Important Considerations For Implementation of EMR in Today's Orthopedic Practice

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My Experience with EMR's

My Experience

- Successfully implemented an EMR 10 years ago in a 6 physician pediatric practice – which they still use.
- Part of the Mid-Valley IPA EMR Selection Committee that selected a centralized EMR system for the entire 350+ physicians in Marion-Polk counties
- Successfully implemented NextGen within our 13 doctor, 6 PA orthopedic practice

Agenda

Should you EMR?
Will it save you time, money or both?
Choosing a vendor
How much will it cost
Top 10 ways to make implementation a Success

Should you EMR?

Absolutely –

But make sure you set realistic your expectations for
Saving Money
Saving time
Increasing efficiency
Time needed to learn
Time needed to implement

Will it save you money?

Maybe

- It will reduce Medical Records staff but not eliminate them (but you are saving staff who make \$9.00 / hour)
- It can eliminate transcription if YOU take the time to learn it. 4 of our 5 new docs went completely EMR and have no transcription cost
- If you do it right, you "may" qualify for \$44K from government – Meaningful Use Rules still evolving – and no current EMR meets them

Will it save you time?

Yes and No

- No lost charts
- It will take your staff longer to enter patient info – but the info they enter will be more thorough
- Time to document may take longer if you do not fully develop your templates

Will you be more efficient?

Yes and no

- Within your practice absolutely especially when you are on call and are seeing your partners patients
- You can get the data from home, at the hospital, even while on vacation
- If you do not have a community wide EMR, the only data you will be able to get is your own and possibly the hospitals. [More later].

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More later

Choosing a Vendor & Cost Considerations

How to choose a Vendor

Go online and type in: "Considerations when choosing an EMR"

Go online and type in "How to Choose an EMR vendor"

Go online and type in "Selecting an EMR Vendor"

Bottom line – you will need to form a committee and develop your Top 10 criteria in each area

How to choose a Vendor

See Attached Resources

– EHR Implementation Checklist
– EHR Implementation Roadmap
– Summary Results of Site Visits

How much will it cost

Go online type in "How much will an EMR cost?"

See Attached Resources
 – EMR Costs
 – Annual & 5 Year Costs
 – Phased Pricing & Step Pricing
 – Your Administrator can help with this

#1 – find 1 – 2 physician champions.

Your staff will adapt very quickly and will do it because it's their job.

 Physicians have more excuses than Carter has pills as to why it won't work and they only listen to other physicians!
 Don't "assign" this to the junior partner

#2 – Form a steering Committee.

 They will set the priorities and timelines for – Vendor Selection

 Implementation Process
 Enhancement Schedule

#2 – Form a steering Committee – con't.

Everyone physician wants special accommodations. They all want it their way. They all want their programming enhancements done first.

Form a committee with 2 docs, your CEO, IT and a few others to prioritize and guide where resources are allocated and to whom.

#3 – Understand "Meaningful Use" Rules

Have your administrator learn the "Meaningful Use" rules. You need to make absolutely sure you dot your "I's" and cross your 'T's" so you can get the \$44k in gov't money.
 Do this BEFORE you select a vendor.

#4 – Do 3 site visits.

Take the time to visit sites using the system you are considering.

- Spend 2 hours with a physician to see how he / she is using it.
- Learn what they think works and doesn't.
- Watch them use it during a patient exam!

#4 – Do 3 site visits - con't.

Keep in mind – NO system is perfect. What you are looking for is the best long term match.

You also absolutely want a system that can be enhanced by your staff – customized templates.

#5 – Burn your ships!

Do not let physicians have access to the paper charts after a specified date.
 Better yet – move your paper charts physically out of the building.

#6 – Set a Cut off date – not just a cut over date.

Set a date after which paper charts will not be available, to anyone, for any reason. Don't let one physician demand that the last 2 office visits be printed out for him to review. Make him learn the system.

#7 – Make your trainer a ½ time permanent position.

These systems are very very complex and robust. Our success has been directly linked to our trainer sitting with each doc in 4 hour blocks, multiple times, showing them how to use all facets of the system.

Don't SKIMP on training. You will always have new staff to train.

#7 – Make your trainer a ½ time permanent position - con't

Implement 1 doc / Month – no more.

Attach your trainer to the doctors hip every day they are in the clinic for one month.

#8 – Hire a PhD student to customize your templates.

Customizing templates is programming and don't let any salesman tell you otherwise.

Don't let your MA do itDon't let a doctor do it.

#9 – Make change a mandate

Physicians want EMR's to change to how THEY function, but no two physicians function the same.

If you are NOT willing to change how you operate – you will never maximize the utility of the systems.

#10 – Consider forming a RHIO

- Get together with your local IPA or 1 2 PCP groups and joint venture.
- It reduces IT overhead and increases data sharing.
- Without this your community will have 30 + silos of information.

#10 – Consider forming a RHIO - Con't

The promise of data interchange and system interoperability is more a promise than a reality. Each interface requires custom programming and that means \$\$\$\$\$\$

#10 – Consider forming a RHIO - Con't

In Salem, Oregon we have one IPA.
 350 + private practice docs.

When we are done, we'll have 200 + doctors on one system. The rest chose a different system or not to go on EMR.

#10 – Consider forming a RHIO - Con't

- The IPA got grants to pay completely for software costs and upgrades.
- We paid for hardware and hardware maintenance.
- The IPA pays for the servers, firewalls, back-up, etc.

#10A – Should you have in-house IT?

- It really helps! But not everyone is big enough.
- One option share IT with a few other small groups, or
- Buy IT time from a larger group. We sell IT time to some of the local small groups.

#10B – Partnering with the Hospital

Er, Ugh, ahem.....

- It is really a function of the conditions of your relations with them, but keep in mind:
 - They will have access to ALL your info, and
 - You will always be #2 in the development and repair queue.

Additional Resources

Make sure your Administrator / CEO joins AAOE

Make sure they join the listserv – where more than 450 administrators nationwide connect, ask questions and share solutions every day !

Send your Administrator / CEO to the AAOE Annual Conference

Contact Info:

Good Luck

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