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Putting it together

Beginning your EHR implementation
Selecting and implementing an electronic health record (EHR) system is one of the most significant changes to a medical practice that a physician can make. Daunting as the task may seem in a marketplace filled with products of varying quality and functionality, careful planning for decisions both immediate and long-term will give one’s practice the best chance at an easy change.

Assessing Readiness

Even prior to vendor selection, managing partners of a practice should make a careful audit of the office’s current workflow, practices and management function, according to practice management consultant Margret Amatayakul, who has given presentations on EHR adoption at the Academy’s Annual and Summer Meetings.

“The first thing to do is take a look at your practice and make sure that it’s running smoothly, that you’ve got good management, and that your billing is functioning efficiently. One of the things we’re finding is that if the practice leadership is broken, the EHR is much more difficult to implement,” Amatayakul said. “It represents such a big change and is already difficult to cope with before any existing problems are factored in. I’ve heard a lot of physicians say that they wish they’d attended to their practice issues before taking on EHR.”

In addressing management, Amatayakul said it’s important to have managers who are not only able to deal with the day-to-day functions of the practice, but who are also able to command a top-level view of the current business. Ideally, effective managers should be able to have data such as the denial rate at their fingertips, to be better able to streamline the system and address potential problems before they are exacerbated.

Additionally, the workflow process should be as smooth as it can possibly be heading into EHR adoption. The naturally slower pace of a newly adopted EHR system can be brought to a halt if inefficiencies exist in the system.

“In EHR adoption, one of the biggest barriers is an office’s procedures not being streamlined. I’ll go into an office and sometimes I’ll see staff yelling out to someone in another part of the office, or shouting for the patients to come to the desk, or they won’t be able to find a document they were handed five minutes ago. You want to take care of things like that, which are so fundamentally dysfunctional,” Amatayakul said. “Start thinking about standardization; talk to one another. You don’t have to standardize how you practice medicine, but your billing practices, your workflow, your appointment scheduling — these should all be streamlined throughout the practice.”

Choosing a System

While certification of EHR through the Certification Commission for Healthcare Information Technology (CCHIT) and the Office of the National Coordinator for Healthcare Information Technology’s Authorized Testing and Certification Bodies (ONC-ATCB) offer a rough guide to product functionality, it’s important for dermatologists to find out which products best serve their specialty.

When judging vendors, according to Fairmont, W. Va., dermatologist Beth Santmyire-Rosenberger, M.D., Ph.D., it’s important to assess the size and stability of the company. Not only will it increase the likelihood that the company has worked with physicians in one’s specialty, it also ensures a meaningful use-qualified product with better long-term functionality. (See also “Lessons learned,” p. 8).

“A great way to get started is to use the EHR certification body websites. That can narrow down the product search quickly,” Dr. Santmyire-Rosenberger said. “Only the top companies and programs get that certification year after year. Less stable companies will forgo it, so you can narrow down to a handful of products pretty quickly. You’re more likely to start out looking at products whose companies have long-term stability and whose product is going to allow you to achieve meaningful use.”

Amatayakul also emphasized that it’s important to keep an open mind regarding product features.

“The sheer number of products, even those that are certified, is mind-boggling. I think one should go into the selection process without preconceived notions. Don’t go in thinking ‘I can only have server-based EHR,’ for example. Keep your mind open, so that you really understand the different options available to you and the pros and cons of each,” she said. “Find out what your colleagues are using, what they like, what they dislike. Go to shows and speak to vendors. Talk to dermatologists in other types of practices, like those who work in multispecialty practices. It gives you an idea of what people in your community are using. Find out as much as you can.”

Practice management consultant Bruce Kleaveland said that after navigating the marketplace it’s important to cut down to a shortlist of vendors. He suggests physicians explore each program’s functionality, the upfront hardware and software costs, and the cost of upgrades down the road. The latter, according to Dr. Santmyire-Rosenberger, can be especially perilous if overlooked.

