

## Eli's Rehab Report

### Business Strategies: Turn Over a New Leaf With Electronic Medical Records

Get an A-Z list of what goes into a technological tune-up.

Thinking about scrapping your paper documentation and plugging into electronic patient records? Integrating new electronic medical record (EMR) or documentation software is a critical step into the future, experts contend -- yet it's not a walk in the park. Whether you're starting from scratch or looking to upgrade your current system, get the straight-up facts of what to expect and how to survive the process.

#### Get Started on the Right Foot

The minute you decide to move forward with an EMR system, take time to figure out your needs, what you have to work with, and your future plans. "It's not a cookiecutter process," says **Francine Wheelock, PT, MPA**, manager of clinical systems for MaineGeneral Health, who suggests first considering the following:

- What are your documentation/record-keeping needs?
- What are your networking capabilities? Are you wireless?
- What's your infrastructure?
- Are you planning on opening new sites, and if so, will you be able to link to them electronically?
- Will you need to interface with other software?

Once you start gathering answers to questions like these, the next step is to create an A-to-Z plan. "And if you're part of a larger health system, you're not making decisions in a vacuum," Wheelock says. You'll want to talk to administration, people from your IT department, systems engineers, clinical analysts to help with configuration, and end users, as examples.

Food for thought: "The rehab director/manager is not necessarily the best person to manage the project," Wheelock cautions. The key is choosing a leader with true project management experience to keep the project organized and rolling. "Hiring an outside leader may cost you up front, but your end product will be much more customized and ready to roll," she says.

Next step: Be a picky purchaser. Just because the documentation product says "rehab" on it doesn't mean it'll work for you. "Many general EMR products are either too open-ended requiring copious free-text typing, or they are too prescriptive and force therapists into ticks, checks, and drop-downs that are incomplete and constraining," warns **Garry Woessner, MA-CCC, MBA, CAS**, regional director of the Benedictine Health System in Minneapolis.

Also watch for a product that touts lots of "customization," Woessner says. "This level of design and programming can be very expensive and can require a long tedious development cycle."

#### Tune Into Your Interfacing Needs

Not only do you want a product that suits your rehab organization's needs, but also it must be able to communicate to other sources if you're in a multi-site or a facility setting.

Beware: Therapy vendors' billing and documentation systems often have a poor ability to interface with another EMR

product, warns **Kate Brewer, PT, MBA, GCS**, VP of Greenfield Rehabilitation Agency in Greenfield, Wis. In other words, the therapy EMR you purchase may not be able to "talk" to your facility's existing EMR.

And when therapists buy a product that doesn't interface with other products, usually "the therapy department is forced to perform duplicate systems where it has to bill two times -- once in the facility EMR and once in the therapy company's EMR -- which has a tremendous impact upon productivity and ultimately profit," Brewer says.

Luckily, there's more than one way to interface. "Some facilities use EMRs with one large clinical system that's configured to work for each department, and other facilities may have different clinical systems for each clinical department -- but each department has a data repository which accepts information from all of the different systems," Wheelock says.

Tip: Because therapy documentation is so unique, Woessner suggests starting with software "developed specifically for therapy and then working with the vendors to create an interface that feeds the therapist's documentation into the facility's EMR."

Headache-saver: "Ideally you want to have a realtime interface (called an HL7 interface)," Wheelock suggests. This kind of interface immediately sends whatever you input on your end to your facility's enterprise-wide application.

#### Expect Bumps in the Road

Don't be fooled if an EMR vendor says your productivity will increase when you implement their software. "Studies show that most likely, you will see an immediate decrease in productivity before people to ramp back up," Wheelock says. Consider the training time, adjusting to a new work pattern, and correcting mistakes during the learning process.

To stay afloat during a transition to electronic documentation, you must "work to minimize downtime to ensure therapists are spending their time providing great patient care," Brewer stresses.

Watch for: "Desktop EMRs can feel like a step backward if you're used to documenting at the point of service," Woessner observes. "The better systems support wireless laptops and hand-held hardware."

Overall, your productivity "depends on the level of adoption by the users, their willingness to use the product, and how well they're trained," Wheelock says.

Even if your productivity doesn't bounce back to where it was before, if you go into the conversion with a solid plan and are prepared for a small drop in productivity, other more important benefits from going electronic emerge, such as "improved readability, reduced duplication of effort, cleaner claims, and increased compliance," he says.