4 Tips for Switching from Paper to Electronic Medical Records
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Change requires a willingness to challenge the status quo for the sake of improvement. The past several decades, the urgent care industry itself was born from this exact notion—the need for patients to have better, immediate access to care. Now, urgent cares are feeling the transition of change as the industry switches from the long-held medical standard of paper charting to electronic medical recording.

Most urgent cares have adopted an electronic medical record (EMR) software in the past few years—or a hybrid version of EMR combined with paper charting. According to the Urgent Care Association of America, 79.9% of centers in 2012 were using technology in the areas of medical records, e-prescribing, protocol and lab management, and clinical guidelines. A driving factor for urgent cares’ adoption of EMRs is Meaningful Use incentive programs, promoted by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009.

This switch in patient data recording has challenged providers into a new way of thinking—how to document without paper. This digital revolution is transforming traditional healthcare processes and re-inventing them in a new medium. EMRs present new advantages unavailable before, such as real-time data and safety alerts. However, EMRs also pose the need to bridge the world of the past with that of the future.
How does an urgent care go from paper to electronic in a smooth manner? The switch itself is as much mental acceptance as it is learning a new physical routine. As an EMR vendor, we know the most successful transitions take place with clinics that focus on the improvements – and fully commit to change.

Here are a few practical tips to help your urgent care make the switch from paper to an EMR:

**TIP 1:**

Plan ahead and involve staff from all roles

Planning makes everything smoother. Once your urgent care has decided to switch, it’s important to lay out a plan to transfer your current workflow to a digital format. Look at your workflow and envision what that will look like without paper. Remove every piece of the paper in your process—from registration through billing—and see what that requires your staff to do and re-learn. Scanners, tablets, and computers will become your staff’s go-to tools.

During the beginning stages of switching, include staff from each department of your clinic in the process of converting—so each role has a voice and can lead excitement for the change. Designate super users in the EMR so department leaders can champion changes in the EMR that better the whole workflow. Train staff to be mentally ready to remove the paper crutch from daily tasks. Envision the computer or tablet as the new clipboard.

Discuss with staff the new needs for communication that an EMR will present. Rather than paper changes triggering workflow tasks, staff need to look for updates within the software to know the next steps to take in the patient visit. Training on digital documentation, per staff role, also ensures procedures are followed for HIPPA compliance—and helps visits be coded and billed correctly.

Consider the implications using an EMR will have on your billing team, as they’re likely not using a fully paper system. Ensure the EMR and/or practice management data will be transferred to your billers smoothly so reimbursements and revenue stays on track.
**TIP 2:**

Set a transition period (and stick to it)

Transitions require preparation. But even the best planning might not catch all the details you might have overlooked when switching to an EMR. Experiencing lessons through trial and error might be the way you have to learn—if you don’t have guidance from others who’ve already made the switch. Be patient with the learning process and stay the course by setting a timeframe for the transition period.

While the transition period may differ per practice, it’s a good rule of thumb to make the transition time a firm date range. In our experience, we know the switch can be successful in 30 days. While you may be more comfortable with a longer time period, the longer you extend the time—the more your staff will rely on paper, rather than learning the new EMR. Stick to your time period, and work through the learning process together.

Your EMR vendor can help with a lot of the legwork by configuring data into the EMR, such as payer info, fee schedules, and pharmacy lists. Take advantage of your EMR vendor’s configuration services so you don’t have to manually enter data into your EMR. Re-frame how your clinic views paper by seeing it as only a last resort if the EMR, or your internet, goes offline.

**TIP 3:**

Decide what to do with paper files

Now that you’ve gone digital, what do you do with the old paper charts? And what do you include in your new EMR? Urgent cares by nature do not have consistent repeat visits like primary care providers do. Therefore, patient demographics and records fall out of date quickly and are less relevant for episodic care. DocuTAP recommends not entering old patient info if you have less than 60% repeat visits.
However, your urgent care should scan in relevant files for reference—and have them easily accessible within a digital folder. Generally the last two years of charts should be kept on hand. According to the Centers for Medicare and Medicaid Services, HIPPA law requires archives of medical records for patients for a minimum of six years from the anniversary date of the last treatment. You’ll be required to keep workers’ compensation records for even longer.

Record archives may be kept onsite or offsite; carefully consider which files you’ll want your staff to have quicker access to. Put a plan in place for destroying paper files when appropriate. This should be in a reasonable timeframe after records are no longer needed and all vital data has been saved within the EMR. Adhere to state laws for proper record retention formats, and clearly communicate how and when records will be destroyed to your entire staff.

**TIP 4:**

Adjust EMR workflow as needed

New processes often need refinement. Once you’ve switched from paper to your EMR, take a step back and look at your digital workflow. Are templates in the EMR working to their max potential for your providers? Is staff doing additional work that the EMR could do for them? Don’t be afraid to tweak workflow as you begin using your EMR.

Mentally prepare your staff for slight changes to workflow for the first few months. Don’t feel bound to your previous paper workflow—or the workflow you first create in your EMR. View workflow creation as something you can alter and improve as providers’ needs change or as services are added to your urgent care. Document your workflow so your staff can visualize the complete patient visit using the EMR. You may decide to add or remove interfaces in the EMR as well; keep staff up to date on expected changes and train them on new steps as they are added.

Create EMR training documentation as needed to keep staff current with clinic policies and procedures—and to reduce frustration. Your EMR vendor should also provide EMR training for updated software features and functionality that could improve workflow. A periodic audit of workflow by your EMR vendor is also recommended—typically 6 months after your transition—so you urgent care can be sure it’s using the EMR to its full potential.
CONCLUSION

While using an EMR is still in its relative infancy in the medical world, urgent cares can move forward to this new standard of patient care by learning from others’ EMR transitions. Some staff members may be more willing to adapt to an EMR than others, so be prepared to help them mentally re-frame their idea of charting. Be mindful that staff will adapt to the EMR at different rates—and in different ways. Keeping positive attitudes about the improvements that will come from the switch to an EMR will help during the transition time.

Training is the best preparation tool—and pairing those who are experienced with technology with those who are not can help your staff feel more comfortable. As your staff uses the EMR, remember to promote the patient-provider relationship using the new technology. While change can be daunting, remember the benefits of EMRs far outweigh the challenge of transitioning. Embracing change is the most important step your urgent care can take toward improving healthcare for patients.

REFERENCES

1. Urgent Care Benchmarking Study (2012). Urgent Care Association of America
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