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Practice Revenues Decline

Medical practice revenues fell in 2008, possibly because of declining patient volumes and payments from people in financial hardship, according to the Medical Group Management Association. Medical practices responded by trimming overhead costs more than 1%, but that wasn't enough to offset shrinking revenues, the MGMA found in its 2009 practice cost survey. Multispecialty group practices saw a 1.9% decline in total medical revenue last year from 2008, with substantial drops in both the number of procedures and the number of patients. Bad debt in multispecialty group practices from fee-for-service charges increased 13% from 2006 to 2008.

Student Posts Are Unprofessional

A majority of medical schools say they have experienced incidents of students posting unprofessional content online, researchers reported in the Journal of the American Medical Association. However, only 28 of the 78 schools surveyed said they had policies to address such postings, which typically occur on social networking sites, media-sharing sites, blogs, wikis, and podcasts, the authors said. Only six schools said they had encountered patient confidentiality violations, such as online descriptions of identifiable patients, and issues of conflict of interest were rare. But posts using profanity, discriminatory language, depictions of intoxication, and sexually suggestive material were common. Two-thirds of the schools gave students informal warnings, while three schools said they dismissed the students involved.

EHRs Improve Care Quality

Routine use of electronic health records may improve the quality of care provided in community-based primary care practices more than other common strategies do, according to a new study from RAND Corp. Researchers looking at 305 groups of physicians in Massachusetts found that EHR-equipped practices were more likely to deliver better care for diabetes and to provide some health screenings, as long as the EHR systems were used routinely and included advanced functions such as reminders to physicians. The quality differences were small, but the authors said they were surprised at how few strategies to improve quality actually were linked to better performance. The study was published in the Annals of Internal Medicine.

NIH Grants Total $5 Billion

The National Institutes of Health has awarded more than 12,000 grants for $5 billion in stimulus package funds toward research in HIV, cancer, heart disease, and autism. Announced at a press conference by President Obama, the grants come from the American Recovery and Reinvestment Act passed and signed last spring. "This represents the single largest boost to biomedical research in history," the president said. Some of the funds will be used to apply findings from the Human Genome Project to treatment and prevention of the target diseases. Other stimulus package funding was designated by the Department of Health and Human Services for chronic disease prevention and wellness programs as well as for information technology at large federally funded health centers. The Centers for Disease Control and Prevention will administer $373 million for the chronic disease programs and community-based approaches that increase physical activity, improve nutrition, and decrease obesity. Eighteen grants totaling more than $22 million will fund information technology in medicine, the department said.

Medicaid Funds More Home Care

Annual Medicaid spending for assisted living and community-based services ballooned by more than 80% in the past 7 years as states sought alternatives to costly nursing home care, a report from the National Center for Assisted Living found. Over the same period, Medicaid's nursing home spending grew only about 10%, and the number of nursing home beds dropped nearly 1.6%, the report said. The program's bills for nursing home care, at $47 billion in 2007, were still far higher than the nearly $17 billion states spent on alternative services such as home care and assisted living. But "consumer preferences for options to institutional care and the states' interest in reducing Medicaid-expenditure growth rates have created a shift in the supply and utilization of nursing homes over the past several years," the assisted living group concluded in its report.

Resistance Cuts Antibiotic Sales

Antibacterial drugs will soon see a slump in sales, partly because of declining effectiveness and partly because of generic competition, according to the market research company Kalorama Information. The segment had sales growth of just over 3% in 2008 and 2009, but sales will rise only 1.1% in 2010 and will decline by 0.6% in 2011, Kalorama estimated in its report "Worldwide Market for Anti-Infectives (Antifungals, Antibacterials and Antivirals)." The company pegged the 2009 world market for antibacterial drugs at $24.5 billion. It forecast global sales of all classes of anti-infectives to hit $53.3 billion, up from $45.3 billion in 2006.

