

How One Solo Practice Defied the Norm with Successful EMR Implementation



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Although EMR usage has risen substantially, adoption by solo and small practices lags far behind that of larger medical groups. Only 24 percent of solo practices have implemented an EMR compared to 46.5 percent of groups with 11 or more providers, according to a Centers for Disease Control and Prevention report published in October 2007.

At Boulder Institute for Sports Medicine, a solo provider orthopedic practice, we bucked that trend when we implemented an EMR in August 2007. We were convinced for years that the right EMR could be of great value. Like many small practices, however, there was concern about the high cost of the technology and finding an EMR that would meet our requirements including: affordability, flexibility, a wide range of functionalities and readily available, personalized customer support.

Although we researched EMRs for more than 10 years, it wasn't until recently that we identified ones that met our practice's business and clinical needs. After a thorough review process, we selected MicroMD EMR from Henry Schein Medical Systems because of its customizable and pre-built templates, a must for any specialty practice, CCHIT certification, and our success using MicroMD PM for a number of years.

The experience and the results produced by the EMR demonstrate that the technology can deliver multiple, significant benefits to solo and small practices if physicians choose their system carefully. Now, after using an EMR for more than six months, we are well on our way to achieving one of our main goals: cost savings.

By April 2008, the EMR had eliminated the need for staff to perform a range of administrative functions, including filing, scanning and fielding phone calls from physical therapists, patients and others. The resulting efficiency gains have enabled us to trim some 40 hours a week from staffing needs. Moreover, the office has gone completely paperless, resulting in additional savings.

The system also gives us the flexibility to use a tablet PC to capture data during patient encounters, which allows direct, face-to-face patient interaction. And by documenting visits electronically, we have easy access to vital signs, lab results, allergies, medication lists and all other patient data for review during the exam. After visits, encounter notes are also immediately available, eliminating the time and expense of transcription.

Our story at Boulder Institute illustrates how the barriers to EMR adoption are falling even for the smallest of practices.