

## WHY INVEST IN AN EMR?

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Whether to invest time, effort and money into electronic medical records (EMR), also referred to as electronic health records (EHR) and health information systems (HIS), is an important, some would say critical, decision. Inertia is clearly a potent force preventing many from moving in that direction. However, there are some powerful reasons to adopt this developing technology.

**Cost:** While the cost in dollars and time may seem excessive, there are substantial savings in overhead costs and increased efficiency. For example, the cost of billing, when performed by hand, even if electronically submitted, runs to approximately 6% of gross income, whether this is done “in house” or through a billing service. Although there are start-up and ongoing costs of maintaining purchased systems or ones “rented” though a web-based system, these costs are likely to be substantially less and will accumulate to a huge savings over the course of a lifetime in practice. Also there will be savings in administrative costs for storing, retrieving copying and faxing paper records. Keep in mind that the cost of storing these records during the course of practice and for many years after retirement or death can be substantial.

**Coordination of Care:** EMRs allow us to coordinate and collaborate much more closely with our primary care colleagues. Many of our patients have additional medical problems that are managed by other physicians. We have an obligation to coordinate care. EMRs make that effort far easier and more seamless than ever before. This technology would also allow us to consult on patients of primary care physicians in ways that we have not usually been able to. EMR technology is rapidly evolving toward “interoperability”, i.e., that they can be viewed in any other EMR system, as long as authorized access is obtained. The authorized information can then be reviewed remotely, allowing us to provide meaningful consultations based on a review of the patient’s records.

**Patient Safety:** Prescribing has become more hazardous with the increasingly complex problems that we encounter in our practices. Often these children are seeing multiple practitioners who are prescribing other medications, which increase the risk of a serious and potentially fatal drug-drug interaction. This risk is even greater when the child shows up in the emergency department with an acute problem of unknown etiology. Most, if not all, EMR systems now include a drug interaction and allergy portions of the program which prompts the provider about unforeseen risks. Most, if not all, systems will allow the practitioner to release the patient records remotely to the ED through a smart phone. This is a great advantage, since most ED admissions occur after office hours.

**Staying Current:** The American Recovery and Reinvestment Act of 2009 provides incentive for “meaningful use”. For most in private practice this financial incentive is almost meaningless. However, Medicare has decided that they will no longer accept paper prescriptions, including prescriptions for Class 2 drugs, by 2014. Medicare has a powerful influence on the policies and procedure of other insurance carriers. It is probable that similar rules will follow with other carriers in the near future. Unless we want to be professionally marginalized, we will need to adopt EMR. If you have not already started, now is the time to begin the process of searching for an economical, adaptable system that will fit your practice.