



"EHRs improve patient care, and they also improve physicians' lives. It's just easier," says family physician Robin Hallquist, MD.

Implementing an EHR can improve your lifestyle

TWO PCPS SHARE HOW TECHNOLOGY HAS IMPROVED THEIR PERSONAL LIVES. COULD YOU BE THE NEXT SUCCESS STORY?

[By **MICHAEL McBRIDE**, Technology Editor | Photo by **CHRIS MILLIMAN**]

It's Sunday morning. Your family is preparing for a day at the park, followed by lunch at a favorite hamburger joint, and then back home to play board games until dinner. Sound wonderful, doesn't it? Too bad you're not going—again.

Instead, you're heading to the office to transcribe notes, review image studies, and input lab results from the week's patient visits.

For many primary care physicians (PCPs) like you, life revolves around the practice. Birthdays are missed. Weekends are sacrificed. For doctors, it's an old story.

When work schedules trump home life, however, deleterious effects often result.

So it's with happy hearts that physicians with functioning electronic health records (EHRs) in their practices are reporting dramatic improvements to their lifestyles.

Gone are the Sunday afternoon treks to the office. Gone are the after-hour callbacks to patients who need prescription reminders. Now, these doctors can do those things from the comfort of their homes, on the road, or even from the beach if they're so inclined. ➔

AN UNDER-REPORTED IMPROVEMENT

Much has been written on the advantages of EHRs for reducing medication errors, increasing patient safety, improving reimbursement rates, lowering healthcare costs, and streamlining practices' workflows, making them more profitable. You don't often hear much about how EHRs also can dramatically improve the quality of physicians' lives by untethering them from their offices, enabling them to practice medicine from

virtually anywhere in the world that's reachable by the Internet or a cell phone signal. This power to unshackle physicians from the bonds of their offices goes largely unreported. Once discovered, however, it can highly influence EHR adoption among PCPs.

Recent statistics from the Office of the National Coordinator for Health Information Technology (ONC) indicate that EHR implementation among PCPs is up more than 50% over just a few years ago. Could lifestyle choice be at least partially responsible for this massive shift toward EHR implementation?

FREEDOM AS A LIFESTYLE CHOICE

Salvatore S. Volpe, MD, is a Staten Island-based internal medicine physician and the Healthcare Information and Management Systems Society New York chapter president. He's convinced that EHRs can

enhance physicians' lives and says that the ability to practice medicine from almost any location is a key element.

"One of the benefits of an EHR is that I can work from home," says Volpe, a member of *Medical Economics'* editorial board.

Before Volpe got an EHR, on most Sundays, after attending church and spending time with his chil-

dren, he'd go to his office for 3 to 6 hours and catch up with labs and documentation, all of which was paper-based.

"Now I can walk from my bedroom to my home office, log in, catch up on my labs, complete consult reports, and even review diagnostic imaging," he says.

"When the kids are home from school and they want to do something, I can close out what I'm working on, hang out with them for a little while, and then



Salvatore S. Volpe, MD

get back to work," Volpe adds. "Not having to go to the office, not having to be away from home, to be able to take a break when I want to—that's a big benefit."

As doctors' incomes continue to shrink, having time to take a longer lunch, to go to the gym, or just control how and when they work, rather than being forced by the constraints of office time, becomes essential to a balanced family/work life. All these things can be obtained through an EHR, Volpe says.

He notes that when his practice was paper-based, he spent up to an hour each day looking at lab results before seeing patients, so he had to arrive at his office that much earlier. Now, he does all that before he leaves home. By the time he arrives at his office, his lab reports have been reviewed, refills have been processed, and telephone messages regarding medical issues have been addressed and can be moved on to the medical assistants or nurses. All before he steps foot through the door in the morning.

"I would rather break out my work day into bite-size pieces than to have major things to do as soon as I walk through the door," Volpe continues. "Once you walk into that office, everyone is trying to vie for your attention. Or there's some urgent issue that has to be dealt with. So doing the labs has to wait, which means now I have to stay 45 minutes later at the end of the day. I'd rather divide up my workweek on my time, not on the office's time."

