Worth the Wait

**The choice of an EMR is one of the biggest a physician practice will make.
C. Kerry Stratford, M.D., of St. George, Utah, performed the weighty due diligence necessary to make the right decision.**

By Robin Blair, Editor

When it comes to big-ticket items, selection can be arduous. For physician practices, selection of an electronic medical record (EMR) is one of the biggest decisions a practice can make, and it can't be made by the practice administrator. An EMR must be tried and tested by the physicians who will use it; it must be selected with their preferences and technology savvy in mind; and it must deliver the benefits they want.

C. Kerry Stratford, M.D., president of St. George Clinic in St. George, Utah, and chairman of the Utah Medical Association's technology committee, took nearly two decades to make the right choice, and he's glad about that. It wasn't for lack of interest or knowledge. Stratford was fascinated with information technology as a college student with an engineering background, before entering medical school. Twenty years later, as a family doctor, he remains focused on what's practical, usable and affordable in an office setting.
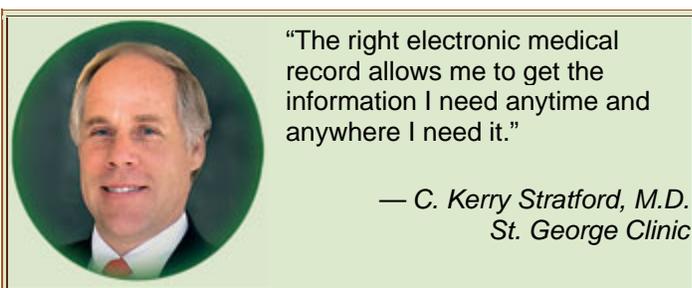
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> — *C. Kerry Stratford, M.D.*
> *St. George Clinic*

For years, Stratford followed the maturation of healthcare information technology, waiting for the majority of his EMR requirements to be met. He used the pre-purchase interim to help grow the medical practice, refine his list of EMR requirements and assess each physician's readiness to adopt IT.

Functionality was a huge issue in Stratford's selection of the eClinicalWorks EMR from eClinicalWorks, headquartered in Westborough, Mass., but it wasn't the only issue. Maturity of the supplier marketplace was also important, right along with price, speed, user interface and system integration.

"The right electronic medical record allows me to get the information I need anytime and anywhere I need it," says Stratford. "Physicians have been promised this for years," he said, but earlier systems, especially DOS-based systems, failed to deliver. Even as technology matured, Stratford says the functionality he wanted was eventually created, but earlier systems were still too slow for him. "You can't have technology that will slow doctors down," he says. "This can't be your father's EMR."

Serious Shopping
By the time he went seriously shopping, Stratford knew exactly what he wanted in an EMR.

Integration with practice management. There's a big difference between interface and true integration, according to Stratford, and he knew that he wanted the latter for St. George Clinic. Throughout its growth stage, the practice had used a big-supplier billing system, but didn't always find vendor support satisfactory. When the clinic moved to a larger office several years ago, Stratford believed it was an opportune time to reassess all systems.

At that point, he grappled with the practice management (PM) system and the EMR—and which came first. "Office staff are more flexible than physicians," he says, "and can adapt more easily to new software. At that point, I decided to de-emphasize the PM system features and concentrate the search on the best EMR product, keeping in mind that we needed robust systems for both that worked together for maximum financial efficiency."

Price. Naturally, price was an issue. Stratford says that throughout his research, many large vendors offered huge discounts on EMRs, but final costs were still two or three times what he paid for the eClinicalWorks product. Price was important for more than just the clinic's finances. Stratford plays a leadership role in professional medical association activities in Utah, and he knew that the system St. George Clinic implemented could be a model for other physician practices that might follow suit.

Vendor strength. Bigger isn't necessarily better, but neither did Stratford relish charting new territory. Some of the vendors he considered were headquartered in the East without much visible presence in the West. While he didn't necessarily want a big-gun supplier, he did require a vendor with national presence, one with some longevity, a proven track record and a good reputation for support.

Tablet technology. Stratford has been a tablet advocate for years now, acquiring one as early as October 2002. With the tablet PC, he became involved in using and customizing templates as preparation for how he wanted to use an EMR. In May 2003, he was named a first-place winner in a Microsoft Corp.-sponsored competition for healthcare providers making innovative use of Microsoft Office technology, using his tablet PC.

Live Lessons Learned
Much of Stratford's serious shopping consisted of travel, site visits and hands-on experience. "I got intensive about it," he admits. A couple of years ago, he attended an American Academy of Family Physicians conference which featured an exhibit floor with "dueling EMRs," and that was "a good place to start," he says.

In the fall of 2002, he began searching with an eye toward purchase. "I spent a lot of time on the Internet in doctors' forums," he says, "to determine what my peers liked and didn't like. As sites went, I liked EMRUpdate the best because it allowed for comparison of EMRs by actual users. Visitors to the site must state whether they are a physician or a vendor. I also used the TEPR awards and KLAS reports and looked at other rankings such as those from the AC Group."
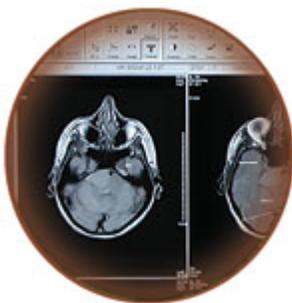
Early on, Stratford had attended a Comdex show, where he saw handwriting recognition technology, using new digital ink, and immediately thought the capability would help St. George Clinic physicians who don't type, because they could annotate as they were used to doing. Wireless tablet PCs also posed no impediment to doctor/patient interaction and would be easy for physicians to learn, but most important, "The pen is faster than a mouse or touchpad." He added digital ink to his requirements list. Then, reality struck.

