

GET OVER IT

You need to incorporate EHRs now.

BY DAVID A. GOLDMAN, MD



An original Ford or a classic Corvette—certain cars become collector's items, often becoming increasingly valuable with the passage of time. Of course, that is not true of every car. It would be odd to see the value of a 1997 Toyota Camry suddenly skyrocket. Sure, it is a functional car and has a history of reliability. It is not sexy, however, and technology, safety features, and overall handling have improved. One of my relatives is more than satisfied today with his 1997 Camry, but I think he is missing out.

Paper charts are the equivalent of a 1997 Camry.

FINANCIAL BENEFITS

Billing

The inevitable groan over the transition to electronic health records (EHRs) is as follows: "It is going to cost so much more. It is going to slow me down." This is true for many practices, because

1. They have not adapted their practice style over decades
2. Either they do not appreciate the value of a good EHR system, or they chose a terrible EHR system

One of the advantages of a good EHR system is cost savings. I have seen offices with two full-time billing specialists for every ophthalmologist. I have none. Why? My EHR system (EMA Ophthalmology; Modernizing Medicine) does the billing and coding for me. This not only includes the 10th revision of the International Statistical Classification of Diseases and Related Health Problems codes and associated diagnoses, but it also captures data to automate all meaningful use and Physician Quality Reporting System data entry.



AT A GLANCE

- Paper charts are the equivalent of a 1997 Camry: functional but lacking the benefits of modern technology.
- A good EHR system, of which there are few, can cut physicians' costs and save them time.
- Practices that do not comply face increasing penalties from the US government in addition to declining reimbursement.
- Patients accept EHRs as a part of health care today.

Dictation

Dictating a letter to a referring ophthalmologist or optometrist? There is a cost for the transcription service, not to mention the time delay in getting the note sent. With my EHR system, I can fax the entire note with a few clicks of the mouse as soon as I am done seeing the patient. The letter is preformatted with a visually pleasing layout, and my referral sources are very happy with the rapid response.

TIME

On call over the weekend? I have all of my patients' records, scans, and letters in the cloud, so I can access them from my smartphone. A patient needs a prescription refill? I can handle it with a few keystrokes on my smartphone without having to wait on hold with a pharmacy whose number I have to look up.

PENALTIES

Sure, practices can try to claim that EHRs are a hardship, but eventually, that excuse will not fly. Practices will face increasing penalties from the Centers for Medicare & Medicaid Services for not using an EHR system. That reality combined with decreasing reimbursement rates will all but guarantee these practices' financial failure.

CONCLUSION

"Wow, doc, I'm really glad to see you're still taking notes in that chicken scratch handwriting instead of using a legible typed report," said no patient ever. Patients are familiar with EHRs from their dealings with other health care providers. Patients accept EHRs as a part of health care today. I would argue that not using this software only makes the practice appear dated and low tech.

The keys to successful transitioning to EHRs are to pick a good system (of which there are few), to take the time to learn how to use it well, and to keep abreast of any updates to the system. It is time to buy the Tesla and get rid of the 1997 Camry. ■

David A. Goldman, MD

- private practice, Goldman Eye, Palm Beach Gardens, Florida
- (561) 630-7120; david@goldmaneye.com
- financial disclosure: consultant to Modernizing Medicine