Physicians' perspective for implementation of Electronic Medical Records at Abeer Family Medical Center

Mentored by:
Mr. Jagajeet Prasad Singh

Prepared by:
Huzefa Wahid

ABOUT THE GROUP

- Abeer Medical Group is a healthcare organization owning and operating high-end medical centers and hospitals across major cities in Saudi Arabia and in other nations such as Qatar, UAE and India

VISION:
To achieve global preference in healthcare through our distinctive services based on excellence and reliability

MISSION:
To refine and redefine healthcare standards through consistent quality enhancement endeavors aiming at winning and retaining excellence

INTRODUCTION

- EMR is an enabling technology that allows physician practices to pursue more powerful quality improvement programs than is possible with paper-based records
- If we talk about the status of EMR adoption in India, it is limited
- Despite the numerous purported benefits of Electronic Medical Records (EMR), medical practices have been extremely reluctant to embrace the technology

BACKGROUND

- One of the barriers believed to be responsible for the slow adoption of EMR technology is resistance by many physicians who are not convinced of the usefulness of EMR systems

- The same instances were seen in the study setting where the level of usage of EMR was very low and the physicians were quite unhappy with the choice of the EMR system (Mediware) that the organization is providing

- This study aims to identify the reasons behind such resistance, if any, in the study setting and provide suggestions to change such perception among the physicians.

OBJECTIVES

- To understand different parts of the hospital functioning related to EMR with respect to entire process flow of the complete cycle of a patient
- To determine the physicians' perception about electronic medical record system
- To identify key barriers to physicians use of EMR system
- To suggest policy interventions to overcome these barriers based on the results

METHODOLOGY

- STUDY DESIGN:

In this study we want to know and understand the physicians' perception at a given point of time which is the reason why, Observational Cross sectional is chosen to address the research study

- SETTING:

Al Abeer Family Medical Centre, Calicut

- STUDY POPULATION:

Physicians

- STUDY TOOL:

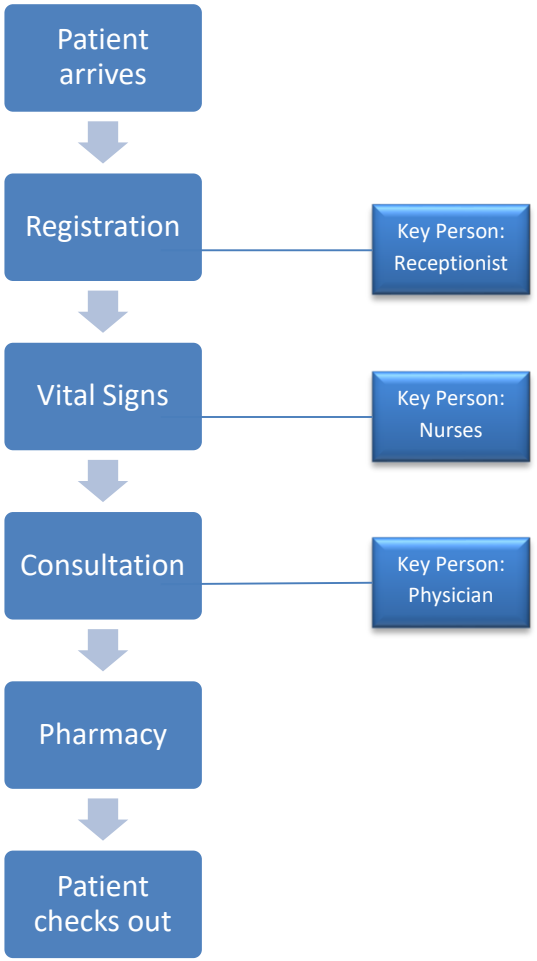
A structured questionnaire consisting of 16 questions was used to enquire physicians covering a range of certain areas and in-depth interviews were also conducted with them which also included interview with the Medical Superintendent.

- SAMPLE SIZE:

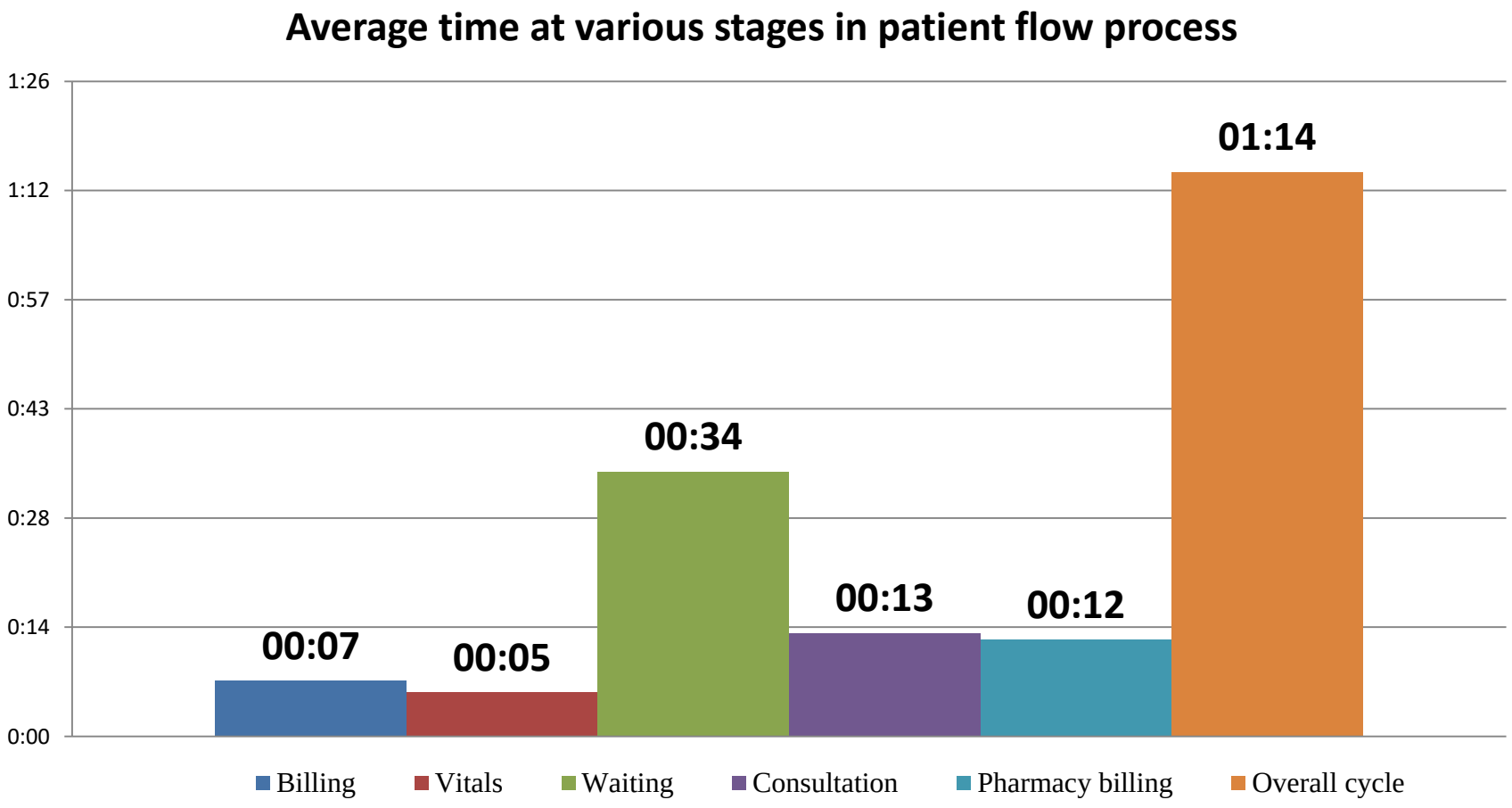
14 Physicians: All the physicians of the medical center were asked to fill the questionnaire

