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SPRING/SUMMER
ISSUE 2011
VOL 14
NO 1

The HIPPOCRATIST

The Official Journal of the Ouachita Medical Society

EHR

Electronic Health Records

Prescription for Survival

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Ouachita Medical Society Mission Statement

The Ouachita Medical Society is a service organization of physicians dedicated to the ideal of a community that is mutually beneficial to physicians and patients.

The Society commits itself to these goals:

1. To pursue and maintain access to quality medical care
2. To promote public education on health issues
3. To provide value to members by the representation and assistance of member physicians in the practice of Medicine

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The times they are a-changin'.

written by: **Jason Read, MD** President

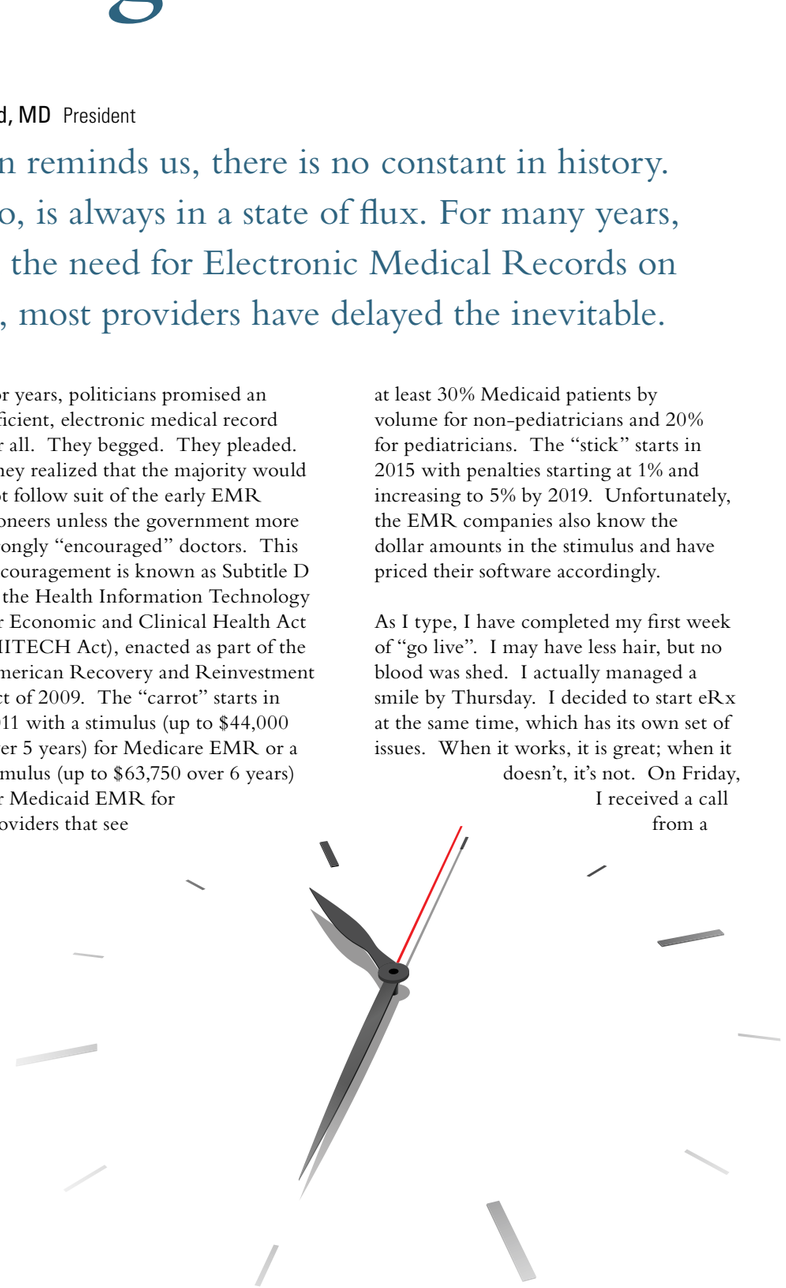
As Bob Dylan reminds us, there is no constant in history. Medicine, too, is always in a state of flux. For many years, we have seen the need for Electronic Medical Records on the horizon. Until this year, most providers have delayed the inevitable.

The apprehension isn't without cause.

- Computer hardware is expensive and obsolete within 2 years.
- Why tamper with a highly efficient practice and completely retrain your entire staff (including the not-so-computer-savvy ones)?
- Most physicians expect to receive the "medical grade" price for the software, which may be exponentially higher than similar consumer-based software.
- So I need to shell out thousands and thousands of bucks, while cutting my volume in half to compensate for the new system???

For years, politicians promised an efficient, electronic medical record for all. They begged. They pleaded. They realized that the majority would not follow suit of the early EMR pioneers unless the government more strongly "encouraged" doctors. This encouragement is known as Subtitle D of the Health Information Technology for Economic and Clinical Health Act (HITECH Act), enacted as part of the American Recovery and Reinvestment Act of 2009. The "carrot" starts in 2011 with a stimulus (up to $44,000 over 5 years) for Medicare EMR or a stimulus (up to $63,750 over 6 years) for Medicaid EMR for providers that see at least 30% Medicaid patients by volume for non-pediatricians and 20% for pediatricians. The "stick" starts in 2015 with penalties starting at 1% and increasing to 5% by 2019. Unfortunately, the EMR companies also know the dollar amounts in the stimulus and have priced their software accordingly.