“I have a colleague with an EHR, and her practice has to pay a large fee every time there is an upgrade. Every time they implemented little fixes here and there, they would get another bill for the software upgrade. That’s something I didn’t realize was an issue when I started looking at systems, but it soon became something I really looked at with vendors,” Dr. Santmyire-Rosenberger said. “You need to look at not just upfront cost, but hardware that you have to replace eventually, and potential upgrade and support costs going forward. I ended up with a system where I pay quarterly for upgrades and maintenance, which for me is a much better system.” (See also “Exploring the costs,” p. 4).

Integration is Key

Between 70 and 75 percent of EHR users are using what William Underwood, M.P.H., senior associate for the Center for Practice Improvement and Innovation at the American College of Physicians (ACP) in Washington, D.C., calls “complete solutions,” or a fully integrated practice management (PM) system and EHR system. Underwood manages the health IT education efforts of the
ACP and leads the research efforts of AmericanEHR Partners, which provides physicians, vendors and funding organizations with the necessary tools to identify, implement, and use EHRs and other health care technologies.

Some EHR systems can be added on to existing PM systems, which can remove the steep learning curve that completely new systems require. Adding an EHR program to existing PM software can also curb the time it takes support staff to learn new software. The software they use within the system would not change much, if at all.

In order to avoid the hassle of incompatible electronic systems, dermatologists should confirm that the new EHR interface is compatible with other systems so they can be integrated without large expense. Experts agree that successful integration can both reduce practice costs and improve revenue. Another important facet of integration is the consideration of attesting for meaningful use, which must be done in order to receive the federal stimulus money. If this is a factor, make sure to verify whether the level of PM interface is sufficient for meaningful use reporting.

**SPEARHEAD YOUR ADOPTION, MAXIMIZE EFFICIENCY**

After signing a contract, a practice will need to immediately begin planning for workflow integration. According to Kleaveland, the vendor should act as a partner during the workflow integration stage, and the practice’s physicians should take a leadership role in spearheading adoption.

“Your going to work very closely with your selected vendor to develop and implement a plan that will take several weeks before you go live. Physicians should be very involved in understanding how the tool is going to be employed, and be active and participating in training sessions provided by the EHR vendor,” he said. “They’ve got to be engaged in the whole implementation process, so when it’s time to go live, they’re familiar, prepared, and ready to go through the learning curve.”

In addition to learning the software inside and out, Dr. Santmyire-Rosenberger said that it’s also important to keep an eye out for ways to further improve the workflow and interact with the software. Much of this will depend on a practice’s unique idiosyncrasies.

“The joy of starting a new project is that you have the ups and downs of figuring out how best to do it. I looked at everything I could and asked, ‘how can I make this work for me?’ And I feel like there isn’t necessarily a systematic or magic answer to that part,” Dr. Santmyire-Rosenberger said. “It just evolves and develops over time. There are lots of little things we change all the time. Sometimes it works, and sometimes we have to tweak further.”

Additionally, Amatayakul said, practitioners should resist the urge to make any changes that bring more of a burden to the workflow process in the name of technological convenience.

“I was recently in an office where they had decided to allow patients to email the physicians instead of dealing with phone calls,” she said. “Well, the email was a nightmare. It was not a good solution. You don’t want to be adding a burden to something new.”

Practices well into the process should measure their success not just on their speed of use, but with the level of integration.

“The measure of success for any EHR project is that clinicians are using it as their primary form of clinical documentation,” Kleaveland said. “The first year is about making sure everyone is using the system on a regular basis and that you’re in the process of weaning yourself off of the paper record.” Kleaveland added, “The primary efficiencies derive from the fact that you have one electronic record available at all workstations. Once you’re there, you can use that to try some creative applications to improve practice function or efficiency. At the end, if you’re supporting the EHR and entering the data properly, you can use it to help improve patient care.”

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**RESOURCES**

The American Academy of Dermatology has a number of resources for physicians looking to incorporate electronic health record systems into their practices.

