



# Quick Sheet: Implementation Options for doc2MD

Overview: There are different ways of implementing the doc2MD Electronic Medical Records system. You should choose which option works best for you. Listed below are two standard ways of implementing doc2MD. It should be noted that after you implement the Hybrid option below, you may find that you want to move to the fully functional EMR. Doing this is easier than moving right away to the fully functional EMR.

## **Potential Implementation Options**

- Fully functional EMR – all documents are stored and retrieved via the EMR. There are no paper copies of chart documents other than ‘in process’ or ‘ready to scan’. This type of implementation is the hardest to start, since it requires a migration of all existing chart documents into the EMR. Migration usually requires significant human resources to prepare, scan, and ensure that the documents were properly filed prior to shredding the originals. This approach also requires that the entire staff is trained and ready to go fairly quickly since ongoing document retrieval is no longer available on the shelf. Potential issues regarding this type of implementation include the hesitancy of staff to want to learn the system, which potentially leads to a failed EMR installation.
- Hybrid EMR/Paper Charts – A hybrid implementation uses the EMR to manage the patient data within the medical practice, however the practice continues to maintain paper charts. The idea behind this strategy is to handle the paper chart only when absolutely necessary (usually when the patient is onsite). The physician continues to have the ability to quickly review documents, show documents to patients (especially in the case of pathology results), and physically sign off on documents. The staff only handles the paper chart when preparing the chart for an onsite patient encounter or when filing after an onsite encounter. Other access to the patient’s information (phone calls, lab results, etc.) are handled electronically and not by pulling the chart from the shelf. *There was a study a while back that determined that each time the patient’s chart was pulled from the shelf, the practice incurred a fifteen dollar charge. This charge was due to human resource fees, damages to the chart, and or loss.* This approach to implementing the EMR is easier on the staff; the regular office processes with regards to patient care are maintained and the utilization of the EMR’s ability to quickly and effectively produce encounter documentation is leveraged.