QUESTIONS TO ASK AN EMR VENDOR

Are you considering purchasing an EMR? Here are some questions you should ask an EMR vendor before you sign a contract.

KEY FEATURES

REPLACE PAPER CHART

INCORPORATE OUTSIDE DOCUMENTS

ELIMINATE PAPER

SECURITY AND HIPAA

IMPROVE PATIENT CARE

FUNCTIONALITY

WEB ACCESS

ONGOING SUPPORT

**DR. ANDREW URY
SEATTLE, WA**

- *"There are only two reasons to buy an EMR … Improve efficiencies and improve patient care."*

REPLACING PAPER CHARTS

If the purpose of buying an EMR is to replace paper charts, the EMR should have features that support this goal. Ask the EMR vendor:

☐ How soon can we stop pulling paper charts?

☐ Are there features in your system that facilitate getting chartless sooner?

☐ Can we abstract or summarize the old paper chart information and load it into the EMR?

☐ Can we stop creating new paper charts from the first "go live" day?

☐ *If you plan to use dictation or voice recognition* How does your system upload transcription? Will loading the transcription only create a series of progress notes? Or will it also update *all* other sections of the EMR?

☐ If we don't purchase your scheduling system, can we still replace the paper printout of our daily schedule? For example, can the schedule be sent electronically to the EMR PCs, update every few minutes, and provide access to the chart directly from the schedule's appointment slot? Does the schedule show cancellations, no shows, and late arrivals?

☐ Can we replace paper messages, paper forms, and bulletin board messages?

- Can the message be written automatically as a progress note in the EMR?

- Can we access the patient chart directly from the message?

- Can we post-date messages to the message writer and recipients as reminders?

- Can we re-route forms electronically to other staff for work to be completed?

☐ How does your system support getting our practice chartless? Simply loading transcription will usually just create a lot of progress notes. This is not enough to get away from a paper chart. Where is the Med List? Problem List? Histories? Still in the paper chart?

☐ The tough one: "We want to minimize the loss of physician productivity at the 'go live' date. What do you recommend?" For example, can we stay with dictation and slowly increase the use of note templates, but still get a fully populated EMR? Usually EMRs require all physicians to use their templates, from the first day. This is difficult for many users.

SECURITY AND HIPAA

Security of your data and compliance with HIPAA mandates are two important priorities. Ask the EMR vendor:

☐ Are there user-defined 'access levels' that we can modify? Access levels should either allow or prevent certain staff from accessing, printing, adding, editing, or deleting information in various parts of the EMR.

☐ Is there an audit trail of who pulled which charts? Is there an audit trail on how long they remained in the chart, and which sections were accessed?

☐ Is there an audit trail on who changed a note? What it said? Who made the changes?

☐ Do notes require a secret PIN number (electronic signature) to sign off and make changes?

LINKING INTERFACES & OUTSIDE DOCUMENTS WITH THE EMR

Two functions are vital to becoming chartless. You must have a laboratory interface and you must be able to scan or link *all* outside documents into the EMR. Ask the EMR vendor:

☐ Does your lab interface populate the EMR with discrete lab results into tables? Or are the labs just scanned in as an image?

- Can the lab results be graphed?

- Can the lab results be queried?

- Can we automatically insert results into patient letters and other documents?

☐ Has your company built standard and custom lab interfaces from hospitals and reference labs?

☐ Has your company built standard and custom test report interfaces (for hospital transcription, labs, radiology, pathology, etc.)?

☐ Is there a built in data loader so that we can create our own custom interfaces and not pay the vendor?

☐ How will all outside paper become part of an EMR?

- Can we stop putting <u>all</u> paper in a paper chart and load it into your EMR?

- Can we scan items by using optical character recognition (OCR) and turn the items into text?

- Can we scan items as an image? Are all the images loaded into one chart tab? Or can each image type have its own tab?

- Can we load/link any type of document, file format, video, photo, scanned format type (gif, tif, bmp, jpg, ECGs, Web information, etc) ? Where do these go? Can you demo this?

GETTING BUY-IN FROM RELUCTANT PHYSICIANS

If you have physicians who may be reluctant to embrace an EMR, ask the EMR vendor:

☐ How many methods of creating a progress note are there? Can we:

- Load transcription?

- Load notes that were created using voice recognition?

- Use voice recognition directly in the EMR?

- Insert a previous note and make changes to it?

- Drop in macros that are large blocks of text that providers often use?

- Free text type *anywhere* in the note?

☐ Can we start a note, and finish it by attaching a voice recording to the note? And have a transcriptionist complete the note later?

