

Hcm307-0704a-01
the health care
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discussion board 2



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on Implementing EMR in our Physician's Practice With Federal healthcare initiatives and HIPAA patient record regulations, Electronic Medical Records (EMR) have become a hot topic in the hospital and clinic. This article analyzes how EMR is now moving in to the physician's practice, and suggest elements we might want to consider in adopting EMR at PASP.

Let's get the biggest objections out of the way first:

It's expensive: True, but healthcare has typically spent a lot of money on manual recordkeeping (TMA, 2007). A recent study performed for Healthcare Financial Management demonstrated the high costs of continuing paper records as compared to electronic records (Schmitt, 2002). They found that the heavy costs of creating duplicate paperwork and sending it in several directions caused lost records, lost cost control and missed patient appointments.

It's a time-waster: Physicians have less and less time for patients. Is it going to take longer to work with these records than jotting down a few notes? While it still takes some learning, modern systems using PDA's (hand-held devices), electronic pens and voice recognition (for some practices, like radiology) are well sorted-out and ready for prime time.

Think about the time we're wasting today: how long does it take to get a patient's radiology films, his or her records from previous visits, and labs? How many times have you had to reach for the prescription pad and look up drug interactions? All of that can be handled from the PDA, including electronic transmission of the prescription to the pharmacy.

It's difficult to implement: It certainly requires changes on everyone's part. A few years ago, implementing EMR with physicians meant installing PC's on every desk, and requiring the physician to be tied to a chair while he/she

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laboriously put in all the needed patient data. Some physicians complained at having to learn new terms and change their workflow. Technology has become simpler and more intuitive to use. The ‘heavy lifting’ is done in the back, through servers and communicators. For physicians, the system is well thought-out and fits into our routine.

There are so many vendors out there, how can they communicate? IT suppliers have been talking to one another through HL-7 protocols for years. The advent of new, open technologies like Java and XML have made it possible for different systems to talk to one another. Those horror stories about DICOM radiology images not blending with patient records? It’s all history now.

And finally, “that sounds fine, but I’ll let my nurse do it.” The nurse and PA can certainly benefit from ERM, and their communication with you through the system. To wrest the best benefits, PASP needs your involvement as well.

And what are those advantages?

1. Faster billing: since patient visits, lab tests, X-Rays and other procedures are captured immediately, bills get paid faster.
2. Better coding: Since the menu-driven ERM’s suggest the best coding procedures, fewer CPT codes are ‘forgotten.’ Automated CPT capture increases revenue and reduces paperwork! (Medical Office Online, 2007)
3. Easier scrips, better drug interaction checking: Many physicians say that the best thing about new ERM systems are automatic prescriptions...they save you and your patient time. Automated drug interaction checking insures that the patient doesn’t take dangerous combinations—even if some of the drugs were prescribed by another physician.

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4. Access anywhere, any time. How many of us have had to get up from the dinner table and come back to the hospital to look at a patient record, or an X-Ray? EMR's give us the opportunity to access patient's charts and records anywhere we have secure internet access.

5. HIPAA compliance: As patient access and security become ever-more important, EMR's offer the best security and access tools.

So, EMR's will provide us many benefits and help us to improve our practice of medicine. True, there's a learning curve, but the results are worth it!

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