

EMR: Successful Productivity Tool for Modern Practice

Eliminating paper system improves patient care and increases revenue by seven percent.

By Michael Maxwell, M.D.

Located 80 miles west of Seattle on Washington State's Olympic Peninsula is the town of Port Angeles. This quaint town enjoys a strong history of quality family practice clinics, including Family Medicine of Port Angeles (FMPA), where I practice.

To accommodate 2,500 monthly visits, FMPA's five physicians employ one nurse practitioner and 14 staff members in our 10-room clinic. Before 1998, we used a traditional paper-based charting system, but actively investigated computerized charts.

One of the biggest influences on our decision to go with an electronic medical records system (EMR) was Medicare. At the time, during 1997, Medicare was threatening to increase the complexity of documentation required for evaluation and management codes. Although this threat never materialized, it provided enough of a push for us to make the transition.

The increasing hurdles required for reimbursement that insurance companies were mandating provided another incentive to make a change. Insurance companies are requiring more complete and extensive documentation in order to receive the reimbursement for services provided. This kept increasing our workload when it came to documenting patient visits.

After realizing that going to an EMR was the logical move, we set out on a detailed review of available systems. We collected reviews on different systems, researched trade publications, and visited vendor booths at academic assemblies. We were not only looking for a good system, but a good company that was responsive to its customers. We ultimately decided on Seattle-based Physician Micro Systems, Inc.'s Practice Partner Patient Records EMR system. This system was an obvious choice, for us at least, because it was the only application that is truly an electronic analog of the paper chart.



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Making it Work

Part of our success in implementing the EMR system was a result of a methodical and comprehensive approach. We knew from the beginning that in order for us to make the most out of the system, we would need to take the time and effort involved in incorporating this central clinical tool. Our efforts extended back to the time of purchase. We recognized that important interfaces were needed, including one with our practice management system and another with our external laboratory. Recognizing the need for these interfaces has helped the EMR integrate seamlessly with our daily operations.

We also made smart hardware decisions and installed Pentium II 233 MHz workstations in the exam rooms, provider offices, nurses' stations, and the front desk. This ensures ready access to patient charts for data review and data entry throughout the clinic. These workstations are networked through a hub that is connected to a central server, a Pentium II 266 MHz machine with two mirrored 4-gigabyte hard drives. The entire system is connected via high-speed 100-megabit per second Ethernet connections.

One of our goals was to go live with as much patient data as possible already in the EMR. We achieved this by saving our dictated notes to a disk, which established the basis for creating complete electronic charts—months before our actual usage of the EMR.

The system includes codes that allow information contained in the progress note to automatically update other sections of the chart. For example, it allows medication lists, problem lists, and health maintenance notes to be assembled and created into a complete chart automatically. This "progress note centric" design allowed us to have five months worth of patient visits and updated patient charts already recorded into the EMR the day we went live.

After only two or three days of training, we were ready to go live. "Because the system has paper chart-like organization, our staff required very little training," says Cathy Vanos, our office manager at Family Medicine of Port Angeles.

More Free Time while Increasing Revenues

Before implementing the system, we expected our EMR to bring efficiencies to the clinic, including a reduction in the time spent documenting patient visits. However, the system exceeded even our most optimistic expectations.

Before EMR implementation, I was seeing between 20 and 25 patients per day and spending around two hours each evening finishing up my documentation. Once we implemented the EMR, I was able to see roughly five more patients per day while reducing the time I spent finishing my documentation to around 30 minutes.

All the physicians at the clinic have seen similar results without having to change the way we see patients. This has been critical in insuring acceptance across the practice and in keeping individual physician productivity high.

We use a mix of direct entry and dictation. For routine exams like well child visits or sports exams, we utilize clinical templates, which prompt providers to insert observations in a quick and efficient manner. For visits that require more complex and unique documentation, we dictate the visit, which is then downloaded into the EMR.

Before we had the EMR, I regularly undercoded visits because I didn't want to spend the time doing the dictation needed to substantiate the higher codes. Now, creating a complete note is both easier and faster, because the EMR also allows information resident in the patient chart, for example, medication lists, problem lists, social and family history, etc., to be automatically inserted into the current progress note.

The EMR has also helped capture more complete records. In the past, if I wanted to include a patient's major problems or medication list into a note, I would have to duplicate each word I wanted to include. Our new system automatically inserts the appropriate patient data. I've not only cut down on my dictation time, but I'm now able to efficiently document the services provided.

Improved Patient Care

We also believe the EMR system is helping us provide better patient care. As an example, the inconsistencies in chart quality that are often found in paper charts have been virtually eliminated with the EMR.

It is almost impossible not to have a complete chart with an EMR system. Anytime I create a progress note, the system updates the problem lists, medication lists, and other sections of the chart. Accurate and easily accessible information can only lead to better patient care.

Keeping the chart up to date is also important for preventive care. The EMR system prominently displays overdue health maintenance items in many sections of the patient chart, including the chart summary. The EMR system is also integrated with our scheduling system, allowing staff to be prompted when a patient scheduling an appointment has overdue health maintenance items.

Keeping patients up to date on preventive tests is the best way to catch problems before they occur and our EMR system does an excellent job of alerting us to overdue health maintenance items.

In addition to providing more efficient and comprehensive care, we've also been able to improve patient satisfaction. Our patients recognize the completeness of information that we have at the point of care. This is particularly crucial when verifying and providing legible medication lists to our patients. Patients like having a complete list of their medications that can be printed out and taken home.

Administrative Benefits

"Not only has the EMR allowed us to reduce the amount of FTEs assigned to records by half, but it has also given us back our peace of mind," explains Vanos. "Before the EMR, our afternoons were extremely stressful. We had staff members running around the office frantically looking for misplaced charts for the next day's appointments. Since implementing our EMR we no longer have lost or misplaced charts, eliminating stress that comes with not finding the chart you need. That makes for a much calmer work environment."

After only one year of using an EMR, we completely removed our paper charts, storing them in the basement. This freed up a considerable amount of space—enough to have the clinic planning conversion into two new exam rooms. Although our system has been operational for a year, it has already made a huge impact on our clinic. Besides providing better patient care and decreasing the time it takes to document this care, we have been able to allocate a large portion of our staff's time away from records management and over to more productive tasks.

The amazing thing to remember is that the system is still relatively new to us. While we were anticipating a drop in income in the first year as we got used to the system, we actually realized a seven percent increase in revenues. Since we are still refining our workflow to squeeze out even more efficiencies, we expect an even bigger impact in the future.

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