 20 to 15, with no loss in service quality. Included in that improvement was the hiring of two estheticians for a new cosmetic division, a new patient flow coordinator, and an additional optician to handle our increase in optical volume.

Our office visit time from check-in to discharge has dropped from 1 hour 40 minutes to 35 minutes, and exam room wait times now average just 12 minutes. Most compelling, we were able to increase our annual patient load by 1,500 people within 3 years of implementing our EMR system—a 21% increase. At \$175 average revenue per patient visit, our gross increase in income worked out to \$262,500 per year.

NEW CONVENIENCE

As attractive as the financial returns are, EMR products have also been continually coming out with new features and capabilities that add value and improve convenience for doctors and staff. Image management tools, for example, allow us to catalogue, view, and interpret diagnostic images with minimal effort. For physicians who typically dictate their notes, voice recognition technology that eliminates the need for transcription is now available. Coding

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suggestions are also automatically generated in several EMR products, further speeding processing and billing.

At SEECA, we have developed a tool that allows us to quickly create complex drawings of the eye and face in seconds. Prerendered objects such as edema, macular scars, and vitreous detachments can simply be dragged and dropped onto the diagram, then adjusted for size, blood pattern, and so on. The tool, available for the MedInformatix EMR, makes it simple to draw accurate and detailed pictures and ensures that you get paid for your drawings. The billing interface is set up so that the CPT and ICD-9 codes match, thereby reducing the chance that a claim will be rejected.

DELIVERY OPTIONS

The past year has seen new options in the way EMR systems are offered that both lower initial cost and improve optional convenience. Software as a Service (SaaS) EMR alternatives deliver EMR capability to a practice via the Internet—no software to buy and nothing to install on your office server. GE Centricity Advance (GE Healthcare, Inc., Waukesha, WI), is a plug-and-play system designed specifically for smaller, independent practices. Dell, Inc. (Round Rock, TX), offers Practice Fusion, an all-in-one system that combines Web-based EMR with a printer, scanner, networking equipment, and even a laptop for data input and record access away from the office.

It is important to note that while SaaS lowers initial cost, it also places patient records on offsite servers that exist “in the cloud.” Some experts are objecting to the possible security vulnerability of SaaS EMR compared with systems that reside exclusively in the office. Although it is true that information exchange, a benefit of Web-based EMR, is the ultimate national goal, the government’s Regional Extension Center (REC) initiative will facilitate such interaction. RECs, now in deployment, will provide technical assistance to health care providers and facilitate secure health information exchange.

THE IMPACT OF HITECH

Of all the reasons to make the time now for EMR, the most powerful may be the reimbursement initiatives passed in the ARRA last year. A key element of ARRA is the Health Information Technology for Economic and Clinical Health (HITECH) provision that offers ophthalmology practices \$44,000 per physician through

Medicare, over 5 years, to recover the cost of a qualified EMR system. It is important to emphasize that HITECH provides \$44,000 per physician, not per practice, making payouts much bigger for offices employing multiple doctors. Physicians who see more than 30% of patients paying with Medicaid are eligible for even greater payments up to \$64,000 over 6 years.

HITECH is both a carrot and a stick. The first year incentive of \$18,000 in 2011 will be the largest and easiest to obtain, as providers will be required to document use of a certified EMR for only 90 consecutive days, not a full 12 months as in succeeding years. In 2012, the first year payout will remain \$18,000, but reporting requirements will be more stringent. Practices initiating EMR in 2013 and 2014 will receive total reimbursements of only \$39,000 and \$24,000, respectively. Starting in 2015, practices that do not implement EMR will have their Medicare fee schedule reduced on a graduated scale.

The requirements for HITECH EMR reimbursement center on “meaningful use” of the technology. To qualify, a practice’s system must include patient demographic and clinical health information; it must also have the capacity to provide clinical decision support as well as computerized physician order entry (CPOE), patient information capture and query capability, and the ability to communicate with electronic health information exchanges. A full explanation of the meaningful use requirements can be found at <http://medinformatix.com/Meaningful-Use-EHR.html>.

CONCLUSION

At SEECA, we have found that EMR provides more than operational and clinical benefits. We are known as a practice with a sense of family, and our system lets us concentrate on the patient, not on repetitive and sometimes mindless paperwork. We are able to move more efficiently, do more with fewer employees, and devote our time to more meaningful patient interaction. If you do your homework and find an EMR system that adjusts to your working methods, furnished by a vendor who will proactively support you before, during, and after implementation, you will likely find that this is the best time of all to implement your own EMR system. ■

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