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The Paperless (or Near-Paperless) Pediatric Practice

Can you imagine an office where you don't have charts stacked up on counters, where a secretary can just push a button and print out a child's immunization record for school, where your own desk gives you the space to think? This is the paperless practice, and it's the medical office of the future. For some pediatricians, it's the medical office of the present, and we talked to three of them to find out how they got started, what the benefits are, and how you can get your own practice wired without financial or logistical problems.

Tracking Immunizations

Robert Strashun, MD, who practices in St. Louis, MO, converted his practice to electronic records about four years ago, mainly to help with tracking immunizations. As anyone who has had to compile an immunization record knows, it is very time consuming. With an electronic record, it takes a few seconds.

The value of the electronic record for immunizations can't be overestimated, agrees **Ken Hirsch, MD,** of Rivendell Pediatric and Adolescent Medicine in Moorestown, NJ. "The reports are built in to the software I use," he says. "Let's say I need a report for a school. All I do is retrieve the most recent well visit, and automatically I get the full record I need for a school report. It takes 15 seconds." Hirsch, who, like Strashun, uses the CompuKID system, says that computerized charts help pediatricians themselves keep track of immunizations, as well—which child is due and for which vaccination.

Strashun likes to use the computer record to keep track of all documentation. He puts all of his notes in the computer: the history, the physical, the review of systems, even medications. "I can print out the prescription on the printer right from my notes," he says. The software automatically includes all the information that is required, even for controlled substances.

Paper for Insurance Audits

Strashun hasn't completely eliminated paper charts in his practice. He finds that insurance companies prefer to look at paper when conducting audits. At the end of each visit, the computer prints out a hard copy of his notes, which are then placed in the chart, so the insurance company can see the paper record. "There are many more requirements for documentation now from insurance companies," Strashun says. The electronic record can help with this by clearly showing when the pediatrician has given anticipatory guidance, for example.

Some outside materials are still on paper in Strashun's practice. He hasn't yet invested in a system for scanning, so he can't incorporate anything that needs to be

scanned. Lab reports, for example, are on paper, and are simply put in the paper chart as is. If he had a scanner, these reports, too, could be put in the electronic record.

Computers in Exam Rooms?

Wendy Frieling, MD, a pediatrician and wife of the president of Pediatric Software International, which produces CompuKID—computer software for pediatricians—and specializes in the paperless office, actually uses a computer in the exam rooms at Hamburg Pediatric Center, a two-pediatrician practice in Hamburg, NJ. "It forces me to do the documentation the right way then and there," she relates. "Before, I got behind with paper charts—I'd always have 30 charts on my desk at the end of the day."

However, Frieling likes to keep eye contact with a parent or child while she's talking, so she has developed a way of entering her notes into the terminal without losing rapport with the patients. "My terminal is on a counter in the exam room," she explains. "Half of my body turns toward the parent, and the other half is typing."

But very little of the "typing" is actually done on the keyboard. Most of CompuKID is executed by clicking the mouse. On the portable wireless stations, a pen-based system is used, meaning that the pen types on the screen—you don't even need a mouse. Usually, typing is only needed when a pediatrician can't find the right wording in the built-in list. For example, a pediatrician can just click on "left ear, red, dulled, decreased mobility," and not have to actually type it in.

While some pediatricians like to enter their notes directly into the computer in the exam room, Strashun, who has a small office, prefers to take notes manually and transcribe them onto the computer afterward. "My desk is about 12 feet away from the farthest exam room," he says. "So I prefer to jot down notes to help me remember, and then I transcribe it into the computer immediately after the visit." How long does it take him to do this transcription for a well visit on a child in whom

everything was normal? "About 30 seconds," he responds.

If a pediatrician does want to keep a terminal in an exam room, there is no need to worry about security. All you need to do is log on—using your password—when you come in, and log off when you leave.

Usually, the nurse logs on first, and enters the vitals in the computer. Then the nurse logs off, and the doctor logs on again. When the doctor leaves, he or she logs off, and if a nurse needs to come back to give shots, the nurse logs on again, and then logs off. The log-in process only takes about five seconds.
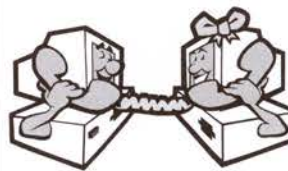
Portability

One of the greatest benefits of the paperless system, to Frieling, is the ability to access records from anywhere with a modem. "I'll be on call from home, and a mom or dad calls with a question about some medication my partner prescribed," the pediatrician explains, noting that she brings the three-pound unit home at night so she can access the office system. "I can look up the whole encounter on the same portable that I used in the office, and give a more informed answer to the parent."