As I type, I have completed my first week of "go live". I may have less hair, but no blood was shed. I actually managed a smile by Thursday. I decided to start eRx at the same time, which has its own set of issues. When it works, it is great; when it doesn't, it's not. On Friday, I received a call from a pharmacy stating that they received only one of the two eRx that I sent. Since both were sent at the exact same time and were confirmed on my end, we still have bugs to work out.



The EMR side was overwhelming regardless of how much homework, template preparation, online training and off-site training that I experienced. I'm still uncomfortable seeing patients without a paper chart or a printout, but I am learning to trust the new system and learn my new routines. The most important lesson of the week: remember to treat the patient not the computer.

Even though I've been "live" for only a week, I can already see how much the documentation will improve. Coding is much faster. History-taking is slower but should improve with familiarity. My exam time is about the same, but my documentation is more detailed. My impression, discussion, and plan are already faster and will improve with more templates and more linkage between exam findings and ICD9 codes. ICD9??? The times they are a-changing. Coming October 2013 …. ICD10. Ugh!

Ode to my Grandfather – Why I am Here

written by: **Robert Hendrich, MD**

My grandfather, Dr. John A. Hendrick, was a surgeon. Unfortunately I never got to know him as he died seventeen years before I was born. He married later in life and my father was his youngest child, born when my grandfather was forty-six years old. On top of that, he died suddenly at the age of sixty-two.

From what I have learned and been told, he was a respected physician with a thriving practice. Ultimately two sons and three grandsons followed his footsteps into the practice of medicine. Because my grandfather practiced medicine in the first quarter of the twentieth century, I have been fascinated by the stories I have been told about him. I thought this would be a good opportunity to share them.

First of all, John Hendrick was a child of reconstruction, having been born in 1876. After high school he had to go to work for the railroad to be able to afford a medical education. I suspect he was influenced to go into medicine by the two uncles that were physicians, one of which was the great grandfather of local physician Ron Shemwell. At the age of twenty-seven he graduated from the University of Nashville medical school, which was the predecessor of Vanderbilt. There is no indication he attended any under graduate program prior to entering medical school.

Upon graduation in `1903 he joined Dr. Clarence Edgerton's practice in Red River Parish, Louisiana. Ironically my maternal grandmother was a young girl living there at the time. She remembered a dance held at her grandparent's home where a young girl fainted. Dr. Hendrick was there and came to her assistance. He promptly got out his pocketknife and cut the drawstrings on her corset saying "damn corsets!". The ladies would draw them so tightly that they could barely breathe.

In 1906 John Hendrick traveled to New York for post-graduate studies at the New York Polyclinic Hospital. Following that he returned to Shreveport, Louisiana to practice surgery. During the course of his practice he would travel to the Mayo Clinic to learn new surgical techniques. There he became acquainted with the Mayo brothers that were the Clinic's founders. Ultimately, he sent the first two nurses in Shreveport to be trained as nurse anesthetists. That leads to the question as to who was performing his anesthetics before that.

He promptly got out his pocketknife and cut the drawstrings on her corset saying "damn corsets!"

From what I have heard and pictures I have seen, his practice was certainly different from anything we experience. I have seen a picture of him operating in a surgical suite with open windows in the background. Of course, there was no air conditioning then. All four of his children were born at home because only sick people went to the hospital. This was to avoid infections as there were no antibiotics available then. When my father swallowed a fish bone, my grandfather removed it in an exam room because general anesthesia was "too dangerous". That left such an impression on my father that he refused to eat fish with bones for the rest of his life. However, some things do not change. He owned a camp house outside of Shreveport. My father remembers him hurrying everyone to the car saying "lets leave before the phone rings". During the Depression my father said that the family never wanted for food as patients would settle their bills with fresh food and vegetables.

The most amazing thing he did was his treatment of my father when he contracted lobar pneumonia at the age of six months. It was Christmas Eve and my father had become so ill that three other physicians had gathered with him at his home including the new specialist in town, a pediatrician. As there were no antibiotics available all that could be done was to provide supportive care and wait for the "crisis" to pass. If you overcame the crisis you lived, if not, you died. Supportive care for my father consisted of wrapping him in blankets soaked in hot water and holding him in his mother's lap until they cooled and then repeating the process. About midnight my father's heart stopped beating. My grandfather and colleagues then administered a new drug, epinephrine, directly into his heart. That action was successful and my father slowly began to improve. It was successful enough that he went on to complete medical school and residency.

Now you can appreciate the title of this article. If not for the bravery and audacity of my grandfather and his colleagues, would I even be here? This just illustrates how far medicine has come in a matter of decades.

The Newest Members Of The OMS

Ralph Benjamin Harrison, Jr., MD
Glenwood Regional Medical Center
102 Thomas Road
West Monroe, LA 71291

“EHR: Ready or not here I come.

