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December 9, 2011

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TOP STORIES

RIQI Expo: Fear shouldn't hold small practices back from EHR roll-outs



Presenting at the Rhode Island Quality Institute's (RIQI) Dec. 8 health IT exposition, a group of three physicians from solo-provider practices and two of their employees spoke to a group of similarly situated physicians about their experiences implementing EHR systems.

Are you afraid?

"Who here has actually implemented an EHR?" Chad Nevola, MD, a pediatrician, asked the group of about 30.

Two raised their hands.

According to the Centers for Disease Control and Prevention's 2011 National Ambulatory Medical Care Survey (NAMCS), the EHR adoption rate for Rhode Island, at 45 percent, is classified as significantly lower among the total U.S. office-based physicians' adoption rate of 57 percent.

Despite a quickening trend towards EHR adoption, barriers to implementation still exist and they seem especially hard to break for small practices. However, that's what the panel of physicians suggested to their colleagues – that implementing an EHR was easier than they thought.

Speaking from experience, Nevola suggested that it may be fear holding small practices back.

"It wasn't that long ago that I was sitting where you are," he confessed, "and I was deathly afraid."

What was Nevola afraid of? Workflow, time and money, he said, believing implementation might disrupt workflow too extensively, take too long and cost too much for it to be worthwhile.

Workflow

"There's skepticism in our community and among our professional colleagues. We feel that it will be overwhelming to change workflows and to implement EHRs in our offices, but this is mostly a mindset," said Puneet Sud, MD, an internist.

"It's difficult for us to change the way we think, the way we behave and the way we document, but it's that mindset," he continued. "Once you put your mind to it, it's not that difficult. "

Sud said that when he first began shopping for a system in March 2010, he was concerned that an EHR could negatively affect his practice's workflow, but, with the help of RIQI's regional extension center (REC), Sud was able to find a system that matched his needs. It just took a little time and consideration.

Sud suggested that providers with workflow concerns do the same.

"I did some research to determine what kind of vendor would be suitable for my practice," he said. "It's going to be different for all of us depending on our goals, how we imagine productivity and efficiency and how we want our offices organized."

Douglas Foreman, DO, a family medicine practitioner and self-proclaimed "creature of the paper age," agreed that an EHR's impact on workflow could be minimized by choosing the right system and that implementation is not too difficult. "Transitioning was pretty easy," he said.

Time

Although both Sud and Foreman attested to the ease with which they learned new systems and adjusted to new workflows, they didn't say that it happened immediately.

Sud said that after implementing EHRs, he reduced his patient load so that he would have time to train himself on the system; Foreman said that he carried his paper charts around the office with him for the six to nine months it took him to learn about his EHR system; and Nevola said that he learned the system outside normal office hours, working from a tablet with access to the network.

Although none of the presenters explicitly said so, their comments indicate that providers have as much flexibility choosing how to learn an EHR system as they do choosing an EHR system for installation.

There was no doubt about the impact that the EHR systems had once their owners learned how to use them; all three providers said that their EHRs now save them time.

Sud said that his practice received fewer calls after EHR implementation because there were fewer questions about medicine. That's "translated into spending more time satisfying patients' physical needs while in the office," he said.

Referring to a laborious administrative task that is easier to complete with an EHR system, Foreman said, "With just a couple clicks, I saved the staff a lot of time."

"In a small practice, time is money," he continued.

Money

"An EHR is going to cost you money," Nevola said. "It's something you need to be prepared for, but it's not an insurmountable thing for a small practice."

When all aspects of implementation – training, infrastructure upgrades, hardware, software, etc. – are accounted for, the RIQI REC estimates average costs between \$30,000 and \$40,000 per physician.

Despite the high cost, all three presenters believe that EHR implementation is a worthy investment. Between assistance from non-profits and government agencies, payor reimbursements and potential meaningful use incentives, Nevola predicted that he'd see a return on his investment in five to six years. Sud made a similar estimate for himself.

Is it worth it?

Although no one from the audience asked, it seemed obvious that all three presenters would have answered the question in an enthusiastically positive manner.

"Stand on your own ground," Sud said. "If you have a robust EHR system, you can thrive going forward. Don't delay. Do it now."

Last updated on December 12, 2011 at 10:38 am EST

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