**HIT-Kit**

The Academy’s online resource at www.aad.org/hitkit features:

- The dEHRm Manual (revised for 2011): an in-depth look at EHR implementation for dermatology practices
- EHR FAQs: Answers to common questions regarding implementation, EHR use, and vendor contracting.
- Information on government incentive programs: including details on meaningful use criteria and timelines for incentives for adoption

**AmericanEHR Partners**

Through the Academy’s partnership with this group, AAD members can get valuable implementation information at www.americanehr.com/

**Member EHR user groups**

Launching in 2012, these electronic communities will allow dermatologists to share experiences and learn about best practices.

**AAD Annual Meeting education opportunities**

Several sessions at the 70th Annual Meeting in San Diego in 2012 address a variety of EHR topics.

- **Friday, March 16:** (U026) New Health Care Policies: Incentives and Penalties (including discussion of the Electronic Health Record [EHR] Incentive Program)
- **Saturday, March 17:** (S016) Electronic Health Record (EHR) Physician Demonstration
- **Saturday, March 17:** (F022) EHR Implementation, Maintenance, and Lessons Learned
EXPLORING the costs

EHR savings may seem distant, but are possible
EHR adoption is an expensive proposition for any practice, and it can be especially difficult for smaller practices. According to the Medical Group Management Association’s (MGMA) report on EHR, financial concerns loomed large for physicians still using paper charts, even as advancing technology paves the way for less expensive options. A majority of the survey respondents said that both insufficient capital resources and the expected loss of productivity were hurdles preventing physicians from adopting EHR.

So, when EHR is touted as a “money saver,” it may seem a ludicrous proposition.

Yet there are recent studies that suggest that — despite high upfront costs — the right EHR system, one that has been fully integrated and optimized, can actually save physicians money in the long run and increase productivity that can lead to further revenue.

INITIAL CONSIDERATIONS IMPORTANT

One of the first questions dermatologists can ask themselves is whether to buy or lease an EHR system. There are compelling arguments for each, involving personal needs and preferences. Mark Kaufmann, M.D., associate clinical professor at Mount Sinai School of Medicine, who also serves on the advisory board for Modernizing Medicine, decided leasing, rather than purchasing EHR software, was more cost-effective and useful for him. He discovered that even when entering into contracts with big-name companies, the future is never entirely certain. “I don’t purchase software anymore from anyone because I did the first time around when I did all my due diligence and bought into a company owned by Microsoft, Pfizer, and IBM. Who would think that wouldn’t last? But it didn’t,” said Dr. Kaufmann.

After this experience, he decided leasing software was the most practical option. “They [EHR vendor] may not last five years; I may not last five years,” he said. Besides the fear that an EHR company might go under or get swallowed by a larger company is the fear that in a world of rapidly changing technology, expensive hardware or software may quickly become outdated.

“I didn’t look at cost because I knew it was going to be expensive one way or the other,” said Mark McCune, M.D., a dermatologist in private practice at Kansas City Dermatology in Overland Park, Kan. “What I looked at was over the long-term picture, who’s still going be there on the field playing with me five years, 10 years from now.”

Before committing to owning hardware and software, dermatologists should determine whether they want to spend more money upfront to have a client-server system or pay an on-going monthly fee for an ASP or cloud-based system. Both systems have their advantages and disadvantages; it’s about doing the research and going with the system that makes sense to each dermatologist.

For smaller practices, a cloud-based system may be more cost-effective. “They generally have much lower upfront costs,” said William S. Underwood, M.P.H., senior associate for the Center for Practice Improvement and Innovation at the American College of Physicians (ACP) in Washington, D.C. “Rather than paying a large chunk of change at the beginning, you’re charged a monthly access fee, and that helps spread the cost out,” he said. Underwood manages the health IT education efforts of the ACP and leads the research efforts of AmericanEHR Partners.

FEDERAL INCENTIVES A PRIME MOTIVATOR

The Centers for Medicare and Medicaid Services (CMS) incentive programs have further spurred EHR adoption by offering incentives for demonstrating meaningful use of EHR. Eighty percent of physicians surveyed in the MGMA report who already used EHR intended to participate in the meaningful use incentive program while 63 percent of paper chart users also planned to participate in the incentive programs.