"I brought my tablet around to vendors and asked if their EMR could support it—along with digital ink—and almost no one knew what I was talking about. I

was disappointed that so few vendors were thinking about incorporating the emerging technology into their products. I spent a year intensively looking at different products and having vendors' reps come to our clinic for presentations," he says.

The Right Stuff
As part of the effort, Stratford and three partners traveled to Las Vegas, where they were able to see the eClinicalWorks product live in a pediatric setting. "It was the first time we saw a product that everyone was impressed with," he says. As family doctors, Stratford and his clinic colleagues deliver babies and treat youngsters, geriatric patients and every age in between in the cradle-to-grave practice. "We needed technology that would allow us to rapidly see patients with multiple complaints and keep our volumes high. It's the nature of the business," he says.

For Stratford, eClinicalWorks appeared to meet his practice's needs from the start. "They were upfront about price," he says. "They told me, 'This is what we charge, and this is what you get,' and their price was more affordable than most others we looked at." Stratford was also impressed with their use of new Java and XML technologies. "That seemed to be the direction everyone was going in. They were not hampered by older code or legacy accommodations."

eClinicalWorks' EMR product represents part of a suite that includes front-office functions (appointment scheduling, patient lookup and registration) and back-office functions (claims submission and tracking, online communication with payers, eligibility confirmation), and is geared to small and midsize practices. It can be licensed and installed, or hosted from a data center. It works with handhelds and tablets, and it supports wireless and remote access. It features subjective, objective, assessment and plan templates indexed by diagnosis, an E&M coder so physicians can code at the right service level and not leave money on the table, and electronic management of prescriptions, lab orders and imaging orders. It also supports the use of digital ink with a tablet PC—one of Stratford's favorite requirements.
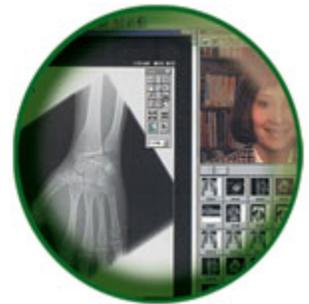
Day-to-day Usability
St. George Clinic began in the 1960s as a full-service family practice. By the mid-1970s, it included four physicians and stayed that way until the 1990s. Stratford came and replaced one physician in 1986. In the next decade, the practice grew to six physicians and later to eight. The new office location has space for nine providers, and the practice added its ninth on Jan. 1. An office staff of about 40 rounds out the picture.

Stratford says the two physicians from the practice's earliest days "could take it or leave it." The other physicians, however, knew that automation was inevitable and fully supported the purchase. "Part of our reasoning was that, with growth, it was becoming harder to find charts and share information."

St. George Clinic went live with the eClinicalWorks EMR in November 2003 and was the first Utah office to use it. Stratford adds that the Utah Health Information Network (UHIN), of which he is now vice chairman, is a regional clearinghouse or data exchange system between payers and providers. eClinicalWorks had to get their software approved by major payers in the State for participation via direct connection, and ended up customizing portions of it for this purpose. UHIN also has received a $5 million grant to develop a privacy-conscious, clinical data exchange. After this, the clinic went live with the practice management segment of the product in April 2004.

"Our office manager is very technically oriented and a good IT resource," says Stratford. "We were able to bring up the system on a Dell server with convertible Fujitsu tablets. We bought 16 of them, one for each doctor and one for the nurse. The nurse enters vitals, patient history and meds for each visit, so physicians can spend less time on details and more time with patients."

Seven of the practice's eight physicians make full use of the EMR; only one remains a partial user. One physician has become adept at not using the keyboard, says Stratford. "He just uses the pick list function and adds verbiage when it's appropriate with the on-screen tablet input panel."

One of the system benefits St. George Clinic enjoys with the EMR is prescription automation. "We spent a huge amount of time refilling prescriptions, which is essentially a repetitive process," says Stratford. "Now I can push a button and have the refill automatically faxed to the pharmacy—and I can do that or access records from any exam room, the hospital, my house or any place with an Internet connection, even using my cell phone as a modem." Stratford says encounter notes are more complete, as the EMR enables him to document more information in less time than paper charts did.

Utah is one of the initial four states chosen to participate in DOQ-IT (Doctors' Office Quality-Information Technology), a CMS-funded initiative, headed in Utah by its peer review organization, HealthInsight, to promote adoption of EMRs in small to midsize physician practices, and Stratford has helped to support it. DOQ-IT's goal in Utah is to get 200 practices to participate, and that may be a challenge, since 200 practices would represent about 80 percent of Utah's primary care physician practices seeing Medicare patients.

Nevertheless, says Stratford, the main purpose of the initiative is developing the ability to track certain indicators of quality care. "To do that, we must have a standard way to gather information and measure it, and that requires an EMR." Stratford is pleased that he has one—and pleased with the one he has.

For more information about **eClinicalWorks' EMR and related products**, www.rsleads.com/501ht-206

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