

# Managing the Challenges of Technology

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Electronic health record (EHR) systems are installed in most practices, yet they remain the source of daily headaches. Having worked in practice management for many years, my philosophy is that the systems were built by technology experts, not those familiar with the workflow of a physician's office. While the systems are undoubtedly improving over time, there are some steps that you can take now to avoid the 'EHR blues'.

Integrate quality reporting into staff workflow. In order to comply with Medicare's Quality Payment Program (QPP), a series of data must be reported. Small practices – as defined by the federal government, 15 clinicians or less – can file for an automatic exemption from reporting the advancing care information category simply based on practice size as of the 2018 reporting year. However, the quality measures must still be tracked. Consider choosing the straightforward ones that your support staff can take charge of – such as BMI or asking patients whether they had their flu vaccine. It's often overlooked that these general medicine metrics can be reported by any specialty, while still fulfilling the requirements of the QPP.

**Hire a scribe.** If typing isn't in your skill set, do not despair. Scribes – specially trained, or those you train yourself – can be hired to document for you. In general, scribes pay for themselves at two patients a day. Because the vast majority of your costs are fixed, those two additional visits fall directly to the bottom line. At \$100 per visit, two days a week in a 48-week work year, those extra encounters equate to nearly \$50,000 for a physician working five days a week. Changing the assumptions alters the financial pro forma, but most physicians can still come out neutral with the two-extra-per-day model.

**Prep for the visit.** Remember the days of eyeballing the paper record before the patient arrived? Do the same for patients today, by yourself – or assigning the task to your support staff. With sensitivity to documentation requirements, get the chart 'ready' by moving over data from the previous visit, to include tests you may have ordered after the encounter. Carefully review the information carried over from the previous visit and validate for accuracy/relevancy before signing your note.

**Make the EHR system work for you.** Although an EHR system may never be at the center of your ideal workflow, there are strategies to improve its impact on your efficiency. Put your laptop or computer on a workstation on wheels, ideally with a basic printer

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situated on a shelf on the workstation. As timesavers, keep a stamp with your address handy for patients' forms, as well as a folder with paperwork that you commonly produce (e.g., directions to your imaging center). Set up the e-fax functionality to receive and transmit faxes electronically. Consider integrating precertification forms into your EHR to auto populate, and/or use a free service like CoverMyMeds.com to extract data to facilitate medication pre-authorizations. Finally, always use the EHR system's functionality related to 'smart phrases' - as well as related enhancements like order sets - to save you time.

Electronic health record systems may not provide the benefits you were promised, but don't let them keep you up at night. Now that you've had a year – or a few – working with one, take the opportunity to review, analyze – and update – how you use your system.

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