

CEDARS/ASPENS DEBATES PUBLICATION EXCLUSIVE

## Debate continues over electronic records, paper charts

P. Dee Stephenson, MD, FACS, ABES, FSEE, and David A. Goldman, MD, offer their opinions on which system works best in their office.

Ocular Surgery News U.S. Edition, June 25, 2015

Welcome to CEDARS-ASPENS Debates, a monthly feature in *Ocular Surgery News*.

CEDARS (Cornea, External Disease, and Refractive Surgery Society) and ASPENS (American Society of Progressive Enterprising Surgeons) is a joint society of cornea, cataract and refractive surgery specialists, here to discuss some of the latest hot topics in ophthalmology.

Ophthalmologists around the country continue to struggle with the mandate to transition to electronic health records. While there is great opportunity for added efficiency in the future as the technology improves, the implementation of EHR into a practice can come at a significant cost. Unfortunately, there are significant penalties for not participating as well. This has led to the dilemma: Should I adopt EHR or not? This month, Dr. Dee Stephenson and Dr. David Goldman discuss the advantages and disadvantages of EHR and paper charts. We hope you enjoy the discussion.

Kenneth A. Beckman, MD, FACS  
OSN CEDARS-ASPENS Debates Editor

### My paper chart is better than your EMR

After 25 years of being in practice, I have come to another crossroads: electronic medical records. Five years ago, I thought that I needed to be on the leading edge of implementation of EMR because I felt that when the deadline for compliance occurred, there would not be enough technical support. I wanted to be well on my way with all of the attestations. So that being said, after a long, hard process, I recently decided to change to a different EMR company. The original implementation, after all is said and done, cost me about \$150,000.

There are many things that have been extremely difficult for me, including the customization of the programs. You have to use the programs for a while before you know what you want changed, and by the time you know what you want to change, the programs are not supported. All the technology you have in your office for ancillary testing has to be incorporated into the EMR, but each instrument that you add costs money. Then there are instruments that are not using the same programs, so they cannot be incorporated or they need an expensive software program in order to make them compatible. For example, I had to purchase a new IOLMaster (Carl Zeiss Meditec) because the old one could not be incorporated into my EMR.



P. Dee  
Stephenson

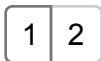
There are also other issues. The decrease in the number of patients I could see due to the intense input by my technicians and myself. The long hours to learn the system. Never being paperless. There is a whole other issue with the practice management aspect. Hours of overtime to learn and more costs that involve clearing houses. Is it compatible? Is there a bridge, or is it totally integrated? Did I want to do this all over again?

What happened next let me know that I may have made a big mistake. My computers went down one day, and for about 6 hours, all of a sudden there was a weight lifted off my shoulders. I could finally practice medicine the way I love, by being totally attentive to the patient I was seeing, no longer typing but instead interacting, listening, touching, healing. Since I implemented EMR, I see about half the number of patients that I used to see because of all the input that is required, and I extended the amount of time I work. I do not go home before 7 p.m. I suffer from hand pain from using a mouse for 12 hours a day. That one day, not only did I see all my patients, but I also sent 12 referral letters with copies of OCTs or fundus photos. I spoke to some families on the phone. I left my office at 5:30 p.m. with a great feeling of accomplishment as a physician. That day was a great reminder of why I practice and love ophthalmology. Maybe we need to reassess the reasons for EMR or make them more user friendly so we can return to the art of medicine.

**For more information:**

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Disclosure: Stephenson reports no relevant financial disclosures.



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**More in Ophthalmology**

VIDEO  
AT ISSUE



**VIDEO:**  
Progress  
in  
antibodies,  
promise of

**CAR T cells shifting  
lymphoma treatment  
landscape**



**Limited  
resources for  
Zika response  
slow progress in  
Puerto Rico**

IN THE JOURNALS  
**Synovitis predicts  
subsequent structural  
progress in RA**



**EV06 ophthalmic  
solution for  
presbyopia  
improves visual  
outcomes in  
phase 1/2 study**



**Ophthalmology  
Technology  
Summit to  
feature keynote  
with David Pyott**

HEALTH CARE LEGISLATIVE AND  
REGULATORY UPDATE



**Out of bounds:  
When you move,  
be sure to let  
Medicare know**

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CLINICAL SCIENCE  
**Evisceration and**

CME  
**Diabetic Eye 2015: New**

VIDEO  
MEETING NEWS COVERAGE

## Enucleation: A National Survey of Practice Patterns in the United States



## Concepts in Screening, Managing, and Referral

This activity is supported by an educational grant from

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## VIDEO: Follow-up care software

increases patient satisfaction