Update on EHRs

BY SANDY T. FELDMAN, MD, MS; ROBERT K. MALONEY, MD; JEFFREY WHITMAN, MD; AND J. TREVOR WOODHAMS, MD

Has your practice adopted an electronic health record (EHR) system? If you are not planning to adopt an EHR system, what is your rationale for this decision?

SANDY T. FELDMAN, MD, MS

Using technology to enhance a practice's efficiency is important. At my practice, we have been moving toward adopting an EHR system by first identifying our needs and then by planning for implementation in the office. Because some medical devices do not have the most up-to-date operating systems, certain technologies are unable to be incorporated into an EHR system, and this will affect our practice's efficiency. We will be completing adoption in the near future.

ROBERT K. MALONEY, MD

The three biggest lies told to ophthalmologists are (1) the check is in the mail, (2) a new machine or drug works better than the last one, and (3) an EHR system will save time and money. An EHR system significantly decreases a practice's productivity during the year of implementation. After that, productivity will continue to be down unless a full-time scribe is hired. Although the full-time chart prep person can be let go, a full-time information technology employee will be needed to keep the system running. All in all, the practice's personnel costs increase significantly. Did I mention all of the computers that need to be purchased?

More than 100 companies offer EHR systems. I predict that, in 7 years, just four companies will own half of the market, largely through acquisition. This means that, in a few years, practices will probably spend another year learning a new system when their vendor gets bought out.

I decided to take Medicare's penalty rather than implement an EHR system. Because I have a practice focused on premium IOLs and LASIK, Medicare's penalty will be an insignificant part of my revenue. On the other hand, the loss of productivity from implementing an EHR system would be a huge hit to my revenue. This was an easy decision for me.

> "Because we have several offices, losing records is no longer a problem. I can view patients' records from home or from a continent away."
> —Jeffrey Whitman, MD

JEFFREY WHITMAN, MD

We started using an EHR system for our clinic and ambulatory surgery center about 18 months ago. We selected the system from MedFlow, Inc., which is managed by MedNetwoRx. Besides the worries about electronics (hoping for no power outages and good network connections), our experience has been positive. Our vendor has been very willing to customize a software package that is ophthalmology specific for our practice. The ability to directly integrate patients' test results (optical coherence tomography, refraction data, visual field testing, ultra-widefield retinal scans, photographs, wavefront maps, etc.) into our EHR system without having to scan them is a great asset. Because we have several offices, losing records is no longer a problem. I can view patients' records from home or from a continent away. We have received our monetary carrots from the Centers for Medicare & Medicaid Services for the Physician Quality Reporting Initiative, and this has gone more smoothly than anticipated. That said, paper was much cheaper!

J. TREVOR WOODHAMS, MD

We recently tried for the third time in 10 years to go live with our EHR system. The results have been frustrating, kind of like trying to fly from Atlanta to Chicago by way of Los Angeles, New York City, and then Miami! In my view, there is no way to make an EHR system work to an acceptable degree of efficiency without hiring a programmer to design and customize the templates. This is irritating, because

I did this once years ago and then found that the new, upgraded version of the EHR system would not support the templates. Single-system specialties like ophthalmology are going to become sorely pressed to fit documentation needs onto a Procrustean bed of federal "meaningful use" with its looming carrots and sticks. I honestly cannot see how we can easily balance these inappropriate demands for documentation (eg, a patient's height and weight) with the narrow but very deep scope of data, images, and "interactive" testing we often use. Still, whatever software applications will eventually evolve into a workable, intuitive, and secure EHR hold enough promise that we all need to get started. ■

Section Editor John F. Doane, MD, is in private practice with Discover Vision Centers in Kansas City, Missouri, and he is a clinical assistant professor with the Department of Ophthalmology, Kansas University Medical Center in Kansas City, Kansas. Dr. Doane may be reached at (816) 478-1230; jdoane@discovervision.com.

Sandy T. Feldman, MD, MS, is medical director of ClearView Eye & Laser Medical Center in San Diego. Dr. Feldman may be reached at (858) 452-3937; sfeldman@clearvieweyes.com.

Robert K. Maloney, MD, is the director of the Maloney Vision Institute in Los Angeles. Dr. Maloney may be reached at (310) 208-3937; info@maloneyvision.com.

Jeffrey Whitman, MD, is the president and chief surgeon of the Key-Whitman Eye Center in Dallas. He acknowledged no financial interest in the products or companies he mentioned. Dr. Whitman may be reached at (800) 442-5330; whitman@keywhitman.com.

J. Trevor Woodhams, MD, is the surgical director of the Woodhams Eye Clinic in Atlanta. Dr. Woodhams may be reached at (770) 394-4000; twoodhams@woodhamseye.com.

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