Switching to EMR Can Cost, but Payoffs Are Big

BY GLENDA FAUNTLEROY Contributing Writer

WASHINGTON — When Dr. Joseph Heyman was starting his small private practice in Massachusetts in 2001, he knew there was no choice but to install an electronic medical records system.

"Electronic medical records were a must for me for three reasons," Dr. Heyman said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence. "Cost was the first because I didn’t want to hire a lot of people. Then there was efficiency, to make my job easier, and third was image, because I wanted to seem capable to my patients.”

Dr. Heyman, an ob.gyn., started with an initial investment of about $9,000 for two desktop computers, a scanner, and laser printer. He stored all his important information on the computers—patient records, contracts, fee schedules, billing—and things went well until a year later when disaster struck. The system crashed, wiping out access to all of his records. It took 6 weeks and about $15,000 to get back up and running.

Four years later, it happened all over again.

Despite two major electronic mishaps in 5 years, Dr. Heyman maintains a paperless office to this day. His patients have secure access his Web site to make appointments as well as view and update their interactive health record. He even offers online consultations for a $15 fee, though "I rarely charge for them," he said.

Dr. Heyman said his performance has improved as well: He has eliminated the need for transcription services, improved his coding, and produces error-free legible prescriptions.

And what does he see as the best reward? "All the performance measures are great," he said. "But to be honest, I wanted to spend less time in the office and make more money, and I’ve done that."

He added, "I used to see about 30 patients per day; now I see about 2 every hour. And my patients are happier because they have more time with their doctor.”

According to Dr. James Morrow, he and his fellow physicians at North Fulton Family Medicine in Cumming, Ga., ‘didn’t go electronic to be better doctors, we did it to survive.”

According to Dr. Morrow, vice president and chief information officer of the North Fulton group, the benefit of their EHR is all about time.

The practice has been able to “save” about 44 hours per day or about 11,400 billable staff hours per year. He said it’s worth saving money of more than $239,000 per year (based on 100 patients per day).

"At 3:30, the place is a ghost town," he said. "In the past, at 7:00 p.m. we were still in the office looking for Mrs. Smith’s chart. Now we go home at a terrific hour, have dinner with the kids, watch American Idol on TV, and then review patient records wirelessly on the laptop.”

"The care they’re providing at North Fulton has improved as well. "We can now track quality of care at an outcomes level," he explained. "We easily track HbA1c’s, cholesterol, and blood pressure. And we receive reports securely, electronically, legibly, and much quicker from other hospitals.”

AAAHC Makes a Pitch for Ob.Gyn. Office Accreditation

MAUI, HAWAII — The push for accreditation of office-based physicians is accelerating—and ob.gyns. are climbing aboard the bandwagon.

The American Academy for Ambulatory Health Care (AAAHC) enables office-based physicians to demonstrate to patients, payers, and government regulators that they’re practicing high-quality medicine even though they’re not subject to the peer review extant in the hospital environment.

The AAAHC governing board of directors is composed of 17 organizations, including the American College of Obstetricians and Gynecologists, Dr. Roy C. Grekin explained at the annual Hawaii Dermatology seminar sponsored by the Skin Disease Education Foundation.

The AAAHC utilizes a unique peer-based review system. That means when an ob.gyn. practice gets surveyed, the review is conducted by an ob.gyn.

An AAAHC accreditation survey typically takes 1-2 days depending upon the size of the practice. Surveys are announced in advance. They are conducted in a consultative, educational rather than punitive fashion, with flexibility built into the standards. Ninety-nine percent of surveys end in accreditation for periods of 6 months to 3 years; the denial rate is less than 1%, according to Dr. Grekin, the AAAHC president and a dermatologic surgeon at the University of California, San Francisco.

“Our idea is to get you to pass. If we see something that’s not right, instead of just penalizing you for it we’ll try to help you do it right,” said Dr. Grekin.

In addition to ob.gyn. offices and clinics, the AAAHC accredits a wide array of other outpatient organizations. More information is available at www.aaahc.org.

SDEF and this new organization are wholly owned subsidiaries of Elsevier.