Electronic Records Systems Are Slow to Catch On

Only 7.5% of practices report fully implementing medical records software programs, said the AADA

BY MARY ELLEN SCHNEIDER
New York Bureau

The vast majority of dermatologists still aren't using electronic medical records in their practices, but those who have made the switch say they would never go back.

"It's sort of like a marriage. You've got to commit to it," said Dr. Artis P. Truett, an Owensboro, Ky., dermatologist whose practice has been virtually paperless for the last 5 years.

The transition can be daunting, especially for those who aren't comfortable with computers, but it's worth it in the long run, he said. It's made practicing easier and more efficient, and has improved the quality of care, Dr. Truett added.

But most dermatologists have been reluctant to take that leap. About 7.5% of dermatology practices have fully implemented EMRs and about 11% report some type of EMR use, the American Academy of Dermatology Association (AADA) said in a questionnaire submitted to the Certification Commission for Healthcare Information Technology (CCHIT).

Some may be wary of the financial investment in EMR software, hardware, and maintenance. But others may be waiting for the right system. Current EMR systems lack the functionality needed to meet the needs of dermatologists, the AADA said.

Specifically, AADA cited a need for digital-imaging capture and storage, anatomical graphic management capabilities, and dermatopathology lab interface for biopsy tracking and management.

"Very few of the [software] programs are geared toward us," said Dr. Dirk Elston, director of the department of dermatology at Geisinger Medical Center in Danville, Pa.

Many of the EMR products on the market today don't have the features that allow physicians to keep disease registries that could be helpful as more insurance companies move toward pay-for-performance programs, he said. Dermatologists also need functionality that will help to make coding more exact and efficient. Interoperability that would allow for the easy transfer of laboratory results is also important, he said.

But although it's easy to get hung up on what's missing from many systems, most still have the basic features necessary for keeping a complete medical record and for billing an insurance company, said Dr. Neil Brody of the department of dermatology of the State University of New York, Brooklyn, who practices in Manhasset, N.Y. He was able to find software that also allows him to store and display clinical images.

Dr. Brody's practice went paperless—with some minor exceptions—about 3 years ago. When he went shopping for his EMR system, he found that products were sort of strung together, he said. He advises physicians who are looking for an EMR system to do their research. Try out a lot of systems and go online to find out where the industry is. And don't rely on the demonstration by the salesperson, he said.

Be skeptical about the return on investment promised by vendors, Dr. Brody cautioned. His experience has been that savings aren't realized by reducing staff.

But he said that he has found that the switch to an EMR makes his day more pleasant, and he believes the quality of care is higher. With his system, he is able to see the other medicines that the patient is taking, even when they are prescribed by another physician, and he can check for drug-drug interactions.

Where he has seen some financial benefit is in the space saved by not having to house thousands of paper charts.

Those who switch to an EMR should also expect to experience some growing pains during the transition. "In the beginning, no one is good at [using] an EMR," said Dr. Anthony Wong, a Mohs surgeon in Smithtown, N.Y.

Dr. Wong and his colleagues have been using their EMR system, which they leased instead of purchasing, for nearly 2 years. Although they are happy with the new system, he said, they had to make some minor adjustments. For example, one of his colleagues doesn't type very well, so he now uses voice recognition software to dictate his notes.

Dr. Michael Crowe, a dermatologist who practices with Dr. Truett in Owensboro, Ky., said they quickly found that it was not efficient to use the computer while in the exam room with patients. Instead, he has an assistant in the room with him who can help to enter information during the visit and can pull up photos and lab results as needed. ■

State Legislatures Pursue Insurance Mandates, Transparency

BY GLENDA FAUNTLEROY
Contributing Writer

WASHINGTON — State legislation mandating health insurance will continue, with "at least 12 more states going to debate bills to expand employer participation coverage" in 2007, according to Susan Laudicina, director of state services research for the Blue Cross and Blue Shield Association.

The health care transparency debate also is heating up with a few states, such as Colorado and Ohio, passing laws requiring provider-specific data on quality and requiring that costs be made available publicly. At least 10 or more states will debate similar bills to promote transparency in 2007, she said.

Ms. Laudicina made her predictions when the Blue Cross and Blue Shield Association's annual "State Legislative Health Care and Insurance Issues" report was unveiled at a briefing sponsored by the association.

