

Practice Management

Selecting an Electronic Health Record (EHR) System for Your Practice

By Margie Satinsky

There's no question about the direction in which medical records are moving — away from paper and toward the electronic gathering of health data from physicians and other sources. If a decision about electronic health records (EHR) is on your practice's 2006 agenda, make sure you understand what steps you need to take to understand your needs, select a vendor and make a successful transition.

First, be realistic about two major challenges inherent in moving to EHR: the people factor and the price. Although most practices focus on vendor selection, that task is relatively easy compared to motivating people to change. You're asking physicians to learn new ways to capture and extract information on their patients and you're expecting staff who may be intimidated about computers to learn new skills. With respect to price, the marketplace is filled with different products at different prices. Make sure you purchase a product that is appropriate for you at a price you can afford. Don't buy an SUV if you only need a compact car.

Second, look at your practice before you talk to vendors. Know your mission and goals before you invest in supporting information technology. If you are setting up a new practice, by all means start with EHR, not with paper. Most practices aren't new, however, and they already have traditional ways of caring for patients and managing information. Ask yourself what you want to accomplish with EHR. Different practices have different goals, and you want to be clear on yours. Here are four examples. The goals for each of these practices vary, and different EHR solutions will meet their needs.

- Practice A is a pediatric practice with eight physicians and a single location. It will open a second office by the end of 2006, and it's anxious to introduce EHR so that patient information is easily accessible to all physicians as they rotate between the two offices. The practice is happy with its

current practice management system.

- Practice B is a surgical specialty practice with 13 physicians and a single location. Teams of physicians/nurses/clerical personnel travel to five other locations each week. This practice wants to facilitate the capturing of patient information from its six locations, and it also wants to replace its existing practice management system. Since it is changing two major IT applications, it is looking at vendors that offer an interfaced solution working off a single database.
- Practice C is an internal medicine practice with nine physicians and a single location. Its currently outsources its billing and collections, and it plans to bring this function in house, select a new practice management system, and implement EHR.
- Practice D is brand new. A pediatrician is setting up a solo practice. For financial reasons, he will rent space on an off-site server (Application Service Provider) rather than purchasing his own server. He'll start with EHR so he doesn't have to make a transition from paper records.

Third, do a thorough operational assessment of your practice. What processes work well and which ones need improvement? EHR is a tool to support your practice, and if your practice doesn't work smoothly, you'll wind up purchasing an expensive tool that supports dysfunctional processes.

Fourth, do your homework. Learn what EHRs can do for you, and check the recommendations of reliable professional organizations and rating organizations. The American Academy of Family Physicians (www.aafp.org) and the American Academy of Pediatrics (www.aap.org) have been proactive in providing information on EHRs to their members. The KLAS organization (www.healthcomputing.com) produces comprehensive and reliable vendor ratings. The California Healthcare Foundation provides free online information (www.chcf.org).

Fifth, contact several vendors that have

products that meet your needs. Invite them to your practice, and ask the salesperson to bring a content specialist to answer your questions about specific functions.

Sixth, for those vendors that you think have products you like, provide vendor specifications and ask for a proposal. It's important to identify the information that you want so you can compare and rank vendor responses.

Seventh, make site visits to other practices that currently use different EHRs. Try to schedule these visits without the vendors present, so you can get candid feedback about each and every function that you want in your practice. Ask these practices for an honest assessment of service and training that the vendor provides.

Finally, make your decision, and negotiate a contract that meets your needs. Don't get so excited about implementation that you forget the important legal document.

After you have made your decision, spend the appropriate amount of time on the transition process, on training and implementation.

Although selecting and implementing EHR is very straightforward, many practices stumble and fall. An internal medicine practice in Philadelphia described its transition to EHR as equivalent to "redesigning an airplane in flight!" A practice in Orange County purchased an EHR system under the false impression that the government required it do so, and then neglected to arrange for data from paper records to be scanned into its new system. Steps you can take to avoid disaster in your practice are: setting realistic expectations about your time frame, identifying a physician champion, paying close attention to details, purchasing the level of support that is right for you and seeking outside help if you need it. Be a leader, not a follower, and do it right!

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