☐ Can we start a note with a template, then finish it by allowing a transcriptionist to:

- Complete the note in Word and load it into that note?

- Open the chart and complete the note?

SETTING UP THE EMR

Do NOT buy an EMR without first seeing how easy/difficult it is to build a new progress note template. Ask the EMR vendor:

☐ How many hours of training will be required to learn template construction? Do we need to learn any type of programming skills?

☐ How many of our staff will be required to configure/setup the EMR?

What duties will they have? How much time will it take?

☐ Check your price quotes. Generally, the more money the vendor charges to implement the system, the more difficult it is to get it live, and often to use it.

☐ Ask the vendor for a fully interactive demo CD that you can load onto your PC and work with before you purchase the system. Many systems are so difficult to get live that some vendors will not supply you with an *interactive* demo CD. If you can't install a live demo and actually write notes, prescriptions, and so on without a lot of training and setup time first, then you are probably looking at an EMR that will be difficult to implement. Your vendor should be able to provide an hour of basic training and let you run with it.

SYSTEM LIMITATIONS OR "GOT YA'S"

Many small features will have an enormous impact on your workflow. Ask the EMR vendor:

☐ Is it possible to open multiple charts at the same time? And add new data to each without finishing that first chart?

☐ Can we start a progress note while other staff are adding new data to other chart sections such as the med list?

☐ Must we finish the first note before starting a second note in the same chart?

☐ Can we complete a note, sign it, and come back to correct a mistake? Or must we create an entirely new note?

☐ Is there a limit on the number of scanned documents per chart?

☐ Are there specific requirements for scanning/imaging? Some vendors require expensive hardware/software configurations.

☐ Is the med list organized into Current and Historical screens? Or are all meds displayed on the same screen? After years of use, a single-screen med list might become extremely busy.

☐ Does the EMR automatically move a medication such as an antibiotic from Current to Historical?

☐ Does the system provide a Major and Minor problem list?

☐ Can we modify the chart's tab names? Can we add more tabs so the system will grow over the years?

☐ Can we customize the chart's summary screen? Per provider?

THE VENDOR

It is imperative that the vendor you choose will stay in business in the years to come. These questions will help you determine how likely the vendor will remain a major player in the EMR business. Ask the EMR vendor:

☐ Does the vendor have at least 200 live sites?

☐ Has the vendor been in the EMR business for at least 9-10 years?

☐ Are outpatient systems the vendor's sole business focus? Or is the vendor a larger company that has just bought some other EMR vendor and will try to make a go of it?

☐ Is the vendor profitable? Is the EMR division profitable? Or is this a large organization that recently added the EMR division and may close this division if it doesn't work out?

☐ Is the vendor supported financially by outside groups? This is a red flag: if the financial institution departs, will your vendor remain in business by themselves?)

☐ How many sites does the vendor install annually? The vendor should install at least 150-200 sites annually.

> **Is it possible to open multiple charts at the same time? Can we start writing a progress note while other staff are adding data to the patient chart?**

IMPROVING PATIENT CARE

Ask the EMR vendor:

☐ Does the system flag overdue health maintenance items in a way that is easily seen? And reported on?

☐ Does it print out merge mail letters, including the mailing labels, automatically?

☐ Can we configure any type of Health Maintenance templates we like?

☐ Can we build disease specific protocols?

☐ Can we easily change any particular patients plan to add a new procedure just for them?

☐ Can we setup rules and protocols? (Example: do X amount of procedures, within X amount of time, with a minimum of X time between them, but not more than Y time?)

☐ Can we 'flag' a chart so that multiple messages about that patient appear when you open it?

WEB ACCESS FOR PATIENTS AND CONSULTING PROVIDERS

Patients and referring physicians need to access information in the chart. Posting the relevant information on a secure web site is the easiest way to allow this access and still remain paperless. Ask the EMR vendor:

☐ Can our patients bring up their charts from a Web Browser and view certain parts of their charts? Can our clinic define what data they can view?

☐ Can our patients "request" an appointment through the Internet?

☐ Can our community of consultants open charts from any web browser and *view* the charts? Can our clinic define what data they can view?

☐ Can our patients pre-register themselves so our front staff is freed of this task?

ONGOING SUPPORT

You need to make sure the vendor has a technical support department that can support you when you run into inevitable glitches. Ask the EMR vendor:

☐ Does you provide free ongoing training over the phone?

☐ Does you have an active user group meeting? How often does it meet?

☐ Does you have a web listserv for your community to share ideas and solutions?

☐ Will our sales representative come on site and provide *free* tips and advanced training for our clinic? Or do we need to purchase training days from you?

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