BY JOSEPH S. EASTERN, M.D.

Managing Your Dermatology Practice

EMR—A Primer

The day will come—and probably soon—when you will have to seriously consider switching from paper to electronic medical records.

Most physicians dread that day, and with good reason: Choosing the right EMR system for your practice is difficult at best, and once you make the choice, conversion is often a nightmare. But unless you'll be retiring soon, it will become virtually inevitable.

There are two good reasons for this.

First, EMR is long overdue. If you compare how medicine was practiced in 1905 with how it is practiced today, virtually nothing is the same—except the way we keep records.

Several studies suggest that EMR does make a difference in health care outcomes, by shortening inpatient stays, decreasing risk of adverse drug interactions, improving the consistency and content of records, and improving continuity of care and follow-up, among other things.

But there is a second reason why EMR's time has come: Our government has decreed that it has, whether we are ready or not.

The Bush administration has outlined a plan to ensure that most Americans have electronic health records within the next 10 years. "By computerizing health records," the president said in his 2004 State of the Union address, "we can avoid dangerous medical mistakes, reduce costs, and improve care." And in January, in one of his first speeches following his second inauguration, President Bush reaffirmed his commitment to that goal.

This, of course, is easier said than done.

For one thing, EMR is still by and large slower than pen and paper because direct data entry is still primarily done by keyboard. Voice recognition, handheld devices, and wireless devices have been tried and have largely failed except for specialized tasks. For another thing, physicians have been slow to warm to a system that slows them down and forces them to change the way they think and work. In addition, many fear that EMR will interfere with clinical decision making and intrude on physician-patient communication. The prospect of a malfunction bringing an entire clinic to a grinding halt is not particularly inviting either.

The special needs of dermatology—high patient volumes, multiple diagnoses and prescriptions per patient, the wide variety of procedures we perform, and especially digital image storage—present further hurdles. Nevertheless, many of us will be looking to install EMR systems in the not-too-distant future. And when you start looking, be careful.

The key phrase to keep in mind is caveat emptor. There is as yet no regulatory body to test vendor claims or certify system behaviors. And vaporware is still as common as real software; beware the "feature in the next release" if it is a feature you need right now. Avoid the temptation to buy a flashy new system and then try to adapt it to your needs; figure out your needs first, then find a system that meets them.

Unfortunately, there is no easy way around doing the work of comparing one system with another—or 20 systems against each other.

The most important information a vendor can give you is the names and addresses of two or more sites where you can go watch their system in action. Site visits are tedious and time consuming, but they are the only way to pick the best system for your practice the first time around.

Never be the first dermatology office with that particular system. Let the vendor work the bugs out with somebody else.

Above all, if you have disorganized paper records, don't count on EMR to automatically solve your problems. If your paper system is in disarray, solve that problem before considering EMR.

With all of its problems and hurdles, EMR soon will be a part of most of our lives. And for those who take the time to do it right, it will be an improvement. ■

DR. EASTERN *practices dermatology and dermatologic surgery in Belleville, N.J. To respond to this column, write Dr. Eastern at our editorial offices or e-mail him at sknews@elsevier.com.*