Any specialists you refer your patients to will love this system, too, says Frieling. "Let's say I've seen a child four times for acute asthma," she says. "Now I'm referring to the pulmonologist, and I can just print out the last four encounter records." It's much better, the pediatrician notes, than having to pull the chart and sift through looking for those four notes. "Also, it's legible," says Frieling. "Not only do the specialists like that, but I do, too."

Legibility

One big benefit of the electronic record is that it's legible. We haven't spoken to a pediatrician yet who is proud of his or her penmanship. But with the medical record, everyone—including the pediatrician who wrote the notes—can read them.

"Lawyers are always complaining, because they say, 'How can I believe what this person did based on these notes—the doctor can't even read what they did!'" says Frieling. "It's nice for all of us to have a legible record."
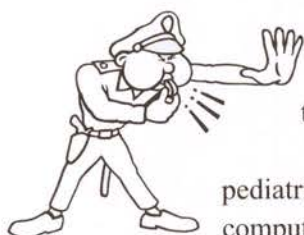
Strashun agrees. "I really like the fact that everything is legible," he says. "It makes my own reviews that much faster."

Converting Old Records

The focus in all of these practices is on creating an electronic medical record for each child. The biggest question established pediatricians have, of course, is how to handle the existing charts. For a large practice, converting all of the paper charts to electronic records would be costly. "You may spend $6,000 to go on line without entering your old charts into the system," says Hirsch. "But if you've got 10,000 patients and you want to convert all of their charts, it may cost you more like $30,000."

Strashun had all of the immunization records of his existing patients converted and added to the computer. He didn't have an electronic record of every visit, but he did have the single most useful set of information. "Schools are always asking for hard copies of immunization records," he notes. This modified conversion was much less expensive than converting the entire record.

When Hirsch gets old records, he scans them in. "Any incoming piece of paper gets scanned," he says. "And, as soon as it's been scanned, I destroy the paper."

This is the issue over which many pediatricians get stymied when it comes to computerizing patient records. "With an established practice, and an established patient base, you're going to be petrified about what to do with your old charts," notes Hirsch. "If you want to computerize, you just have to decide what day you're going to start doing it. Friday is your last day of paper records, and on Monday, you start doing it all electronically, never ever going back to paper." Yes, this means that you will have two charts for some patients—paper and electronic.

How can you combine paper and electronic? It's not complicated. You need to bring the paper chart into the room for referencing old information, but the only data that get entered into the computer is new. If the child has an important problem area (not just old otitis), this is manually entered into the computer—again, usually with mouse clicks, not typing. The paper chart only has old data and nothing new. As the years go by, you will need this old data less and

less. Eventually—in 20 or 30 years—you will no longer have any at all; you will have the paperless office.

Before You Convert

There are some important issues to consider before you actually switch from a paper to an electronic chart system:

1. Templating. One of the advantages to electronic records is that you can create templates for standard exams, such as a well-child template for each age, an otitis media template, a strep throat template, and so on. All you need to do is enter the diagnosis and the template comes up, which you only need to adjust for specific deviations in that child's exam. "This is a great time-saver," explains **Thomas Kent, CMM,** principal with Kent Medical Management, a medical practice consulting firm in Dunkirk, MD. And pediatricians are more fortunate than other physicians in this respect, since they don't see Medicare patients: Medicare auditors don't like templates. "They think that each patient should be unique," says Kent. Of particular concern is the suspicion that physicians will overstate the actual work provided in any patient visit by standardizing the documentation. While this is currently not an issue for pediatricians, as more insurance plans begin to audit medical records, this may change in the future.

2. Privacy and security issues. Make sure that the system protects records from unapproved access. Furthermore, if the system is attached by modem to external sources, make sure that firewall protections are provided.

Note: A firewall, in computer terminology, is a way to prevent a closed system—like a medical practice—from outside contamination, such as Internet viruses.