According to the MGMA report, the median capital cost of implementing an EHR system per full-time-equivalent (FTE) physician is $30,000, including software, hardware, cabling, telecommunications upgrades, building modifications, and training. The median operating cost per physician per month is $550, including hardware and software maintenance. Not only has EHR become more affordable, but it also means that it’s possible for physicians to recuperate capital costs through federal stimulus money.
EXPLORING THE COSTS

For Dr. McCune, the CMS stimulus money was his driving force for adopting EHR. "I was not at all enthused about it, but I figured it was now or never if I was going to be able to take advantage of that financial incentive."

While CMS stimulus money remains an attractive, worthwhile, and important incentive, it’s just one aspect of many in the financial picture. Dermatologists should not hope to recoup their EHR investment through the incentive, let alone profit by it.

Dr. Kaufmann responded, "With respect to the federal incentive money offered through ARRA, I would advise everyone not to implement an EHR in the hopes of 'making' $44,000. EHR can only benefit a practice financially by fitting a practice's workflow and actually increasing efficiency."

DISRUPTING YOUR WORKFLOW THE LEAST

During the initial period of EHR implementation, dermatologists may notice a decrease in patient volume as they adjust to the time demands inherent with new electronic systems.

"At the beginning, it's a painfully slow process to get up and running, but once you learn the system and become comfortable with it, you can get back to a reasonable volume of patient flow," said Dr. McCune. In fact, KC Dermatology was able to return to a normal patient volume in about two weeks without losing much productivity.

Underwood noted that "most physicians take at least three months to return to normal productivity and it can go up to or over six months."

Nevertheless, achieving productivity expeditiously is largely dependent on adequate training. The better trained the physicians and staff, the quicker they can return to normal patient volume. A recently released report by the AmericanEHR Partners (www.americanehr.com) suggests "there is strong evidence that clinicians do not receive adequate training to effectively use their EHRs." Nearly half of the respondents surveyed by AmericanEHR Partners said they had received three or fewer days of training. The survey also indicated that a minimum of one full week was necessary for physicians to feel satisfied with their basic EHR, with even more training needed for additional features.

When asked whether EHR makes dermatologists more efficient, Dr. Kaufmann replied, "I think everyone who has been in practice for more than five years has developed a workflow that works for them. And there's no computer system that can be molded into that shape. The trick is to find the system that disrupts your current workflow the least. And if you can do that, then you've found a winner."

Thus, while patient volume — and therefore billing — may drop off initially, there's much to suggest volume can bounce back with better workflow, if given the proper attention up front.

INEVITABLE EXPENSES IN IMPLEMENTATION

"It's going to be expensive any way you do it," said Dr. McCune, referring to the cost of implementing EHR at KC Dermatology. Anticipating this, they tempered some of their upfront costs by implementing EHR in a segmented approach. Karen Eggers, practice administrator at KC Dermatology, said, "We trained part of our staff while the rest of us worked the old way, then trained the other part of the staff while the others worked the old way." By the end of the second week, this segmented approach had the practice running at near its usual pace, she said.

Part of the reason EHR is costly is that it must necessarily be customized for dermatologists. Both Dr. Kaufmann and Dr. McCune expressed their frustration that there is no dermatology-specific EHR system. "We're not the biggest piece of the pie as physicians ... It's not like we command the attention of any of these EHR vendors, and it's very tough to tell them what our needs are and to get them addressed," said Dr. Kaufmann.

"You end up having to commit to the likelihood that any system you buy you'll have to customize it yourself," said Dr. McCune.

OPTIMIZATION CAN LEAD TO RETURN ON INVESTMENT

The MGMA report repeatedly indicates the significance of optimizing EHR use. Underwood defined "optimization" as a practice that's using all of the features within an EHR system, including all the higher-level features. Many physicians who purchase an EHR system don't actually use many of the functions, he said. In order to see the financial benefits, dermatologists must take advantage of all the advanced capabilities offered through EHR systems.

