



# *The Myths of EHR*

*Gabe Freyaldenhoven, PT*

*Inside...Gabe Freyaldenhoven, PT, owner of River Valley Therapy & Sports Medicine in Russellville, AR, shares his thoughts on some of the common myths surrounding the adoption and use of electronic health records (EHR) in physical therapy.*

## The Myths of EHR

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*Gabe Freyaldenhoven, PT, owner of River Valley Therapy & Sports Medicine in Russellville, Ark., implemented Compulink's Physical Therapy Advantage™ in 2008. The practice has grown rapidly and now has 6 physical and occupational therapists and an exercise physiologist serving the needs of a wide range of patients in their community, from children and teen athletes to older adults going through stroke rehabilitation. Here, he shares his thoughts on some of the common myths surrounding the adoption and use of electronic health records (EHR) in physical therapy.*

#### **Myth #1: EHR isn't required for physical therapists.**

Just because EHR isn't required doesn't mean it won't be beneficial. We've seen an immediate payoff in enhanced efficiency and the ability to monitor 3rd-party payer requirements electronically, rather than paying a staff person to monitor them manually. I don't think it will be very long before Medicare or private insurance companies expect physical therapists to be on EHR just like the doctors. With that expectation, waiting until EHR is "required" just isn't a good long-term strategy. A lot of physicians are scrambling right now to choose and implement an EHR system before government incentives go away and the penalties kick in. We're happy that we made our choice early and have been able to phase it in on our own schedule.

We chose Compulink knowing that it was a reputable company that would provide the support and expertise we needed—no matter what requirements we ultimately faced. They recently offered an "ARRA Guarantee"—essentially telling eligible providers that their software would be certified or they'd get their money back. And Compulink made good on that promise, becoming one of the first companies with an ONC-ATCB "Complete EHR" certification.

#### **Myth #2: EHR is designed for doctors. It doesn't fit the way physical therapists work.**

It's true that many EHR packages were designed for general medicine—and trying to make a physical therapy practice fit into that mold could really slow you down. But if you choose a customizable, PT-specific EHR solution like Advantage that revolves around the way physical therapists work, you'll get the same benefits as your medical colleagues without having to wade through all their billing codes or structure your visits the way a doctor would.

#### **Myth #3: EHR is too expensive.**

The initial outlay to purchase EHR software and hardware is a significant expense, but the return on that investment makes it well worth your while. For our practice, EHR meant that we could eliminate \$14,000 in annual dictation costs and cut back considerably on off-site file storage. Those savings alone paid for our software within 2 years. And if you can reduce the time your support staff spends on administrative tasks, thanks to the efficiencies of EHR, you'll reap even greater savings.

Finally, the advantages of having records and billing linked electronically are significant. As I explain later in more detail, our Advantage software identifies potential billing errors in advance, so we have fewer claim denials and, as a result, better cash flow.

#### **Myth #4: I need to get billing straightened out before I worry about EHR.**

If you're truly in the middle of a billing mess, of course you should focus on fixing it before you take on a new challenge. But implementing EHR may be the best change you can make to improve your billing accuracy, speed of remittances, and cash flow.

Now that our therapists directly input their charges, we have eliminated the potential for errors due to a billing clerk misunderstanding a therapist's notes or keying something in wrong. It has also been really helpful that Physical Therapy Advantage incorporates Correct Coding Initiative (CCI) and other types of edits. If two codes that cannot be billed together are entered, for example, the system alerts us so we can fix the problem before the charges are posted. That means we avoid a claim denial—and all the time and hassle associated with pulling information from different places to figure out the problem, manually make changes, and resubmit the claim. For these reasons, having an EHR system with an integrating billing component really increases the speed of your workflow and your reimbursement cycle.

If billing is your biggest concern, by all means start there. But I strongly recommend buying a billing system that is tightly integrated with scheduling and EHR so that you can implement the other components when you are ready. All three components will save you time and money.

#### **Myth #5: I don't need fancy software—I have a great billing staff.**

In today's regulatory and insurance environment,

it's getting very difficult for even the best billing staffers to remember all the details they need to check for different insurance plans. But if your software can remember the rules for them, those talented staffers can focus their energies on resolving true billing problems in a more timely fashion. With Compulink, troubleshooting a problem might only take 10 minutes, rather than all day, because the information can quickly be accessed electronically.

