Overcoming the fears and myths of implementing electronic medical records

 Sheri Ross, RN, BN, MBA
 Clinical Director, MD Physician Services

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There has been a steady, albeit gradual, increase in the use of electronic medical records (EMR) among physicians in community practice in Canada. Many provincial jurisdictions have a program in place to encourage physicians to adopt this technology for use in their office practice, and the programs provide funding and services to assist with the process. In spite of the funding offered and the program supports in place, there continue to be those physicians who are reticent to "make the move".

The reluctance to use EMR in office practice is often based on the belief in a number of fears or myths. Physicians fear the impact of productivity loss within the practice or clinic; disrupted work flows and routines, resulting in a negative impact on the level or type of service provided to patients; hindered physician-patient interactions; threats to the privacy and security of health information; and the cost of the system, to name a few.

Fear is defined as concern or anxiety and something that causes feelings of dread or apprehension.¹ Fear is personal, and does not need to be rational or founded on fact, but often can be dispelled with evidence that disproves the fear. Fear is a feeling, and feelings can be changed.

A myth is defined as any invented story, idea or concept, or as an unproved or false collective belief.² As with many newsworthy stories, the bad news gets more press and a higher profile than the good news, so stories of implementations that have been troubled and chaotic are not difficult to find. Anyone who is willing to look for the good news stories, however, will find them, and within these stories there are usually suggestions for increasing the likelihood that implementations are successful and without danger or pain.

Planning is critical to any successful implementation, and will help to ease fear as well. Fear is often grounded in not knowing what to expect, so a well thought out plan for implementation can help inform the staff involved and can help to establish a common set of expectations. Involving the office staff in the planning process can be
beneficial in gaining their support for upcoming activities. Discussing and documenting a set of expected outcomes can provide focus for the implementation. For example, if an objective is to become a paperless office, then focus will be required to review all processes where paper was generated prior to implementation, and to consider what will be required to eliminate the paper from that process.

An openness to change is one of the most important elements to consider as well. It is frequently reported that success will be hard to find if a practice moves to an automated system with all of the same processes they used when working on paper. Anecdotal reports of some of the most successful implementations have included stories of a complete change in how things were done—this wasn’t to do things the way the system said they had to be done, but rather taking into consideration the benefits the system could bring to the process and where to make changes in the processes to realize those benefits.

Another approach to offset fear is to provide a counter-argument or evidence to the contrary. Implementing any type of change requires some time for people to adjust and become familiar with the new tools and processes, so this should be expected and built into the plan. After a brief transition period, it is possible to realize areas in which EMR saves time. Physicians report spending less time looking for a patient record, and are able to access a record even if someone else has it open or was just reviewing it. Tools within the EMR system can also routinely save time. Many EMR programs have the ability to present information while using a filtered display—and the provider can alter these displays with a few clicks or keystrokes. This function provides the ability to review large amounts of information in meaningful ways to assist with assimilation and support decision-making. For example, the provider may choose to view a lab result and related medication in a filtered display, such as INR results and prescribed Coumadin doses.

Other time-saving features that are common in most EMR programs are reminders, stamps, forms, templates, search or query tools, and letter generating tools.

Concern that the computer and EMR can interfere with or disrupt the interaction between patient and physician is understandable; however, as the provider becomes more proficient in using the tool, this will decrease. This concern can further be offset by using EMR to share information with the patient during the visit. The ability to graph lab results, weight, body mass index or other values and share this with the patient can help to increase the patient’s understanding of their health status and areas for focus or improvement. The use of instant messaging within the EMR software means the office administrator can send a note to the physician while the physician is with the patient, and there is no longer a need for a knock on the door that interrupts the conversation between patient and physician. Using this feature, the physician can receive information from office staff that is pertinent to the patient being seen at the time, and the patient is not aware the information was received.
Privacy and security of health information is a concern for physicians, developers of EMR tools and governments alike, and receives much focus and attention. Numerous regulations and standards are directed toward safeguarding the security of health information. Canada Health Infoway has a program for EMR certification, and, to achieve certification, an EMR vendor must demonstrate compliance with a defined set of security and privacy standards. PS Suite® EMR was recently awarded this certification as a national EMR product.

Funding programs within the provinces are available for physicians to receive assistance with the cost of implementing and operating an EMR system. These programs vary between provinces, but most provide reimbursement for a portion of the purchase and maintenance costs. In addition, many of the programs provide support for selecting an EMR system, change management, and work flow assessment services.

Implementing EMR requires an investment of time and resources; however, there are many benefits to be realized once the system is in use and supporting the practice. Providers and patients will both realize the benefits, and patient care improvements will be evident in a short period of time. Provincial funding programs and support from the vendor can help in easing the transition and provide the best possible outcome. With thoughtful planning and an openness to change, the fears associated with implementing an EMR system can be overcome.

References


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