

Medical Practice Trends Podcast 19

Pat Williams, VP Business Development for Entrada, EHR Adoption without Productivity Loss

Peter: This is Peter J. Polack M.D. with another Medical Practice Trends podcast. Our guest today is Pat Williams, who is Vice President of Business Development for Entrada. Welcome, Pat.

Pat: Good morning.

Peter: Can you first explain to us a little bit about what Entrada is all about and how they help physicians?

Pat: Sure, absolutely. Entrada provides a solution that we refer to as an expressway to Meaningful Use. What Entrada does is helps facilitate the rapid physician adoption of an EHR system without expensive declines in productivity, which are a real concern as you know in today's current environment.

Peter: Do you work with particular software vendors or pretty much whichever the practice happens to be working with?

Pat: Our approach is an agnostic one, if you will, in terms of our ability to easily interface with any practice management or document management system that's currently in place and any EHR system that's currently being evaluated for implementation down the road.

Peter: Great. Our topic today is actually on EHR Adoption Without Productivity Loss. Can you tell us a little bit about how that can be accomplished? Because that is certainly a big area of concern for practices who are considering adopting EHR.

Pat: Absolutely. When you think about the typical workflow of most physicians, it's really unrealistic to expect in today's environment, given the challenges that physicians face. First and foremost, we have an aging population with a higher demand for health care services. There are up to 30 million newly insured individuals coming into the health care system today. The number of new physicians is expected to stay relatively flat over the next 20 years, and on top of all that, we have the HITECH program which is incentivizing physicians to adopt EHRs, but in a pretty complex environment which is fraught with challenges and inefficiencies. Not that EHRs don't provide any value – they certainly do.

Our approach, and I think the approach of many, is there are other efficient ways to capture information and get data into those systems. From our approach, we think it's unrealistic to expect high EHR adoption if it requires changing physician current behavior and requiring exclusive data entry in the form fields, checkboxes, dropdown menus, what have you.

However, capturing structured data is critical to deriving the benefits of the system. Any new processes that can leverage emerging technologies without disrupting the physician's natural workflow really are essentially for protective productivity, while achieving Meaningful Use.

The way that Entrada goes about addressing those challenges is by providing a speech-driven approach by which we allow physicians to continue their familiar practice of dictating relevant portions of the encounter, while ensuring that they still meet the criteria for meaningful use.

We combine state-of-the-art digital dictation with voice processing and editing services and produce structured data that can automatically be returned into the physician's existing, or soon to be purchased, EHR system. It's really a very natural workflow that physicians are used to, and the ease and efficiency of the Entrada solution has proven to accelerate the adoption of EHRs while ensuring that all Meaningful Use requirements are still met.

Peter: Is this something that potentially would replace the use of a scribe?

Pat: It certainly could. That's one way that many physicians have chosen to go about with the adoption and direct data entry of certain data points. But I think this could be a very valid, appropriate alternative to a scribe solution.

Peter: I've written before about practices that are considering adopting EHR and the fact that this is not the same as buying some diagnostic piece of equipment where you buy it and you figure out how to use it and then you just shoehorn it into your workflow processes. This is really a technology implementation that most medical practices don't really have any experience doing.

What they often will do is go and buy an EMR system that they fall in love with, and then they try to implement it and they're having to adopt the way that the system works to the way that they're practicing instead of vice versa. Does that make sense? Would you agree with that?

Pat: I would, absolutely. I think that's exactly where we've seen. A lot of the groups that we're talking to – particularly specialty groups – have seen us as an onboarding strategy prior to an EMR implementation or rollout. The Entrada solution allows the physicians to continue dictating from a work list that we actually replicate the physician's schedule from the practice management system. It's a bit of a workflow change, but very subtle. They're still dictating into a smartphone, for example, on their iPhone or iPad. We also function on the iPad and have been very successful and it's been very rapidly adopted by physicians.

When they're comfortable with that platform, they start dictating into our system. We can create a repository of information, and then once the EHR is in place, we just then begin essentially injecting that information directly into the EHR. It keeps the workflow change to a minimum, which tends to be one of the big issues of EHR adoption.

Peter: For practices that have an existing EMR system already in place, do you have to create some sort of a custom interface with the existing EMR system? How does that work, without giving away any proprietary information?

Pat: From our perspective, it's fairly straightforward. It's primarily executed through HL7 interfaces. On the front end, in creating our work list, we just pull ADT information via HL7 directly from the schedule, or we can do that just through an automated report generation process. On the return, there's actually a couple ways that we can go about it. We can return a document directly into the encounter. Most systems have some kind of document pickup process or RTF monitor, so to speak – a lab or an X-ray – that's coming inbound into that system.

Another way, which we can actually break up, is what we call template-driven dictation by which we can actually break up the dictation that's produced on the front end into discrete sections such as HPI, chief complaint, physical exam, and plan and actually deposit those sections directly into the appropriate field within the EHR. That's really where most groups want to go with us as an alternative to point and click and dropdown menus.

Peter: Have you come across any software systems that would not work well with this approach?

Pat: There are certain vendors out there that are going to have more of a closed approach to how they capture any information. Not to name any names, but there has been some variance in terms of different EHR systems that have embraced us that have more of an open strategy to providing one-off solutions such as ours as a data entry alternative. Not everybody is going to work as well with us as some of the other systems that are out there today. But so far, we have been very successful in working with some of the more popular and widely implemented systems that are on the market today.

Peter: Typically, how long is the training process for this system?

Pat: Probably one of the biggest benefits of the system is the ease of use and how quickly a physician can get up to speed and use the system. It's really within a matter of 10-15 minutes, assuming we're delivering the work list appropriately and they're recognizing patients. They're literally just selecting the patient, clicking the "Record" button, and dictating as normal –

actually dictating less because they don't have to speak demographics the way they normally would. It's a very quick learning curve, as well as implementation.

Peter: Great. Pat, I really appreciate your time. If a practice wanted to get more information on this, who would they contact?

Pat: They certainly could contact myself. My direct phone number is (615) 482-5452 and my e-mail address is pwilliams@entradahealth.com. Our website is also a great source of information, which is www.EntradaHealth.com.

Peter: Thanks very much.

Pat: Thank you. I appreciate it.