First Exams as Early as 2006

UCNS *from page 1*

ogy, the Child Neurology Society, and Professors of Child Neurology.

The timing was perfect for the subspecialty of headache medicine, said Alan Finkel, M.D., of the University of North Carolina at Chapel Hill and chair-elect of the AAN's Headache and Facial Pain Section.

The group had already put together a core curriculum for headache medicine, and leaders in the field were interested in gaining greater recognition for the subspecialty. "It was just time," Dr. Finkel said.

The headache medicine subspecialty was awarded membership—the first step in the accreditation and certification processes—with UCNS in March. This ability to be certified in the field will help to keep young physicians interested in this area of medicine, Dr. Finkel said. And he said that headache medicine has the potential to become a large subspecialty over time.

UCNS granted membership to the neuromuscular pathology subspecialty in February.

Previously, AAN had offered a recognition process for physicians working in this area, but that program was discontinued earlier this year when UCNS agreed to develop an official accreditation and certification process for the subspecialty.

Accreditation through UCNS will help to ensure consistency of the educational process and will lead to a higher standard of care, said Jerry R. Mendell, the neuromuscular pathology representative on the UCNS board of directors.

Both accreditation and certification are essential for the field, Dr. Mendell said, otherwise physicians will fail to be adequately reimbursed and interest in the field will decline.

AAN discontinued its recognition program for physicians working in neuromuscular pathology earlier this year.

Accreditation and certification processes will help to recognize the care provided by neuromuscular pathologists, which includes not only the interpretation of the muscle and nerve pathology, but an understanding of the clinical problem.

"Neurologists subspecializing in neuromuscular pathology are trained to understand the clinical disease," said Dr. Mendell, professor of neurology at Ohio State University, Columbus. "Without this understanding, patient care suffers."

UCNS plans to begin accrediting programs in neuromuscular pathology and headache medicine sometime next year with the potential for certification to begin before the end of 2006, said UCNS Manager Mari Mellick.

UCNS has already begun accrediting training programs in behavioral neurology and neuropsychiatry and a certifying exam under development in this area is expected to be ready in fall 2006 (see CLINICAL NEUROLOGY NEWS, February 2005, p. 30).

And the group is expected to consider four more applications for subspecialty membership before the end of 2005. ■

The Paperless Practice: Spending Money to Make Money

BY JENNIFER SILVERMAN
Associate Editor, Practice Trends

SAN FRANCISCO — There is a cost-effective way to go paperless and make a profit for your group practice, Jeffrey P. Friedman, M.D., said at the annual meeting of the American College of Physicians.

Dr. Friedman, an internist and founding partner of Murray Hill Medical Group in New York, increased office appointments—and saved $238,000 annually in staff pay and benefits—by installing an electronic medical record (EMR) system and integrating the new technology on a gradual basis, cutting down on staff and phone time.

Patient registrations grew rapidly (currently at 18,000), and salaries for the group's internists and subspecialists in 2004 were two to three times the national average, Dr. Friedman said.

Murray Hill started out in 1992 with just a few partners and associates, one exam room per physician, and no ancillary help, using a local, small electronic billing package.

Over the years, the practice filled its space, adding more subspecialty partners, associates, and equipment, and in 1998 acquired an EMR system. The practice added online bill paying this year.

The practice now has 35 doctors, an office lab, and a technician who oversees the fully automated practice. "Our employee/doctor ratio is very low," he said.

Installing an EMR system does cost money, "but a major thing physicians need to understand is that you have to spend money to make money," Dr. Friedman said.

In his experience, "those bucks are not out of control" if invested in the right kind of system.

When considering software vendors, it's important to visit practice sites that are already using installed systems.

He suggested that physicians look at big vendors that are likely to be in business at least 10 to 20 years down the road.