The report updates the top health care and insurance issues from state legislatures around the country and the overview given by Ms. Laudicina detailed how, despite healthy revenue growth in 2006, state governments are grappling to stem rising health care expenses. "Health care expenditures now account for about one-third of all state budgets, and states are in desperate need of solutions."

The report found that in 2006 states began implementing a range of initiatives including employer and individual mandates to cover the uninsured, public-private insurance partnerships to promote coverage and contain costs, and initiatives to improve quality care.

The Blue Cross and Blue Shield Association (BCBSA) reported that there was a flurry of new laws introduced around the country last year and the beginning of 2007—all aimed at providing affordable, quality coverage.

"I read about 200 new legislations per week," said Ms. Laudicina. "That's how fast new legislation is coming in."

According to the report, employer and individual mandate legislations were pursued by three states in 2006: Massachusetts, Vermont, and Maryland. Twenty-five other states followed with introductions of similar bills last year, but none of those were enacted.

During 2006, 11 states—including Kentucky, Utah, Oklahoma, and Washington—also worked to create or expand programs to make private insurance coverage affordable for low-income workers. Seven of these states decided to use public funds to build subsidies to offset the premium costs of private employer-sponsored health plans for those eligible for Medicaid as well as for other low-income residents.

The BCBSA "State Legislative Health Care and Insurance Issues" report is compiled from a survey of each of the 39 independent Blue Cross and Blue Shield companies across the country. Together these companies provide health coverage for almost 98 million Americans. BCBSA officials were also on hand to provide an overview of the association's top health-care issues facing the 110th Congress.

"We have three priorities and [at] the top of the list is addressing the uninsured," said Alissa Fox, the BCBSA's vice president of legislative and regulatory policy.

Ms. Fox reported that the association is urging Congress to fully support the State Children's Health Insurance Program (SCHIP) to lower the number of uninsured children, adding that Congress' "priority has to be to enroll these children."

According to the BCBSA, a surprising 74% of children without health coverage are eligible under public programs, but are not presently enrolled. Adequate funding is necessary to streamline enrollment procedures and ensure that these children get health care.

In his budget submitted to Congress on Feb. 5, President Bush called for a $5 billion increase in SCHIP funding over the next 5 years—short of the $12 billion experts say is needed.

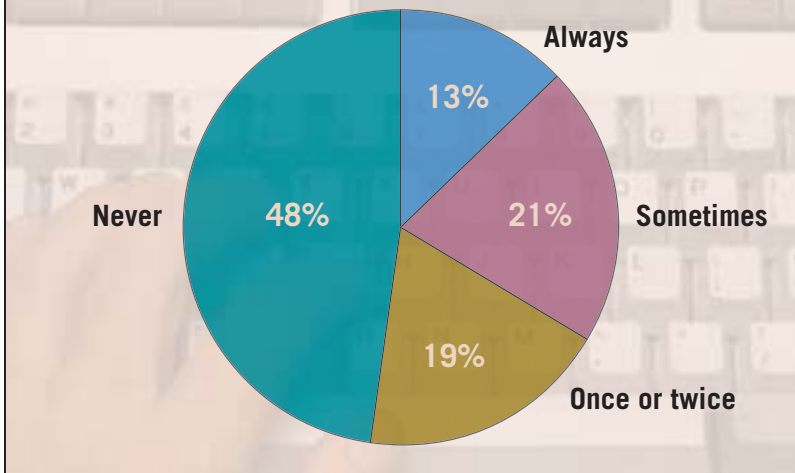
Another priority for the BCBSA is maintaining funding for the Medicare Advantage (MA) program that provides coverage to more than 8.3 million people. Ms. Fox explained how further budget cuts will disproportionately hurt low-income and minority Americans who rely on the program for health care.

"There's some talk in Congress about eliminating MA, and we are very concerned," Ms. Fox said. "The MA program has suffered from $13 billion in funding cuts in the past 2 years, and further cuts would put access to affordable, comprehensive coverage in jeopardy."

The BCBSA's third priority is the vision of the Bush administration and Congress to create a nationwide health information network that will allow for the use of electronic health records in every hospital and doctor's office. Ms. Fox said the association is "very supportive of the bipartisan mission." ■

DATA WATCH

Most Patients Have Discussed Health Information Found Online With Their Physicians



Note: Based on a poll of 1,020 adults surveyed during July 5-11, 2006.
Source: Harris Interactive

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