Gee that used to be such fun.”

written by: **David Barnes, MD** Vice President / Finance Chair

Well, it’s not fun if that is the way you approach implementing an Electronic Medical Record system (EMR) or otherwise known as Electronic Health Record (EHR) in a small medical practice. If you are planning this in the near future, here are some things that are worth thinking about. Probably first on everyone’s mind is money. How much will it cost? What new equipment will I need? Will I have to buy all new computers and/or laptops? Next, how can you tell which one is the right one, which one will fit my needs. Can I tweak it? What kind of technical support does it have? How do I make the change? Will it slow me down? Finally and most importantly, will it help me take better care of my patients?

Money.

It seems you can spend as much as you like. Some systems are internet based requiring just extra laptops for you and your nurse. Others may include the purchase of a server to go in your office and stationary computers for each exam room. Your EMR should have an integrated system for insurance, billing, scheduling, charting, electronic prescribing, and a “patient portal” capability. You have to look at two prices, one the cost of the program and equipment, two, the monthly maintenance fee. Does it meet requirements needed to qualify for Medicare and Medicaid incentive payments? This will help you recoup a lot of your start up costs.

Tweakability.

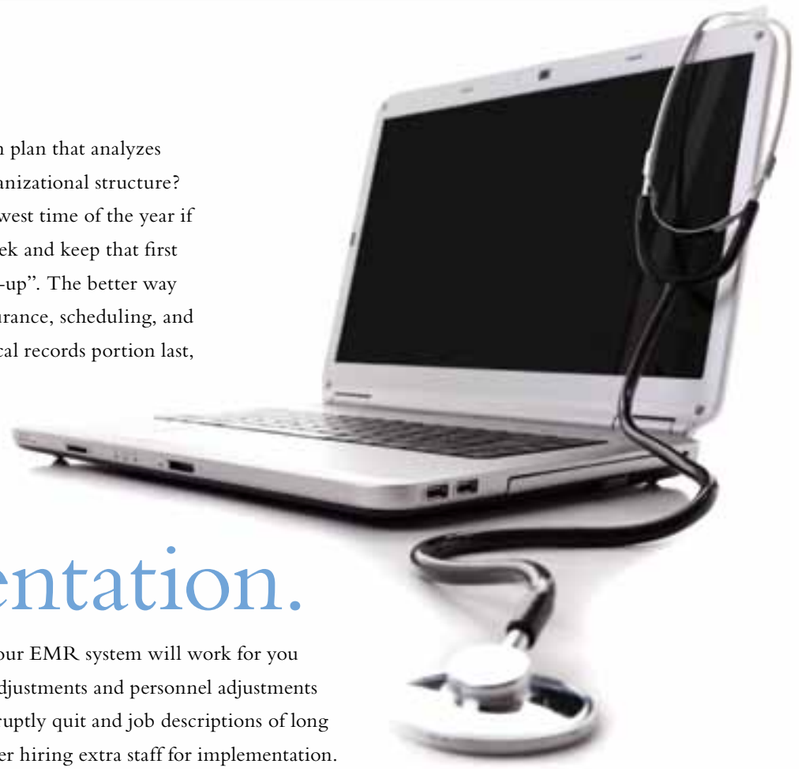
Another important question, does the EMR system meet the needs of your practice? How much of the program is fixed at the company level? In other words can you make some minor changes in the medical records format to better suit your practice needs or do you have to wait for the parent company to produce a system wide upgrade. Make sure the charting module has adequate content for your practice and you don’t have to hire an Information Technology (IT) person to add to it for you to use it.[2]

Technical Support.

Do they have local people that can help when you have problems? Are they available 24/7 for your needs? Do they have periodic up-dates for your office staff at little or no cost to you? Are they good at explaining technical terms on a non-technical level?

Planning.

Do they have a flexible implementation plan that analyzes your individual practice needs and organizational structure? Begin implementation during your slowest time of the year if possible. Start implementation mid-week and keep that first weekend after start-up open for "catch-up". The better way seems to be implementation of the insurance, scheduling, and billing services first and then the medical records portion last, but this is not written in stone.



Implementation.

Attitude is everything. If you don't believe your EMR system will work for you then it won't. You have to make work flow adjustments and personnel adjustments as you go. Less tech savvy employees may abruptly quit and job descriptions of long term employees may need to change. Consider hiring extra staff for implementation. Every patient is a new patient. A temporary data entry person is helpful along with someone extra to answer the phone. This allows your regular staff time to learn the new scheduling and insurance system without being overwhelmed. After you have completed all of the above it is now time to say "Damn the torpedoes, Full speed ahead!" As you dive into the medical records portion be ready to spend an extra 3 to 4 hours a day getting all your charting done in a timely matter. If you have a practice that you can easily limit daily patient scheduling this may not be quite as bad. This will not last forever. At the end of every 3 months it seems there is a leap in functionality and speed; after the first six months you will say "this will work?". Will it slow you down? Yes, but the trade off is that your medical records, medication lists, and patient tracking capabilities will be improved and better organized.[3]

Patients

Once a quarter you need to sit down and list what your EMR is doing for you and what more it needs to be doing to help you take better care of your patients. You need to continue to learn all the EMR functionalities and use them. Not doing so will render your EMR system at the least inefficient and at the most ineffective. Attitude and commitment should help you turn your EMR system into an indispensable tool that helps you do what you do best: take care of patients.

