



Choosing the right software can make a world of difference in increasing office efficiency.



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Medicare has made it clear that it wants physicians to move into electronic health records, and it is fully expected that major insurance companies will follow suit. In my clinic of one full-time clinician, one part-time clinician and eight staff members, about 40% of my patient base consists of Medicare patients, and that share is growing.

The problem:
A doctor who wants to proactively avoid future penalties

There is no doubt in my mind that doctors who are not on EHRs will be penalized in the future. The administrative demands of Medicare have become increasingly rigorous, and the Health Information Technology for Economic and Clinical Health Act will eventually reduce payments to Medicare providers that do not use EHRs. So, the decision to implement EHRs was more a matter of “when” than “if.” Our practice used Compulink’s Ophthalmology Management practice management software and Optical Rx for about 5 years before

utilizing the Advantage/EHR module. We were just waiting for the right time to make the jump.

The solution: Seek out stability and customizability

After a bad experience with a practice management system that folded and left us in the lurch, I did not want to make the same mistake with EHRs. The software company you choose essentially becomes a partner in your practice. Thus, company reputation was as important to me as finding software that would meet all our needs. We decided to use Compulink's Ophthalmology Advantage software, in part, because the company demonstrated its stability and responsiveness to users early on by making a strong commitment to certification. This has paid off in the company becoming one of the first Certification Commission for Health Information Technology Certified 2011 Ambulatory EHRs specifically for eye care.

In addition to Compulink's solid reputation and large base of users in ophthalmology and optometry, I was impressed by the specialization of its EHRs. It was important to me to find software that would change to reflect my office flow, instead of my office routine having to adapt to the software. Depending on what kind of exam I am doing, I can use the most relevant ophthalmic subspecialty template. Plus, with all of the user customization options, I can further refine those templates to meet my own needs. This allows me to create descriptions in the drop-down lists that reflect the notes I previously made in paper charts, as well as modify the software to prioritize the most common patient situations in my office.

Once we made the decision, a company representative helped us make a smooth transition to EHRs. I cut back my patient load by about 50% during the first 2 weeks. I think of the time lost as similar to attending a professional conference or taking a course in a new procedure; it is an impor-

tant investment in your skills and the health of the practice. And after you make the initial time sacrifice to learn and understand the system, EHRs can help your office become much more efficient.

The result: Save money and provide better care

Almost immediately after implementing EHRs, my office was able to eliminate a staff position. We no longer needed an exam room "scribe," so that saved about \$25,000 per year. The system essentially paid for itself. In addition, we probably save 1 to 2 hours of staff time daily that used to be spent retrieving charts, filing papers and hunting down lost files. All doctors' offices lose charts, and it is time-consuming and expensive to have to locate a lost chart. And how does it make the patient feel to find out we lost that chart? With EHRs, I can access any patient chart from the office or from my home at any time of day, and it is never lost.

We are now more efficient in other ways, as well. In the past, when we wanted to refer a patient out, we had to find the contact information, write out a consultation request and walk it to the desk. Now we have a box called "consultation request" in our EHR software. We click it, specify a doctor, the reason for the referral and a timeline (eg, patient to be seen in 2 weeks), press "print" and it is waiting for the patient at the front desk. It is also the same for medications. We use Compulink's fully integrated E-Rx e-prescribing system, so prescriptions go directly to the pharmacy; all a patient has to do is pick it up.


We have this same efficiency with patient education materials. If I am speaking with a patient about macular degeneration, for example, I can select that topic, and when the patient goes to check out, personalized printed educational materials will be waiting for him or her to take home.

I also see an impact on patient care. The summary screen in my EHR program tells

me everything I need to know about the patient at a glance, much better than my paper record ever did. We now do a better job of making sure we have a current refraction, for example. I might see a glaucoma patient several times a year, primarily for pressure checks. We have customized the system to alert staff when the patient is due to be refracted or have some other test completed. It is so much better than relying on memory or flipping through a chart to see when the last tests were performed.

Patients notice and appreciate the differences. When my patients come in, someone greets them and lets them know that someone will be with right with them. The patient is then taken into an exam room, and their chart is pulled up automatically with all test results, history and information in one place. Patients are happy they do not have to maintain their own records or carry any papers around with them; nobody likes those hurdles. Patients also particularly like having educational materials to take home for later reference. They leave with everything they need: educational materials, referrals and prescriptions. Patients notice the overall "gestalt" of an office that "has it together," and that does wonders for referrals and patient allegiance to our office.

Pearls for success

We did not spend a lot of time scanning in old charts. For the first year, we pulled the paper chart to refer to and then just entered the patient history and details of the new exam into the EHR system. Initially, this takes a little extra time because every exam is a "new" patient for your EHR system, but the flip side is that we did not waste a lot of time or money entering data for patients we might never see again. 

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