Physicians who felt they had optimized its use were not only more satisfied with their system, but also noticed either a decrease or no change in operating costs and either an increase or no change in productivity. Forty percent of physicians who felt they had optimized their use of an EHR noted a decrease in operating costs, while 41 percent noted an increase in physician productivity.

"The revenue shifts around a little bit after they've implemented an EHR system so that you may see a slight decrease in productivity, but you also tend to increase your accounts receivable as well as the level of coding [i.e., improvements in documentation of the visit and the care being provided] so that the revenue stays the same or increases slightly," noted Underwood.

"I think the simplest way to look at the return on investment is to do a benchmark of all the costs before, maybe six months before they [physicians] implement an EHR system." Underwood explained that there are various tools available to help physicians collect and measure this data. With the help of these tools, dermatologists can review all their financial records for a set time before EHR implementation and look at what's been billed over the past year. He then suggests dermatologists compare and contrast their costs six months or a year after EHR implementation.

"Then you can begin to capture the cost of implementing the EHR system," Underwood said. dw
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Lessons learned

The best advice can come from those who have experienced EHR
While EHRs have made significant progress over the past 10 years, it’s only been in the last few years that EHR adoption has gained momentum. According to a 2009 AAD dermatology practice profile survey, 28 percent of respondents said they had implemented an EHR system in their practice. In 2011, a new survey by the AAD, specific to EHR usage, indicated 38 percent of respondents had fully implemented EHR (additional statistics on EHR adoption can be found in the November 2011 issue of Dermatology World, p. 40). Despite the relative newness of EHRs, some dermatologists have been successfully using them for several years and will share lessons they have learned along the way.

PERSONAL CONSIDERATIONS
Choosing an EHR system is an individualized process that should be based on criteria set by each physician or practice. Whether a doctor is in private or group practice may also play an important role in determining which system to use. Speaking with other physicians and viewing how they use their EHR system can be an important part of the decision, but ultimately, what works well for one physician may not work well for another. The best way to decide on an EHR is to try it out.

“Don’t simply buy something based on someone else getting it, but actually ‘play’ with it and make sure that it makes sense to you,” cautioned Daniel M. Siegel, M.D., president-elect of the American Academy of Dermatology. Dr. Siegel also serves on advisory panels for software makers Encite and Modernizing Medicine and for DermFirst, an EHR consultancy. Dr. Siegel, who works in a three-person group practice, advised dermatologists to choose programs that fit their individual needs.

“If the program seems intuitive, that’s a good start. If, on the other hand, the program seems confusing and chaotic, it’s probably not the way you want to go. If it’s confusing to start, it probably won’t get much better,” Dr. Siegel said.

Maithily A. Nandedkar, M.D., a solo practitioner at Professional Dermatology Care in Reston, Va., has been using EHR for more than five years. Before purchasing her first EHR system, Dr. Nandedkar created a list of must-haves that an EHR system would have to meet. First, she said that she needed to feel confident that the vendor would be in business longer than she would. She noted that it’s not uncommon for EHR vendors to come and go, making it more important than ever to gauge the current and future technological landscape before signing on any dotted lines.

Dr. Siegel experienced this first hand after implementing an EHR system with a big-name company. Despite the company’s prominence in other areas, it didn’t survive in EHR software production. Unfortunately, the capricious nature of the EHR market is costly for many dermatologists. If the EHR company is bought out, it’s not unusual for the new vendor to stop support of the old company’s products, forcing physicians to make the switch to a new product or begin the arduous task of finding another EHR system to use. Besides the cost of transferring data and researching new systems, the largest casualty, however, is the weeks or months of lost training for both the old and new systems. >>
Another important consideration for Dr. Nandedkar was the accessibility of EHR support. EHR companies must be able to provide support 24 hours a day, seven days a week, she said, and the system must be versatile. “I must be able to alter templates or make adjustments as needed.”

EHR systems also must be able to adapt to the physician’s personal workflow. According to Dr. Siegel, an EHR program needs to work in the way that physicians think. “Is it easier to look at other programs or change the way you practice? Generally, it’s easier to find another program,” he said.