1 Apple, Peaches, Pumpkin Pie. Jay and the Techniques 1967.

2 New EMR Dictionary for Physicians. Only word so far that doesn't contain expletive as root word. 2011 (unpublished).

3 Admiral David Farragut, Battle of Mobile Bay, August 1864. They were actually mines not torpedoes, but what would you expect from a Yankee Admiral! …Wish I was in the land of cotton…

OMS Membership Service / Value

Advocacy for physicians in political, regulatory and economic arenas.

Legal Advice providing guidance and assistance to members on a number of Medical-Legal issues affecting physician practices and organized medicine.

Friends of the OMS program, offers discounts on products and services to all active members of the OMS and OMSA. Here are a few of our participating businesses for 2011:

OMS Medical Supply, Inc.

HEALTHTECH

Maria Spa

THE TOGGERY

Monroe Symphony Orchestra

Monroe Athletic Club

Salon Couture

LAW OFFICES
NELSON, ZENTNER,
SARTOR & SNELLINGS, L.L.C.

Connectivity through special membership activities such as the Oyster Party, the Christmas Party, Doctors Day Reception, Valentine's Social, General Meetings and Executive Committee Meetings.

Business-Over-Breakfast allows office managers / business managers from each member's practice to attend a quarterly breakfast where key speakers will cover topics that address areas of concern when managing a medical practice. Everything from medical billing to personnel issues, from fiscal responsibility to safety. We'll cover it all.

If your business is interested in applying for the "Friends of the OMS" program please contact the OMS office at:
318.512.6932 | director@ouachitams.org

Upcoming Events

May 5 | 6:30 pm
"Cinco De Mayo" General Meeting
American Legion Hall, Forsythe Avenue

August 9 | 6:00 pm
Executive Committee Meeting

September 1 | 6:30 pm
General Meeting
Landry Vineyard, West Monroe

September 24 | 7:00 am
Race for the Cure "Team of Doctors"
Forsythe Park

October 11 | 6:00 pm
Executive Committee Meeting

TBA
December Christmas Party

For more information on these events, contact: Krystle Medford, Director
318.512.6932 | director@ouachitaMS.org

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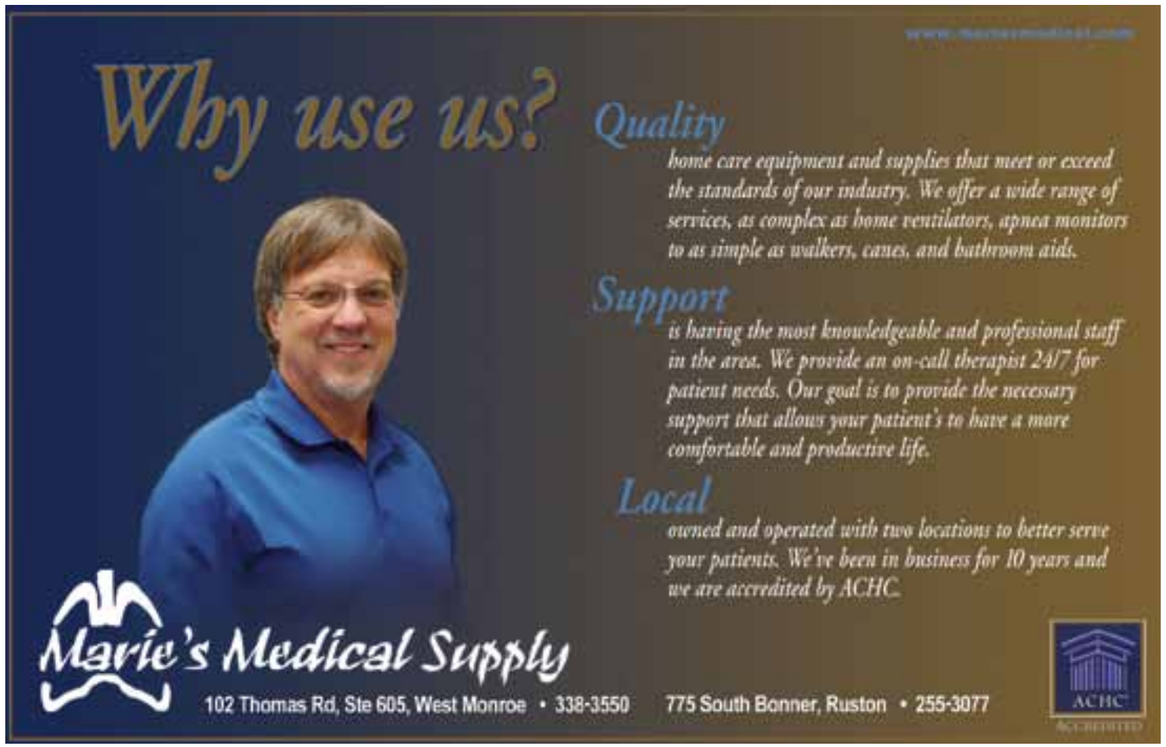

