

Adopting Technology Keeps Practices Healthy

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SAN FRANCISCO — Physicians need to adopt electronic health records, clinical decision support tools, and online messaging with patients to move away from a visit-based, episodic model of care, said Joseph E. Scherger, M.D., of the department of family and preventive medicine at the University of California, San Diego.

"We need to be highly convenient to

people," Dr. Scherger said at the annual meeting of the American Academy of Family Physicians.

While all three of these tools should be adopted now, Dr. Scherger cautioned that not all electronic health records (EHRs) are the same.

Physicians should be sure to look for EHRs that are designed for interoperability with other systems, said Dr. Scherger, who was a member of the Future of Family Medicine project.

Some EHRs may have clinical decision support tools embedded in the systems. But for those that don't, Dr. Scherger said it's worthwhile to obtain the tools separately. No one is able to mentally store and retrieve all the appropriate information at the right time all the time.

While in the past, patients expected physicians to be able to recall all information important to their care, the younger generation of patients won't trust information that you give them

from the top of your head, Dr. Scherger said.

He now uses decision support tools about 90% of the time when prescribing, and it's popular with patients, he said. It also allows him to check to see if a drug will be covered by that patient's insurance formulary.

The third important tool is online messaging with patients. "It is the new platform of communication that really revolutionizes care," Dr. Scherger said.

This is not standard e-mail, he said. Instead, it is a secure system—similar to those used for online banking or transac-



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tions with vendors such as Amazon.com—that patients can use to send questions and information to their physician and get a response back.

Online messaging is the mechanism for the virtual visit, he said.

But even though patients will be spending less time physically with their doctor, it's still highly personal care, Dr. Scherger added.

While online messaging is not yet a part of most physicians' offices, it is actually the least expensive of the three important tools to implement, he said. And many EHR systems are embedding secure messaging in the patient record now.

With messaging that's incorporated into the EHR, the information from the message can become a part of the medical record. This makes it much easier to document than advice given to patients over the phone, Dr. Scherger said.

Physicians can also send regular e-mail to patients without worrying that they will be violating Health Insurance Portability and Accountability Act regulations as long as the patient consents to it and it is private, Dr. Scherger said. But he recommends setting up a special secure system before doing so.

Dr. Scherger said he's found that patients are willing to pay for the ability to access their physician by e-mail, and the service can be made affordable.

For example, one model would be to charge patients \$30 a month for online messaging with the physician. A practice with 800 patients could do well under this model and drive down overhead at the same time.

In addition to new technology, Dr. Scherger said physicians also need to create more of a team atmosphere in the care of patients that includes the front-office staff. With EHRs and online messaging, these staff members will be even more involved in the information flow.

As physicians focus more on managing chronic conditions, they will have to find ways to connect patients to community resources, he said. ■

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