

Medical Practice Trends Podcast 10:**Electronic Medical Records and the Marketability of Your Practice**

Dr. Polack: This is Peter J. Polack, M.D. with Medical Practice Trends and in our podcast today our guest is Mike Meikle of Hawkthorne Group, a consulting firm in Richmond, Virginia. Welcome Mike!

Mike Meikle: Thank you sir, I appreciate it.

Dr. Polack: Today our topic is 'Electronic Medical Records and the Marketability of Your Practice'. Mike, those of us that already have employed electronic medical records in our practice, obviously we are looking at other things such as patient care and the financial incentives through meaningful use but you also can argue with the fact that there's a certain marketing advantage to having EMR in the practice – is that correct?

Mike Meikle: Yeah, that's correct definitely. It especially would depend on the cost section of your patients, the generational cost section pretty much.

Dr. Polack: So in our case, in ophthalmology we have older patients and we are finding that as the baby boomers are starting to retire, these are people who are little more tech-savvy rather than having found us in the Yellow Pages they have found us online and perhaps there's an expectation that we are going to be at least up-to-date on certain things and EMR is certainly part of that.

Mike Meikle: That's such a very good statement, especially like you said with boomers generation x, y and what else, when they are coming to any organization or healthcare they expect like a level of technology sophistication and if they see just battered manila folders full of loosely organized notes, it's not the experience that they have at their workplace or out in public where technology is so pervasive.

So as a perception issue and a lot of times perception is reality, your practice may come off as antiquated. I mean this is a separate issue from patient care of course but just the general perception of why do they just have paper documents? Shouldn't they be using a computer to keep track of my records and make sure they are accurate etc.?

Dr. Polack: There is a practice management consultant that we work with – John Pinto, he is always referred to certain things as coffee stains. When you are going to a doctor's office and there's a coffee stain in the rug, the first time you may sort of dismiss it as an accident but if it's there the next time, you start to wonder if the doctor washes his hands. So I like your analogy, the one of manila folders and shuffling of paper and things

like that. I think that particularly as these boomers retire that it certainly could be a make or break for a medical practice. What are some other aspects of not just EMR but other - I guess patient touches with technology that sort of tie in with EMR like patient portals – things like that.

Mike Meikle: That's correct. Even if you don't have an EMR system patients still appreciate a patient portal where you can sign up and get text messages for your appointments or get phone calls, appointment on a calendar, you know when it's coming up, get a newsletter etc.

Since a lot of the even boomers and further in the downstream, get most of the information off the internet, you have to have that presence where it's polished presence, that gives a level of confidence in the technology that you have available to you or that they have available to them to take care of themselves, to understand what's going on with their doctor, latest news etc.

Now it doesn't market your practice, it keeps you in front of them, but it provides a comfort zone because they get that level of technology interaction from other aspects of their life – from their employer or other vendors that they interact with throughout the course of their life.

Dr. Polack: Is there a concern that it depersonalizes the relationship between the doctor and the patient?

Mike Meikle: In my opinion, if done correctly, and most of the practices that I have had experience with, done correctly it actually humanizes more because it's no longer you are showing up at the appointed time without being reminded to go for whatever appointment. You scribble your name on some paper, you get accepted and you sit in the room and you wait, and then the doctor comes in, makes couple of comments and you leave.

With technology, it allows the doctor to be in front of their patient if you want, 24/7 via like I said, newsletters or video or you are getting reminders and then things like the actual physician practice cares about you, even though it's an automated system whereas previously it's just show up and get seen – you leave, and that's the last time you interact with them.

So I believe it can be more humanizing in my opinion.

Dr. Polack: Yeah, certainly I have seen situations where you've got a physician come in and see a patient and they've got their head down in the paper record the whole time, so I don't think that's necessarily something unique to a computer monitor in the room.

Mike Meikle: No, I mean that ties into, I mean once you get past the technology, it's the patient care piece. I mean you may have the most fantastic medical

record system and your patient portal may sing and dance and text your patients and they are effectively there on time when they need to be etc., but if you have poor patient care, technology is not going to pay for over that and that's the most critical piece.

Dr. Polack: Okay, well thanks Mike, I appreciate it.

Mike Meikle: No problem.