PHYSICIANS' HEALTH

Volpe says many doctors also don't take the time to eat and exercise correctly. They are so busy during the day that they ignore their own physical needs, and this tendency affects their lifestyles.

"Sometimes, doctors are trying to get so much done in an inefficient manner that they're not taking care of themselves," he says. "They're not exercising, and they're shoveling down food because they only have two and a half minutes for lunch."

EHRs give physicians more control over their

Continued on page 69

REC services in your area**A REGIONAL EXTENSION CENTER CAN HELP YOU WITH THESE TASKS:**

- workflow analysis;
- technology assessment;
- technology selection;
- practice culture assessment;
- project management;
- vendor selection;
- vendor contract negotiation;
- installation of the electronic health records system;
- guidance converting paper records to digital;
- privacy;
- compliance;
- security;
- risk assessments;
- education on the criteria for meaningful use; and
- assistance with the attestation process for meaningful use with the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology.

“Not having to go to the office, not having to be away from home, to be able to take a break when I want to—that’s a big benefit.” —Salvatore S. Volpe, MD

Continued from page 62

days, he says. The work still gets done, but according to Volpe it can be organized to allow doctors more personal time.

“When you’re in solo practice, even though you’re the boss, you’re still subject to the constraints of the office,” he says. “Even though there’s no one to yell at you, at the end of the day, you still have to complete your tasks.

“But isn’t it better to do it on your time,” he continues, “To say, ‘I’ll do charts for 2 hours, and then I’ll go work out at the gym for an hour.’ That’s an incredible lifestyle for me—to be able to break up my workday and to be able to take care of myself.

“The work still gets done. But because it’s cloud-based—any time, any place—you can set the pace,” Volpe says. “When you have more control over your day, it really reduces the stress.”

FIRST IN THE STATE TO REACH MEANINGFUL USE

Robin Hallquist, MD, was the first PCP in New Hampshire to attest to meaningful use. She began practicing medicine in 2000 and opened her own practice in 2010.

Since 2003, Hallquist, a family physician, has worked at Littleton Regional Hospital, which had a fully functioning EHR system. But when she opened her own practice, out of necessity, Hallquist returned to paper records. She felt as if she had stepped back into the Dark Ages.

“I had absolutely no doubt that I was going to computerize,” Hallquist says. “I went from a computer system back to paper, and it was torture.”

Hallquist hears a lot of doctors predict that a computer system will slow them down. In her experience, however, a computer system really hasn’t had that effect. It actually has sped things up, reduced duplication of information, and improved her lifestyle by enabling her to practice medicine remotely.

“It can be portable,” Hallquist says. “I have a mobile app that let’s me sit on a beach in Florida and fill prescriptions if I need to.”

Hundreds of applications (apps) exist on the Internet for iPads, smartphones, and BlackBerrys that enable physicians to do everything from review image

studies to prescribe medications while connected remotely with their office EHRs. Many of them are free to download, and most only cost a few dollars.

As with Volpe, the EHR untethered Hallquist from her office and enabled her to practice medicine from any location. Not only did this ability benefit her lifestyle, it improved her practice as well.

“Patients benefit, too,” she says. “[Doctors] are making fewer errors. The information is immediate, and we know it’s correct. We don’t have to guess if we’re sending the right medicine to the right patient.”

Hallquist is a firm believer in doctor-patient communication and says that EHRs are well-suited for this purpose. Additionally, this capability is required for physicians to attest to meaningful use.

“If a patient calls me up and says, ‘I need my blood pressure medicine, but I don’t know what it’s called,’ I can look that up immediately. EHRs improve patient care, and they also improve physicians’ lives. It’s just easier,” Hallquist says.

Many physicians typically stay late completing documentation. Or they bring it home on the weekends to finish. Hallquist says that the EHR sped up her practice so much her documentation is completed by the end of the day.

“I very rarely bring work home. But if I do need to access patient data, I can get to it at any time, and that’s nice,” she says. “We all get calls on the weekends. Someone has an ear infection and needs to see me, or someone needs a prescription refilled. I can always look it up and send it from my smartphone.”