Advantage has helped us automate so many repetitive manual functions that we're able to do more with the same staff, with much higher job satisfaction. I also feel like I'm in a much better position to deal with employee turnover. Even if a critical employee leaves, I know that someone else can step into that position and get up and running quickly. We aren't relying on any one individual's institutional memory to run the office.

### **Myth #6: Paper scheduling works fine.**

If you've got a paper log book for scheduling, which is exactly how we used to operate, that book has to stay at the front desk and only one person can look at it at a time. With electronic scheduling, multiple people can access and amend the schedule. That freed us to let therapists schedule their own appointments and check their schedules from home, as well. We're able to look at our appointments any way we like—by day, time slot, therapist, etc.—and to schedule resources such as the whirlpool or traction equipment, in addition to people. Physical Therapy Advantage is so customizable that we were able to set it up according to our own scheduling rules, without being at all limited by pre-set templates.

### **Myth #7: I'm too busy.**

I understand busy. The reality is that we're all too busy to waste time on unproductive tasks. But your time investment in EHR will pay off exponentially in time gained. Just as one example, my month-end reports used to take me about 8 hours to put together. I can now do them in 30 minutes or less, and I can run a quick update every week if I want with just the touch of a button.

Implementing EHR properly does require a time commitment. But with a highly customizable system like Advantage, we have been able to automate many time-consuming tasks without changing anything else about the way we practice. That means more time devoted to physical therapy and less to paperwork, better communications, and better service to our patients.

### **Myth #8: My referral sources don't care whether I have EHR.**

I agree that, at least in most communities, we are a long way from the day when referring physicians demand that physical therapists be capable of interfacing electronically. But what our referral sources *do* care about is getting accurate and timely information from us. EHR helps me do a better job at that right now.

For example, if a doctor calls to check how many visits John Doe has completed and how he's doing, my staff can actually pull up the record and respond immediately, rather than telling the doctor they'll get back to him in a couple hours. Because Advantage is so customizable, we've been able to create custom letters and reports with exactly the information we want to communicate to referring doctors. The choices I've selected from drop-down menus and toggle buttons on my screen are instantly transformed into clear, concise, narrative reports without me needing to dictate a letter.

### **Myth #9: I like the way I do things now—why change?**

Change is coming, and the "safe" approach is to be prepared for it. EHR allows us to meet increasingly onerous regulatory and insurance compliance mandates far more efficiently than we could on our own. For example, our EHR system tracks signed reports coming back from referring doctors, and reminds therapists when 30- or 90-day updates are due to insurance companies. As an administrator, I can run a quick report to see if those updates have, in fact, been done. That lets me manage proactively and saves me from discovering a problem only when it's become a really big one.

Far better than paper records, EHR provides the documentation we need to back up our charges—whether that's for an internal chart audit or an external compliance review. If a therapist has billed three units of therapy, I can quickly check that the electronic record reflects at least 38 minutes worth of therapy. A fully integrated electronic system like Physical Therapy Advantage makes it easy to confirm the accuracy of charges anytime.

### **Myth #10: EHR systems are all alike**

I definitely have not found that to be true. First of all, you want to make sure to choose a system that smoothly integrates every function in your office, from the time the patient makes the appointment, to the therapy visits to billing. Many practices and even vendors of EHR "systems" try to cobble together different pieces. When the software hasn't been designed to work together there will be conflicts between the programs and difficulty pinning down whose fault it is that something isn't working right.

I strongly recommend looking at several EHR and practice management programs before you make a decision, so you have a real understanding of what is out there. For us, the fact that Advantage was PT-specific and fully integrated was important, but the ease of customization was really the deciding factor. We wanted to be able to fine-tune the system to really support our practice 'dialect' and natural flow, rather than be forced to mold our ways to the software. Compulink gives the end user phenomenal access to manipulate and customize pretty much anything. No other software on the PT market lets you do that.

Once you choose an EHR system, stay focused on the end goal, not the headaches of the transition. EHR implementation is kind of like going to PT school – challenging while you're in the middle of it, but you'll always be glad you did it because of how it changes what is possible going forward.

### **About Compulink**

**Compulink is the industry leader in fully customizable Electronic Health Records (EHR) and Practice Management solutions for ambulatory practices. Developed to meet the clinical and business needs of today's owner-operated practice, Compulink offers specific EHR/PM solutions for ophthalmology, optometry, physical therapy, mental health, chiropractic, general medicine and podiatry.**



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River Valley Therapy & Sports Medicine  
Russellville, AR*