150 patients mapped using purposive sampling for identifying time taken to complete a whole process or visit.

PROCESS MAPPING



RESULTS

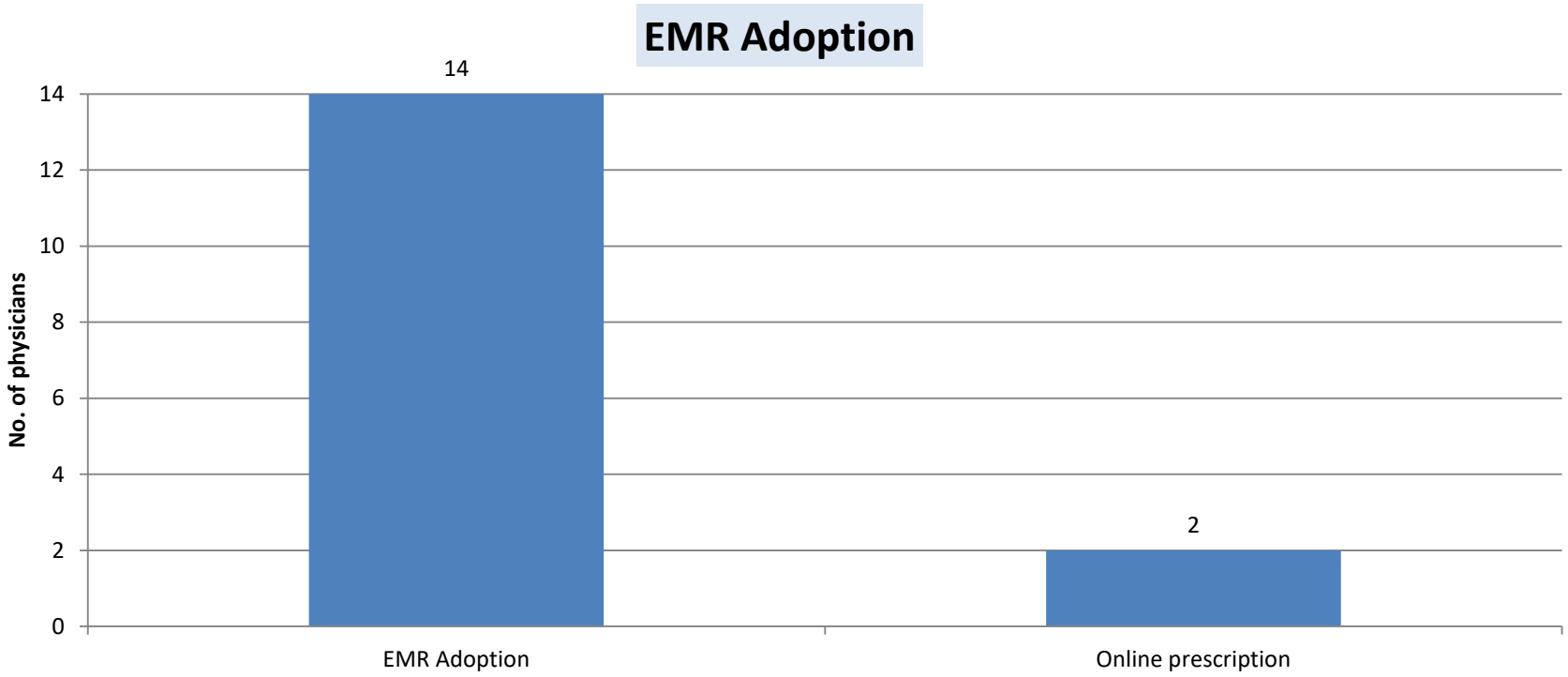


NOTE: The time is hh:mm format

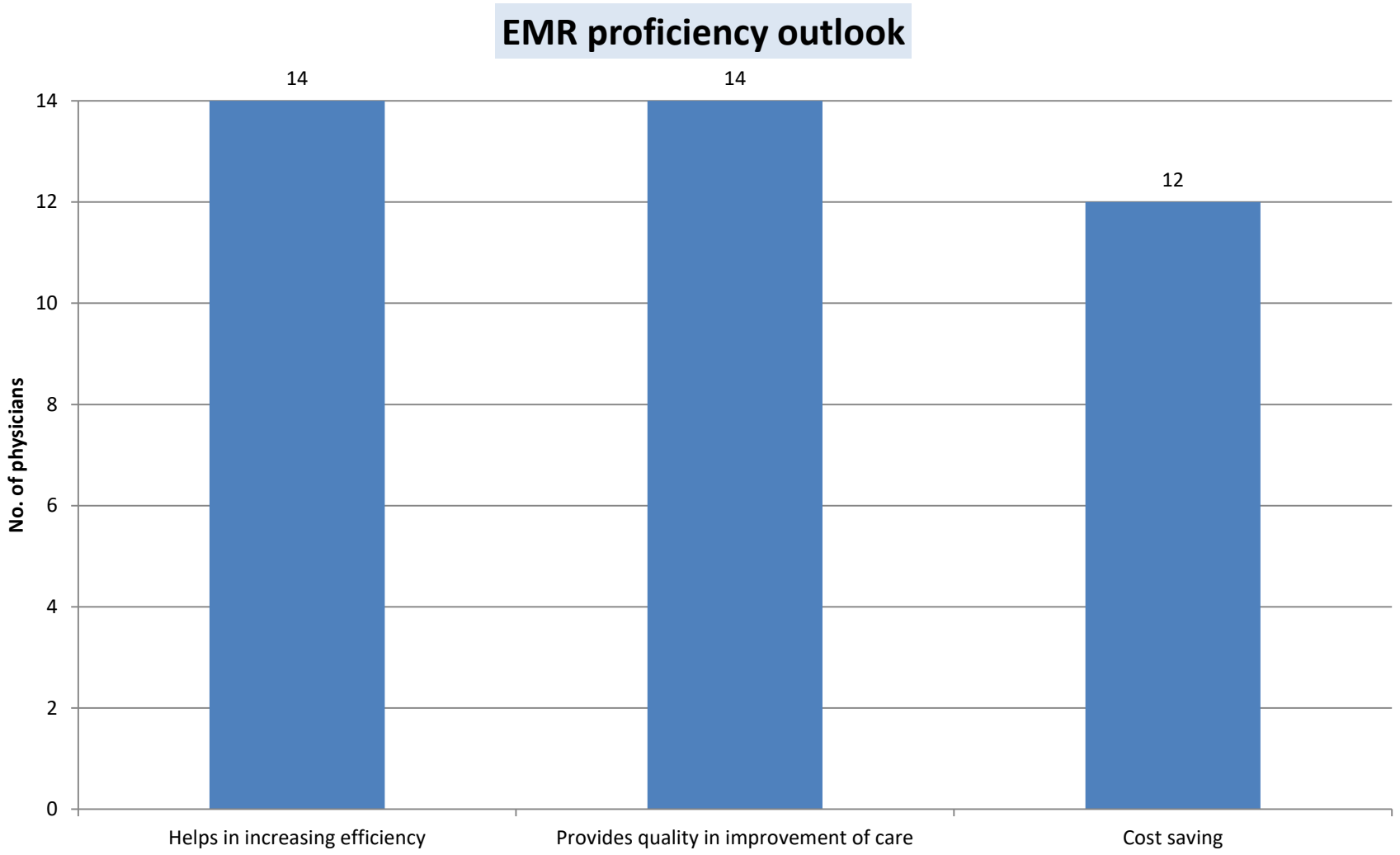
PROBLEMS IDENTIFIED

- The waiting time for patients is 34 minutes which is more than standard average waiting time of 22 minutes according to Vitals' annual Physician Wait Time Report
- Billing software faces technical problems which increases the billing time
- There is less number of receptionists available between the time slots of 8:00 am – 9:30 am
- Nursing staff is sometimes unavailable at the vitals recording desk
- Appointment system is available only for one out of 14 physicians
- There is a problem of understaffing at the pharmacy store