—Jane Anderson

EHR REPORT
Examining Workflow

BY CHRISTOPHER NOTTE, M.D., AND NEIL SKOLNIK, M.D.

If you have been thinking of taking the plunge into an electronic health record, you've undoubtedly wondered how the change will affect office productivity. After all, the process of converting from paper records to an electronic health record can take a long time and become quite tedious. Often, subtle roadblocks to success develop along the way that were not anticipated, leading to frustration for both patients and providers. That is why it helps to take a careful look at office workflow and plan ahead before making the leap.

Consider the following five-step plan to help maintain sanity and efficiency as you step forward with the conversion to an EHR:

▶ **Examine workflow from start to finish.** To some, this might seem obvious, but it is important to remember that patient care doesn't just occur in the exam room. It starts at the front desk, where appointments are made, phone calls are received, and patients are checked in to be seen. Next, the clinical staff takes over, triaging calls or getting patients into the exam rooms. At some point labs might be drawn, immunizations could be administered, and testing may need to be performed. Typically, the process ends at checkout, but often referrals are issued and follow-up appointments are made.

When properly analyzed, even a simple patient visit is made up of a complicated series of events. Hopefully, these occur seamlessly, ensuring the physician's and patient's schedule are respected. With the implementation of an electronic office, however, any of the aforementioned steps can become a roadblock to success if not carefully orchestrated—by nature, any EHR magnifies the interdependence of each role in the process. Therefore, every employee has a part to play to ensure that the algorithm is followed and office efficiency is maintained.

▶ **Take nothing for granted.** Even the smallest of office tasks can seem cumbersome when translated into the digital age. For example, consider how sticky notes are used in your office. In many, they are a critical communication tool among the staff, and they may or may not become a permanent part of a patient's record.

Unfortunately, while it is easy to attach any small scrap of paper to a traditional chart, this is not possible with an EHR. Information must be passed along electronically, and even trivial messages are saved permanently inside cyberspace. Also, the process might take longer to perform, as it can be a lot quicker to jot down a note than enter it electronically. This is just a single reminder of establishing a new workflow that is practical and efficient.

▶ **Involve others in the process.** Consider involving staff members from each area of your office when selecting an EHR. In addition to the care providers, this may include an office manager, clinical staff member, receptionist, and billing or referral specialist. Each should be asked to individually examine and identify the critical steps in their daily routine. They should also be present to interview vendors and test the program, making sure to observe how their piece operates in any given software package.

▶ **Simulate the new daily routine.** Be sure to ask for a demonstration of all major office functions. Vendors often turn this into a sales pitch, exemplifying their most attractive features while glossing over their limitations. Suggest several hypothetical scenarios, from triaging phone calls to creating office notes, and be sure to keep them complicated. Let's face it, it is not typical for patients to present with only one concern, and the EHR should be able to accommodate that. It also should be able to expedite common nursing and administrative tasks and allow all users to manage multiple patients simultaneously.

▶ **Consider hiring an EHR consultant.** Employing the services of an EHR consultant can be incredibly helpful. It not only provides peace of mind, but can help you save a tremendous amount of time and money. A good consultant will "interview" your practice, speaking to staff and analyzing workflow, to help you match your office's needs to the right EHR product. He or she can also help to create a timeline for implementation, and recommend both hardware to maximize your budget and efficiency. In the end, the cost of hiring a consultant will be insignificant compared to the long-term savings of making the right choice.
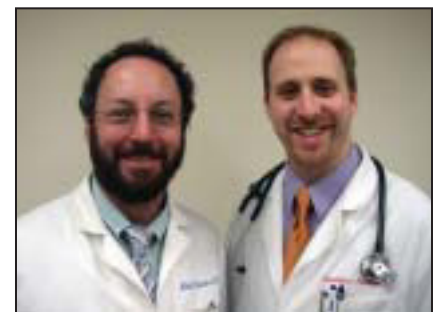
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