DO YOUR HOMEWORK
Knowing what you want from an EHR system is just as important as understanding what you’ll actually get. Dr. Nandedkar spent between three and four months researching EHR vendors before purchasing. “I called all the different vendors in my area and asked for demos. And then I asked for contracts, so I could read them and see what I would actually get with my money,” she said.

Once a dermatologist has narrowed down his or her list of EHR options, the best way to gather important decision-making information is to send each company a request for proposal (RFP), a listing of key questions. Financial stability, staff and client numbers, and revenue spent on research and development are just some of the questions that are fair game to ask companies. An RFP template can be obtained by downloading a copy of the eDEHRm manual from the AAD website at www.aad.org/hitkit.

If physicians are thorough with their research, they’ll be met with fewer surprises later on. “I read every contract. I knew what I was getting into, so nothing was surprising,” Dr. Nandedkar said.

IT’S A PROCESS
Because technology is continually advancing, keeping up with EHRs is an ongoing process. When Dr. Siegel was asked how long his EHR implementation process took, he answered jokingly, “We’re still implementing.” Many dermatologists who implemented EHR more than five years ago are now adding on to their current system or swapping systems completely in order to take advantage of the newest technology.

Dr. Nandedkar described the process of learning to use EHR as a layered approach that involves steadily building a knowledge base. As with any new and complex system, there’s a learning curve; the more you get to know the system, the more value it has. “It’s been five-and-a-half years, and even now we’re using aspects of the system that I didn’t use in the beginning. It just keeps on getting better and better,” she said.

GO WIRELESS
When asked what advice she’d give physicians preparing to implement EHR, Dr. Nandedkar said, “Go wireless. Don’t be tied to hardware. You want to be able to dump a computer and throw some software onto a new one as fast as you can.”

EHR technology is now trending toward cloud computing. This gives physicians the freedom to access the EHR program and all the data from anywhere there’s an Internet connection. Dr. Siegel counsels dermatologists to have at least two different ways of connecting to the Internet. In addition to convenience, cloud-based EHR is also decidedly less costly than purchasing a server-based system. Cloud systems eliminate additional IT staffing costs, which are necessary for physicians maintaining their own server, another costly purchase. For more information about the financial impact of EHR, see “Exploring the costs,” starting on p. 4.

However, no matter what kind of system dermatologists use, it’s important to have a backup method of accessing data, Dr. Siegel said.

IS YOUR DATA REALLY ACCESSIBLE?
As technology improves, it’s inevitable that physicians will also need to improve their EHR systems, especially physicians who adopted EHR more than five years ago. If physicians decide to change EHR systems, they must first be able to gain control of all of their data from the old system. One common issue faced by dermatologists looking to obtain their data is that even though they own the data, it’s not released in a usable format. If dermatologists want to be able to physically see the data, companies may charge additional fees to translate it into something readable.

Mark Kaufmann, M.D., an associate clinical professor at Mount Sinai School of Medicine who serves on the advisory board for Modernizing Medicine, experienced this frustration when his first EHR company was bought out by another company, and support for his old system was discontinued. When he decided to switch vendors rather than adopt the new company’s system, Dr. Kaufmann was offered his data in PDF format for $5,000. Instead of paying what he considered an exorbitant fee, he enlisted a few college students to help him transfer the notes instead.

Since physicians need to be able to access their data at any time, and in any format, owning the data can help ensure better control when the unexpected occurs.

“I would make sure that any contract I signed said that not only do I own the data, but that I also own the ability to access the data in a form of technology that is current to the time, so that I can physically access it in a meaningful manner,” said Dr. Nandedkar.

EHR OR NOT?
With such high financial stakes, EHR isn’t for everyone. First, dermatologists should evaluate how long they plan to stay in practice. “If a person plans on retiring in the next three to four years, I would probably say ignore this whole thing,” Dr. Siegel said. The time it takes to get the process effectively underway as well as the financial investments may not make sense for dermatologists nearing the end of their career.

