

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 Cummings, 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 equal to a time savings of more than \$239,000 per year (based on 100 patients per day).

"At 5:30, 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 TiVo, 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 HbA_{1c}'s, cholesterol, and blood pressure. And we receive reports securely, electronically, legibly, and much quicker from other hospitals." ■

Personal Health Record Train Now Boarding

BY GLENDA FAUNTLEROY
Contributing Writer

WASHINGTON — President Bush, members of Congress, and key consumer organizations are all calling for widespread implementation of electronic personal health records—and now it's time to convince the public of their worth, David Lansky, Ph.D., said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence.

Currently, most patients' health information is scattered across many different providers and facilities. Unlike physician- or institution-based electronic medical records, an electronic personal health record is maintained and updated by the patient, and can be vital to providing the patient the best medical care, especially in cases of an emergency.

Information such as health insurance policy numbers, health history, current medications and dosages, and allergies would be quickly accessible and could be shared among hospitals and providers, said Dr. Lansky, senior director of health programs at the Markle Foundation, a nonprofit organization focused on accelerating the use of information technology in health care and national security.

Dr. Lansky said that various industries and organizations have staked a high lev-

el of commitment to making this type of electronic collection commonplace, including:

► America's Health Insurance Plans and Blue Cross Blue Shield, whose member plans provide health insurance to more than 100 million Americans.

► Large employers, such as IBM and PepsiCo Inc.

► Consumer groups, including AARP (formerly the American Association of Retired Persons) and the National Health Council.

► Internet companies, such as Microsoft Corp., Google Inc., and WebMD Inc.

"This is a very exciting time," Dr. Lansky said. "Big companies see this year as the time to change how Americans view their health care."

However, although there are now many places consumers can go to develop an electronic personal health record (such as providers, employers, and pharmacies), they are not extremely popular. Most users are those who have both computer skills and a high use of the health care system, with frequent medical appointments or several prescriptions, he said.

The one great challenge to implementing electronic personal health records nationwide is how to connect all the existing systems into one national network rather than what exists now: 13 or so different enterprises, each offering separate portals

that aren't linked together.

A possible model, Dr. Lansky said, is a Web site that uses the type of network architecture the health industry needs to mimic when creating a personal health record network. The site (www.flight-status.com) is a real-time portal that allows airline users to view data—such as flight status, airport delays, and weather forecasts—from about 11 different sources all on one screen. Dr. Lansky said it was a good illustration of one way different industries can share data.

"This is an example of where we would like to see the networked personal health record go," he said.

But the greatest challenge for the industry may be the issue of ensuring consumer privacy. Consumers, Dr. Lansky said, are leery about personal health records because they want to know exactly what is going to happen with their health data. And they aren't willing to give access to their health information to just anyone.

"Each study we've done shows that patients trust their doctor to handle their health record information," said Dr. Lansky. "The challenge is to make patients understand that other parties play a role in their health care, and how we get them to expand their trust past their doctor. But I can say it's going to be tough."

One solution, Dr. Lansky said, is the idea of "consumer access services," which would play the role of a mediating body to facilitate consumers' access to the network. The mediating body would issue consumers' identity credentials and vouch for them as network users. It would also help consumers aggregate their personal health data and connect with various services.

Several groups, such as retail pharmacies and health plans, are prepared to offer the consumer access service.

"Lots of big players are entering this space to help solve these challenges," said Dr. Lansky. "The key to success is defining one consumer access service that is trusted by consumers. ... This is critical to [our] meeting our goal." ■

AAAHC Makes a Pitch for Ob.Gyn. Office Accreditation

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

The Accreditation Association 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," according to 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.

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—Bruce Jancin

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