BUILDING A BETTER EMR

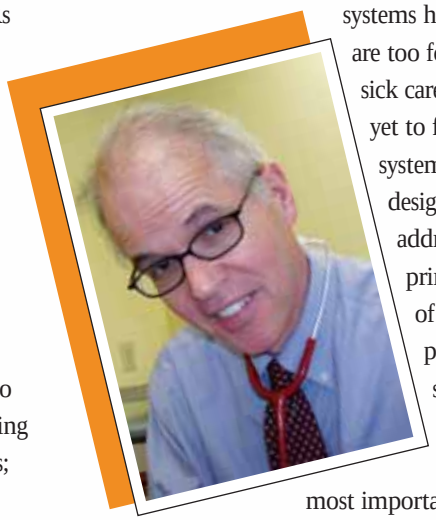
PCC's EHR WILL EXCEL AT PREVENTIVE CARE AND ADAPT TO EVERY PEDIATRICIAN.

Keeping track of the latest developments in electronic medical records and electronic health records (EMR/EHR) can be a daunting task. There are over 250 different products on the market today—over forty that have been implemented in pediatric practices—and new features or modules coming online all the time. EMRs, in turn, are ranked and rated by dozens of different services, often with conflicting conclusions. So what's essential for a pediatric practice to know about EMRs?

First, after a quarter of a century, it should be said that the original goal of creating a "smart filing cabinet" has been achieved. Many EMRs on the market today maintain patient charts more efficiently than folders and pieces of paper can—using less physical space and reducing staff time devoted to pulling and replacing charts. Most EMRs also pay clear benefits in making charts legible.

In recent years, many EMRs have even approached an "office assistant" standard, integrating front and back office functions into the scope of their work. This includes generating reports, referral letters and patient instructions; producing nurse and physician task lists; enabling electronic prescription writing; scheduling patient visits; even helping with billing and coding. Of course, many of these functions add to the cost of an EMR. But, there's a downside to most of the EMRs on the market today. "Lots of doctors say that an EMR forces them to practice medicine in a way they don't like," says John Canning, President of Physician's Computer Company (PCC), who has talked to scores of pediatricians on the topic. They can lock physicians into awkward charting styles, for example, imposing an illogical order on a patient visit, or just taking too much attention away from the patient.

Joseph Hagan, M.D., F.A.A.P., managing partner of Hagan and Rinehart Pediatricians in South Burlington, Vermont, says that all the EMR systems he has seen are too focused on sick care. "I have yet to find a system that is designed to address the primary care of the well patient," he says. "But, that's some of the most important work I do." Indeed, Hagan says the system that will be right for his practice should be called an EHR—with the emphasis on health.



Hagan knows a thing or two about well care. As a member of the AAP's Bright Futures initiative (brightfutures.aap.org), he has been involved in a two-year project to re-write the AAP's guidelines detailing the standard of care for well-child visits from birth to age 21. Hagan says the group thought a great deal about how a well-designed EHR could enhance pediatric practice and preventive care in the future.

For example, Hagan, and the Bright Futures group, looks forward to an EHR that can efficiently gather and incorporate patient information before an appointment—to help pediatricians sort out the most important things to address in the precious time they have with their patients. "In a twenty minute appointment, there are things I've got to do, things I need to do, and things I want to do," Hagan says. "An EHR presents an unrecognized opportunity to help me do that sorting."

Hagan is also excited about several of the features he sees on the newest EHR systems—including electronic prescription writing and the ability to download hospital and lab reports directly into his patients' records. But for now, Hagan is still waiting for the right EHR—and excited that PCC is working on one of their own. "There are a couple of products out there that look like they're getting it," he says. "I want it when they've got it."

Dr. J. Hendricks, M.D., a partner at Pediatric and Adolescent Care in Tulsa, Oklahoma, is another pediatrician who won't invest in an EHR until it feels like it was made for his practice. "It can't be something that adds time to the encounter for our staff or our providers," he says. "It has to make documentation easier and help us find the important information quickly in a patient's chart." Hendricks also wants an EHR that understands pediatrics. Can it automatically calculate a newborn's weight loss as a percentage of her body weight? Does it facilitate communication with families? Can it handle the complicated privacy issues that arise when teenagers or divorced parents need access to medical records?

