



EVMR 101: Why & How to Take Your Practice Electronic

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The medical record revolution began in 1968, when Dr. Lawrence Weed transformed clinical thinking through his publication of the Problem Oriented Medical Record (and patient SOAP note; see **Resources: SOAP Note**, page 20), still used to this day by veterinarians, veterinary and human nurses, physicians, dentists, and more.¹

TEACHING TARGET

VETERINARY MEDICINE MUST CATCH UP TO HUMAN MEDICINE AND TRANSITION TO ELECTRONIC VETERINARY MEDICAL RECORDS TO INCREASE EFFICIENCY, IMPROVE PATIENT CARE AND CLIENT SERVICE, AND MOST IMPORTANTLY, REDUCE MEDICAL ERRORS.

This concept was simple—more organized and thorough medical record documentation. Until then, a patient's record contained little more than a diagnosis and list of treatments. The rest of the record remained in the human mind,²⁻⁴ a bragging right for physicians of the day.

Weed knew we had to do better.

“We’re trying to get across the idea that this record cannot be separated from the caring of that patient,” he said. “This [record] *is* the practice of medicine. It’s intertwined with it. It determines what you do in the long run. You’re a victim of it or you’re a triumph because of it.”⁴

He also knew the revolution's next phase involved leveraging all the enhancements digitized records provide, later developing one of the earliest known electronic medical record systems.⁵

As the human medical world rapidly transitions to digital records, modern veterinary medicine must do the same.⁶ Follow this start-up guide to the whys and hows of Electronic Veterinary Medical Records (EVMRs).

Why Go Electronic?

The third leading killer of humans today is medical errors. The statistics are haunting—medical mistakes account for the equivalent of 2 or more jumbo jets full of people crashing *per day* in the US alone.⁷

In veterinary medicine, we likely deal in similar statistics but lack the robust reporting capabilities to quantify the numbers. Electronic record adoption has the unique potential to address this unacceptable issue and many more, even if the available offerings are still in a rudimentary state. (See **Resources: The Current State of Veterinary Software**, page 20.)

Know the Lingo

- **EMR:** Electronic Medical Record (ie, actual clinical software functions)
- **EHR:** Electronic Health Record (ie, EMR + billing + scheduling)
- **EVMR:** Electronic Veterinary Medical Record
- **PMS:** Practice Management Software (ie, veterinary medicine's EHR)
- **PIMS:** Practice Information Management System (synonymous with PMS)
- **Computerized Provider Order Entry:** Electronic Treatment Sheets or Flow Sheets

Our industry is transitioning. Workflows are changing, practices are consolidating, care is advancing, and case-sharing among veterinary teams is becoming essential. This all means adopting electronic medical record systems is necessary.

Reasons commonly touted in favor of EVMR include efficiency (eg, record portability, no lost charts), revenue (eg, automated charge capture), patient care (eg, better documentation, remote access), client service (eg, patient portals), medical errors (eg, illegible handwriting), and analytics (eg, accounting, medical). (See **Resources: How to Leverage All Your Practice Data**, page 20.)

And this just skims the surface. The better question is *Why wouldn't you go electronic?*

Ready to make the transition? Over the past 6 years, I've helped take 2 different multispecialty practices nearly paperless. Use the following guide and learn from my mistakes—and successes.

Identify Your Starting Point

First, identify the current starting point of the practice to assess the work and time involved in a transition. In my experience, veterinary practices can be digitally classified 5 ways.

- **The Luddite:** Paper everything
- **The Apathetic:** Paper charts, electronic schedule and client rolodex
- **The Confused:** Paper charts with some electronic documentation (medical notes, prescribing)
- **The Paperlight:** Electronic everything, except treatment sheets
- **The Paperless:** Electronic everything, *including* treatment sheets

(See **Resources: Lessons Learned with Electronic Treatment Sheets.**)

Timing Decisions

Pick a go-live date and timeline. Depending on your starting point and practice size, consider a 5- to 6-month time frame. Work backward, looking at the practice's historical ebbs and flows. Ideally, the go-live date will correspond with the slower season.

MONTH Identify the Team

1 Mission critical is naming the superuser, the leader of the project ultimately responsible for the successful transition, and the transition team. A superuser should be an actual in-the-trenches medical team member, ideally a veterinary nurse. Why? Veterinary nurses often have an unmatched understanding of the entire practice workflow.

MONTH Research Software Options

2 The team searches the internet and talks to at least 10 other similar-size practices. After narrowing the choices, don't settle for a demo from software vendors. Demand the software for a period of time to test with the team before making the final decision.