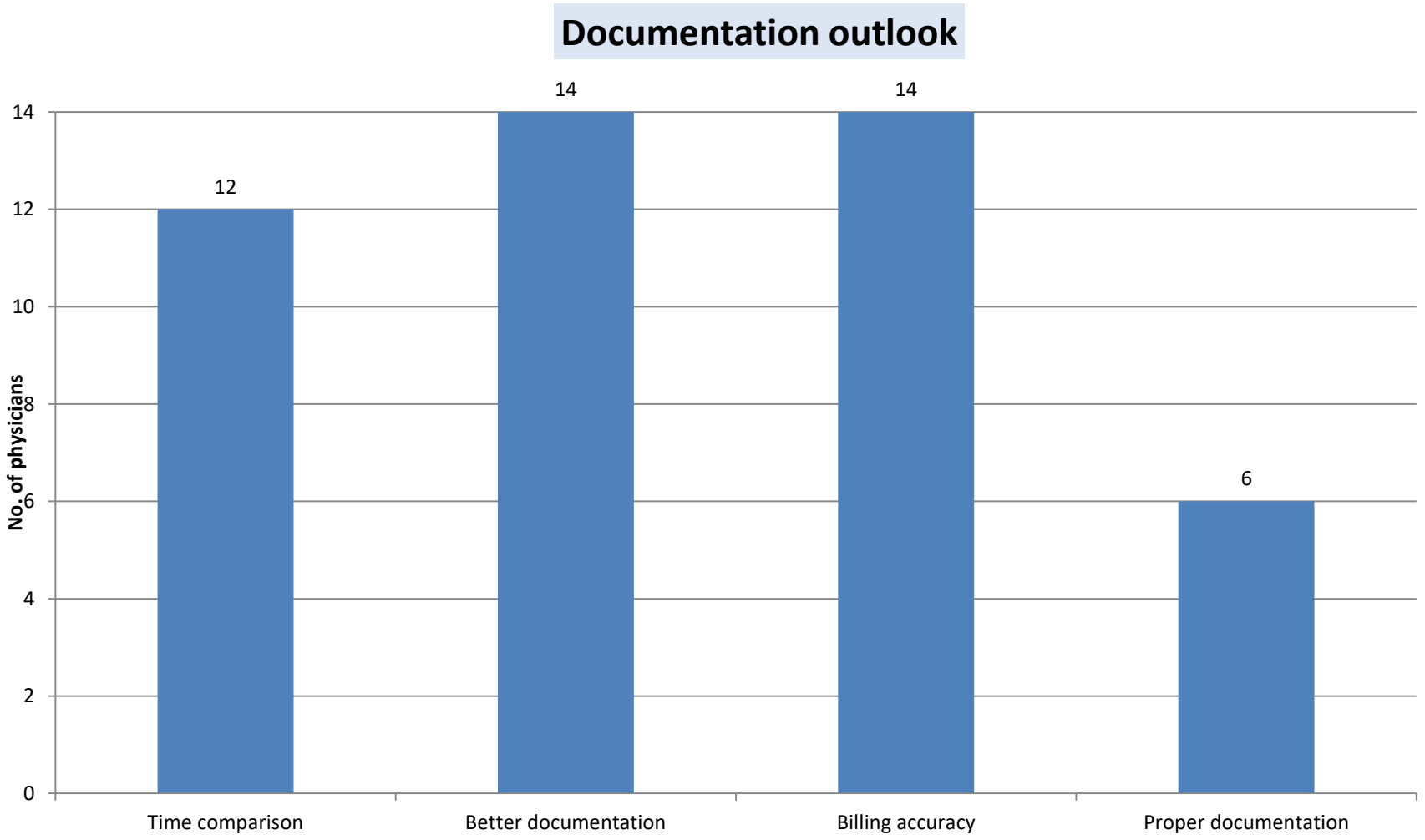
ANALYSIS OF QUESTIONNAIRE



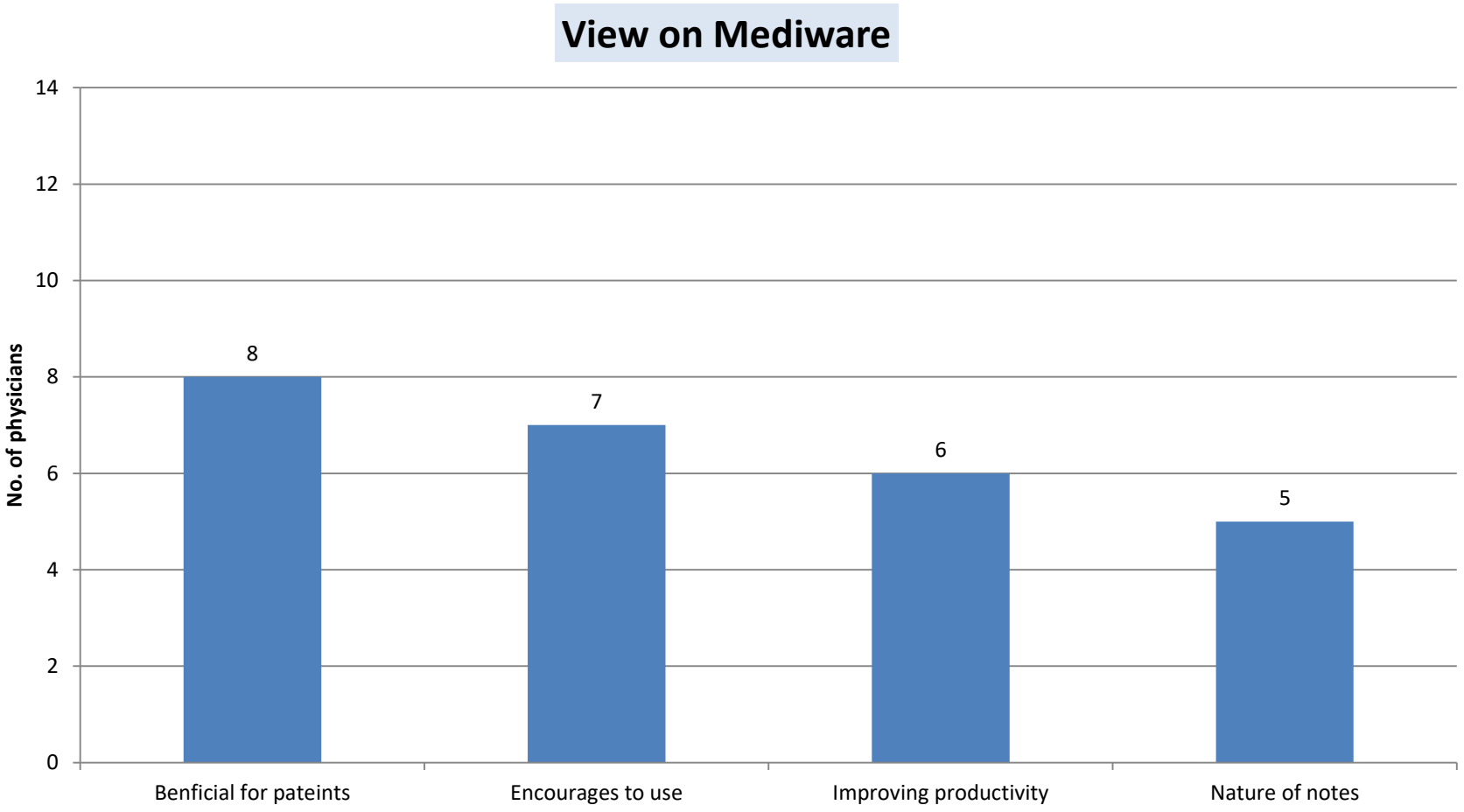
The above graph shows that all the 14 physicians use Mediware to check vitals and have access to patient records but only 2 of them use it for writing online prescription.



