

What I Look For In An EMR

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So how's my new practice going? In some ways things are going about as well as they could. My patients are amazed when I answer their emails or (even more surprisingly) answer the phone.

"Hello, this is Dr. Lamberts," I say. This usually results in a long pause, followed by a confused and timid voice saying something like, "well...uh...I was expecting to get Jamie."

Yet I am often able to deal with their problems quickly and efficiently, forgoing the usual message from Jamie to get to the root of their problem. It's amazingly efficient to answer the phone.

Financially, the practice has been in the black since the first month, and continues to grow, albeit slowly. The reason for the slow growth is not, as many would predict, the lack of a market for a practice like mine. It's also not that I am so busy at 250 patients that growth is difficult. In truth, when we aren't rapidly adding new patients, the work load is nowhere near overwhelming for just me and my nurse. In that sense I've proved concept: that it's not unreasonable to think I can handle 500, and even 1000 patients with the proper support staff and system in place.

Which brings us to the area of conflict, the crisis point of this story: the system I have in place. The hard part for me has been that I have not been able to find tools to help me organize my business so it can run efficiently. I have well documented my realization that the EMR systems I've tried have not met my approval ... (To those who are students of writing, I just used a literary device called irony, specifically the irony of a ridiculous understatement. I was able to use the term EMR without descriptions like "sucks at high decibel levels" or "crappier than a Carnival Cruise ship." Other example of this type of understatement include calling the Korean war a "Police Action," and referring to congress as "a bunch of mindless fools.") ... I've tried multiple solutions to this problem, only to have found little to improve my efficiency. Sure, I can handle the current load of patients with the (non) system I have, but what happens when I grow? I'm trying to build something that can grow, and something that others can emulate. It's obvious that I need a better system than I've found up to now.

So what do I need? Surely the freedom from both E/M coding and the utterly ironic "meaningful use" criteria have made documentation of care much simpler, which they actually have. The thing that most EMR systems devote 90% of their energy, documentation of office visits, is one of the smaller problems I face. This has caused some readers (not on my blog, thank goodness) to conclude that I don't need computers at all! I can go real "old school" and return to the days of paper and illegible handwriting. These folks are morons (and they get me very irritated) because they aren't willing to think about what health care could look like if it

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weren't corrupted by our pitiful system. But, I ask, would they ask their bank to stop using computers and keep their financial records on paper? Would they go to a travel agent instead of booking their flight online? My suggestion that they write their comments to my posts on paper and mail them to me has not been met with any understanding or aplomb. Sad.

Perhaps the problem is that I still use the term "medical record," or (worse) "EMR" to describe what I am looking for. While computers have been an important part in the corruption of the system, they have not been the cause of the screwing up, they have simply made the screwing happen at a much faster rate.

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