

## **PREPARING FOR EMR**

By Susan Bugg, BSN, RN, CLN

*Vice President-Risk Management*

*Uni-Ter Underwriting Management Corporation*

Electronic Medical Records (EMR) technology can reduce risk, increase patient safety, improve the quality of care, and cut costs. That's the bright promise made by healthcare reform advocates.

No doubt, streamlining the system can significantly reduce expenses. Electronic sharing of diagnostic opinions, lab results, prescribed medications and treatments between primary care physicians and specialists should improve patient care. As healthcare reform legislation is implemented, near universal use of EMR will be standard, but the transition will take time. State by State requirements for medical record storage will have to be coordinated under a federal mandate.

The challenge of achieving full-scale EMR is huge. An estimated 80 percent of U.S. physicians and 90 percent of hospitals still keep paper records. At the same time, the pressure to convert to EMR is building. The federal stimulus program provided \$27 billion to help physicians adopt EMR. Under the healthcare reform legislation, Medicare will require physicians to have electronic records. The major healthcare insurance companies are competing fiercely to sell EMR solutions to physicians, group practices, hospitals, and related medical facilities.

Software will need to be tested and refined. Physicians, nurses, hospitals, labs, medical technicians, and treatment centers will need training and experience before the benefits can be realized. Many physicians today have computerized practice and office management systems, but true EMR extends to intercommunication with all health care providers in contrast to today's systems that don't talk to each other.

Clearly, we have the basic technology. The challenge is implementation. Over the past 20 years as a nurse working in hospitals and recently as a risk management specialist visiting physicians' offices and long-term care facilities, I've seen the

benefits and hazards of EMR. Relying on forms, checklists, and computer screens can lead to shortcuts in treatment.

The potential benefits of universal EMR include: less medical errors; greater availability of care and improved quality of care; increased productivity across the spectrum of healthcare; improved coordination between providers; greater patient involvement; clinical guidelines for clinical decisions based on evidence.

In a recent comment on EMR, IBM wrote: “The innovators are tearing down silos so they can connect doctors, patients, and insurers to share information seamlessly and securely. That means a smarter healthcare system is optimized around the patient to increase efficiency, reduce errors, achieve better quality outcomes, and save more lives.”

All of us in the medical profession from floor nurses to brain surgeons are under more pressure than ever before. The growing shortage of physicians and nurses, along with constrained budgets for hospitals and other facilities, mean less time available for each patient. EMR eliminates much traditional paperwork and facilitates instant communication. My concern is that EMR can sometimes lead to avoiding the kind of diagnosis and opinion that is called for in narrative reporting. Granted, EMR systems provide a section for narrative after the physician has checked the standard, drop-down boxes on the screen, but it’s easy to rely on the checklist and not take time to enter a thoughtful opinion in the narrative section.

There’s no doubt. Mandatory EMR is coming. How can medical practitioners realize the benefits of EMR without sacrificing patient care or opening themselves up to malpractice claims? Here are some thoughts:

**Study software options and make an informed selection.** Analyze the template in a given system to be sure it facilitates complete reporting of all pertinent information from lab test results to diagnosis, treatment, prescribed medications, and interaction with other practitioners.

**Implement EMR initially in your own office, group, hospital, or other facility.** This will allow time for nurse practitioners, medical assistants, and others in the office to become comfortable with the system.

**Devote time and resources to training.** In my experience, it takes at least a year to implement an EMR system fully. In this process, hospitals often continue to maintain paper records during the transition.

**Prepare patients for electronic communication.** If you elect to cut the time and cost of telephone reporting to patients, be sure they are comfortable with email and let them know that you welcome calls when they have questions.

**Obtain patient's consent to communicate diagnostic information by email.** Over time, email communication will become accepted as the standard, but during the transition, it's important to get your patients' approval. Email should be used exclusively for communicating normal test results.

**Respect the generation gap.** For years to come there will remain a large population of older people who don't use computers. Be sure to keep the traditional lines of communication open to them.

**Be sure your EMR software protects patient privacy.** This is essential to avoid malpractice claims.

**Protect against leaks of patient information.** Security of archived data is essential. Check to be sure your EMR provider offers a breach of security contract that documents the provider's responsibility for unauthorized release of patient information. Protecting against breaches of security will be essential to implementing near universal systems of EMR. Data breach response related to EMR systems is a fairly new risk. It includes: data stolen from outsiders; data stolen from employees (sometimes angry employees); records being lost; failure to secure the system; failure to provide prompt notice; failure to encrypt data; failure to provide and implement safeguards; and failure to train employees adequately.

Common questions to ask if a breach occurs or questions to consider while implementing EMR include: How did the breach occur; are measures in place to contain the breach; what information was compromised; will local authorities be alerted; what potential breach notice laws are implicated; does notice of a breach have to be proved and if so to whom; does the company have insurance against a breach; will a monitoring service be provided for affected individuals; are measures in place to handle public relations in the event of a breach?

**Check into customization options.** Given the nature of your practice, office operation, or facility, you may want to adapt or add to the standard template offered by your EMR provider.

Transition from closed, computerized systems within a practice, hospital, or other medical facility to more open systems interfacing between providers runs privacy risks that physicians should consider carefully in adopting EMR systems. The federal Department of Health and Human Services administers a Privacy Rule that implements requirements of HIPAA (Health Insurance Portability and Accountability Act of 1996). The Privacy Rule provides for use and disclosure of individual's health information. All healthcare providers who transmit health information are covered. This includes hospitals, health services, physicians, dentists and other practitioners as defined by Medicare.

Open EMR systems that allow for unrestricted sharing of information between unrelated healthcare providers run the risk of violating patient privacy. For example, drugstore employees – not pharmacists – with access to the system through computers could communicate, wittingly or unwittingly, information concerning a patient's diagnosis, lab values or other information that could be interpreted negatively by insurance companies or prospective employers.

The archiving of information poses a security issue. Where will the vast amount of patient data be stored? How can it be protected against misuse? We have seen widely publicized instances where hackers have broken into systems containing Social Security numbers and vital credit information. The same risk exists with EMR.

It's obvious that we are a long way from "State of the Art" in developing a universal EMR system. Many different systems are being developed in the competitive market and extensive research is underway, but the goal must be software that is consistent throughout the nation; a system that allows hospitals with their own systems to interact directly with other hospital systems without requiring physicians to learn multiple systems; in other words, standardized software that is capable of adapting to different specialties and multiple facilities.

