M AUI, H AW AII — Rheumatologists and physicians in EMRs’ Many Benefits Are Well Worth the Cost

BY GREG MUIRHEAD Contributing Writer

EMRs’ Many Benefits Are Well Worth the Cost

Maui, Hawaii — Rheumatologists and physicians in electronic medical records, said Dr. Martin J. Bergman. As of 2005, about 23% of office-based physicians used electronic medical records (EMRs), said Dr. Bergman, citing statistics from the Centers for Disease Control and Prevention’s National Center for Health Statistics that were reported in 2006. In contrast, almost 80% of office-based physicians used billing software, he added.

Reasons for resistance include claims that EMRs are difficult to complete, interrupt the office flow, and take too much time to administer and review, said Dr. Bergman, chief of rheumatology at Taylor Hospital, Ridley Park, Pa.

“The first obstacle is cost,” he noted. The cost of getting EMR software can range from $1,000 to more than $30,000, although the better software doesn’t necessarily cost more. Once EMRs are established in the practice, rheumatologists can expect significant savings associated with their use. The practice will save on transcription fees, and dictation will no longer be needed. “My example is 12 years ago, when I went into electronic records, I was paying just under $20,000 a year for transcriptions,” he recalled. “I no longer use a transcriptionist. Over 12 years, I’ve saved close to $250,000 on transcription fees alone.”

As for time difficulties, there is a “steep learning curve” in getting used to using EMRs. “Those first 3 months are ugly,” he said. “After that, your productivity doubles.”

Dr. Bergman pointed out that rheumatologists can use EMRs to track metrics—measures of patients’ progress—which is difficult to do with paper files. Metrics can quickly help gauge the success of the practice, and the news is not always good. “Until you start doing metrics, you think you are doing better than you are,” he said. “The majority of us are not using any form of metric.”

Other benefits of EMRs include:

- An increase in productivity. Dr. Bergman observed that, over time, paper records slow him down. EMRs give him instant access to entire histories, including lab tests and drugs used.
- Easy creation of referral letters. Print them by pressing a couple of buttons.
- A tool for research. Patient data can be graphed to show results of treatment over time, which provides a good source of private practice research.
- Access to databases. Data extracted from the EMR database can be shared with existing databases, such as the Consortium of Rheumatology Researchers of North America (CORRONA), and the National Data Bank for Rheumatic Diseases.

Patient data typically collected in an EMR include demographic information, active and comorbid diagnoses, currently and formerly used medications, lab reports, DAS28 findings, both physician and patient global scores, Rheumatoid Arthritis Disease Activity Index (RADAI) findings, and patient-reported measures such as pain, functionality, fatigue, and tender and swollen joint counts, he said during his presentation at a symposium sponsored by Excellence in Rheumatology Education.

EMR software offers two basic options: template software or database software. The choice might depend on whether the rheumatologist is in a solo or group practice.

The solo rheumatologist will be better served by database software, which is flexible and can be altered on the fly to fit special information-gathering needs. But a group practice or hospital will more likely want template software, which is more rigid, and requires all users to fill in the same kinds of information in the same format.

Dr. Bergman software is available that allow rheumatologists to decide which is best for them.

Although patients can enter data directly into their EMRs at an office computer kiosk, older arthritis patients who have limited dexterity might find doing so difficult. A personal digital assistant (PDA), which is often used by physicians to enter patient data in hospitals, also presents problems for older arthritis patients to use at the office. A laptop is another option, however, because it may need to be replaced every few years, it may be a costly one.

Dr. Bergman says his patients questionnaire, the answers are entered into the EMRs. By filling out the questionnaires, patients become more focused on their disease, and help focus the physician’s patient care. His questionnaire comprises mostly check-off questions, which are easy for patients to fill it out quickly and for office staff to enter electronically. After the patient’s questionnaire is filled out, it has been entered into an EMR. Dr. Bergman can quickly open the patient’s record, see the new information, and easily review information from the previous visit.

Dr. Bergman said that he has been using EMR software from Star Systems for 12 years. He is neither a spokesman for nor an owner of the company.