

Electronic Health Records in Practice

Adoption of EHR has far greater rewards for a practice than just a government incentive check.

BY DAVID M. MISCH, MD, MBA

There has been a lot of talk about adopting electronic health records (EHR) and the government's *Meaningful Use* incentive check. I am glad that my practice has qualified for Meaningful Use, and we expect the check anytime now. However, I have been using EHR in my retina practice since 1998, and I have found the benefits for my staff and patients far greater than just a check from the government.

The Center for Retina and Macular Disease comprises 8 clinics, 5 retinal specialists, 1 low vision rehabilitation specialist, and 63 additional staff members. When operating a practice of this size, or a practice of any size, it is critical to have effective, efficient processes in place so one can better accommodate patient need and revenue goals. My practice has used ManagementPlus as its practice management and EHR software since 1998. It is highly versatile and allows the practice to flow efficiently and quickly at a level that would be hard to achieve using traditional pen-and-paper protocols.

PATIENT FLOW

From the moment a patient enters our practice, our goal is to serve him or her in the most professional manner possible. Data can be entered into a computer faster than it can be dictated, and many routine processes are automated to reduce technician workload and duplication of effort. In addition, we are able to fully customize the vendor's interface and forms to streamline administrative work and minimize bureaucratic effort (Figure 1). Currently, we are beta testing the use of tablet devices so that patients can personally enter data into our system. All informed consent forms and additional paperwork

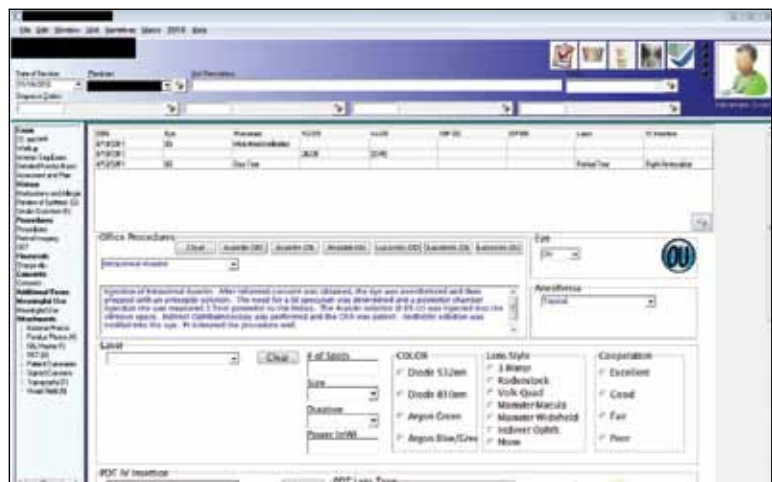


Figure 1. Procedures Management screen.

will be signed and completed on the tablet, representing an exciting step toward a type of only possible through digitized systems. We expect this addition will further reduce staff work and paper use in our office.

INTERFACE CUSTOMIZATION

For me, the ability to customize the vendor's interface was an important factor when choosing an EHR program. As a retinal center, we have many patients who receive regular injections of anti-VEGF agents to treat age-related macular degeneration (AMD). When a patient comes in for an injection-only visit, our tech can highlight the box indicating the drug and interval (6, 8, or 10 weeks). The system will then automatically populate all appropriate fields and complete the informed consent form. The technician only has to enter visual acuity and intraocular pressure data and prep the patient for the procedure. The system works for us, to the point that it's almost as if the vendor is a part of my staff.

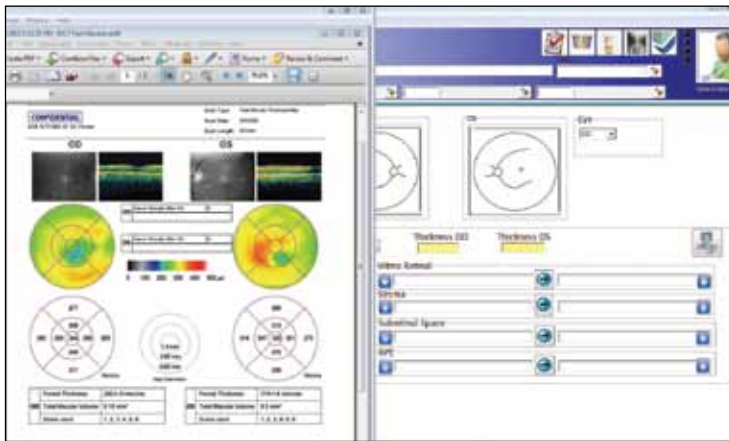


Figure 2. Image Management screen.