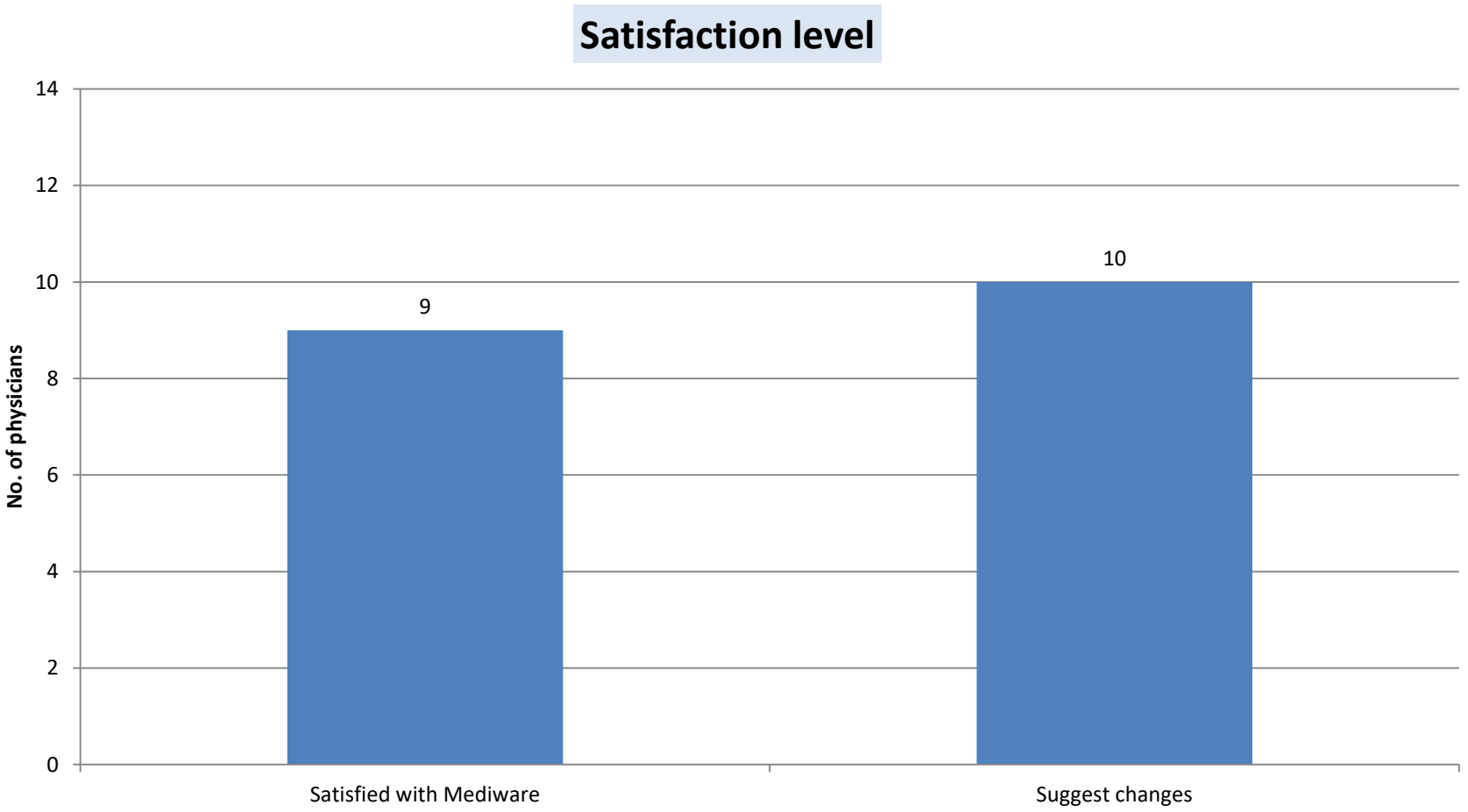
The study population believes that EMR helps in increasing efficiency and that it provides quality in improvement of care. 12 out of 14 physicians believe it is cost saving as well.