EHR INSTALLATION ASSISTANCE AT YOUR DOORSTEP

Having control over your work life, not spending Sundays at the office—it sounds great,

Medical Economics online

Find out more about regional extension centers (RECs) and how one can assist you in selecting an electronic health records system and obtaining government incentives at MedicalEconomics.com/RECs



To find a REC near you, visit MedicalEconomics.com/RECfinder

Learn about the Medical Economics EHR Study at MedicalEconomics.com/EHRStudy



“It was comforting to know that there were [regional extension centers] out there offering those services.”

—Robin Hallquist, MD

doesn't it? Implementing an EHR system can definitely improve your lifestyle—once it's installed—according to these physicians.

And that's where regional extension centers (RECs, pronounced R-E-Cs) come in. If you've never heard of an REC, no worries. There's one in your backyard, and it's looking for you.

“I don't know what I would have done without them,” Hallquist says, speaking of her experience with the REC of New Hampshire, which is part of the Massachusetts eHealth Collaborative. “I was on my own. I really didn't know that much about meaningful use. It was a new concept at the time, and [the REC] had a conference. So I went.

“At the conference, they were signing doctors up for free help,” she continues. “Well, I'm a new practice, I didn't have a lot of money, I didn't want to spend a lot of money on startup, and when somebody offers you free consulting services, it's a pretty exciting thing. So I jumped on it, and they were invaluable.”

Sixty-two federally funded RECs operate in separate regions throughout the United States. Each one is mandated to assist primary care practices to implement EHRs and to help them attest to meaningful use. In most instances, this assistance is totally free.

The REC will study your practice and advise you on the EHR best suited to your workflow. You are not, however, required to implement the EHR the REC suggests. You can install any

EHR you choose, and the REC is required to help you in the same manner.

WORKING WITH YOUR REC

Although each REC has its own method for assisting practices to implement EHRs and attest to meaningful use, physicians can expect certain basic steps.

The first one is outreach. An REC will attempt to contact you by e-mail, phone, through the Internet, or at a neighborhood conference to which local PCPs

are invited to attend to learn more about the services available to them.

Once committed to the process, you'll sign a direct-services agreement (usually a 1-page document) with the REC, along with a few forms with basic information about your practice.

The REC then will assign an implementation specialist, who will contact your practice and start working with it. The specialist will visit the site and complete an assessment of your practice's current state of development. The specialist then will create a custom plan for your practice's EHR implementation. You will be able to review and makes changes to the plan before approving it.

Generally, one REC implementation specialist stays with a practice as the single point of contact throughout the entire process, to help coordinate with other REC specialists and services.

Once a practice has successfully attested to meaningful use, the REC's primary mission is completed. Meaningful use entails three stages, however. Currently, attesting to meaningful use only applies to stage one. Stages two and three have yet to be defined by the government. Once that happens, you can return to your REC for further guidance, assuming it still exists. Also, the services at that point may or may not be free. It depends on each REC's individual policies.

Volpe and Hallquist are just two examples of how EHRs and RECs can make it significantly easier for a physician to improve lifestyle and quality of life. Many more examples exist, and you can be one of them.

“When I first talked to [my REC], I said, ‘I don't know if I qualify for this. I'm just a little practice in a small rural town, and you're probably not interested in me,’” Hallquist says. “They looked at me and said, ‘Oh, no. You're exactly what we're interested in.’ I was surprised by that. I thought they would've gone after the bigger operations. But they were very excited about helping me.

“It was comforting to know that there were people out there offering those services,” Hallquist says. “I could not have done it without them.” **ME**

Send your feedback to medec@advanstar.com. Also engage at www.twitter.com/MedEconomics and www.facebook.com/MedicalEconomics.

POWER POINTS

Electronic health records (EHRs) can enable physicians to practice medicine from virtually anywhere in the world that is reachable by the Internet or a cell phone signal.

Recent statistics indicate that EHR implementation among primary care physicians is up more than 50% over just a few years ago.

A regional extension center can study your practice and advise you on the EHR best suited to your workflow, but you can install any system you choose.