“If you’re in this for the long haul, then you have to do your due diligence and find an EHR that works for you, your staff, and that you can foresee for the next three to five years,” said Dr. Nandedkar. “Everybody has to do their own thing. What works for one person will not work for another,” she said.

To learn even more about EHR and other health information technology, visit the Academy’s online HIT-Kit at www.aad.org/hitkit.
More than new technology

EHR has positive implications for patients and quality of dermatology
However, as with any new technology, grappling with a new system may also take a toll on physicians’ attention to patients during visits and on their ability to see patients in a timely fashion. Being aware and proactive about patients’ needs in EHR transition will serve dermatologists well.

CUSTOMIZED ADVISORIES AND PATIENT SAFETY

“In our system, one of the key features in terms of improved patient care is the Best Practice Advisory (BPA),” said Julie Lin, M.D., assistant professor of medicine in the division of dermatology at the University of Vermont. A dermatologist with a special interest in biomedical informatics, Dr. Lin helped to organize her university hospital’s transition from a paper system to an EHR two years ago. “Physicians in each specialty can build these [BPAs] into the system in a way that’s specific to their needs,” she said.

“For example, we give a lot of biologics for psoriasis, and the recommendation is that patients on biologics get a PPD test for tuberculosis once a year. You can set it up so that any time a physician or other provider orders a biologic, if the patient hasn’t had a PPD test within the past year, a flag will pop up to warn you. In addition, an order set will be called up so you can just order the test with one click. You can do the same thing for a patient on isotretinoin that’s due for a pregnancy test. We’re trying to automate more processes like that.”

BPAs can be designed to reach all providers in the health system or just those within a specialty, Dr. Lin explained. “You have to use BPAs judiciously because otherwise you get ‘alert fatigue,’” she said. “If too many alerts and pop-ups appear, people want to ignore them. So we try to keep it at the level of the specialty; within our group of seven dermatologists, decisions about what prompts a BPA are made by consensus.”

Other features commonly available on EHR systems that dermatologists cite as advantageous in improving patient safety and quality care are patient allergy alerts and drug interaction alerts, e-prescribing, and having a single electronic record available to all physicians across a health system that can’t be lost or misfiled.

“Aside from providing a legible, organized record for the physician, the EHR helps us coordinate care across our system, where most of our patients see their primary care doctor and other specialists,” said Matthew Evans, M.D., chair of dermatology at Dreyer Medical Clinic in west suburban Chicago. “The patient has one chart that all physicians share, with the exception of psychiatric information, which is open to psychiatrists only because of privacy concerns. So we can all easily see diagnoses, medications, allergies, and when patients had their last physicals and immunizations.”

CLINICAL DECISION SUPPORT AND ORDER SETS

EHRs include a variety of tools that help the dermatologist reach a diagnosis or take the next steps following a diagnosis. However, not all systems offer the same range of features. EHR systems developed for dermatologists and targeted to solo practitioners or independent groups are the most likely to contain a wealth of built-in templates and decision trees specific to dermatology. Philip Mills, M.D., who has a private practice in Blue Ridge, Ga., recently implemented a dermatology-specific system he saw demonstrated at the American Academy of Dermatology’s 2011 Annual Meeting. “I tried this product and thought, this is the future,” he remarked. “When a patient comes in with a particular lesion I don’t see often and I’m doing a biopsy, I’ll look at the differential diagnosis and may see something I hadn’t thought of. With almost every biopsy, I’ll put down my diagnosis but I’ll also choose from among the differentials that I think are reasonable for the dermatopathologist to consider.”

The system includes clinical decision trees for more than 850 dermatologic conditions. For any given condition, it provides a list of morphologies, treatment options, surgical procedures, cosmetic procedures, and diagnostic testing where appropriate. Peter Lio, M.D., assistant professor of clinical dermatology and pediatrics at Northwestern University Feinberg School of Medicine, and an advisor to and investor in Modernizing Medicine, said he uses that system’s tablet interface and rarely needs to type anything during a patient visit. “If you have an acne patient, you touch ‘acne’ and it prompts you for the questions you should ask,” he said. “Then it shows you a picture of the body and you can just touch where the acne lesions are. You can choose from among treatment plans, touch a button, and it e-prescribes for you and prints out information for the patient right away.”