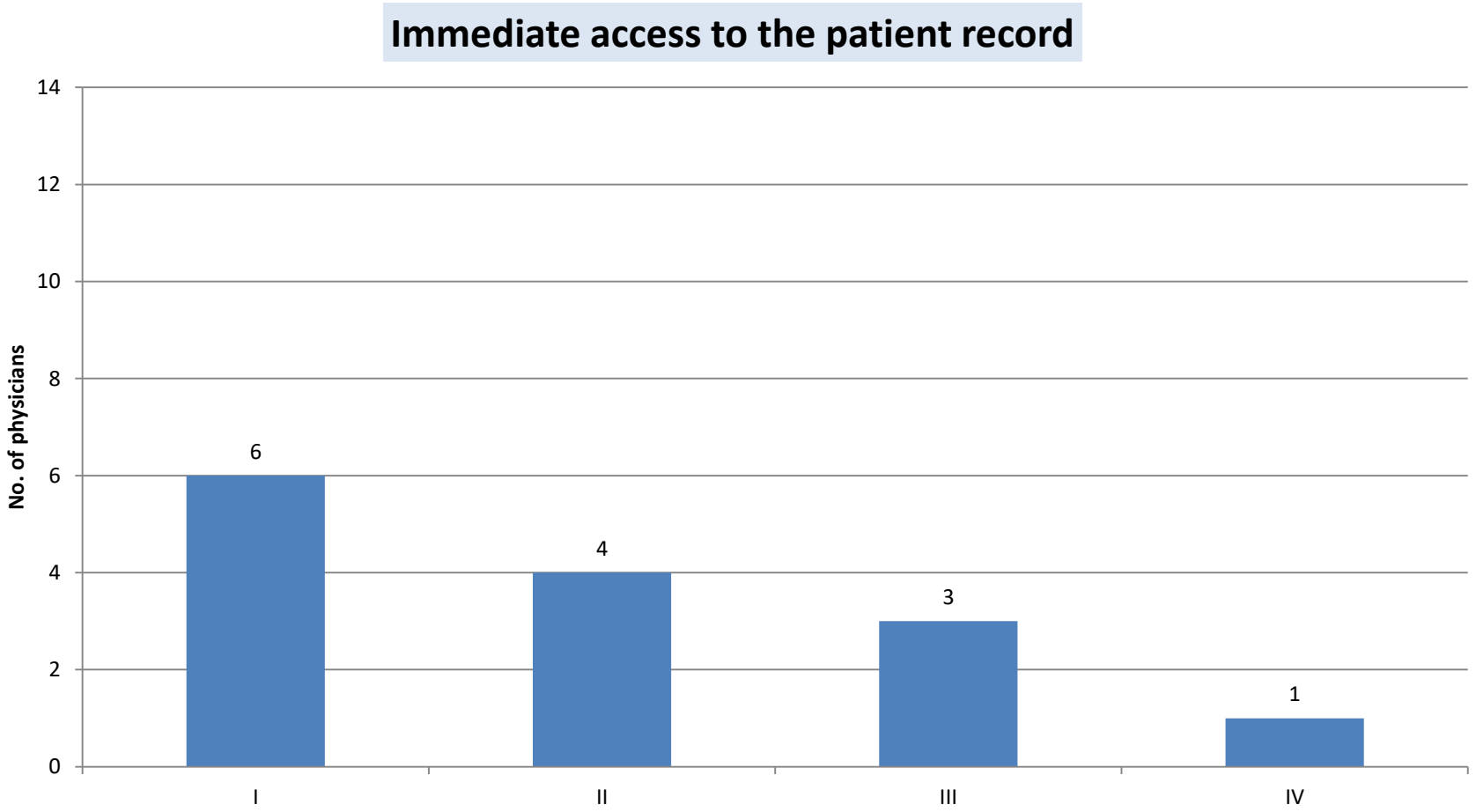
All the physicians are of the view that Mediware is better for billing documentation than clinical documentation and billing is more accurate and complete with the help of the software. Also, 12 and 6 physicians think that EMR documentation takes less time than former documentation and Mediware helps in the process, respectively.