MONTHS Plan Practice Workflow
3&4 With the software chosen, assess current workflow and meticulously plan future workflow. Comb through everything from check-in to check-out. Identify pain points and dream up how they can be fixed by switching to EVMRs. Meet with veterinarians and other key team members. Allow a full challenge of the plan and be open to adjustments, which will help with team buy-in.

MONTH Train the Team

5 Every team member should attend 1 lecture and 1 hands-on laboratory to be ready for the go-live date. Software vendors will often assist with training. This is also the time to begin

Resources

- Head-to-head battle of the PIMS! Howard B. *Veterinary Economics*. <http://veterinarybusiness.dvm360.com/head-head-battle-pims>
- How to leverage all your practice data. Frankel C. *Veterinary Team Brief*. <http://veterinaryteambrief.com/article/how-leverage-all-your-practice-data>
- Lessons learned with electronic treatment sheets. Frankel C. *Veterinary Team Brief*. <http://veterinaryteambrief.com/article/lessons-learned-electronic-treatment-sheets>
- Overcoming difficult challenges in electronic practices. Frankel C. *Veterinary Team Brief*. <http://veterinaryteambrief.com/article/overcoming-difficult-challenges-electronic-practices>
- SOAP note. Wikipedia. https://en.wikipedia.org/wiki/SOAP_note
- The state of veterinary practice software. Frankel C. *Veterinary Team Brief*. <http://veterinaryteambrief.com/article/state-veterinary-practice-software>

“We’re trying to get across the idea that this [medical] record cannot be separated from the caring of that patient...You’re a victim of it or you’re a triumph because of it.”

transitioning existing paper records to electronic, most often through scanning and importing records. Ask the software vendor to help, because the company may offer tools that make the process more efficient.

Go-Live-Day Tips

The day the switch is flipped, make some minor tweaks to optimize success and lessen the pain. Plan the patient load carefully in the first week, making adjustments such as extending appointment blocks and scheduling extra team members.

Management should work with the medical team during the first week. Have everyone work from the treatment room floor so they can hear concerns firsthand and pitch in. Keep team members engaged by making it fun with contests, prizes, and food. Also, don't overlook the opportunity to involve (ie, brag to) clients by placing signs announcing you are launching a new computer system to improve client service and patient care.

Finally, remember the workflow should not remain static after the go-live day. If something isn't working, admit defeat and improve it. (See **Resources: Overcoming Difficult Challenges in Electronic Practices.**)

Change is always hard, but follow this advice and turn your practice into a well-oiled, electronic recordkeeping machine in no time. ■

References

1. Lawrence Weed. Wikipedia. https://en.wikipedia.org/wiki/Lawrence_Weed. Updated March 2016. Accessed May 2016.
2. Weed LL. Medical records that guide and teach. *N Engl J Med*. 1968;278(11):593-600.

3. Tomlinson M. Spotlight on Lawrence Weed, MD—problem-oriented medical record. Isabel Healthcare Blog. <http://info.isabelhealthcare.com/blog/bid/176640/Spotlight-on-Lawrence-Weed-MD-Problem-Orientated-Medical-Record>. Published April 8, 2013. Accessed May 1, 2016.
4. Larry Weed's 1971 internal medicine grand rounds [VisualDx video file]. VisualDx. June 22, 2012. <https://youtu.be/qMsPXSMTPFI?t=1s>. Accessed May 1, 2016.
5. Write A, Sittig DF, McGowan J, Ash JS, Weed LL. Bringing science to medicine: an interview with Larry Weed, inventor of the problem-oriented medical record. *J Am Med Inform Assoc*. 2014;21(6):964-968.
6. Office-based physician electronic health record adoption: 2004-2014. HealthIT.gov Dashboard. <http://dashboard.healthit.gov/quickstats/pages/physician-ehr-adoption-trends.php>. Published September 2015. Accessed May 2016.
7. Medical errors: still the third leading cause of death. *Waking Science*. <http://wakingscience.com/2016/05/medical-errors-still-third-leading-cause-death>. Published May 18, 2016. Accessed August 1, 2016.



TEAM TAKEAWAYS

Veterinarians: Work closely with the management team to ensure the workflow plan is optimized and identify a transition team, including a superuser who will select the software, manage the transition, train the practice team, and take ultimate responsibility for the transition.

Management Team: Once the EVMR is live, keep team members engaged with contests and prizes, and be sure to let clients know how the change will benefit them and their pets.

Nursing Team: As you create a workflow for the EVMR, obtain feedback from the entire practice team and be open to adjustments to ensure team buy-in.

Client Care Team: Help management narrow the software search by reaching out to other practices, reading online reviews, speaking to vendors, and passing along what you learn.