TEXAS MEDICAL ASSOCIATION
Health Information Technology
Practice Management Services

Kenneth Haygood, MD

- Tyler, Texas
- Solo practice
- *Specialty*: Family medicine

Case Study: *The Networking Element*

In his seven years of practice as a family physician in Tyler, Ken Haygood, MD, had from time to time considered the acquisition of EMR software. In 2005, he concluded that the functionality of the available products had reached a point where bringing HIT into his solo practice would improve both efficiency and quality of care. What makes Dr. Haygood's experience unusual is that his software selection is tied to a community coalition that is simultaneously encouraging the acquisition of EMRs and the development of secure connectivity among physicians and laboratories in Tyler and the surrounding counties.

For Dr. Haygood, networking increases the value of EMRs. Physicians, he says, often think of the EMR as an electronic version of the traditional paper medical record, a history of the patient's treatment. Sharing medical records with other physicians improves the treatment of patients wherever they may be in the community's health system. The goal of the Tyler coalition is to select a single EMR software package that can be easily networked, then create a data center through which practices in the network have the capability to access data from any of the other members' practices. So far, six practices with a total of 29 providers are participating and are at various stages of implementing the selected EMR product. The coalition also has established a data center in Dallas. Practices that have chosen not to use the recommended EMR still can participate in the data center through a higher-level interface.

From his experience in working with coalition physicians on EMR selection, Dr. Haygood observed that despite the claims of vendors and developers, interoperability is still some distance in the future. Many EMR systems are still based on proprietary technology that does not easily communicate with other systems.

The coalition physicians are now thinking through the future of their connectivity project. One step under consideration is moving the data center from Dallas to Tyler, which would make the data-sharing project more local. Another likely step is the expansion of the program to include physicians in a 10-county area near Tyler. That expansion would allow data-sharing within a region with a population of about 700,000. Finally, the physicians are considering how to link their project to other similar health information exchange projects in Texas.

Dr. Haygood's EMR acquisition has so far cost him about $15,000 for software, a basic lab interface, and a practice management system interface; and data center costs have been an additional $4,000. The financial goal of the coalition is to bring the overall cost of EMR acquisition to about $20,000 per physician and annual data center costs to $6,000 to $7,000 per practice — a figure that all of the currently involved physicians consider reasonable.

He urges physicians who are about to embark on an EMR acquisition to look carefully at the products they are considering purchasing and to focus on systems with the level of functionality that will yield the greatest benefits to their practices. "There are EMR products out there for as little as $2,000 per physician, but when you look at functionality, they are just not the same as the products selling at significantly higher prices."

Within his own practice, Dr. Haygood has seen major improvements in both practice operations and patient care:

- The EMR has strengthened the practice's ability to monitor and provide preventative care;
- The EMR has almost entirely eliminated paper and staged workflows;
- The practice has experienced major improvements in efficiency; and
- Documentation has improved in efficiency and accuracy through the use of templates and voice-recognition software.

Sometimes the improvements are subtle. For example, he cites the system's "To Do" list, which is accessible to all employees. Because his staff is cross trained, he does not have to make specific assignments of each item but can simply create a single list that employees tackle task by task as they have time. He does not plan to reduce the number of employees in his practice but does plan "to make dramatically better use of them."

He sees other practices in the Tyler community using EMRs to overcome the limitations of a paper-based environment. One large procedurally focused practice had reached a limit on the number of procedures it could perform until the group installed an EMR. With the help of the EMR, the practice set up algorithms that improved the efficiency of care, the monitoring of patients, and the ability of the practice to educate patients. They also allowed the physicians to increase the number of procedures they performed and to generate additional revenue.