How Electronic Records Work for Three Internists

For years, physicians have been waiting for electronic medical record (EMR) software to arrive. But according to several practicing internists who spoke at Annual Session, the EMR is already here.

At an Annual Session presentation, "Electronic Medical Records in Private Practice," three veteran users of electronic records software explained how they have found EMR technology to be an indispensable clinical and business tool. Daniel C. Davis, FACP, a practicing internist and the medical director of clinical informatics at Honolulu's Queens Medical Center, told the audience that he has been using computers in the exam room for more than 15 years. He claimed that EMR technology has finally matured enough to support even doctors who aren't computer-savvy.

While he acknowledged that installing electronic records software took substantial effort five years ago, he said that today's technology "is really beginning to catch up with clinicians' needs." His practice is currently switching to MedicaLogic's Logician system, which Dr. Davis estimated will cost $1,300 per month for licenses for four physicians and four staff members. (The monthly fee includes upgrades, system maintenance and amortized costs for the central system.) The practice will also initially invest about $8,000 to purchase hardware such as workstations, printers and wireless networking technology. Dr. Davis pointed out that his practice will save roughly $10,000 by using some current hardware such as workstations and a server.

"There's a dollar cost and an effort cost," Dr. Davis said, noting that physicians should plan to spend six months to get completely comfortable with electronic records software. To accelerate that process, Dr. Davis said physicians should look for systems that have fast screen "flip speeds," a term that refers to how quickly new data appear on the computer screen. He also suggested looking for a system that is easy for novices to use. Some systems, for example, make patient records look like paper charts with tabs that guide users to other files. Each tab links users to familiar categories like lab results, progress notes and imaging reports.
Dr. Davis also emphasized that physicians using EMR software need what he called "the proper exam room choreography. What works best for me is developing a triangle relationship where I sit and face the patient directly to maintain eye contact," he said, "but we both can easily look off to the side to see information on the computer monitor." Dr. Davis also uses a wireless keyboard to give himself more mobility when he's talking to patients.

Dr. Davis said he expects his new EMR system to save his four-physician practice up to $3,000 a month in transcription costs alone. The system helps physicians document patient visits through templates that contain much of the information they need to record. "We're being pushed to provide and document better quality of care at a time when reimbursements are falling and overhead is going up, so we have to do things differently," he said.

Panelist Sarah T. Corley, FACP, one of three primary care physicians with Internal Medicine Associates in Arlington, Va., said that she has used Practice Partner software from Physician Micro Systems Inc. for six years. Her practice initially paid roughly $30,000 for software and licenses, and it now pays $3,000 a year for upgrades and support.

One issue her practice has faced is how to safeguard patient information in case of a disaster. The practice's data is backed up on tape each day, and tapes are sent to offsite storage once a month. Dr. Corley said she also keeps a tape at home in case of a fire at the office, but she added that she has never needed to pull any data from tape.

Dr. Corley said that the biggest drawback to the software is the fact that most other physicians don't yet use the technology. As a result, her office must scan information sent from other physicians into its system, a job that the two receptionists handle.
Panelist Patricia L. Hale, ACP-ASIM Member, demonstrated several features of the EMR she created for Adirondack Medical Associates in Fort Edward, N.Y., where she is one of four physicians and four nurse practitioners. She said that one of the system's most convenient features is voice recognition, which allows her to dictate notes directly into her electronic record software.

But Dr. Hale cautioned physicians to put any voice recognition system through its paces before making a purchase. She pointed out that physicians with accents can expect to spend more time training a voice recognition system. Dr. Hale said that state-of-the-art systems can now handle only one open voice file at a time, but that may change as technology improves.

The panelists also discussed Internet-based medical record systems, which can generate notes and provide evaluation and management codes. A big advantage of these new Web-based systems is that they cost much less than systems that must be installed on hardware in your office; physicians can subscribe to MedicaLogic's Logician Internet, for instance, for $99 a month.

Dr. Davis cautioned, however, that Web-based systems typically lack many features of traditional packages, such as the ability to generate prescriptions, integrate with billing systems and provide interoffice e-mail. "They are an excellent way for physicians to get their feet wet with the EMR process," he said, "but they don't do as much in the way of patient management or office work flow."