

# Challenges and Benefits of EMR Adoption

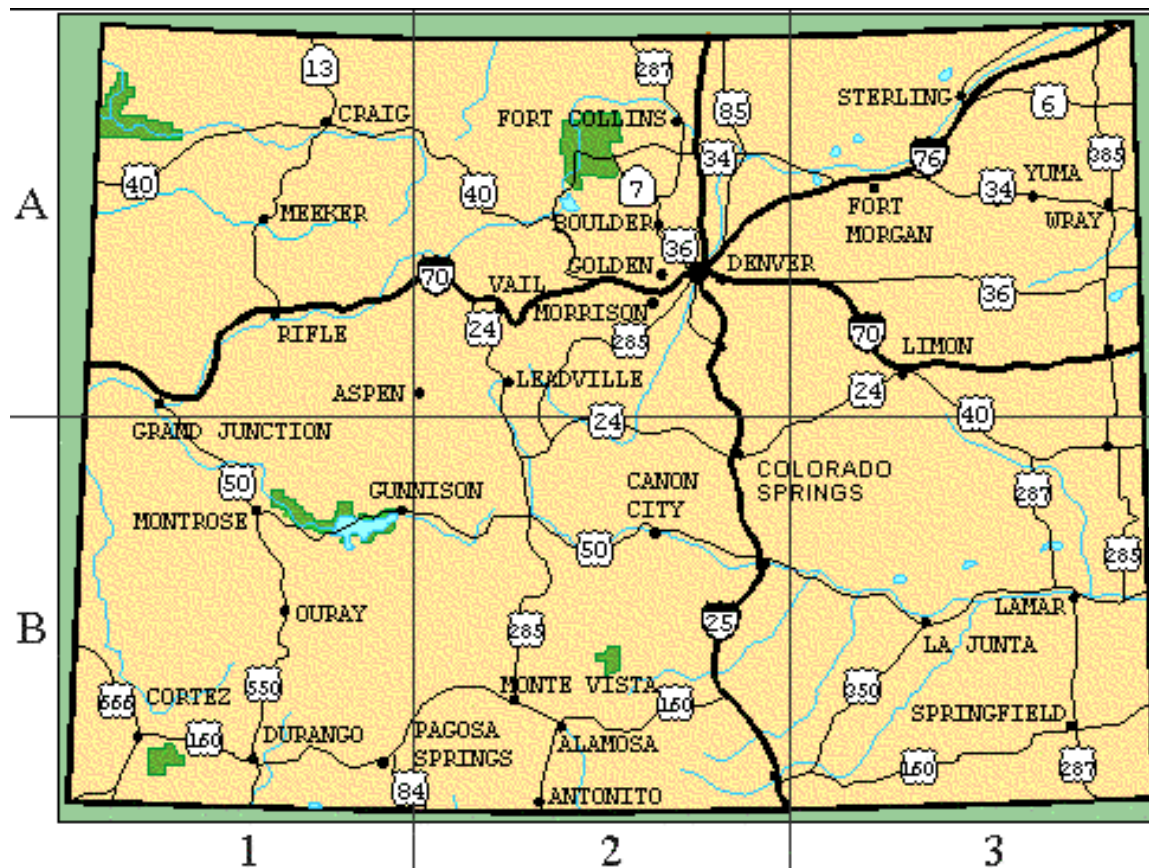
Mary L. Vader D.O. FAAP. FACOP

Pediatric Associates

Montrose, Colorado

# Montrose, CO

- SW Colorado in the San Juan Mountains
- City population 17,000
- County population 40,000
- Drawing area for medical care 360-400 miles
- Qualify as a health shortage area
- Pediatrics is a Rural Health Clinic



**Southwest Colorado**



The Pediatric Associates

07/29/2011

Dolphin House

07/30/2011

Our clinics

07/30/2011

# Rural Healthcare

- Hospital is 75 bed, but well equipped
- Accepts patients from this drawing area
- For pediatrics, our closest tertiary care center is Denver -5 hrs by ground, 3 hr for air transport, especially in the winter.
- County hospital, not for profit

# Adopting an EMR

- Were we crazy?
  - Knew the time was coming
  - Needed to be more efficient
  - We were out of space and growing
  - Needed something that could tie our outreach clinics in to the main clinic.
  - Couldn't read our handwriting!



# Getting started

- Started in 2005 with research
- Selected e-Clinical as our EMR
- Went to the bank!! (eek)

# How to train the “old docs”

- We had “super users” who did the training over the internet.
- Then they got the job of training the rest of us. We did have some on site help from eCW
- Problem: It’s a long way from rural Colorado to Bombay India. It seemed our tech support was from there and very hard to understand.