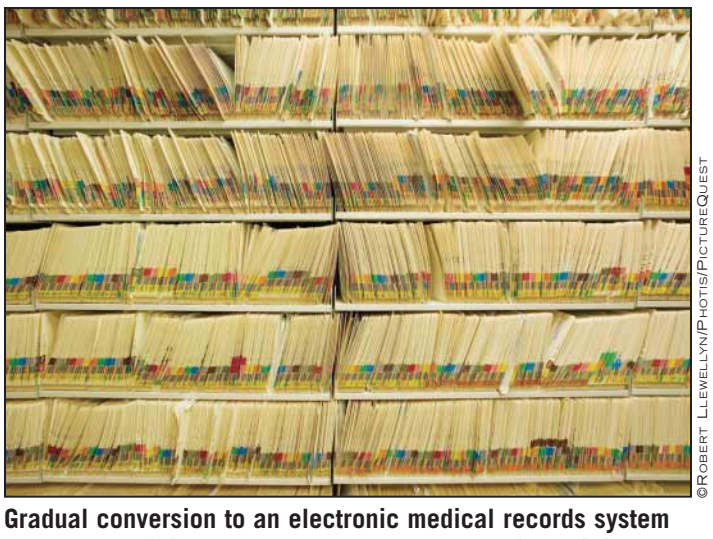
"This is a big investment, because whatever one you buy you're going to live with for a long time," he noted.

The problem with medical records is that if you decide to dump one, "you can't convert the data from one system to another."

In conducting research with vendors, Dr. Friedman got a general idea of what it would cost to install an EMR system, "including the whistles and bells."

The per-doctor cost was $30,000-$50,000, including training.

"A lot of people spend that much on a car every few years," he observed.



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Gradual conversion to an electronic medical records system enables physicians to cover for each other while training.

Training should ideally take place during the slow season, from the end of June through early September in order to interfere as little as possible with patient care.

Murray Hill physicians went through 3 months of formal training during such a period. The practice hired college and medical students to preload diagnoses, medicines, and vaccines into the new EMR system.

Physicians won't be able to get everything into the record, "but you'll find that over the years the important stuff's there," Dr. Friedman said.

Conversion to an EMR system should take place gradually, he cautioned. A staff of two physicians, for example, should take turns going online. "You should have cross coverage so physicians are not out seeing patients while they learn how to use the system," he advised.

It's crucial to practice with the software before going live with the system. Within 1 to 2 weeks, Murray Hill's physicians had learned the system and regained their usual level of efficiency. Many become even more efficient after going online, he noted.

In addition to handling appointment scheduling (see box), the system helps automate prescription refills. "The patient does it, the doctor signs it. When it's electronic, it's done," Dr. Friedman said. With a few clicks and a printout, a physician can quickly take care of a Medicare patient on 12 different prescriptions that need to be shipped to several locations.

Physicians using an EMR can check drug interactions when looking at their patients' prescriptions.

In addition, instituting a system of online preventive notices can remind physicians of what needs to be done for each patient. "And any work you do provides income," he said.

An EMR also can point out errors in coding. "A lot of times we find out that the doctor has been undercoding. It's not fair to give back to carriers and the government. That's a lot of lost income," Dr. Friedman said.

"It continues to amaze me that 90% of physicians are not" paperless, he said. People traveling on planes "would never put up with a pilot navigating by the stars." ■

Online Appointment Scheduling 24/7

Patients favor online systems that provide a 24/7 service for appointments. "By integrating with the Internet you get patients to do things for themselves without staff," Dr. Friedman said.

His practice, Murray Hill Medical Group, developed its own software so that patients could sign in online, make their own appointments, refills, or referrals, or pick a physician or location. Dr. Friedman is now marketing the software for use by physicians who use compatible electronic medical record systems.

Patients get a tracking number plus three e-mail reminders about their visits. For annual exams, the e-mail will remind them not to eat or drink for 8 hours prior to the visit.

The patient who has forgotten the time of a Monday appointment can look up the visit online Sunday instead of becoming a "no show," he said.

The practice estimates that 35%-45% of all of its appointments are made online, and the no-show rate with Internet appointments is less than 1%. Murray Hill Medical Group has open-access scheduling, so most appointments are scheduled within 24 hours.

"We always add on more hours. Patients can always get in because that's how we make a living. We're not going to make them wait 3 weeks," he said. The electronic system makes it easy to fill up slots when patients drop out of appointments.

Physicians have long struggled with patients having online access to their practice, Dr. Friedman said. "They have a problem with letting patients see their open schedule slots." In addition, "they think patients are too dumb, they'll abuse the system, [or] they don't know what they're doing."

But patients are smarter than you think, he said. Of Murray Hill's patients, 95% have Internet access, and other data point to widespread access to online services.

A 2003 Harris Interactive poll found that 80% of all patients use the Internet to search for information.