

Deciding to Implement Electronic Health Records

Optometrists surveyed by EyeCodeRight Online revealed that over ninety percent have a computerized practice management system (PMS), but just over thirty percent have implemented electronic health records (EHR.) While many optometric software companies have built an EHR, they continue to sell PMS-only systems to customers at national, regional, and state exhibits. Why would an optometrist buy a system that does not include EHR, or a system that allows the user to ignore the EHR? Simply stated, optometrists do not perceive integrating EHR into practice as inexpensive nor easy.

When purchasing an automated refracting system, the doctor can envision an easier work day and seeing more patients; in simple terms, work less and make more money. When considering the options in digital imaging systems or retinal nerve fiber layer analyzers, the doctor can envision an office with greater technological integration and billing for services that have never been provided; in simple terms, look better and make more money.

Optometrists do not consider the integration of EHR as a method to make an easier work day or to make more money. The perception is that EHR systems will create excessively more work, at least for a while, and will cost much more money than the system will cost. But in all of these analyses, the lost issue is patient care: *will the system improve patient care?*

The primary objective in the implementation of EHR must be to improve patient care. There are a number of functions of an EHR system that will serve to improve patient care:

- Completely legible record entries
- Master diagnosis listing to ensure care is focused on the patient's condition
- SOAPE format medical recordkeeping for maximized exam efficiency
- Automatic creation of eyeglass and contact lens prescriptions using copy functions that precisely duplicate exam findings
- Automatic diagnoses from exam findings, and care plans/actions to ensure patient wellness

Generally, optometrists are more likely to continue using historical practice management systems without EHR because of fear of adapting to EHR due to a steep learning curve and significant financial investment. Yet, a doctor who purchases a \$40,000 ophthalmic instrument with a \$750 per month lease fee will take months to learn proper clinical use of the instrument will be literally frightened to spend \$6,000 and \$350 per month to integrate EHR. Both instruments and EHR improve patient care and office efficiency, so optometrists should find both technologies equally important for practice growth.



Furthermore, simple analysis of the real cost of paper recordkeeping is ignored when analyzing the value of EHR; the cost is estimated to be *at least* \$750 per month. The savings of \$750 per month should be significant to an optometrist who is considering the "high" cost of EHR. By investing in EHR, a practice eliminates the daily "chart chasing" to find missing records and the staff time to enter coding and billing data from superbill to computer. Added costs due to consumable products (paper, printing, chart materials) that are no longer needed must be added to the staff savings to get a firm appreciation for the value of EHR investment.

EHR integration is increasing within all medical specialties. With federal standards for EHR use on the horizon by 2014, optometrists will need to come to the conclusion very soon that EHR is a necessity of practice. Not only will the EHR improve patient care, but the cost will be significantly less than anticipated. It can be expected that the doctor will experience efficiency that creates easier work days and *more* bottom-line profit.

For more information about the investment into EHR, or to discuss the cost analysis of paper recordkeeping, contact Cindy Braden, Director of Sales & Marketing, at cbraden@eyecoderight.com