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The electronic health record is getting closer to reality as the year 2014 approaches. In 2014, the NHII has stated dentists are supposed to have digital records in a standard format that can be transferred easily from one office to another. Although officially stated as “medical records,” the implication is that dentists are part of this.

There has been great debate about this whole system, and issues arise about the real costs to practitioners and patients. In fact, a lively debate has been conducted on the Dental Economics® Web site for more than a year. You can access this debate at <http://bit.ly/EHRdebate>.

Carol Tekavec has written a piece on DentistryIQ in which she brings up many troubling issues about the EHR and security. See the article at <http://bit.ly/tekavecEHR>.

One thing to consider is that it is not easy to transfer records from one practice—management system to another. Anyone who has switched software via a data conversion will attest to this. In digital imaging, we have a DICOM standard, as well as formats such as jpg, tif, etc. This allows any digital photo or radiograph to be sent easily from one office to another.

Some digital radiography systems allow images to be sent with a proprietary viewer, allowing the recipient to see the raw image with its associated software. This has become even more necessary with the new cone beam CT scans. If they are sent directly from the

machine, the recipient stares at a few hundred slices that must be interpreted. Most of the CBCT scan systems include a piece of software or provide a link so that the receiving office can see and manipulate the scans in the same way the original office did.

So it seems that the image part of the practice should be simple to convert to this EHR. There are still many offices that have chosen to stay with traditional film, and I still hear practitioners bemoan the costs of conversion. Countless articles show the ROI. But, no matter, the clock is still ticking here.

In addition to the NHII mandate, dentists, hygienists, and assistants graduating from school have never seen developer and fixer. If your office still handles film, it will be increasingly difficult to find a new associate or staff member as the bell curve age of the dental population shifts.

In addition, in negotiating the sale of a practice, a new owner will factor in the costs of doing the digital conversion, much in the same way as selling an older house. After the inspection, there is a negotiation for the new roof or leaky bathtub that will reduce the sale price or have to be remedied before papers are signed.

Amazingly, there are still offices that keep books manually and still use pegboard systems. I recently spoke with a dentist in a group practice (owner and a number of associates) that was using paper. I have no idea how any of the production/collections was figured. This practitioner seemed to be getting a decent wage and said, occasionally, bonuses were given when "the numbers" were good.

An office should at least have a simple computer system with practice-management software. Costs of computers have declined, and many companies work on a monthly fee with no associated costs other than installation and the computer hardware. One major system even provides free basic software.

Current practice-management systems are aware of this compatibility and treatment-entry issue. Many are launching new software improvements. Clinical notes use entry systems with "macros" or preset details for a number of procedures that allow for quick and simple entry.

Some external "notes" systems have appeared in the marketplace. The challenge for dentists will be to integrate these with existing practice-management systems and, as we have seen with "bridges," to some of the digital radiography systems. This will not happen overnight. A practice-management company would prefer that an office stays within its system. These companies are working to make their systems simple and intuitive.

Check with your current system's sales force to see if these features are now available. Also, if you are evaluating a new system for the office and hope to become chartless, be sure to get a good hands-on demonstration. We are entering the "big meeting" season, so plan on taking a trip and giving those companies' salespeople a workout.

Dr. Paul Feuerstein installed one of dentistry's first computers in 1978. For more than 20 years, he has taught technology courses. A mainstay at technology sessions, Dr. Feuerstein is an ADA seminar series speaker, including annual appearances at the Yankee Dental Congress. He has been named 2010 "Clinician of the Year" at Yankee Dental Congress. A general practitioner in North Billerica, Mass., since 1973, Dr. Feuerstein maintains a Web site (www.computersindentistry.com) and can be reached by e-mail at drpaul@toothfairy.com.

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