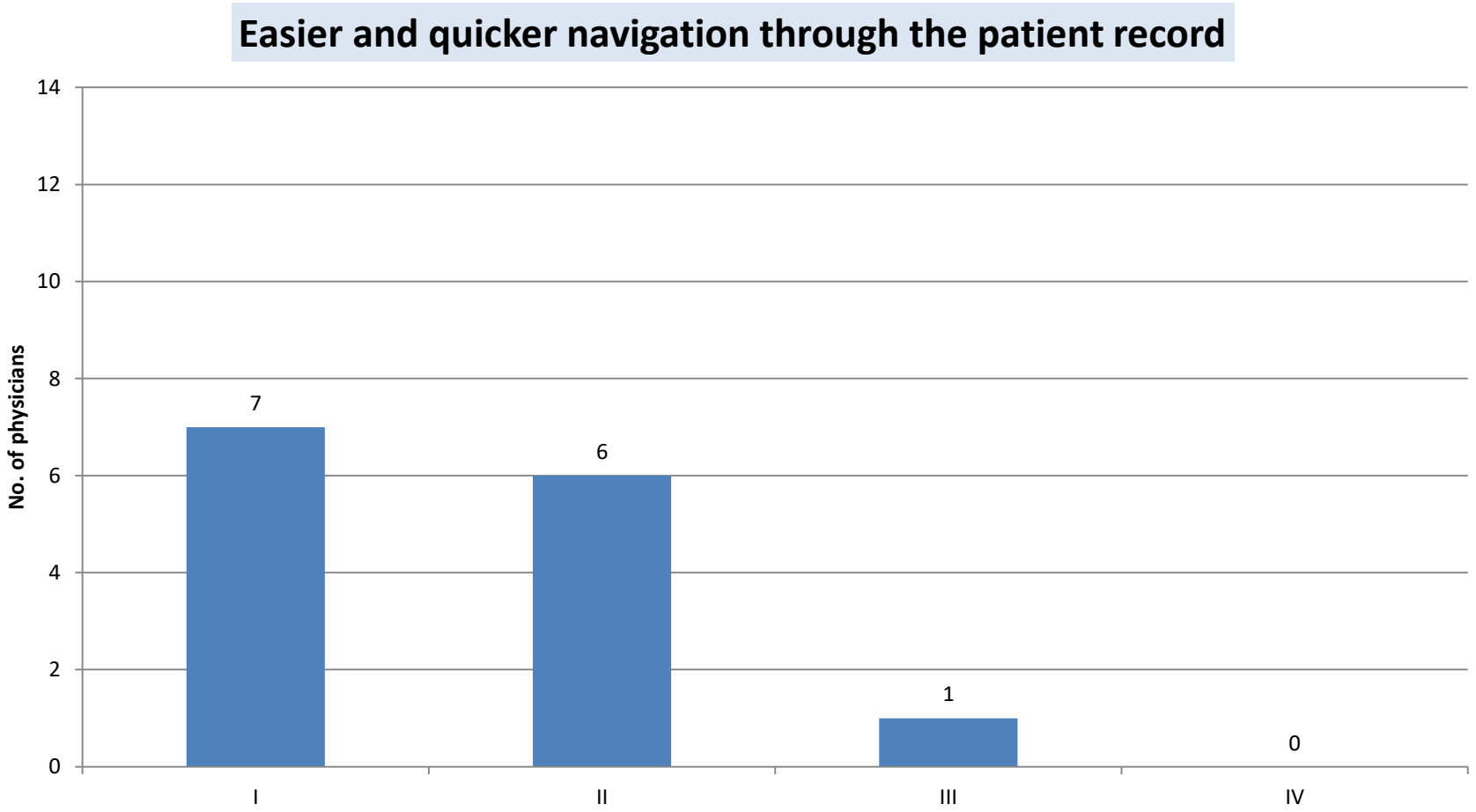
8 physicians feel that Mediware is aiding help to the patients. However, only 7 physicians believe that the organization encourages them to use their EMR system and 6 believe that it is helping in improving productivity. Also, only 5 physicians believe that Mediware notes are accurate.



