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# Oncology EMR comes of age

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**O**n a recent flight, while listening to music on my iPod through noise-reducing headphones and simultaneously working between my PDA and my laptop computer, I mused on how utterly immersed in technology we are today. Ironic, then, that medicine as an industry has been a late adopter of the technologic revolution that has transformed our world. We bank and shop electronically, but our medical practices are, for the most part, organized in the same paper format as a half a century ago. In oncology, this is particularly egregious, since, as a subspecialty, we are so data driven and dependent on paper flow sheets outlining complex medication regimens with low therapeutic/toxicity ratios. With traditional paper charts, it is nearly impossible to generate trend analyses of patient symptoms, clinical response, or regimen dosing changes.

The situation is rapidly changing. There is a strong movement under way to mandate electronic medical patient records over the next several years. The federal government and leading software companies have announced their intention to enter this arena. From our perspective, the development of electronic medical record (EMR) systems has been a bumpy road with many cul-de-sacs. An EMR company can be here today and gone tomorrow. However, these systems have matured dramatically over the past several years, with recent software versions being much more user friendly than before. Moreover, the competitive landscape is becoming clear, with several oncology EMR vendors apparently settling in for the long run.

In this issue of *Community Oncology*, we invited several physicians with experience using a variety of oncology EMR products to report their observations. The discussions reflect the differing emphases placed on which elements of EMR are most important to different physicians and practices. The enormous feature sets of current systems are well documented in these reports. I am struck by the refinement of each product over time, so that the average oncology practice can now realistically evalu-

ate whether to implement such a system today.

The term “EMR” is something of a misnomer. Many of these systems are full practice-management solutions, integrating billing, scheduling, diagnostic coding, and laboratory data, along with a clinical database. Fundamental to an oncology EMR is a robust chemotherapy ordering system that allows dose adjustment and scheduling on the fly. The chemotherapy module can populate and automate the clinical flow sheet and charge capture. Electronic ordering is certain to reduce ambiguity in medication orders.

As our own practice has evaluated EMR systems over the past year, we’ve learned that the thing we all dreaded—changing the way we document the front-end patient encounter—is but a small part of EMR. It’s fair to say that the current systems do not save the physician much time. Some physicians generate a note using drop-down menus on a portable computer during the patient’s interview. Others continue to dictate their notes the old-fashioned way, which are then transcribed and entered into the EMR database. This important piece of the system will continue to be refined as technology improves. However, we believe that it is no longer a barrier to seriously considering a purchase of such a system.

Ultimately, it comes down to the return on investment. These systems are costly, both in terms of capital outlay and time investment to train staff and physicians in usage. Nonetheless, the potential to capture lost charges, improve practice efficiencies, streamline medical records, reduce medical errors, and analyze data is enormous. You can always wait for the next product upgrade; undoubtedly, it will be better. But the reality is, the time to consider investing in an oncology EMR is now.

We are very interested in your own experiences and reactions to electronic record keeping. Please fill out the survey found in this issue of *Community Oncology* (page 156) or online at our Web site, [www.CommunityOncology.net](http://www.CommunityOncology.net), and return it to us. We will publish the results in an upcoming issue, and they are sure to be provocative. One thing I know: oncologists don’t shy away from having an opinion!