How My Practice Knew We Were Ready for EMR

Image via Wikipedia

My current practice is getting ready to go live on Electronic Medical Records (EMR) in just two short months, but it's taken us over a year to get here. When I first started this job, we were supposed to go live with EMR in two months. After I'd had a chance to speak with everyone, I just knew the timing wasn't right for the EMR. We would need to be able to run, and at that moment we were just starting to crawl.

What were the signs we weren't ready?

- communication problems with the vendor, who provided the existing practice management system and the new EMR
- issues with the practice management system which had been mis-identified as being support-related
- basic decisions had not been made: one shared medical record for all clinics or individual records for each clinic?
- no single point person who was keeping everything together
- lots of frustrated and worried faces – did we know what we were doing?

A sigh of relief…

Although we knew we wanted the EMR and we had already made the investment, we also knew it might be a train wreck if we didn't get some other questions answered first. When I

announced we were going to delay the go-live until we had some other issues resolved, there was a sigh of relief from all involved.

What did we do to get ready for EMR?

1. We attacked the support problems by rerouting all support issues through one person – me. I kept a detailed log of all support issues and the resolution of each. I found the vendor to be surprisingly helpful and issues relatively easy to resolve. As I asked questions and we fixed issues, we found that much of our problem was training-related.
2. We held a major training event where all non-clinical staff were retrained to use the practice management system and everyone was given new cheat sheets for the correct way to use the system.
3. We realized that staff were worried about the impact of the EMR because the providers were overwhelmed with the current workload. They didn't know how we would get through the pre-live work, the huge challenge that is the go-live and first few months of adjustment. After some intense evaluation, we changed our scheduling strategy and moved established visits from 15 minutes to 20 minutes, adding four work-in appointments and setting rules for adding more than four work-ins.
4. We took the vitals out of the halls and into the exam rooms, making the office quieter and the patient interactions private.
5. We also got control of most of our paper processes that weren't working. We color-coded messages, re-educated patients about new ways of communicating with us and we managed to bring our fax and phone call volumes down to a manageable number.
6. We assigned nurses to the providers and asked the provider-nurse duos to put their arms around their patient panels as a team. The patients love it. We

moved a float nurse to a triage nurse position to start taking all requests for same day sick visits and scheduling them appropriately.
7. We are soon to add an answering service (I prefer the term “virtual receptionist”) to our phones. The virtual receptionists (1000 miles away!) will take calls for the nurses and providers, typing them directly into our EMR.
8. We also started a front-end collection system, bringing our accounts receivable under control by adding automated eligibility, a new financial policy, collecting co-pays at check-in, calling patients with old balances before they arrived for their visit, and instituting a discount for non-insured patients.

How will you know when your practice is ready for EMR?

- You are not overwhelmed on a day-to-day basis. If your practice isn’t running well without an EMR, it is not going to run better with an EMR. If you are having operational issues, consider having a consultant help you set up new processes to handle the hurdles you’re facing now. The EMR does not fix operational issues, with the possible exception of lost paper charts.
- Your staffing is stable. There will always be some employees coming and going, but if you are experiencing one of those cyclical shifts when you have several new staff at once (especially nurses), you might want to give them a little more time to get a handle on their jobs before introducing EMR.
- You have your practice management act together – your PM works well and is up-to-date.
- Your finances are in order. If it takes several months of lower productivity, followed by less collections, you can weather the storm because you are on top of the dollars.

The Medical Office of Today or Tomorrow

I've been thinking about the medical office of the future. How would you design a building today that is meant to take you into the future? Here are my thoughts.

One of the hallmarks of a well-designed office, today or tomorrow, is **flexibility**. You want as much functionality as you can possibly get out of each space and use each space for as many purposes as possible.

For instance, a large room with lots of voice and data jacks or wireless and electrical outlets might be used for:

1. Physician meetings, staff meetings or parties
2. Group patient visits
3. In-house health fair
4. Staff or patient training
5. Public meetings
6. War room for disaster management or ad hoc project (medical record scanning prior to an EMR go-live)
7. Conversion to workstations for a merger with another group
8. Place to do group sports or college physicals, flu shot clinics, DOT physicals

I see reception and waiting areas getting smaller as patients have less time and are less willing to wait. Patients may not have to wait at all if you are sending them a text message or Twitter when the doctor is ready to see them. Some practices will not have waiting areas as patients will be escorted directly into exam rooms where the entire visit, from soup to nuts, will take place. Instead of going to the lab, the lab

might go to the patient.

Registration may be replaced by check-in kiosks that totally automate the process, including a vitals booth which takes the patient's weight, blood pressure, oxygen levels and temperature. Patients and their demographic and insurance information may be identified by fingerprints or iris scans. You may have a receptionist avatar greeting patients.

Fixtures are movable – storage cabinets are on wheels and not permanently attached to walls. Any room can be an exam room, a treatment room, a test room, a procedure room, simply by moving the cabinet with the needed items and the machines, which will be handheld. See an example **here.**

Providers' phones are their everything. Their mail, patient records, test results, journals, phone calls, and their family pictures are on their phone, so no need for an "office."

As always, non revenue-producing space is minimized and **revenue-producing space is maximized.**

The need for storage of paper (records, forms, etc.) is minimized because everything is digitized and stored on the cloud. The need for staff workstations is minimized because many staff work for the practice from home.

Medical records are not viewed on computer screens, they are projected onto walls in any room, at any time. See the TED Talk on the Sixth Sense technology **here**.

Many patients are seen at home or in the nursing home, with the provider in the office using telemedicine technology or virtual office visits.

Medication samples will not be given at the physician office – they will be distributed at the pharmacy. All medications will be samples (no cost) until it is established that it is the effective medication for that patient's problem.

Here’s a neat video from Microsoft about healthcare of the future. It will get your mind racing about the possibilities.

Microsoft Health – Future Vision from Microsoft Feed on Vimeo.

It’s frightening and exciting – might there be no need at all for brick and mortar physician offices? I think it’s very likely.

What are your ideas about the medical office of the future?