Lessons Learned Implementing EHRs

Understanding the meaningful use requirements is challenging.

BY JASON SULLIVAN, MD

Implementing electronic health records (EHRs) is a team effort that requires many steps to be successful. A critical one is assessing your practice's readiness to meet the Health Information Technology for Economic Clinical Health (HITECH) Act's meaningful use requirements. Here are a few tips for combatting the challenges that may arise.

IMPLEMENT EHRs IN STAGES

At the Eye Clinic in Jackson, Tennessee, we implemented an EHR System (ManagementPlus) in 2011, and we started using it in stages following the Medicare and Medicaid EHR Incentive Programs. Stage 1 of the incentive program requires that each physician participate for a 90-day period in his or her first year of meaningful use and participate for a full year in his or her second year of meaningful use. After meeting the stage 1 requirements, each physician has to fulfill the stage 2 requirements for 2 full years. We started with two physicians who completed their stage 1 90-day requirements in 2011. In 2012, all of the practice's remaining physicians began the process, one by one, every 90 days. We sought to slowly transition each doctor to using EHRs in an effort not to overwhelm the clinic.

We also found that the only way our practice could achieve the highest government incentive was for our soon-to-be-retired physicians to begin using EHRs in 2011, with everyone else delaying until 2012. The soon-to-be-retired doctors were able to receive the highest EHR incentive from the Centers for Medicare & Medicaid Services in 2011 and 2012, while younger doctors received their Electronic Prescribing (eRx) Incentive Program in 2011 and their EHR incentive in 2012, the latter of which began to decrease the following year. Once a doctor received the EHR incentive, he or she could no longer receive the eRx incentive. Our approach allowed all of the practice's doctors to receive an incentive without overwhelming our staff by trying to meet the EHR incentive all at one time.

ENTER PATIENT'S DATA PRIOR TO VISITS

Transferring patients' medical records from the paper forms to the electronic system can be time consuming. Instead of entering data when the patient presented to the clinic, we did it beforehand. Whenever possible, technicians would key in patients' charts. Pre-entry of patients' data saved us time and reduced the impact using EHRs had on our efficiency.

TRAIN IN SMALL GROUPS

Learning the meaningful use requirements was a challenge for us. We had a hard time understanding the government's terminology and requirements, so we held educational sessions with small groups of staff. We would break three or four staff members away from work for meaningful use training. When one group was finished, the members of that group would return to work, and then we would train another small group.

We also conducted computer training in small groups. The practice encompasses young staff members who are highly computer literate through doctors who are nearing retirement and have limited experience with computers. Some staff members did not even possess basic computer skills. Due to these varying skill levels, we paired the most computer-savvy members with the least computer-savvy ones. Pairing also went well with how our practice operates, as physicians do not work completely independently with the computer and the patient; a staff member always assists the physician by acting as a scribe and operating the computer.

SCAN ONLY IMPORTANT DOCUMENTS

We are about 2 years into EHR implementation. Initially, we did not scan documents from our paper charts. We maintained both paper and electronic charts by working on a hybrid of half-paper and half-computer charts, with any new documentation from existing patients entered into the EHR system. Now, data on our

A Technician's Perspective:
How We Made EHRs Work for Us

BY LINDA HOLLARS

I am a certified ophthalmic medical technologist in a large practice with 19 ophthalmic technicians and six ophthalmologists. My role in ensuring the successful implementation and subsequent use of an electronic health record (EHR) system lies in knowing how to use it properly and efficiently. Our practice gradually implemented the EHR system by only introducing two doctors at a time for 90 days each. We repeated the 90-day rotation three times until all doctors were using the system. As a result, the transition neither overwhelmed nor crippled our productivity during the time of transition. We began by adding patients to the EHR system ahead of their appointments. Now, adding patients has become second nature to the technicians, and we are able to enter patients' data when they present for their appointments, because the system is intuitive and easy to use.

We trained for the EHR system in small groups, because each doctor has his or her own technician and counselor. In these small training sessions, we spent a significant amount of time browsing through the system and learning how to use it with real patients' charts, so our training was hands on. One of the major benefits of implementing an EHR system is that the patients' charts are easy to read, because we do not have to try to decipher handwriting. We also know who logged on and performed different tasks and workups. Most importantly, we are now more easily able to remain compliant with government regulations for record keeping, because EHRs ensure that we collect the necessary information for each examination to support charges. As technicians, we also never have to worry about finding a misplaced chart. In the past, we sometimes spent 30 minutes looking for a chart that we needed prior to surgery.

Using EHRs has been smooth in our office so far and should only get better with time. We hope eventually to incorporate iPads (Apple, Inc.) for the doctors to use so that they can pull up the chart prior to entering the examination room to learn the patient's background. We also plan to incorporate the electronic signature option to avoid having to print and scan signed consent forms.

Our user-friendly EHR system has increased technicians' productivity, because we are able to complete our daily tasks in a more efficient manner and assist doctors to the best of our abilities. ■

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new patients are entered exclusively into the EHR system.

Physicians transcribed a summary of their patients' histories. We then added that information to the EHR. Only documents that we have found extremely useful were scanned into the EHR system such as our glaucoma summary page. We are in the process of sending our paper charts to permanent storage so that we may retrieve them only if necessary, but that would be an extraordinary occurrence.

USE TRANSCRIPTION SOFWARE

Transcription software helps us add information to a patient's chart quickly. We use the Dragon Speech Recognition Software (Nuance Communications, Inc.), and we dictate all of our referral letters in the examination room as we are seeing the patient. We personalize computer-generated letters while the patient is in the room with us. This process frees up time and allows us to gather information, process it quickly, and implement a plan for the patient.

CONCLUSION

The amount of organization required to tailor an EHR system to personal settings and workflow can be challenging. The key to a successful transition is physicians' motivation: they must be enthusiastic about the change for it to be successful. ■

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