"There's also a very important support issue," Hendricks adds. He has talked to several practices who describe their EMR training and support as borderline or worse. "We know that an EHR is going to offer us some benefits, but we also know that there are a lot of things we don't understand an EHR can do for us yet," he says. "We want to be sure that the vendor we choose is going to give us the support we need—so that we learn quickly how to utilize the system at its full capacity. Only then will we be enhancing our practice and improving the care we give."

As a member of AAP's PROS (Pediatric Research in Office Settings) network, Hendricks has another reason to be excited about maturing EHR technology. "It will facilitate quick analysis of practice experience," he says. "For example, one can quickly do a retrospective study of antibiotic usage for acute ear infections. This data can be very valuable to evaluate compliance with current guidelines and improve care for patients." Indeed, the next generation of EHRs is likely to take collaborative practice-based research to a whole new standard.

PCC's EHR will allow doctors to practice medicine the way they know best.

So, what will make an EHR deliver for doctors like Hagan and Hendricks and thousands of others around the country? PCC's Canning says, rather than thinking of an EHR as a filing cabinet or an office assistant, we need to understand it as "the direct interface to a doctor's brain." As he says to doctors, "It's really important to find an EHR that works the way you do, and one that uses technology that can keep up with you."

"I really trust the PCC guys to get it right."
—Joseph Hagan, M.D., F.A.A.P

In fact, when Canning heard enough doctors tell him in interviews that there is no such EHR on the market—and that they hoped PCC would fill the void—PCC's EHR development project was born. The goal: to unveil an EHR in 2007 that not only excels at preventive care, but also adapts to the unique needs and preferences of every doctor within a practice.

PCC's EHR

What does it really mean to build a better EHR—one that truly acts as an interface to a pediatrician's brain? It starts with a deep understanding of the work habits and thought patterns (and dreams) of pediatricians themselves. Canning and PCC's EHR design team have taken that mission seriously, seeking the input of pediatricians throughout the design process. It has led them to insights both simple and profound. For example, it's clear that doctors need to be able to have many patient charts open at once, with simple log-in and log-out procedures as they move in and out of exam rooms. When a doctor is examining a child's ear infection, the EHR should pull up records from every other ear infection in a child's history, as well as relevant prescription dosage information, and potential drug interactions.

The AAP's policy paper on pediatric requirements for EMR/EHR systems has provided other useful guidance in the design process. In response, PCC's EHR will generate growth charts that compare a child to normal ranges for the appropriate ethnic group; track, schedule and create reports on immunizations; generate proper prescription dosage information for children based on their age and weight; and assist providers with preventive care.

What has emerged as the project goes into the build phase is a clean, logical system that will act and feel like a workstation on one hand; guiding nurses and doctors through customized, flexible task lists; and an open, context-sensitive patient chart on the other. It's built around just three screens: a face sheet, a demographics screen and a charting screen to minimize the need for navigation within the EHR. Configurable by individual user, it will allow doctors to practice medicine the way they know best. The system's core functions will include gathering and maintaining patient records within an office and also communicating with hospitals, pharmacies and labs. With an eye to the future, PCC's EHR is being designed so that it can expand its functions easily. Ultimately, Randy Lavin, PCC's EHR design team leader, says it will handle dictation, transcription and document scanning with optical character recognition to offer flexibility and efficiency in data gathering. As the concept of patient Continuity of Care Records (CCR) evolves, PCC's EHR will be ready to embrace this important new format for much of the patient information.

No one said it would be easy to build an interface to a doctor's brain. But there are a lot of doctors counting on it, and a lot of eyes on PCC these days, and every day a few more believers. "I really trust the PCC guys to get it right," says Dr. Hagan. ■

To learn more, PCC clients can access the EHR weblog at www.pcc.com/clients or call PCC at 800•722•7708.