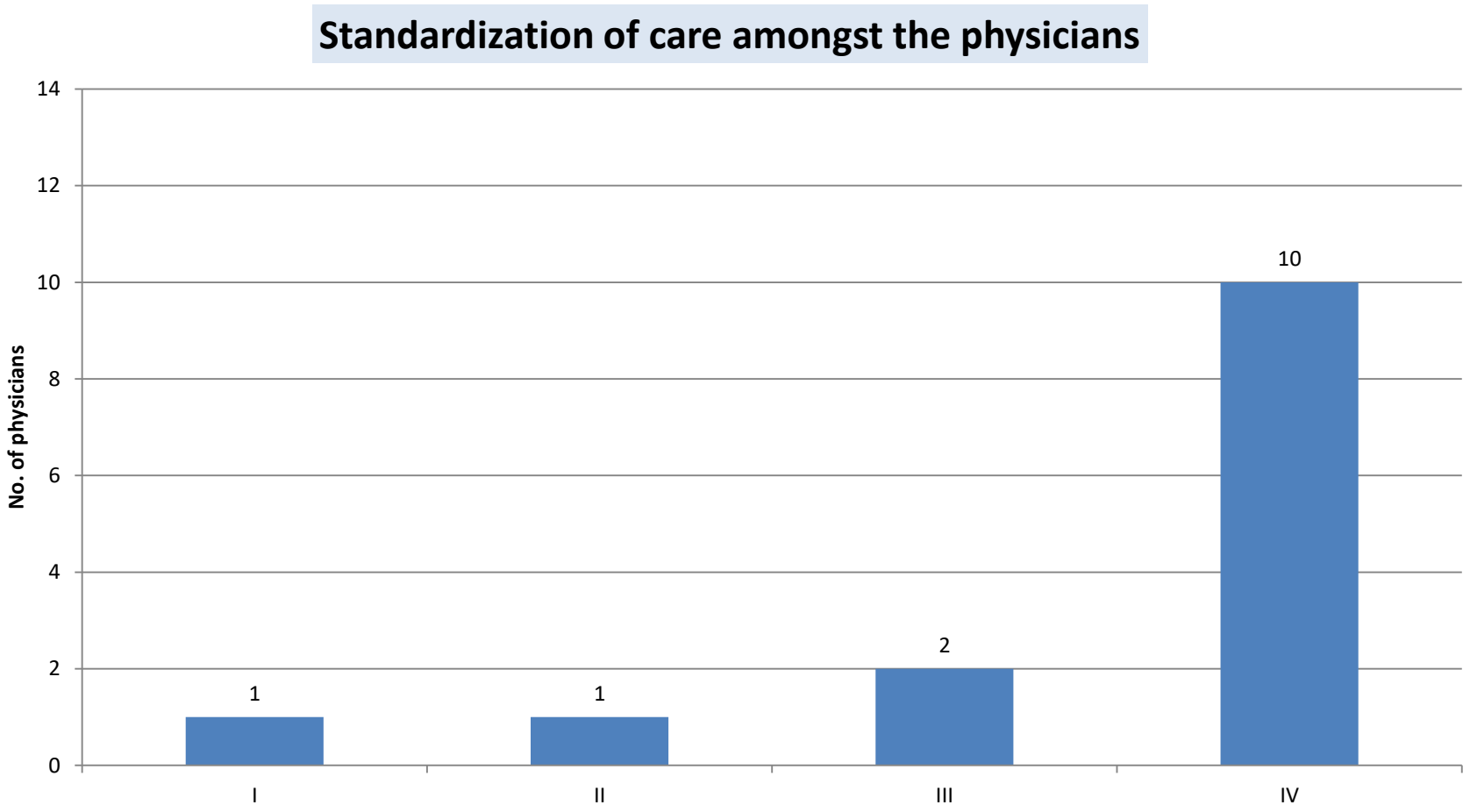
The above graph shows that 9 physicians out of 14 are satisfied with the choice of EMR that their organization provides and majority of them think that changes should be made in Mediware to make it more beneficial.



Six physicians have ranked immediate access to the patient record as the most important. Rest, four have given it second rank, three as third and only one has given this feature as fourth rank.

