How to Take the Paper Out of a Medical Practice

BY JENNIFER SILVERMAN
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SAN FRANCISCO — There is a cost-effective way to go paperless and make a profit for your group medical practice, Jeffrey P. Friedman, M.D., said at the annual meeting of the American College of Physicians.

Dr. Friedman, an internist and founding partner of Murray Hill Medical Group in New York, increased office appointments—and saved $238,000 annually in staff pay and benefits—by installing an electronic medical record (EMR) system and integrating the new technology on a gradual basis, cutting down on staff and phone time.

Patient registrations grew rapidly (currently at 18,000), and salaries for the group's physicians in 2004 were two to three times as high as the national average, Dr. Friedman said.

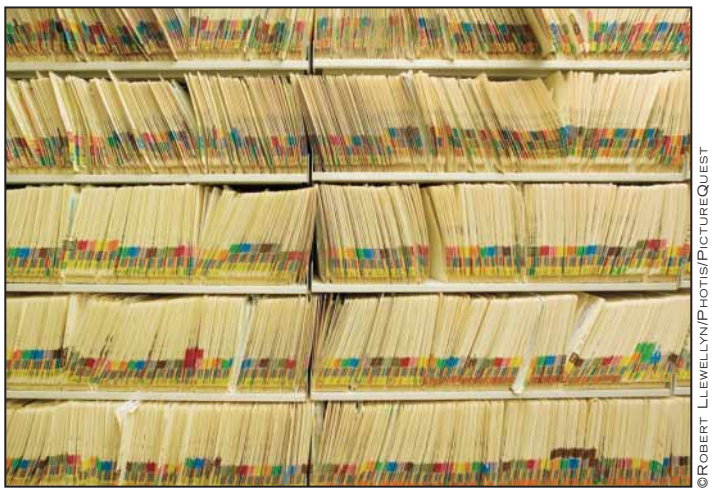
Murray Hill Medical Group started out in 1992 with just a few partners and associates, one exam room for each physician, and no ancillary help. The practice utilized a local, small electronic billing package. Over the years, the Murray Hill filled its space, adding more partners, associates, and equipment, and in 1998 acquired an EMR system. The practice added online bill paying this year.

The practice now has 35 doctors, an office lab, and a technician who oversees the fully automated practice. "Our employee/doctor ratio is very low," Dr. Friedman said.

Installing an EMR system does cost money, "but a major thing physicians need to understand is that you have to spend money to make money," Dr. Friedman said. In his experience, "those bucks are not out of control" if invested in the right kind of system.

When considering software vendors, it's important to visit practice sites that are using installed systems. He suggested that physicians look at big vendors that are likely to be in business at least 10 to 20 years down the road. "This is a big investment, because whatever one you buy you're going to live with for a long time," he noted. The problem with medical records is that if you decide to dump one, "you can't convert the data from one system to another."

In conducting research with vendors, Dr. Friedman got a general idea of what it would cost to install an EMR system, "including the whistles and bells." The per-doctor cost was $30,000-$50,000, including training.



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Technology saved one practice $238,000—and rid it of this.

"A lot of people spend that much on a car every few years," he observed.

Training should ideally take place during the slow season, from the end of June through early September.

Murray Hill physicians went through 3 months of formal training during such a period.

The practice hired university and medical students to preload diagnoses, medicines, and vaccines into the new EMR system.

Physicians won't be able to get everything into the record, "but you'll find that over the years the important stuff's there," Dr. Friedman said.

Conversion to an EMR system should take place gradually, he cautioned. A staff of two physicians, for example, should take turns going online.

"You should have cross coverage so physicians are not out seeing patients while they learn how to use system," he advised.

Dr. Friedman added that it's crucial to practice with the software before going live with the system. Within 1 to 2 weeks, Murray Hill's physicians had learned the system and regained their usual level of efficiency. Many become even more efficient after going online, Dr. Friedman noted.

In addition to handling appointment scheduling (see box), the system helps automate prescription refills.

"The patient does it, the doctor signs it. When it's electronic, it's done," Dr. Friedman said. With a few clicks and a printout, a physician can quickly take care of a Medicare patient on 12 different prescriptions that need to be shipped to several locations.