**Every one needs a wizard with a wand!**

# Going live!

- Went live in summer of 2006
- Carried the chart and the tablet with us to the rooms.
- Eventually scanned problem lists, entered vaccines, and subspecialty notes on complicated kids.
- Started the new patients right out on the EMR

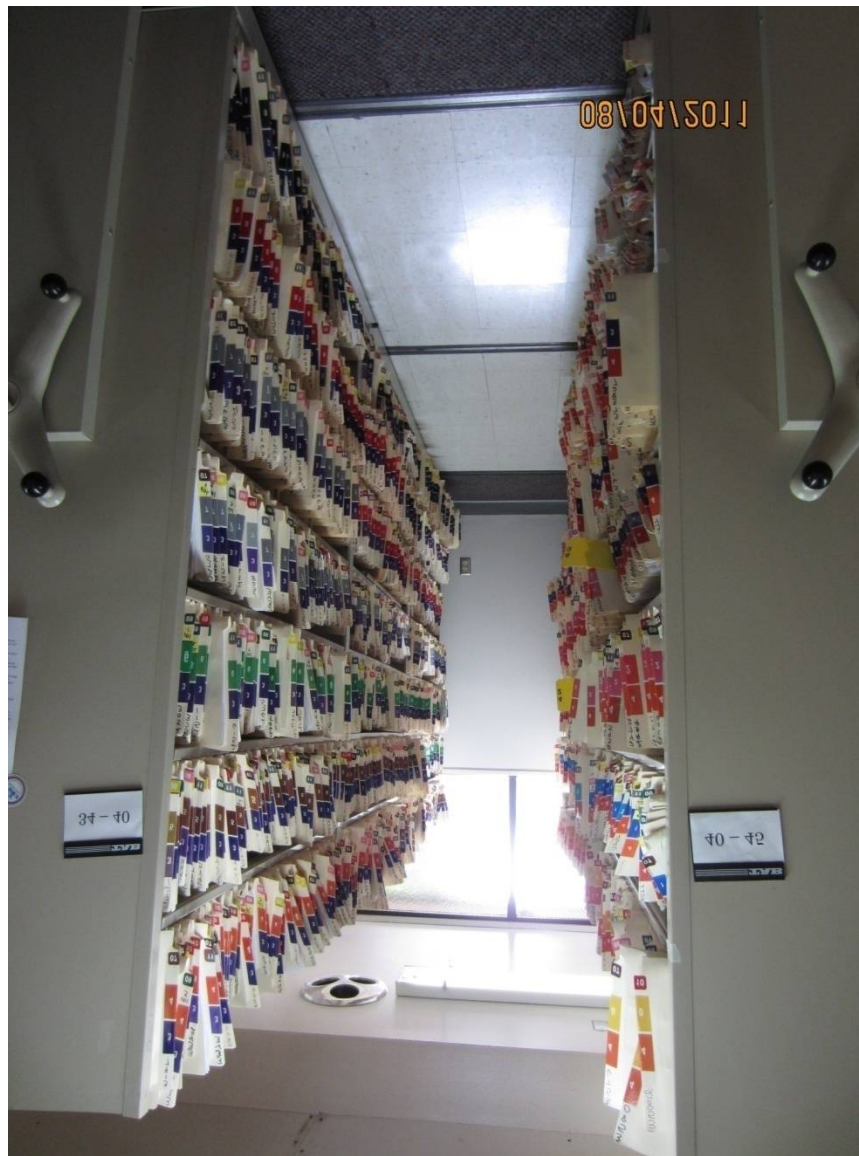


**When we got stuck, we asked our patients to help!**





**This is what the tablet looked like**



**Moved 10,000 charts off site, in alphabetical order!**



**With the extra space, we were able to add on a Behavioral Health specialist.**





**This is a partnership with our local Center for Mental Health and part of our Patient Centered Medical Home.**





**We were able to better accommodate in house billing.**

# Benefits

- Patient information available in both clinics
- Can remote in from home on call
- Can view labs, imaging.
- Can e-prescribe
- Can receive messages from our MA, managers, triage team
- Able to free up lots of space with no charts
- Legible and spell check!!

# Patient Centered Medical Home

- EMR really made this much easier
  - Asthma plans
  - Diabetes check lists
  - ADHD
  - ALSO is helping with MOC for the Pediatric Boards.

# Challenges

- Lack of computer literacy in the older staff
- Tech support from India
- Cost
- Learning curve and work to have a reliable link into Delta
- Really need occasional onsite IT support when upgrades occur.
- Scanning info eats up server space!



**Good tech support is hard to come by in rural areas!**

# Meeting Meaningful Use Requirements

- Had to be able to e-prescribe
- Have readily available immunization records
- Be able to link with other specialists
  - QHN: Interface is being tested between QHN and eCw by clinics in Grand Junction.
  - Beacon: studying our clinic for a year to determine if meeting meaningful use is achievable for rural practices. They are really helping in the transition.
  - RMHP



Pediatric Associates

**Your Medical Home**

Medical, Behavioral Health, and  
Dental Care for your Family