OMSA
OUACHITA MEDICAL SOCIETY ALLIANCE

The incoming executive board is made up of:

Kim Read President	Nicole Barron Secretary	Lana Forte Programs
Amy Taylor Vice-President	Heather Trettin Treasurer	Carolyn Barnes Chaplain

The Ouachita Medical Society Alliance (OMSA) has had a busy winter and spring! We all enjoyed the OMS/OMSA Christmas party in the Mickel's beautiful home. The food was delicious and everyone enjoyed a holiday visit. The OMSA started off the New Year with a well-attended meeting in January at the Chateau. Dr. Janine Hopkins, along with Lori and Cathi French spoke to the group about skin care trends for women. They displayed their MD Minerals makeup collection. We all enjoyed the presentation, and Kristi Davis was chosen to be a model for a makeover demonstration!

Katharine Spires and her OMSA team members are hard at work on plans to update the medical corner at the NELA Children's Museum. Katharine has enlisted the expertise of Louisiana Tech Architecture Department Director Karl Puljak. They are busy organizing their ideas into a game plan, and will give us all a detailed update on this project at our first meeting in the fall.

If your spouse is not currently an active OMSA member and would like to be, please contact Krystle in the OMS office and she will put you in contact with one of the board members.

OMSA Board Meeting

The OMSA Executive Board will meet in early summer to plan the upcoming 2011-2012 OMSA year. Please let us know if you have any suggestions for meeting venues and presentation ideas you would like to see on our agenda. We value your input! Watch your mail this summer for our informational newsletter outlining the coming year, as well dues information.

Have a great summer with your families!

We look forward to seeing you in the fall!

Participation in the Alliance is just what the doctor ordered!

If you are not receiving correspondence from the OMSA and would like to please contact us

alliance@ouachitams.org
322.4895

OVATION Fund-raiser

How about an OVATION for our spring fund-raiser? The OMSA recently partnered with the Children's Coalition to put on the NELA Ovation weekend. Lynda Gavioli and her team put together a spectacular weekend filled with food, wine, art, music and dance to benefit the children of our community.

Thank You Sponsors!

The OMSA assisted with the wine tasting event held in the beautiful home of Wendy and Mark Napoli. It was a great success, and the final numbers are being totaled.

We will update you on how much money was raised, as well as how much of that money will go to the OMSA for our nursing scholarship and other community projects. Thanks to all of you who sponsored the event and donated your money, time and talents.

Jury Still Out On the Promise of EMR

written by: **David Barnes, MD**
Vice President / Finance Chair

It seems that everywhere technology has gone efficiency and productivity has increased and costs have decreased. But welcome to the upside down world of medicine where with advanced technology doctors are straining to maintain (not increasing) efficiency and productivity and struggling to implement EMR systems at very high costs. Everybody seems to think this is the wave of the future. Various medical societies and the federal government are all championing the cause. Incentives have been promised for "meaningful use" of EMR, but studies have yet to show improvements in outpatient care. Two studies, one in the Archives of Internal Medicine in 2007 and another in Circulation in 2008 are among those that have raised concerns. And even more disheartening, is a study from the American Journal of Medicine in 2010. This study reviewed the financial impact of digitizing medical records at approximately 4,000 hospitals. It found no evidence of lowered costs or streamlined administration. As a matter of fact, even the hospitals at the forefront of "cutting edge" technology failed to show cost or efficiency improvements

But we continue to travel down this road with a hope and a promise that in the end conventional wisdom will be right and our patients will have better quality care at a reduced cost. After all, it does seem to make sense if you can track your patients better, call them when they miss their appointments, schedule them to see the nutritionist, the diabetic counselor, the nurse practitioner, and the pharmacy consultant that they should stay healthier.

> Incentives have been promised for "meaningful use" of EMR, but studies have yet to show improvements in outpatient care

I just pray the result won't be like that overweight, diabetic, hypertensive patient who comes in your office and for the 5th time you tell him he needs to stop smoking and check his blood sugars regularly. He says he has stopped smoking. You ask him when and he says "yesterday, but this time is for real". Next weekend, as you walk through the mall incognito in your jogging suit and baseball cap, you see him, a cigarette at his lips, standing in line at McDonalds. After all that effort, nothing really changed.

Valentine's Social

Amidst roses and candlelight, the 2011 OMS / OMSA Valentine's Social proved to be an event worth attending.

Approximately 50 couples attended to celebrate Valentine's at the WP Grill in Monroe. The food, drinks and friendly conversations were free flowing. Mark your calendars for the Valentine's Social next February, as this event is sure to be a repeat.

Oyster Party

The winds were howling, the rain was pouring, the lights flickered but the party carried on. The Ouachita Medical Society's 2011 Oyster Party was the most attended event of the last several years!

OMS members were each invited to bring a local business or community leader as a guest to the party. Despite the bad weather, more than 100 members and guests came for the abundant spread of food catered by Savoie's of Shreveport. The raw oysters, blackened gator, shrimp, catfish and beer were delicious; and the fellowship with colleagues and business associates was just as good. Special thanks to Community Trust Bank and Argent for their support. We are already looking forward to next year's Oyster Party and hope you can join us.