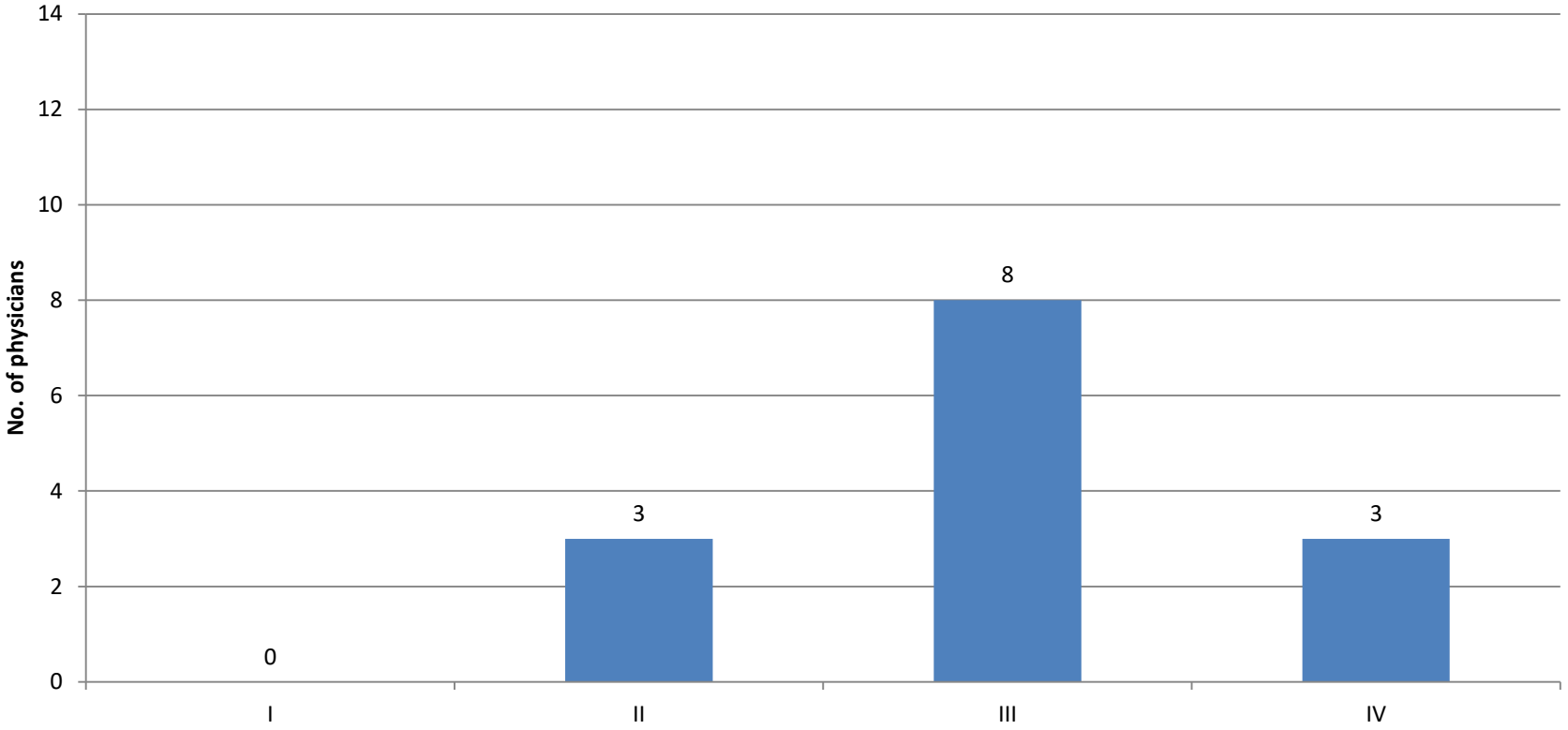


Seven physicians have ranked easier and quicker navigation through the patient record as the most important. Rest, six have given it second rank, only one as third and none one as fourth rank.



Only one physician has given standardization of care amongst the physicians as the most important. One has ranked it as second, two as third and ten think that it is the least important.

Ability to electronically transmit information in the form of prescriptions to pharmacies



None of the physicians have ranked ability, to electronically transmit. information. in the form of prescriptions. to pharmacies. as the most important feature. Three physicians believed it is important, eight gave it third priority and only three believed it is least important.

PROBLEMS IDENTIFIED

- Only two physicians out of 14 use Mediware to write online prescriptions.
- Physicians believe that Mediware is more appropriately designed for billing purposes.
- Physicians don’t think the pro forma set in current software is up to the mark.
- The current EMR system is not made for patient benefits.
- The physicians lack boost from the organization to use Mediware.
- Mediware is not contributing in improving overall productivity.
- Changes are recommended to the EMR by the physicians.

SUGGESTIONS

- Appointment of a medical transcriptionist
- The appointed MT should be a trained professional
- The task of entering the data in the EMR system, as the physician examines the patient will vest in the hands of the MT
- A pro forma should be developed including all the significant heads relating to patient care which should be standardized across all the medical centers

Continued

- A pre-defined pro forma would help the physician to just fill the details with much accuracy
- The format should be developed with the help of the IT staff keeping the polyclinic’s setting in consideration
- The ideology of physicians should be changed to introduce EMR more vigorously by holding training sessions
- Standardization of the format/pro format should be made possible

CONCLUSION

- Physicians are willing to use the EMR system of the organization but only a few of them use it to write online prescriptions.
- They believe that EMR helps in increasing efficiency and brings quality in improvement of care but in the organization, the EMR system is serving better for billing process and documentation.
- Physicians feel that they are not much encouraged to use EMR and neither are majority of them satisfied with the current software

Reasons behind non usage

- Features included in the online system did not consist of what the physicians really want.
- Physicians believe that if they spend too much time on writing prescriptions on EMR then they won’t be able to spend much time on their patients which may dissatisfy them
- Most of the times, physicians just want to rely on former documentation

REFERENCES

- Menachemi, N., & Collum, T. H. (2011). Benefits and drawbacks of electronic health record systems. *Risk management and healthcare policy*, *4*, 47–55. doi:10.2147/RMHP.S12985.
- Robert H. Miller & Ida Sim. (2004). Physicians' Use Of Electronic Medical Records: Barriers And Solutions. VOL. 23, NO. 2: Beyond Managed Care.
- Electronic Health Records In India: PTS – The Future Of EHR In India
- Smith, D., & Newell, L. M. (2002). A physician's perspective: deploying the EMR. *Journal of healthcare information management: JHIM*, *16*(2), 71-79.
- Meinert, D. B. (2005). Resistance to Electronic Medical Records(EMRs): A Barrier to Improved Quality of Care. *Informing Science: International Journal of an Emerging Transdiscipline*, *2*, 493-504.
- Boonstra, A., & Broekhuis, M. (2010). Barriers to the acceptance of electronic medical records by physicians from systematic review to taxonomy and interventions. *BMC health services research*, *10*(1), 231.
- Ash JS, Fournier L, Stavri PZ, Dykstra R. Principles for a successful computerized physician order entry implementation. *AMIA Annu Symp Proc*. 2003; 2003:36–40.
- 9th Annual Vitals Wait Time Report Released
- Simoes E. (2015). Health information technology advances health care delivery and enhances research. *Missouri medicine*, *112*(1), 37–40.