

# EHR

## RESEARCH & SELECTION LESSONS LEARNED THROUGH EXPERIENCE OF PCC PRACTICES

For many pediatric practices, making the decision to transition to electronic medical records is difficult enough. But the process of finding a system that meets the needs of the practice—and the individual providers within it—can be downright overwhelming. Where do you start? Who should be involved in the decision? What are reliable sources of information? Here are a few case studies from members of the PCC network.

### The direct approach

One successful model for an EHR research and selection process comes from Delaware Valley Pediatric Associates, a practice with 6 providers and about 25 staff in Lawrenceville, NJ. Managing partners, Drs. Harris Lillienfeld and Glenn Palsky, along with office manager Elvie Sgro, made the decision to implement an EHR and drove the research and selection process.



Determined that any EHR they used would have to interface smoothly with PCC's Partner practice management software, the trio looked no farther than JMJ and Chartcare, two companies PCC has partnered with many times. Both vendors were invited to the office to give demonstrations for all the providers and

head nurses. The discussion sparked by these demos made it clear that the most important issue for many of the providers was adaptability. In that regard, Chartcare seemed to be the best choice. "Chartcare allowed us to set things up for ourselves," says Lillienfeld. "Every provider could have their own template, so we wouldn't have arguments about what had to be on a chart. Everyone thought that was nice."

To learn more about these EHRs in action, Sgro, Palsky and Lillienfeld called and visited other pediatric practices, confirming their impressions that Chartcare offered the best fit for their practice. Soon thereafter, DVPA signed on with Chartcare.

Dr. Palsky says while their research and selection process led them to a good EHR, it did not reveal that setting the system up for their practice—creating templates, for example, would require so much time and effort. "We didn't know that going in," says Palsky. In addition, the necessary replacement rate for the EHR's wireless tablets has been far greater than anticipated. So while DVPA's front office costs have clearly dropped with an EHR, their IT costs have risen. "A practice has to think about that," Palsky advises.

### Collaboration

A very different collaborative model for the EHR selection process comes from Holland Pediatrics, a practice with 9 providers and about 30 staff in Holland, Michigan. Although partner Dr. Nicholas Newman, D.O., and office manager Barbara Carlisle were leading the way, they wanted input (and buy-in) from the whole staff.

"First we had several meetings with blank pieces of paper hanging on the wall," recalls Dr. Newman. "We asked everyone in the office what they thought about an EHR



and what they wanted it to be able to do—almost like having our own focus groups." Two of the key priorities that

turned up across the board were reliability and compatibility with PCC's Partner software. Next Newman and Carlisle built a team around them charged with finding an EHR system to match the practice's priorities as closely as possible. The team included a clinical manager, the assistant office manager, a nursing staff member who had also worked at the front desk, a biller, a nurse practitioner, and another physician. Why such a large group? "We figured



if we didn't get the perspective of the folks checking patients in at the front desk, and our nurses, and our billers all along the way, we might end up with a system that only worked for part of our office, not the whole office," says Dr. Newman.

"It really did help in that each of those people looked at the EHR in a different light," adds



Carlisle. While nurses wanted a system that would minimize typing, work easily for phone triage, and handle immunization data easily, for example, doctors were more concerned with efficient documentation of physical exams and parent conversations.

Carlisle admits that such a large EHR team probably slowed the selection process down. In fact, the Holland EHR team met monthly for almost a year during their selection process. Initially, they used input from other nearby practices, online research, articles, and information from various conferences to create a list of EHR vendors to invite in for demonstrations. Based on the EHR team's response to the demonstrations, they narrowed their EHR contenders to four, and then two. At that point, the team sent some of its members out to visit other pediatric practices to see these systems in action.

In the end, Holland Pediatrics chose A4, a system that several other practices in the area were already using with success. "While A4 wasn't exactly adapted for a pediatric practice, the system is highly customizable, and we felt very confident in its reliability," says Dr. Newman. Though no one at Holland Pediatrics would say A4 is the perfect system—or that the selection process was perfect, either, Newman says he feels pretty good about the road they traveled to their EHR decision. "Our process communicated to the staff that we were serious, and it energized a lot of people," he says. "And, as the EHR has changed the work flow in our office, the staff here have been incredibly willing to dive in.

I think in part that's because they were a part of the selection process. The key is that we've really done this as a team. Next time, we would invite fewer vendors in for demos," Newman says. "I'd tell them, 'if it can't do these ten things, don't even bother coming.'" Dr. Newman and office manager Carlisle also feel the EHR team could have done a better job understanding the time that would be required to customize the A4 system. "The vendor threw out a number that it might take. But we've spent more like 600 hours."

The tablets Holland uses with their EHR have also been disappointing—both in terms of their durability and ease of use. Newman agrees that the EHR team could have spent more time researching the best hardware options for the A4 system.

### Looking to experience

No matter what kind of research and selection process a practice follows, it's impossible to get perfect information. Dr. Stephanie Poole, M.D., felt very comfortable implementing JMJ's EncounterPro EHR when she opened her own practice, Pediatrics at Whitlock, in Marietta, Georgia, two years ago. She had used the system successfully in a previous group practice, and when she and office manager Lawrence Poole learned that it could interface smoothly with PCC's Partner system, they signed on.

But the Pooles have had a mixed experience with their EHR, despite their prior experience with the system. "The most challenging part has been customizing the interface, in terms of diagnosis codes going properly from the back office to the front," says office manager Poole. Of the research and selection process, he says, "In retrospect, I would want to be more educated on the interface process." ■

## Lessons Learned

**What can be learned from these examples? Here's a list of suggestions for a successful EHR selection process:**

1. Use the wisdom of other practices who have already implemented EHRs. Call other offices to get EHR recommendations early in the research process. Visit other offices to see EHRs in action once you've narrowed down to a few choices.
2. One way or another, get input from your own providers and staff about their priorities for an EHR. Seek the input of providers or staff who are reluctant about an EHR, too. Their concerns may help to shape the selection process and they will be more likely to buy into the new system once it is implemented.
3. A vendor's demonstration is probably best as a middle step. Invite vendors only if you're seriously considering their EHR.
4. Make sure you have a clear picture of the time and resources you'll need to customize your EHR. While it might not change your decision, it will help you avoid surprises in implementation.
5. Evaluate an EHR vendor's support base carefully. From training staff to building interfaces to troubleshooting, support is critical to the success of your EHR.
6. Don't forget to explore all hardware options carefully. The successful and cost-effective implementation of an EHR can depend on hardware as much as software.