Physicians using a system not already customized for dermatology can usually create their own templates if they have the need and the time to do so. “You have to physically make the templates yourself,” said Dr. Lin. “We have a lot of patient instructions for common diseases and a lot of common order sets. The system is only as good as what you build into it,” she said.

ENHANCING PATIENT COMMUNICATION

In addition to streamlining the exchange of information between dermatologists and other physicians, pharmacies, and labs, EHRs can facilitate communication to patients in ways that enhance...
EHR EMERGING AS POWERFUL RESEARCH TOOL

As data on dermatologic conditions and treatments are collected, analyzed, and published, EHRs have the added potential to improve the care of patients within a single health care system or nationwide. For example, Julie Lin, M.D., assistant professor of medicine in the division of dermatology at the University of Vermont said physicians could use the EHR system to track outcomes for cutaneous lupus as measured by the Cutaneous Lupus Erythematosus Disease Area and Severity Index (CLASI). "That outcome measure becomes part of the EHR in the form of a flowsheet, which is essentially a chart that looks like a simplified Excel spreadsheet," she said. "Each time the CLASI is measured, it is a column of a table, and disease activity can be tracked over time, graphed, and exported for statistical analysis." Dr. Lin added that the University of Vermont has the capability to recruit patients for clinical studies by sending an invitation to participate directly to eligible patients through their care. “Our patients can access certain lab tests and results and contact their physician directly through a secure Internet portal,” said Dr. Lin regarding the systems at University of Vermont. “Anytime you get a blood test, you can view the results on your smartphone, iPad, or laptop, usually within 48 hours. You can also update your contact and insurance information. The patient portal helps us make sure that when we have a patient scheduled for Mohs surgery, for example, we get the necessary information about blood thinners, pacemakers, and whether they’ve had previous problems with anesthesia or surgery. If patients have activated access to their electronic record, you can simply route the electronic survey and it will go directly into the chart.”

Information provided to the patient through the EHR system during and after the visit can help ensure the patient understands the diagnosis, what tests and medications have been ordered, proper care of a biopsy site, and other pertinent instructions. The after-visit summary can be printed or accessed by patients electronically, but a printout can be helpful, “especially when the patient is going to see another provider outside this health system; the paper record shows what transpired,” said Dr. Lin.

TRANSITIONAL CHALLENGES
Some dermatologists who have made the transition to an EHR warn that there may be some repercussions that affect the doctor-patient relationship. Sasha Kramer, M.D., an Olympia, Wash. dermatologist in private practice, said the time required to implement a new EHR system severely restricted her ability to see patients. “In an area that’s already experiencing a shortage of dermatologists and long wait times, this just exacerbated that problem,” she said. In addition, many dermatologists reported that use of an EHR system during the patient visit may be a distraction, particularly when the physician is learning a new system. “It definitely takes some attention away from the patient, and that’s a balance you have to learn — entering information and paying attention to the patient at the same time,” said Dr. Kramer. “I have to remind my office staff that we may be frustrated with the new system, but we don’t want to convey that to the patient; they don’t want to hear about it.”

Longtime EHR users have suggested that one solution to this situation may involve implementing and optimizing EHR in a time-sensitive manner that involves as little disruption to daily operations as possible (see additional information in “Lessons learned,” p. 8).

Given careful consideration and time, changing EHR systems can actually improve patient care. “With my old system, I was spending so much time looking at the computer, and I hated that because I wanted to look at the patient,” said Dr. Mills. “Patients and their care are key; I like patients. Now I can walk into the room, glance at the computer screen so quickly the patient isn’t aware of it, sit down with them and hear their complaints without feeling like I’m rushed. I can see 40 patients a day comfortably, as opposed to 32 with the old system.”
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