

# What a Difference an EMR Makes

Conversion to EMR reduces paper and frees up time and space for busy Spokane practice.

Before they make the leap, it's hard for medical practices to realistically imagine the benefits that can accrue from using electronic patient records. While paper prevails, most physicians and office managers tend to view the benefits as either singularly clinical or wholly administrative. As our practice learned, electronic records can yield benefits in multiple arenas—time, money, human resources efficiency, office space and even individualized patient communication.

## PROBLEM

Spokane Internal Medicine is a nine-provider clinic in Spokane, WA that sees 13,000 patients annually. Managing the high volume of patient data on paper was a constant challenge, both from an administrative and clinical standpoint.

We had three FTEs (full-time equivalents) whose primary jobs were to manage the paper charts. Every day we saw 180 patients, took 200 messages and received 200 documents that required charts to be pulled. That totaled 580 charts that needed to be pulled and filed per day. It took us one whole day to get the work done, and the next day we would do it all over again. Charts were difficult to locate or incomplete, which interfered with treating patients. One large room in the office suite was dedicated to storing nothing but paper charts.

## SOLUTION

Our first step toward going paperless was implementing an electronic medical record (EMR). We chose Practice Partner Patient Records, developed by Physician Micro Systems Inc. of Seattle, WA.

Making the transition from paper-based to an electronic-based record was a systematic process. First, we implemented EMR software throughout the office for both clinical and administrative staff. This provided the basis for the entry of all internally and externally generated clinical information. We realized this would involve a cultural change for the clinic, but it was one we were ready to make.

## IMPLEMENTATION

The first step in the implementation process was installation of a hardware and network infrastructure. A standard PC workstation was placed in each exam room for easy access at the point of care, at nurses' stations and in physician and administrative offices. After hardware setup, we began the transition to a paperless office, which involved two major steps:

**Integrating the clinic's existing internal data into the system.** One of the critical tasks in implementing an EMR at an existing clinic, rather than at a new practice, is retiring the current paper charts. We accomplished this by: a) only selecting charts of patients to be seen in a given day for transition into the EMR (as opposed to going from A to Z); b) summarizing key elements of the paper chart for inclusion into the electronic record (versus attempting to re-create the entire paper chart); c)

dividing the task among physicians and clinical and administrative staff to help balance the workload across the entire group.

Physicians dictated a summary progress note, using a unique feature within the Practice Partner EMR. When the progress note was loaded into the system, key elements within the progress notes, such as problems and allergies, could be parsed into the appropriate section of the chart. That provided a complete note and up-to-date problem list, as well as elements of a complete chart. Nurses entered medication lists as they saw patients. Physicians were instructed to select individual documents within the chart for scanning. As patients returned, new data was placed only in the EMR.

**Developing interface connectivity for outside clinical data and establishing scanning protocols.** We began establishing systems for integrating external information, such as consult letters, radiology reports, discharge summaries and clinical lab results into the EMR. We identified our primary sources of outside data and engaged in a cooperative project to build electronic

### SOURCE

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### PRODUCT/COMPANY

Practice Partner Patient Records  
Physician Micro Systems Inc. (PMSI)  
[www.pmsi.com](http://www.pmsi.com)

 Physician Micro Systems, Inc.

interfaces. It was a win-win proposition, since the data source (i.e., hospital or clinical reference lab) was relieved of the cost and logistics of delivering results on paper, and now we have a complete electronic record without data entry.

Today, 90 percent of our external data is received through interfaces. For data that cannot be delivered electronically, such as consult letters, we established scanning protocols to allow inclusion in the EMR.

#### **BENEFITS**

We no longer spend hours pulling charts every day. We spend minutes. The chart room has been converted into office space for three staff members. The three FTEs who were solely responsible for managing charts have been assigned to other tasks. Even our FTE-to-provider ratio has decreased from 4-to-1 to 2.6-to-1.

The EMR has made the entire office more productive, allowing us to increase our number of providers and patients without increasing administrative staff size. Physicians have increased their productivity by 10 percent, allowing them the choice of spending more time

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with scheduled patients or seeing additional patients.

Having immediate access to patient data has directly affected our quality of patient care. For example, when the drug Baycol was recently recalled, our staff generated a report from the EMR within 15 minutes, detailing all of the patients who were using the drug. We then produced automated letters to select patients, offering them an alternative prescription. A task like that would have been virtually impossible if we were still using paper charts.

The EMR also has improved our ability to comply with outside audits by insurance companies doing HEDIS reviews. Rather than having to pull a series of paper charts, auditors can simply navigate through the system on one of our workstations.

Our entire practice, physicians and support staff alike, has been positively impacted by the EMR, and we believe our ability to deliver quality care has been significantly enhanced. Now we have more time to see patients because we spend no time with paper.

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