3. Return on investment. Pediatric practices should compute a return on investment in two to three years, says Kent. "I anticipate that an upgrade to a new system will be necessary in less than five years," he says. "This field is in its infancy and will change tremendously in the next three years." This should not stop offices from investing now—but be prepared for this to be a short-term investment.

Tip: Write your technology support contract with the supplier to provide for a transfer of support to a new system when you upgrade, so that you don't lose your support or have to pay twice for this service.

4. Planning to merge? If you are going to be consolidating offices, with a hospital or another practice, you should go ahead and research systems now. But wait on a purchase to see what system the larger group in the merger currently has or will be adopting. ❧

The Paperless Office: Technology and Costs

So how much does this cost? First of all, you have to decide what you are going to do with your existing charts, says **Daniel Frieling**, president of CompuKID, based in Sparta, NJ.

"If you have a billing system already, we can import a lot of that data into our system easily," he says. For example, your billing system would have names, birth dates, addresses, and genders of your patients. Entering this information manually can be very costly. "And if you're in a big practice with a bad records system, the cost of entering the data from all your old charts could be quite high," Frieling adds.

But it doesn't have to be. Hamburg Pediatric Center entered all 4,000 patients, with name, address, birth date, gender, and immunization history, manually. It took two weeks. It had to be done manually because the previous billing system did not allow CompuKID to extract the data.

Tip: If you do enter old data manually, don't miss the opportunity to clean up the information; and make sure you don't waste time entering patients who are no longer in the practice.

If you have a fairly accurate billing system, all kinds of information can be captured from it, including the all-important category of immunization records.

If you don't want to put your old charts on the computer, but just enter patients as they walk in the door, you will save some money by not having to convert, says Frieling. But he stresses that conversion needn't be expensive. It could cost as little as $1,000 for a consultant to convert basic information from electronic billing records, says Frieling. But it could cost more than $15,000, he says, for a practice with 40,000 patients, to convert the old charts. And for a complicated conversion, notes **Ken Hirsch, MD,** of Rivendell Pediatric and Adolescent Medicine in Moorestown, NJ, it could cost much, much more.

In addition to the conversion of old charts, what kind of costs are associated with moving to a paperless office? Here is Frieling's list:

- $4,000 for a file server that is adequate for a one- to five-pediatrician practice
- $1,500 for each wireless workstation (for exam rooms)
- $500 for each wireless interface
- $3,000 for operating systems (Windows NT 4.0 and Citrix Metaframe)
- $300 to $1,500 for a laser printer

- $800 for each wired workstation (for the front desk, nurses, and other locations where you don't need wireless terminals)
- $400 for a battery backup unit
- $500 for miscellaneous hardware
- $3,000 for the billing system (this is specifically Lytec 98 from Lytec Medical—the system with which CompuKID is integrated)
- $3,000—a onetime charge for the office charting system by CompuKID for the first pediatrician in the practice; $1,500 for each subsequent pediatrician (also a onetime charge)
- $600 per pediatrician per year, after the first year, for maintenance and support.

This comes out to about $20,000 for a three-pediatrician practice—and that's before you account for the cost of converting records. Is it worth it?

Many experts believe that physicians won't have any choice but to generate electronic medical records in the future. In addition, our sources say it has made their work much easier. Finally, you probably have some kind of computer system anyway—why not incorporate medical records as well, eliminating the need for paper?

And there are clear economic benefits of having a paperless office, especially in time savings. Thanks to the link between CompuKID and Lytec, the billing person sees a lot of important information right on the screen, without having to go to charts: the provider, the patient, assessments, and more. Time is also saved because no one has to pull charts to find immunization histories; and nurses don't have to fill out the immunization records, since the computer does that automatically. This frees up the nurse's time to do more things like breast-feeding counseling.

But the biggest economic benefit, according to our sources, is for chart audits and HMO ratings. We hear that many practices fall behind when it comes to record keeping, lack of proof of anticipatory guidance, and similar issues. Having all of the documentation saved electronically can improve your standards in the eyes of managed care. Also, for larger practices, you will be able to eliminate the position of the employee who does nothing but pull, maintain, and file charts, and move this employee to a more productive position on your staff. (In the typical three-pediatrician office, there is one full-time-equivalent file job.) Eliminating this job will save the practice about $20,000 a year in salary and benefits. The payback time? Twelve to 18 months. ✎