

Who will really control your practice?

A good Electronic Medical Record (EMR) cannot and should not be all things to all people. Software, by its nature, is intrinsically biased.

Among the Electronic Medical Records available today, there are two distinct kinds with diametrically opposed philosophies. There are template-based software systems, a one-size-fits-all approach developed with a variety of interests in mind, not just yours and your patients. Templates assume that there is only one correct way to practice medicine and that the manufacturer of the template knows more about your medicine than you, the practicing physician.

In contrast, there is template-free software, a flexible approach that enables your own personal style, preference, and methodology, and understands that you and your practice are unique.

If an EMR is to function successfully in your practice, it should be developed free from templates, and should perform solely for you and the patients you serve. If not, an EMR has the potential to become an invasive tool used by third parties whose job it is to profit from your practice at your expense and that of your patients.

The EMR you choose will have an enormous impact on your life, your practice and on your bottom line. **In every clinical interaction, the EMR should support you and your needs as a provider, and not the needs of outside interests who may be paying your vendor for creating the templates the way they arrive to you.** An EMR can be a liberating tool, enhancing the quality of care you give and easing your workload, or it can be a controlling device, scrutinizing the medicine you administer, in essence micromanaging your practice on behalf of third party interests.

When evaluating EMRs, participate personally in the process and consider input from colleagues WHO USE EMRs, **not consultants or third parties.** Few consultants have ever used an Electronic Medical Record as a practicing provider, and many are paid to rank certain EMRs more favorably than others. **Be particularly mindful of an EMR backed by a Third Party Payer, even if proposed by your IPA or Hospital.** Many medical associations are overseen by physicians who have limited experience using EMRs, or who rely on "EMR experts" rather than personal experience. The EMR they choose may be the most expensive Trojan Horse you'll ever receive. Be careful with "free software."

Of major importance today is interfacing. **You should be allowed to interface the best EMR you can find to any billing, practice management, and laboratory system at a minimal cost.** Indeed, a software company may specialize in billing (PMS), or medicine (EMR), but no single company can be an expert in these two widely different fields. Software vendors that attempt to sell your clinic both billing-practice management in addition to an EMR cannot maintain expertise in each field. They offer inferior products as a result.

The marketing-hype behind single-company integration has increased over the past few years for one primary reason: The healthcare IT industry has spent millions marketing integration to physicians in order to sell additional components to their captive clients. By all means, avoid billing companies that force you to use an inferior template EMR. (See also [EMR vs. EHR](#)). Please ask your clinic's billing department or a billing expert who you trust to judge the best billing software for your practice, but don't let anyone but you judge your future EMR!