



Take Back Control!



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When we initially conceived of a technology column for physicians, I thought the subject matter I would be writing about would primarily relate to rating and reviewing new gadgetry and cutting edge “apps.” As it turns out, however, this MD Tech series has focused more on issues peripheral to the technology itself, like obtaining government IT incentive payments and how to make EMR purchase decisions. I come back to these issues time and again because, when I speak with my physician colleagues or read of their experiences, these are the issues that appear to be the most important.

This current column will focus on who should make decisions about an EMR purchase... an incredibly important aspect. Just to be clear, the answer is that physicians should make those decisions! What I often hear from physicians is their sad lament that because they relied on others...experts, so to speak, they ended up in trouble.

The story goes something like this, “I took a job with this large organization so that I could just be a doctor again. Then, the organization purchased an EMR and, even after months of use, it is so cumbersome, I have to stay an extra 2-3 hours every evening just to complete my notes.”

Then comes the worst part, “I’m not sure how much longer I can do this.”

To make matters worse, many physicians

are being pushed, because of increasing administrative costs and shrinking payments, to higher productivity standards. Ironically, it is the very administrators who are largely responsible for those (non-medical) high costs, and who chose the clunky EMR, who are demanding that physicians see more patients. One physician described an image that continues to haunt me...of administrators going on long lunches, and leaving at 5pm, while the physicians work through lunch, remaining late into the evening.

This sad state of affairs stems from two misconceptions:

1. Physicians do not have the expertise to evaluate and select an EMR.
2. Administrators, IT staff and various consultants are more capable, and better suited than physicians to make these decisions.

Neither is true... nor has to be true! Taking control of these decisions is one of the keys to rescuing modern medicine, as well as to enhancing your career satisfaction.

Here’s how you decide if an EMR is right for your practice. Use it! Before considering a product, get on the computer, start up the software, pull up a test patient record, and give it a try... to do what you do all day, which is documenting your care. Document a patient’s past medical history. Write a SOAP note. Create and send a prescription, refill prescriptions. Order tests and view test results. Communicate with colleagues and other staff. Is it fast or slow? Is it simple to use or is it cumbersome? You must take the time to go through this process in order to adequately evaluate an EMR. You must insist that EMR vendors allow this process, or do not consider their product.

With a good EMR, as with any other software, within a relatively short time, you should be able to understand the bulk of

the system, to see and feel how you can accomplish your work. If this does not happen, then the system likely isn’t the right choice for you. I have yet to meet a non-physician who understands and values the important details of patient care to the extent that they can provide the answers to these questions. Not a surprise because they did not go to medical school, do not see patients and, therefore, don’t really know what makes an EMR clinically useful or useable. Only you, the physician, can do that...and should do that.

I remember the comments of a state Regional Extension Center (REC) employee at an EMR demo (to be fair to our friends at the Maryland REC, this was in Pennsylvania). After viewing the demo, the REC staff concentrated on the EMR’s ability to interface with the state’s HIE. At the time, I said, “what’s an HIE?” My next question was, “why is that important?” I know now that HIE stands for health information exchange. Not that HIE interfacing isn’t important but it was not, and should not be, the basis of an EMR purchase decision.

The more we cede control of the practice of medicine and the important decisions that affect our careers and our ability to deliver medical care, the worse it will become. Physicians must overcome their fear of the business of medicine and of making decisions about health information technology. Instead, we must embrace, excel at and teach to others these aspects of practice management which are now integral to being a doctor. ■

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