

FRED RALSTON Jr. MD FACP

Regent

Chair, Board of Governors 2005-06

American College of Physicians

I will make comments as a practicing physician who has used an EHR for over 2 years and one who has discussed EHRs at length with other adopters and potential adopters. The task I was given was to discuss "The EHR functionalities/ components deemed most valuable and likely to encourage widespread EHR adoption."

Background:

(I have no relationship with any EHR vendor except as a customer.)
I have practiced practice general internal medicine in Fayetteville, Tennessee since 1983. The roots of our practice go back to a beloved GP who began here in 1909. We currently have:

- 1 General Internal Medicine
- 1 Internal Medicine (~80%)/GI(~20%)
- 1 Med (35%) Peds (~65%)
- 2 Family Physicians who see only adults
- 2 Family Physicians who see adults and children
- 1 Pediatrician
- 1 Nurse Practitioner

We see patients in the office where we use the A4 (Now Allscripts) Healthmatics system and in the hospital where we use a Computer Programs and Systems (CPSI) product. We love the office (A4) product and are not so fond of the hospital (CPSI) one. (One senior FP appreciates our decision but from the front end has chosen to only enter meds in the system.)

We made our decision to pursue an electronic record in earnest mid-2003 (after looking at medical meetings for years) and signed in the fall of 2003. We went live in April 2004.

There are certainly things we would do differently now if we had it to do over again but we could never go back to paper charts. We are continuing to learn ways to improve our use of the system. (Part of this involves improvements in the system and others simply involve a better understanding by us of what is available.)