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Fastest EMR in the Land

by Deborah Ausman, special to Health-IT World

Patient-generated histories make office visits more productive, says the doctor who claimed the speed prize during the clinical documentation challenge at last week's TEPR Conference in San Antonio.

TEPR's annual software shootout requires competing EMR packages to fully document a mock patient visit in 10 minutes ([click here](#) for more information about the contest). This year, the time limit hardly fazed the nine competing vendors. Noteworthy Medical Systems clocked in first, and only three vendors failed to finish.

But on the subjective history portion of the challenge, one demo blasted the rest. Charles Zelnick, director of family practice and patient education at the Cedar Rapids Medical Education Foundation, finished in just two minutes -- one minute faster than the nearest competitor and three times faster than the slowest system.

Zelnick's spur was Instant Medical History software by Columbia, S.C.-based Primetime Software, which prepopulated GE's Logician ambulatory EMR system with visit-specific and historical data provided by the mock patient. Zelnick simply reviewed the entered data onscreen, tweaking them slightly before confirming them as part of the official record and proceeding with the rest of the exam and data entry.

TEPR's demo challenge emphasizes speed, but quality documentation should be the aim, according to Daniel Sands, director of EPR and communications at Beth Israel Deaconess Medical Center in Boston. Zelnick, whose facility uses both of the software products that he demonstrated, argued in a subsequent session that speed often leads to quality. Like "a carpenter who's just been given a nail gun," a doctor using data entered from a patient prescreen can work faster and better.

Statistics back Zelnick's claim. John Bachman, professor of primary care at the Mayo Clinic, reported that in one clinic study of 134 doctors, just over half the questions relevant to a case were asked during the exam. "We need to admit that we don't always ask the right questions," Bachman said. "The computer won't ask them all either. But together, a doctor and a computer can bring that figure to 100 percent."

For Zelnick, prescreening provides focus. Because he knows more going into an

exam, he can spend more time listening and less time asking questions. "I spend the same amount of time as I used to; we're not just talking about what the patient doesn't have," he said. Doctors may even be able to zero in on other, undisclosed health problems, as patients will often be more candid with a computer than a doctor.

In addition to Primetime Software, other prescreening software was on display at TEPR. Medical Net Systems demonstrated its package on the exhibit floor, and Advanced Technical Support President David Engelhardt presented patient survey and education software that the company created for Supportive Oncology Services, a Connecticut-based startup deploying point-of-care solutions for a national network of oncology clinics.

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