



BY JARROD SHAPIRO, DPM

# The Challenges of EMR

Here's what to love, hate, and wish for.

*Practice Perfect is a continuing every-issue column in which Dr. Shapiro offers his unique personal perspective on the ins and outs of running a podiatric practice.*

As anyone practicing medicine in today's world can tell you, using an electronic medical record (EMR) is a major part of life. Now, many of us will also tell you in no uncertain terms that we don't love it. If you work at two different practices, you may work primarily with two EMRs, but you might also use programs at each of the hospitals. This adds up to a whopping seven EMRs!



### What's Not to Love About EMRs

1) *It takes too long to enter notes*—Regardless of how an EMR is set up—shortcuts, templates, stock notes, tap and click, natural language dictation—it still takes too long.

2) *Unending hours on the phone with customer support*—EMR systems often seem to “glitch out.” You then call customer support, give them access to your computer, and an hour later, you are back up and running. Many EMRs allow online prescribing, but can take about 10 hours of combined time over a month to set it this program up for one of them. So much for saving time.

3) *Compatibility*—Unfortunately, due to the multiple computer platforms in existence, EMR systems must be designed to run on all of them...but they often are not. Despite

**Regardless of how an EMR is set up—shortcuts, templates, stock notes, tap and click, natural language dictation—it still takes too long.**

both of my EMRs being cloud-based, you are still required to carry two different types of computers to run both programs. The compatibility issue also extends to how well designed it is for podiatry—which both of them are not. When a program is designed for everyone, it is often useful to no one.

### What to Love About EMRs

1) *Accessibility and portability*—It's fantastic to be able to access a patient's chart from anywhere. This beats paper charts hands down.

2) *Online prescribing*—This is a huge service improvement over

paper prescribing, since the physician can be more rapidly responsive to patient needs and requests for medications.

3) *Importing images*—Nothing beats an EMR that allows us to import images into the chart note. Whether it's clinical images, labs, or radiological images, this allows for a more complete, accurate, and useful chart note. Some EMRs actually have an app that allows you to take images and import them directly into the patient's file. Love it!!!


4) *Improved compliance*—Most EMR programs are set to check our

*Continued on page 34*


**PRESENT Podiatry**

PRESENT Podiatry (podiatry.com) is a podiatrist-owned-and-run company that proudly serves as the largest provider of online CME to the podiatry profession. One of the key lectures in their online CME collection is highlighted below.


Featured Lecture



**Treatment of the Diabetic Foot Ulcerations with Advanced Biologics**



**Lawrence DiDomenico, DPM, CWS**  
 Director of Residency Training, East Liverpool City Hospital  
 Director, Reconstructive Rearfoot & Ankle Surgical Fellowship  
 NOMS Ankle and Foot Care Centers  
 Youngstown, OH




**In this Lecture...**

Lawrence A DiDomenico, DPM, CWS discusses how to identify diabetic foot ulcers and the need for treating them. Dr DiDomenico also demonstrates how to treat diabetic foot ulcers with human reticular allograft, meshed human reticular allograft, as well as allogenic adipose allograft.

**0.5 CECH**

Scan to go to the lecture



34

*Challenges of EMR (from page 33)*

charting and make sure we are in compliance with the most recent rules (because there are so many!).

**What Should the Perfect EMR Look Like?**

My dream EMR would allow all of the following characteristics and utilities:

- 1) *Patients can enter their own medical information that imports directly to the chart*—Imagine not having to manually enter the medical history, allergies, meds, etc. yourself? Marry that EMR!
- 2) *Sixty second charting*—We need to be able to enter and complete a full chart note in under 60 sec-

**We want the ability to set up every aspect of the system according to our wishes.**

onds. We really shouldn't use the EMR when in the room with patients (it's too impersonal and ruins the relationship we're trying to build), so do all your charting afterwards.

- 3) *Completely personalizable*—We want the ability to set up every aspect of the system according to our wishes. Color, font, format, templates, ability to automatically send notes to referring doctors, true natural language dictation, etc.

In essence, the perfect EMR system would allow us to focus 100% of our time and efforts on our patients, seamlessly creating chart notes that properly support our care with little to no work on our part, in a convenient format, that lets us go home the moment patient care is complete. We should be excited to see that happen...someday. **PM**

**Dr. Shapiro** is editor of PRESENT Practice Perfect. He joined the faculty of Western University of Health Sciences, College of Podiatric Medicine, Pomona, CA in 2010.