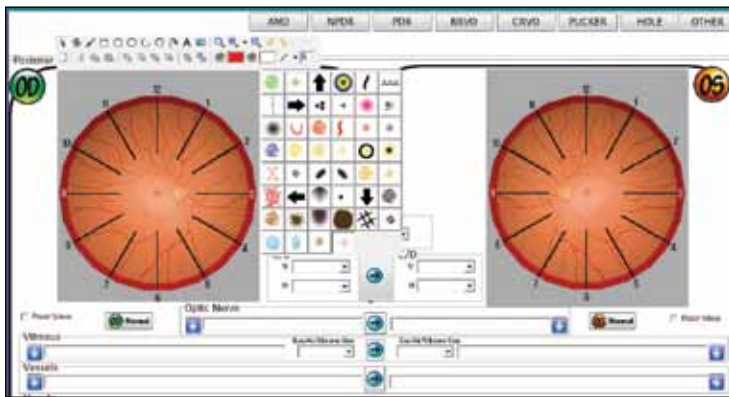


Figure 3. Drawing Tools screen.

IMAGING AND DIAGNOSTIC INTEGRATION

One of the most useful aspects of our EHR system is the automatic integration of all diagnostic and imaging equipment into the patient record (Figure 2). Previously, when I examined a patient, I would have to leave the exam room to go to the optical coherence tomography (OCT) equipment, pull up the images for that patient, and manipulate them to be able to analyze change over time. Now, everything is organized in the patient record, in charts or tables. OCT images are aligned, and visual acuity and intraocular pressure are charted chronologically so I can analyze how effective treatments have been directly from the exam room. I can easily see if the results are unsatisfactory, and if so, if a change in medication or treatment plan can be made. As repeat injections continue to become a standard of care in treating branch retinal vein occlusion and diabetic retinopathy, this management capability will become critical, as it facilitates a very high standard of care in the most efficient manner possible. Additionally, the drawing tool in this EHR system is well designed, and there are several stamps from which to choose to further enhance exam documentation (Figure 3).

MEASURABLE EFFICIENCY

Efficiency gains from an effective EHR system can easily be measured. For example, I am now able to see up to 80 patients per day, as compared to 40 per day before adopting electronic management and EHR capabilities. I attribute most of this efficiency to having all diagnostic results at hand in the patient record. In addition, we generate 30 to 40 letters per day back to the referring physician; these letters are completed on the same day we see the patients. When juxtaposed with the time and effort required generating these letters by hand, this is practically revolutionary.

An automated office and electronic patient record pays off for our patients as well. A recent professional consultation determined that the average time a patient spent in our office totaled 1 to 1.5 hours, as compared to an average of 2.5 to 3 hours in retinal practices in general. This is a significant difference, and one that directly correlates with my ability to see a high volume of patients per day. ManagementPlus has excelled at ensuring we get the most out of our software; it is truly a standout product. Patients notice the efficiency in our automated office, and our practice has been able to increase patient visits and revenue while still providing excellent quality of care.

SUMMARY

As baby boomers age, more of our patients will be online, and we will add important administrative features such as web registration. In addition, as more health care providers in our area adopt EHR systems, we will be able to connect to and participate in a regional health information exchange. Early adoption of electronic technology has helped our practice in numerous ways, and we look forward to a future of greater precision in record keeping, more efficiency in the way we practice health care, and increased communication among health care providers. I strongly urge all physicians to adopt electronic systems, as the benefits these systems provide greatly overshadow the perceived difficulties associated with onboarding and training. ■

David M. Misch, MD, MBA, is the founder of The Center for Retina and Macular Disease in Winter Haven, FL. Dr. Misch states that he has no financial relationship to disclose. He may be reached at misch@crmd.net.