Thank you to our sponsors:

Community Trust Bank

Argent Financial Group, Inc

Mentor a Local Pre-Med Student

written by: Hunter Christy and Mandi Simmons

In an effort to better prepare local pre-medical school students for their future endeavors as well as admissions to professional schools, the ULM Chapter of Alpha Epsilon Delta is partnering with the Ouachita Medical Society. The two organizations hope to provide hands-on experience and medical volunteer hours to the pre-professional students with the help of local doctors and other medical professionals.

Alpha Epsilon Delta prides itself in being devoted to success for its members in the field of medicine. Alpha Epsilon Delta is the University of Louisiana at Monroe's health pre-professional honors society, comprised of students pursuing admissions into medical, dental, pharmacy, optometry, physical therapy, or occupational therapy schools, with nearly 75% of the members intending to pursue medical school. AED currently consists of approximately 35 members who have obtained at least a 3.2 overall as well as math/science grade point average, and are in sophomore standing with the university. Alpha Epsilon Delta has a mission to provide its members with the opportunity to gain exposure to numerous careers in the field of medicine, network with members of the medical professions, and learn from others, both students and professionals, what qualities and tasks it takes to achieve their goal of attending a professional school. The organization hopes to attain this goal by offering professional speakers, mock interviews for and trips to professional schools, shadowing opportunities, medically related volunteer opportunities, and work experience in the medical field.

volunteer

shadowing

Our organization has attempted to offer members these types of opportunities, but it has proven to be difficult to gain access to many of these. Presently, shadowing opportunities for our students are limited to the Medstar's Program, directed by Dr. Euil Luther, at LSUHSC-Conway. This program has given our members invaluable experiences, but all in a hospital setting. Our members need exposure to private practices and clinics, in order to get a better understanding of all types of medical work environments. We need to see what it takes not only to be a healthcare professional, but also a small business owner and operator. Shadowing would offer our members insight, patient contact, and opportunities to solidify their professional decision. Part-time employment in the medical field is also hard for students to obtain who have hectic schedules and no certification/licensures for a specific occupation. This type of work experience would offer much the same opportunity as shadowing, yet allow our members to be an active participant in the care of patients, involvement within a healthcare team, and make long-term relationships with patients and fellow healthcare personnel.

experience

As you well know, it is crucial for our members to obtain these types of experiences in order for them to become well rounded individuals and competitive applicants for their prospective professional schools.

At our bi-weekly organizational meetings, we have area professionals come to speak. We are in need of medical society members of various specialties that would be willing to come and share their experiences on school, their specialty, their practice, life as a physician, and general advice for success as a medical professional.

Our members are also seeking opportunities to become involved in medically related volunteer efforts. We hope that our newfound alliance with the Ouachita Medical Society will help to afford our members new opportunities and serve as a conduit for us to reach the medical community. We appreciate any help that you can offer our health pre-professional students. Thank you for your time.

Doctor's Day

Frank P. Rizzo, Jr., M.D.

John M. Cage, M.D

It's almost hard to imagine **50 years** in one profession. Most don't last half that amount of time. Through years of hard work and unfaltering **dedication**, two men have achieved an unparalleled **landmark** in their profession. The Ouachita Medical Society along with St. Francis Medical Center, had the privilege to showcase these outstanding physicians at the annual Doctor's Day Celebration.

This year's Doctor's Day Reception was held on March 24th at the Bayou Desiard Country Club, honoring 50-year physicians John M. Cage, M.D. and Frank P. Rizzo, Jr., M.D. This career milestone was celebrated by approximately 100 fellow OMS members, spouses, family and friends.

Ronald Shemwell, M.D. opened the evening with a heartfelt toast/roast of Dr. Cage. Having known Dr. Cage for many years, his sentiments were much appreciated and very well received.

Upon accepting his commemorative plaque, Dr. Cage, honored Dr. Rizzo, his longtime friend and colleague. The 50-year medical-career milestone these two men share is only outdone by the friendship they also share. The majority of the evening was spent socializing with laudatory pats-on-the-back all around. The program was closed with some heart felt words from Dr. Lester Johnson.

Congratulations to these two outstanding physicians for 50 years in medicine!

Thank you to our sponsor:

ST. FRANCIS MEDICAL CENTER
Franciscan Missionaries of Our Lady Health System

Paper Medical Records (PMR)

