

CLINICAL EFFICIENCY MEANS GREATER OPPORTUNITY FOR QUALITY CARE DELIVERY



Since switching to an ophthalmology electronic records system, exams are more focused, data acquisition is more meaningful, and greater attention is afforded to patient care.

BY AJIT NEMI, MD, MBA

The ability to work with patients on a daily basis and help them achieve their vision goals is, to me, the most important aspect of being an ophthalmologist. As a business-minded person, I also enjoy the autonomy that eye care provides. In an era where health care is increasingly consolidating, we are rather unique among medical specialties in that solo practice is still very much a viable pursuit—although this model amplifies the need for an efficient business operation to ensure time is afforded to patient care.

While the business of ophthalmology and the desire to care for patients can seemingly be at odds, they can also be complementary. Indeed, I view being efficient in the clinic and improving care delivery as synergistic: efficiency affords me the opportunity to spend more quality time with patients, and focusing energy and resources on patient care, with less time dedicated to administrative tasks, lets me do my best for each patient during every encounter.

These dual interests became extremely relevant to me when I made a decision to change my electronic medical records (EMR) system a few years ago. After researching the market, I opted for EMA, the ophthalmology EMR system from Modernizing Medicine. At the time, the intuitive and customizable workflow of EMA seemed to be useful features, but I also surmised it would help me stay flexible in an ever-evolving regulatory landscape. My experience with the system since making the switch has proved my initial hunch correct.

OPHTHALMOLOGY EMR SYSTEM: PRACTICAL IMPLICATIONS

When I first entered practice in 2008, I wanted to have a paperless office. Because I did not have the capital to invest in one of the ophthalmology EHR platforms available at that time, I started with a free system. I quickly found out that those sorts of general-use EMR systems were heavily dependent on the user inputting data—I found myself

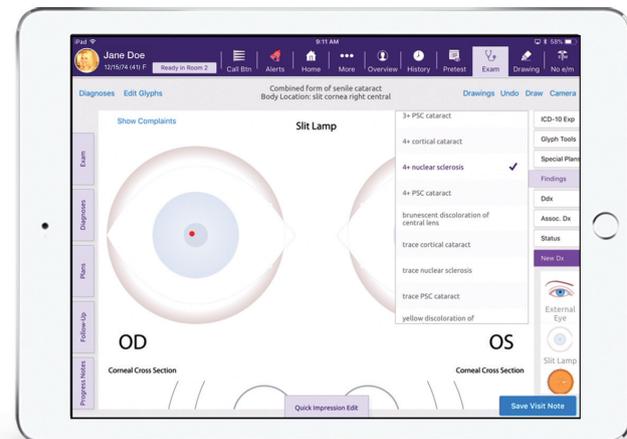


Figure. Prepopulated diagnostic information in EMA facilitates note-taking to make patient encounters more meaningful.

spending a lot of time after clinic hours manually entering notes on the history and exam.

Later, in 2014, with the imminent transition to ICD-10, I knew I needed a better, more user-friendly system. I preferred the ophthalmology-specific nature of EMA over other systems. In practical terms, that means the system interface populates with relevant chief complaints and suggests diagnostic codes, physical exam attributes, counseling procedures, and billing requirements for eye care patients (Figure).

In terms of efficiency, the built-in ophthalmology diagnoses, plans and procedures provided through EMA make a significant difference in daily operations. Using them as a starting point, I prepared customized consent forms that patients can sign on a tablet, and I have also customized the counseling section for cataract exams and the form used for dry eye evaluations to align with my preferences.

Even when I perform surgery at an off-site center, I can dictate operative notes directly to EMA so that all of my reports and other information are stored in one system.

What I have come to be truly impressed with, though, is EMA's adaptive learning engine, as the system remembers my preferences and adapts to my own style of practice. For example, during dry eye evaluations, the fields automatically populate with the questions I like to ask most, as well as suggestions for the medication and treatment approaches I use most frequently. I can easily find other options through a quick search; regardless, the time saved by having user preferences filter to the top adds up over the course of a day. Compared to my previous system, I spend less time fumbling for exam information and more time talking with patients. Also, because I use a tablet to document information, I do not have a laptop interfering with my patient interactions.

FINDING EFFICIENCY IN EVERYDAY PRACTICE

A vital component of most exams includes taking a patient's history, yet it can also turn into a time-consuming task without the right system in place. With EMA, the counseling and history tabs are specific to the chief complaint, and so the technician is automatically prompted to ask questions germane to the purpose of the visit. When I enter the room, I am assured that the right questions have been asked, and I can direct my attention to following up on the vital parts of the exam. Overall, I have more focused patient encounters, collect more meaningful data, and have streamlined note taking. With my old system, I would leave the clinic at least an hour after the last patient since I still had to finish my notes. I find that by using EMA, I leave the office on time and can spend valuable time with my family.

The fact that EMA is ophthalmology-specific has another important benefit for my practice, in that the system facilitates compliance with changing practice and regulatory standards. Additionally, the integrated ICD-10 coding information interfaces with my billing system and helps manage administrative tasks.

The changeover to ICD-10 had all the markings of a disruptive transition: single codes were split out to multiple codes, and staff training would certainly be required, both of which could undermine our efficiency and interfere with patient interactions. In the years that followed, the move toward meaningful use requirements and other regulatory measures had equal potential to slow the ability to deliver quality care to patients.

Fortunately, EMA helps manage many of these tasks. For instance, when I perform an annual exam on a patient with diabetes, questions regarding the A1C level and whether a

dilated fundus exam was performed automatically populate on the patient counseling form. Those entries are then stored in the system so that when it comes time to report, all the relevant data is ready to send through EMA, which helps to streamline the process.

Another concern with respect to the ICD-10 changeover was how it would affect billing. However, again, EMA generates a superbill based on the criteria from the patient's office note. Once the note is finalized, the information is sent directly to the practice's billing department, helping to save time and improve overall efficiency in the clinic.

CONCLUSION

I find it highly appropriate that the company behind EMA is called Modernizing Medicine, because that is exactly what this system does. It breaks the mold of the traditional EMR system while answering many of the fundamental questions about transitioning to a paperless system—the intuitive tablet interface is easy to use and the technology not only does not interfere with the patient encounter, it enhances it. However, one of the most important ways this company supports its users includes staying tuned to evolving standards of practice. Based on the nearly seamless transition to ICD-10, I am fully confident that the system will readily adapt to new requirements that might become relevant in the future. EMA has already exhibited this with the transition in the industry to value-based care.

To me, the business of ophthalmology and the art of caring for patients are inextricably linked. With more efficient clinical operations, I have more time for patient care, and when I focus on quality care delivery, I fulfill my personal and professional mandate. I understand the concern that onboarding a new system such as EMA might affect care delivery and efficiency, at least in the short term, but may have long-term benefits. In my experience, there were some kinks to work out in the early period of adopting EMA, as with any new technology. Over time, though, my staff and I have come to appreciate the user responsiveness and intuitive workflow. Now, training new staff on the system is easy and straightforward, and I find that I can be more flexible during clinic days for last minute appointments. But more importantly, with EMA, I know that the administrative side of my practice is in good working order so that I can spend my time caring for patients. ■

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- Financial disclosure: none

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