Is It Time for Electronic Medical Records?

It seems clear that eventually the use of electronic medical records (EMRs) will be the standard of care. The president of the United States has called for a target date of 2012 for wide-spread adoption of EMRs. By all indications the day will come, sooner or later, when the use of EMRs will be mandatory. However, that day is not today, so the question arises, should dermatologists adopt EMRs now or wait? This is a complicated question, but I think the answer is that dermatologists in practice should wait, whereas those just starting their practice should convert to an EMR system.

The promises of EMRs are many fold. First and foremost, theoretically, patient records will be available anywhere at any time. This has obvious benefits for a field such as cardiology, where a patient having an acute myocardial infarction would be better served if the emergency room could access the patient's records quickly. It seems to me that having 24-hour access to records would be of less value to an outpatient field like dermatology. Furthermore, given current technology, outside entities have no access to EMR systems in private practices and would still have to wait to contact the practice during normal business hours. Another benefit of EMRs is that records would never be lost. Those who have worked in hospitals know that missing or misplaced records are a huge problem. Again, I think this is much less of a problem in an outpatient dermatology practice. A third benefit is that EMRs offer a timely and organized flow of information, such as sending prescriptions electronically to pharmacies and electronically receiving and storing pathology reports. Lastly, EMR systems have the capability to analyze a chart note for content and to recommend appropriate billing, which is an obvious benefit to dermatology practices.

With all the good points, is there any reason not to convert to an EMR system right now? Someday, conversion may be mandatory; therefore, is it best to get the inevitable over with? When converting becomes mandatory, there will most likely be a rush to convert, which will increase cost and competition for resources. The problem with EMRs for dermatologists is the amount of time it takes to convert and speed of use.

EMR systems do not come out of the box ready to use but must be customized for individual use. Common experience has shown us that as electronic devices become increasingly sophisticated and multifunctional, setting up these devices and operating them becomes exponentially more difficult. EMR systems are quite sophisticated and complex, so just imagine the learning curve for setup and use. Most systems can be set up to do exactly what is needed and desired. However, the person who will be customizing the system is usually the dermatologist. It is not a small thing to customize the system based on one dermatologist's tastes and preferences.

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This brings me to my first recommendation regarding EMRs. If one is just starting a practice and has plenty of downtime as the practice grows, I suggest getting an EMR system because there will be time to customize the templates. On the other hand, if one has a busy, full practice, setting aside hundreds of hours needed for getting the system up and running is going to be difficult.

My second recommendation is to pay attention to the service and consulting agreement with the EMR company. Enclosed in the purchase price will be a certain number of hours for training on the system with a consultant. The number of hours included in the purchase price is not remotely close to the number of hours required to customize the system, but rather is designed to teach the user the skills needed to customize the EMR system's templates. If help is needed, how much is extra support going to cost? Will the EMR company take your phone calls quickly when assistance is required? Remember, the biggest EMR companies may be servicing large medical groups and hospitals with hundreds of physicians; therefore, how important is one dermatologist's telephone call?

Once the system is up and running, the second challenge for the dermatologist is speed. Current EMR systems are not fast enough for many dermatologists. For internists seeing 3 to 4 patients an hour, EMR systems are a great choice. For those dermatologists seeing more than 6 to 7 patients an hour, I doubt any EMR system will be able to keep up with that patient load. Even though an EMR system can be as fast as, or faster, than writing, it is nowhere near as quick as dictation. Whereas voice recognition software for EMR systems is available, it is far from perfect and dictating negates the system's ability to analyze for coding.

Dermatology is a small field and most EMR systems have been designed with other physicians in mind. As the industry matures, better systems that have dermatologists in mind will certainly be developed. Speed and ease of use will improve. Someday, adopting EMRs will be mandatory and all physicians will need to convert to an EMR system. Waiting before buying an EMR system may make sense to practicing dermatologists, but we must be careful not to wait too long.

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