written by: **David Barnes, MD** Vice President / Finance Chair

As your eyes darted across the room, Did you see it? Look again. A fossil, a remnant…. a paper medical chart. Open it. Progress note. Did you miss it? Read it slowly this time….MAR 16 1965 wt. 135 BP 156/90 T. 98 refill Reserp. That's it! Sum total! All done. Oh, almost missed it. The brevity overwhelmed me. Refill Miltown. I guess Dr. Hammonds did not waste words. A turn of the page and you fast forward 5 years. Lab slips. Dig that red ink from the St. Francis Hospital SMAC System. Glucose 99 normal. BUN 13 normal, Creatinine 1.2 normal. Cholesterol 294 normal. Read that one again. Cholesterol 294 normal? Oh, I see the patient is 46 yrs old and a Cholesterol level up to 330 is acceptable if you are over 40. Says so right here on the lab slip. Well if it was ok with Dr. Varino then, it is ok with me now. White Hematology slip (CBC), look someone hand wrote the Differential. Wow! Let's keep digging. Faded yellow Pap smear report. No electronic signature here, real initials, RJB. We are up to 1987 a XEROMAMMOGRAM report! Impression: No evidence of malignancy at this time. Ah, short and sweet. Those were the days. Thank you Dr. Vreeland. What's this, another patients' records in the same chart. This can't be. Oh I see. The husband. He did not come in much. Died at age 49 of an M.I. I wonder if that was because of his normal cholesterol or just his habit of smoking Lucky Stripes. You will not believe this page. A hand typed letter. "It was a pleasure to have seen her during March of 1978". Man, a three page detailed summary, 10 paragraphs reviewing an extensive evaluation and at the end... are you ready for this..." If I can be of any further assistance to you, please do not hesitate to write or call." Write or call..Are you kidding me? What a treasure, what a museum piece, what a doctor. Whoops ignore that last phrase. It just slipped out. Another progress note page. This one has 6 neatly typed visits and the last visit holds another gem... MAY 22 1987…"We have told Mrs. _____ that we are retiring as of the last of June of this year and should she need her records, she will let us know and we will prepare them"... Dr. J. H. Keeling. Another lab slip, 1987, BAYOU LABORATORIES, DRS. Elias, Armstrong, Pankey, & Esterly are those docs still around? Rainbow paper, how cool is this, strips of white, brown, and blue. Normal cholesterol is now down to 260... the carousel of medical progress is turning slowly. A note from the Orthopedic Clinic, Dr. Roy Ledbetter.

All good things must come to an end. Here comes the shredder, the paper chart is no more, scanned into my internet server data bank. No faded colors, no special qualities remain.

Time to turn on my laptop and go back to work... the carousel of medical progress is turning rapidly now. Has anyone seen Dr. B. Liles, Dr. Hamilton... or Dr. Hutton in his green sedan?

The Transfer to EMR

By: Douglas C. Brown, M.D. F.A.C.S., F.A.A.O.S., A.B.I.M.E.

Ask any doctor what he dislikes the most, and almost everyone responds "RECORDS". Then beyond that, even worse is redoing a lost or incomplete late record. What gets you on the "NO ADMIT" list? Overdue records. What gets your business manager upset? Incomplete records. Everywhere you turn its RECORDS, RECORDS, RECORDS!!!

When we all proceeded on our beloved odyssey called becoming a doctor, we learned how to WRITE the standard history and physical or H & P. Later, as interns and residents we dictated all H & P's, op notes, D/C summaries; and, as a staff man, you could dump that chore on the house staff. BUT, at the core of it all were the handwritten notes on the chart. Hospital charts and office practice charts were and are still loaded with HANDWRITTEN NOTES. Many, if not all, medical records are essentially illegible to non-medical personnel. We use our own code of abbreviations, charts, symbols and hieroglyphics to communicate with each other. Somehow, we all learned the jargon and used it with great efficiency. Our teachers hammered us with the same methods, whether you were educated in New Orleans, Los Angeles, New York, Chicago, or Boston. We all knew what SOB, DOE, HBP, CHF, AFib, CNS, ACL, HNP, Fx, or FBS meant.

"BUT NO!", said the AMA Guides through ICD-9, CPT's etc. You must now use a SOAP note. "OK", I said. This must be a new abbreviation in an effort to streamline information and distill our thinking down to subjective, objective, assessment, and plan. I thought it was an insidious effort to "clean" us up. What a joke!!

About the same time we were getting SOAPED, Al Gore invented the internet. He guaranteed its solution to all and any communication confusion, but first he had to solve global warming, what a diversion. While we worried about the ozone, carbon footprint and going green, the current administration caught us sleeping and MANDATED ELECTRONIC MEDICAL RECORDS (EMR) or also known as Electronic Health Records or EHR. Overnight dozens of companies sprang on the scene, all claiming the simplest, most complete, most efficient system, and in no time you will be PAPERLESS. You'll have more room in your office; never use a chart because you no longer have a chart, and your records will be more complete which will make hospital administrators and business managers very happy.

But, guess what?? It ain't Free!! Each doctor gets to pay $45-50,000 hard-earned, after write off dollars. Dollars that you earned with old fashioned hard work – in the ER, OR, hospital, office, at all hours, 24/7 as they say. OMG! However, The Federal powers that be from Nancy Pelosi to Harry Reid to Barrack Obama will give you money to pay for it. Sounds like "cash for clunkers". And if you DON'T sign up and buy in, well, you will be S.O.L. in 2014. So what can a doctor do – fold your tent, retire by 2014, or get with the program like I'm doing.

Right now, according to A.A.O.S. over 500,000 doctors, dentists, NP's and PA's could qualify for the federal incentives. Already 20% of U.S. hospitals and 30% of office-based primary care doctors – about 46,000 practitioners have adopted a basic electronic record in 2010. Another 66,000 have sought information or signed up for incentives.

In summary, 92% of participants reported positive conclusions. Patients and insurance companies benefit the most, but if we can work through the costs and learning curve, we should also be big winners.