Physicians using an EMR can check drug interactions when looking at their patients' prescriptions. In addition, online preventive notices can remind physicians of what needs to be done for each patient. "And any work you do provides income," he said.

An EMR also can point out errors in coding. "A lot of times, we find out that the doctor has been undercoding. It's not fair to give back to carriers and the government. That's a lot of lost income," Dr. Friedman said.

"It continues to amaze me that 90% of physicians are not" paperless, he said. People traveling on planes "would never put up with a pilot navigating by the stars." ■

No-Show Rate Plummets When Patients Go Online

Patients favor online systems that provide a 24/7 service for appointments. "By integrating with the Internet, you get patients to do things for themselves without staff," Dr. Friedman said.

His practice, Murray Hill Medical Group, developed its own software so that patients could sign in online, make their own appointments, refills, or referrals, or pick a physician or location. Dr. Friedman is now marketing the software for use by physicians who use compatible electronic medical record systems.

Patients get a tracking number plus three e-mail reminders about their visits. For annual exams, the e-mail will remind them not to eat or drink for 8 hours prior to the visit.

If it's a Sunday night, a patient who has forgotten the time of a Monday appointment can look up the visit online instead of becoming a "no show," he said. The practice estimates that 35%-45% of all of its appointments are made online, and the no-show rate with Internet appointments is less than 1%.

Murray Hill Medical Group has open-access scheduling, so most appointments are scheduled within 24 hours. "We always add on more hours. Patients can always get in because that's how we make a living. We're not going to make them wait 3 weeks." The electronic system makes it easy to fill up slots when patients drop out of appointments.

Physicians have long struggled with patients having online access to their practice, Dr. Friedman said. "They have a problem with letting patients see their open schedule slots." In addition, "they think patients are too dumb, they'll abuse the system, [or] they don't know what they're doing."

But patients are smarter than you think, he said. Of Murray Hill's patients, 95% have Internet access, and other data point to widespread access to online services. A 2003 Harris Interactive poll found that 80% of all patients use the Internet to search for information.

Almost Half of After-Hours Calls Are Not Medically Urgent

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

During just 1 year, Colorado's statewide after-hours call-in system handled almost 142,000 night and weekend calls from parents and other caregivers seeking medical advice for children, Shira Belman, M.D., and colleagues reported.

Although 88% of the calls were for clinical illness, almost half of those were not medically urgent and resulted in advice on in-home care of the child.

About 5% of the total number of night and weekend calls were for information only, said Dr. Belman of the University of Colorado and her associates (Arch. Pediatr. Adolesc. Med. 2005;159:145-9).

A large number of these calls might be averted "if more anticipatory information was provided in the physician's office or [if] parents were directed to other sources of information available after hours," the researchers wrote. "Investing in such alternatives should be especially appealing to physicians who answer their own after-hours calls or who pay out-of-pocket per call for a call center's services."

The investigators analyzed all calls that had been placed to the After Hours Telephone Care Program in Denver for the period from June 1999 to July 2000. The center provides after-hours telephone triage to 90% of all Colorado pediatricians and is staffed by registered nurses who follow computerized triage algorithms. Calls result in advice to call 911, to seek urgent care, to contact the physician within 24 hours, to contact the physician within 72 hours, or to care for the child at home.

The 10 most common algorithms used by the program staff were for vomiting (8.4% of all calls), colds (6%), cough (6%), earache (6%), fever (4%), sore throat (4%), diarrhea (3.4%), croup (3%), head trauma (2.6%), and eye infection (2.5%).

Only 21% of the callers were directed to seek urgent care, with only 1% of those told to call 911. Forty-five percent of the callers were advised how to care for the child at home; 30% were told to call their physician the next day.

A small percentage of calls (5%) were for information only, including requests for the correct dose of over-the-counter medications, medication refill requests, questions about whether a condition was contagious, and calls to inquire whether certain medications could be administered to children simultaneously.

The highest volume of calls (29%) occurred during the winter and the lowest (20%) during the summer. Spring and fall had roughly equal volume (about 25% each). ■