EHR REPORT

A Softer Look at Hardware

BY NEIL SKOLNIK, M.D., AND CHRIS NOTTE, M.D.

When considering the transition to an EHR system, it is essential to think about more than just the software. The hardware can be just as important. All EHR vendors have minimum specifications required to ensure the proper functioning of their system, but most will allow individual practices to use existing computers or purchase new equipment on their own. When companies do suggest specific hardware, they often choose costly equipment that far exceeds the basic system requirements. Since this may not make sense for your practice and can far exceed your budget, it can be very helpful to think through the process ahead of time and truly assess your needs to maximize productivity and minimize price. Here are some issues to consider:

► **To PC or not to PC?**

Regardless of your personal preference, the majority of EHRs run under the Windows operating system. If your office is already outfitted with Macs, you might need to replace them. You could also install Windows using software such as Boot Camp, a program that ships with new Intel-based Macs.

If your office is already established on PCs, you must determine if they meet the EHR's minimum specs. It won't take long to realize that running the software on a slow computer is frustrating, so consider the amount of RAM and processor speed in each unit.

Either way, be sure to find out exactly which version of Windows the software requires, as changing the operating system can be a very costly and time-consuming experience. For example, one well-known EHR product requires Windows XP Professional. XP Home Edition and other versions of Windows simply will not work. And, not surprisingly, many EHRs don't play well with Windows Vista.

► **Desktop, notebook, or tablet PC?**

Initially, a lot of physicians wonder how an EHR will affect their documentation. Whether you currently dictate or handwrite your notes, installing an electronic system can dramatically change the way you practice. It is therefore very helpful to put some forethought into how you'll best be able to integrate computers into the office visit.

Some practices choose to install desktop computers in each exam room. In general, desktops are cheaper and more comfortable to navigate. On the downside, they cannot be easily moved and take up a significant amount of space in the room. They also require power and network wiring.

As an alternative, consider wireless notebooks. They are mobile, flexible, and take up much less space, but they are typically more costly to purchase, can be quite heavy, and might be dropped and easily damaged. They may also have a small keyboard and a less-than-convenient pointing device.

For this reason, tablet PCs have become very popular in medicine. A tablet PC may or may not have a keyboard, but all are designed around a touch screen on which a digital pen serves as the mouse. While seemingly wonderful in concept, learning to use the pen to enter complicated information can be extremely frustrating. Many EHR products address this issue by developing schemes to expedite the documentation process. Some involve a series of pull-down menus and check-offs, allowing the provider to quickly click through the available options and only "write" the rare additional information not already covered by the forms.

In the end, regardless of the type of PC you choose, expect it to take some time to get used to the new process of documentation. You may initially find yourself in the exam room with your face buried in the computer screen. Some get around this by documenting after they leave the room, a process that can become a significant time drain. Others choose to employ dictation software that allows them to speak directly into the EHR to generate a note, but these programs still require training and may take a good deal of time to use accurately.

► **Durability, price, etc.**

Inevitably, every practice will need to purchase new computers. When making this decision, consider longevity as well as price. Extended warranties and service plans may be a high priority, but given the ever-dropping costs of computer hardware, some may decline to spend the money up front and risk the cost of replacement. Also, consider purchasing refurbished models. Major vendors such as Dell, HP, and Lenovo offer refurbished PCs for a fraction of the cost of new models. Be cautious about purchasing computers at retail or warehouse stores. These models may be attractively priced, but they are typically geared for home use and may not come with the proper version of Windows.

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Liability Fears Continue to Change Ob.Gyn.

BY MARY ELLEN SCHNEIDER

As Congress debates the role that medical liability reform should play in a larger health reform bill, ob.gyns. are sounding the alarm on the impact of an unregulated liability environment.

A new survey from the American College of Obstetricians and Gynecologists found that 63% of ob.gyns. have changed the way they practice out of fear of being sued. Obstetricians say they have cut back on the number of high-risk patients they see, are no longer performing vaginal birth after a cesarean, and have increased the number of cesarean deliveries they perform. And gynecologists also have made changes because of the liability climate, with some decreasing the surgical procedures they perform.

The survey highlights the impact of medical liability on access to care, said Dr. Albert L. Strunk, deputy executive vice president of ACOG.

The survey shows that in 2009, about 91% of ob.gyns. had at least one liability claim filed against them during their professional careers, for an average of 2.69 claims per physician. Sixty-two percent of all reported claims were for obstetric care, and 38% were for gynecologic care.

This is the 10th time since 1983 that ACOG has assessed the effects of liability litigation and insurance issues on practice. The last survey was conducted in 2006.

Compared with 2006, the overall impact of medical liability remained relatively stable in 2009, Dr. Strunk said. But there were a few positive changes, he noted. For example, the percentage of ob.gyns. who reported having made changes to their practice because of affordability or availability of liability insurance dropped from about 70% in 2006 to 59% in 2009.

For Dr. Jay Trabin, a gynecologist in West Palm Beach, Fla., the cost of medical liability insurance was one of the reasons he gave up obstetrics in 2005. Four years later, he still can't afford liability insurance for his gynecology practice and is practicing "bare."

At the time he stopped practicing obstetrics, Dr. Trabin said he was paying more than $60,000 a year for minimum coverage of about $250,000 per occurrence and $750,000 a year. That level of coverage probably wouldn't have been enough to protect his practice, he said, since malpractice awards in the state are high.

But the affordability of the insurance wasn't the only factor that led him to drop obstetrics. Dr. Trabin said it was a "perfect storm" of the long hours, decreasing reimbursement, and the view of many patients that any bad outcome was the result of negligence by the physician.

Those types of rising patient expectations and the fear of lawsuits are driving many physicians to practice defensive medicine, Dr. Trabin said in an interview.

Dr. Stuart Weinstein, chairman of Doctors for Medical Liability Reform, agreed that defensive medicine is pervasive and is one of the reasons that lawmakers need to reform the medical liability system.

Usually, defensive medicine comes in the form of assurance behavior, said Dr. Weinstein, who is the chair of orthopedic surgery at the University of Iowa in Iowa City. Physicians order additional tests and consultations to assure themselves they haven't missed anything. "You are protecting yourself, not doing what you think is in the best interests of the patient," he said in an interview. ■

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