10 **Learning Curve** – This can be tough if it's all done at once. We are doing three charts with each clinic session. This is an easy entry.

9 **Cost** – The Washington Post says this is the biggest obstacle and can run up to $50,000 per clinician.

8 **Time Consuming** – Everyone in the office has to contribute to the process. Procedures, templates, processes of treatment have to be created or tweaked.

7 **New Technology** – This is challenging for the whole staff. Some are intimidated and refuse to participate.

6 **Maintenance Costs** – George Washington University Medical Faculty Associates has 550 physicians and spends $5.7 million annually for hardware, software and dedicated IT staff. This comes to $10,363. Each.

5 **System Failures** – The companies all tell you that all data is automatically backed-up; but, what happens if the server goes down during a busy clinic?

4 **Security** – Encryption is not required; Therefore, HIPAA violations are possible which could result in stiff penalties.

3 **Repetitive Reports** – We all have seen obvious electronic records where the same information is successively repeated in visit after visit with only minor history or physical changes.

2 **NO REIMBURSEMENT FROM THE FEDERAL GOVERNMENT** Despite the promise of $44,000 over five years through Medicare or up to $63,750 over six years through Medicaid, two current deficit-reduction bills are in the House that target these payments as part of the unspent stimulus funds. This will probably be vetoed, but who knows?

1 **Over Simplification** – "These ivory-tower types try to boil down the art and practice of medicine into something that can't be boiled down" say Pediatrician Jay Bernstein of Rockville, MD.

10 Charting is **timely** – done at the point of contact.

9 **Charting** is more complete.

8 **Less redundancy** of treatment since treatments, reports, etc. are readily available for comparison.

7 **Coding accuracy** is improved since all EMR's have automatic ICD-9's when the diagnosis is entered.

6 **Remote access** to records is now available from hospitals and diagnostic centers, and interoffice information transfer is on the horizon.

5 Built in **treatment protocols** and practice guidelines are developed with personal preferences or outside sources if desired.

4 **Less lost information**. Barring a complete electronic collapse, everything is securely backed up through whatever system you select.

3 **Patient Safety** – Allergy alerts, drug interactions, excessive radiation exposure or prescription fraud and abuse can be tracked.

2 **Improved Communication** – rapid information transfer to other health care providers can be done with e-mail or instant faxing.

1 **Better Reimbursement** – Through improved and more complete records, you usually qualify for a higher E/M code which is double checked by the EMR system.

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Knight of the Round Table

He took the knife (Excalibur), told me to kneel down on one knee as he held the knife high over my head. He then raised his voice in his most regal tone and knighted me with the blade's touch to the head and both shoulders.

-When asked to write a humorous tale that took place during my medical experience, many different tales surfaced. My medical training was in General Surgery and was based at one of the most insane hospitals in the country, Charity Hospital in New Orleans, Louisiana. That place left a profound impression on me. It was the hardest and the most fun thing I've ever done. To offset the brutality we saw come through the ER, we felt it was our obligation to lighten things up around there with pranks and practical jokes that went on and on, everybody outdoing everybody else. A tradition of sorts. Right of passage. And yes, most are not presentable on this occasion and I will deny some to my death. Some I am quite proud of, like disguising a grill as a patient on a stretcher, using orthopedic tools to open a call room window and grilling the fool our of some steaks on the roof. Best meal we had at Charity. Not so funny when the fire department showed up. And of course tying junior resident's lab coat sleeves in knots and giving diapers to whiny residents was commonplace.

To me personally, one of the most humorous times occurred late one night in the operating room. It had been a very busy night in the ER and we had treated multiple gunshot wounds amidst a barrage of other trauma cases. I was a third year resident and had been left in charge of the ER while my chief resident went to the operating room. Finally, in charge! ……. Oh, no. I'm in charge. Just on cue, an unfortunate young man arrived with a stab wound to the abdomen. I could handle this one. Sew him up, good to go, on to the next victim. As the sheet was pulled off his abdomen, however, I thought this might not go down so easy. The reflection off the fluorescent light onto the blade of that knife sticking out of his abdomen was enough to blind a man. The knife was HUGE. And it was waiting on me….like Excalibur waiting for King Arthur. I could hear the horns playing in the background.

And yes, Arthur would have been proud. I took the guy to the operating room, removed the blade and repaired his internal wounds. All was going well. I had earned the respect of the lower residents and everyone in my small kingdom (which was about 1 scrub-tech, a nurse tech and a curious orderly). Then, my chief walked in to the OR. Maybe I shouldn't have been so boastful. Maybe I shouldn't have showed off the knife. Maybe I shouldn't have been waving it around in the air as if I had just jousted out the evil rulers. Maybe it was my third-year-I-know-everything-grin. I was close to finishing up at this point and he asked another resident to close the wound for me. He took the knife (Excalibur), told me to kneel down on one knee as he held the knife high over my head. He then raised his voice in his most regal tone and knighted me with the blade's touch to the head and both shoulders. I arose a surgical knight and a most humble one at that, amongst many laughing residents, staff and students. Then he told me to get my ass downstairs. I had another one waiting on me. Good times.

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