



# Selecting the Best EMR to Fit Your Practice

*DONNA J. KELL*

If you are thinking about introducing an EMR\* system into your medical practice, take the time to educate yourself to avoid common pitfalls that impede successful implementation.

As medical practices look for ways to increase quality of patient care and to improve internal efficiency, physicians will often select an EMR system without fully understanding what they've purchased or how to go about ensuring that the EMR is a winner.

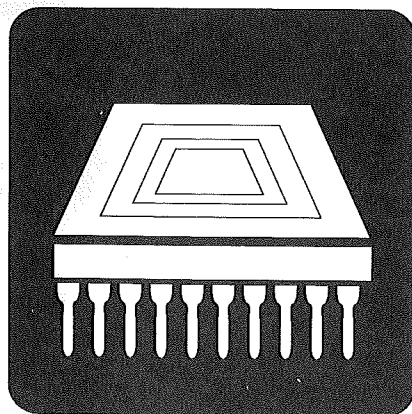
Earlier this year, the Allegheny County Medical Society sponsored a seminar that provided an excellent overview of the benefits and implementation considerations for an EMR. Representatives from the Maxwell IT Company introduced tips for vendor selection, as well as methodologies for analyzing costs and practice time commitments. Information presented at that seminar is shared

here with the hope that your EMR installation will be a positive and effective experience.

## Benefits of having an EMR system

Debra Wiggs, director of education at Maxwell IT, began by sharing the benefits that can be realized by an EMR, organized in terms of the typical patient visit, and then speaking on enhancements within a few other areas:

- Reception
  - ✓ Insurance card scanning
  - ✓ New patient check-in via self-service kiosks.
- Examination
  - ✓ Vital signs captured via automated digital devices
  - ✓ Health maintenance alerts
    - ✓ Place lab orders, view lab results
    - ✓ ePrescribing
- Billing
  - ✓ Verification of E&M coding
- Internal Practice Operations
  - ✓ Physician dashboard
  - ✓ Internal e-mail communications
  - ✓ Electronic fax communications
  - ✓ Appealing claim denials
- External Practice Operations
  - ✓ Referral and consult notes
  - ✓ Patient web portals



\*The terms Electronic Medical Record (EMR) and Electronic Health Record (EHR) are usually synonymous. The EMR is technically the system that automates patient care within a single care setting (like a medical practice). The EHR is the patient record that connects data from multiple care settings, and is associated with multiple physicians, across the continuum of care. This article will use the term EMR.

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Typical cost savings were mostly realized from:

- the physician's ability to see an extra one or two patients each day;
- selecting the correct E&M code;
- avoiding or reducing the need for transcription;
- minimizing the use of paper;
- reducing staff required for medical records management; and
- reducing the need for medical record storage or archiving.

Practices must be prepared for extra staff time needed to develop appropriate workflow changes and to properly configure the EMR system. To minimize any surprises from indirect costs, practices should create a five-year cost model and perform a ROI (return on investment) analysis. Finally, before investing in an EMR, it is important to know the total cost and savings of the investment and to understand the time commitment.

### Selecting an EMR

Tracy Maxwell shared best practices for selection of an EMR.

For some practices, an EMR system may not be a good investment. Since a comprehensive EMR may take 2.5 to 3.5 years to break even, an EMR may not be worthwhile for a physician who is thinking of retiring in three years. A specialty that handles only a few procedures regularly may not require the complexity of an EMR system.

Practices that yielded long-term success with their EMR were the ones that focused on the vendor first and the product second in their evaluation. Since there are more than 250 vendors in the EMR marketplace, a buyer needs to be sure that the EMR vendor is financially stable, and that it has the organizational structure to support both the product and its customers. Also crucial is that the EMR software can easily and cost-effectively interface with other software applications devices.

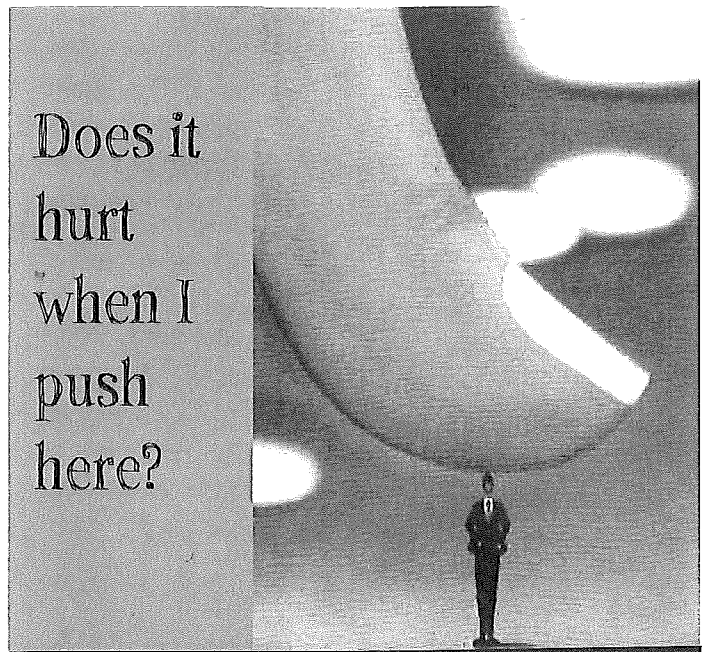
The longevity of an EMR company is typically based on profitability, organizational structure and leadership. It is a good idea to ask for financial statements to determine if the vendor generates a profit, the status of their revenue, expense and debt load and the health of its cashflow. Even privately-held companies that have nothing to hide will disclose their financial information if you sign a nondisclosure agreement.

A vendor's organization structure speaks to the level of customer support you can expect, as well as the quality of the software product itself. Ask for the staffing size of the following departments: finance and administration, sales and marketing, product development and customer support.

Leadership, although a subjective indicator, is important to evaluate vendors' strengths, weaknesses and growth vision. A few interesting questions were:

- Does the vendor have the founder running the operation, or do they have an employed professional operations executive? If the founder is performing software

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fixes, this vendor may not have the depth needed for adequate support.

- Does the vendor have separate departments for customer support and testing of software quality? If not, the vendor may have time conflicts, having to choose between answering customer inquiries and developing software enhancements.

Once a practice narrows down its vendor choices, it should take a close look at the software product to ensure that, over time, it will provide full integration among practice management, electronic charts and a patient web portal. This full integration model may not be absolutely necessary for all specialties or practices. Once the costs and savings are understood, each practice can be certain of making the best choice.


A good place to begin a vendor search is with the vendors who are certified by CCHIT, the Certification Commission for Healthcare Information Technology ([www.cchit.org](http://www.cchit.org)).

Maxwell IT recommends using an RFP (Request for Proposal) approach for vendor selection to ensure that practices obtain competitive pricing, manage decision-makers' time effectively and have a clearly defined set of requirements to ensure an "apples-to-apples" comparison.

A typical timeline for the RFP selection process is 90-120 days; the selection process takes about a third of the total EMR implementation time (the second third); the first third of your time should be identifying needs. The final third of the practice's time is actually testing and reviewing the software. This means that a total EMR installation can easily take 270 to 480 days.

The final word: The more time spent in careful preparation, the better the results.

*Ms. Kell is CEO of the Kell Group, LLC, a local medical billing and consulting firm. She can be reached at (412) 381-5160 or [dkell@kellgroup.com](mailto:dkell@kellgroup.com).*



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