

## "Doctor, the patient was stable and evacuated (years ago), now what?"

By: William Palisano; President, Lincoln Archives



Yeah, the EMR (Electronic Medical Record) is here. Great. If you're 'in the loop' that covers all procedures from here forward. Awesome. But,

what do you do with all of those inactive or dead patient files still in hard copy folders? Ah, that age old question: TO SCAN OR NOT TO SCAN, THAT IS THE QUESTION.

Now, I've never been accused of being very intelligent, so I'll keep this simple. I'm going to compare/contrast a few options: keeping the documents as they are or scanning them. I'm going to assume an outside company will scan them onto a DVD which you will keep, to access images of each file, with a simple index (patient last name, first name, DOB or SSN – your call). The files will be scanned in PDF format – hence no software to buy (Adobe Reader is free). These will be only the up-front costs to clean, scan and burn the images onto DVD's. Sure, you can have a company scan the documents, do elaborate indexes w/ search capabilities and host them onto their servers where you access, but that's a whole different animal, and we're trying to keep this simple. Also, remember we're talking about dead/inactive files.

First, determine how long you are required to keep the files. Next, determine how frequently you'll need to access a file or files.

Next, determine how quickly you need to see a file (is it STAT, or within a few days). And last, will the file(s) need to be viewed by more than one person at the same time and/or in different locations.

Let's look at costs. Scanning costs have come down dramatically these last few years. Per image, the cost to scan is relatively cheap. The real costs are in prepping and cleaning the documents so they can be scanned. Per image and based on volume, condition of documents, cleaning of documents, resolution, etc., etc., etc., each page/image could cost \$0.02-\$0.12. You're probably looking at the higher side, if you have many handwritten notes, prescription notes, pictures/films/x-rays, etc. We're going to assume \$0.05 per page/image. You may have been quoted much higher, or lower, so punch your numbers into these equations.

A standard copier paper sized banker box holds between 2500 – 3000 pages. We'll go conservative and assume 2500 pages/images. To scan and burn, the cost per box would be \$125.00 (2500 x \$0.05). Now, if you leave the documents as they are and store it with a professional archiving company, you'll pay between \$0.25 - \$0.35 per month to store that box. Taking into consideration the cost of spending \$125.00 today versus \$0.30 per month (time value of money/cost of cash 6.5% interest per year), the break even is 219 months or 18 years. If you need to keep

these files 18+ years (pediatric files?), maybe it makes sense to scan. If not, maybe it doesn't.

Keep in mind, there will be additional costs an archive company will charge to retrieve and deliver requested files, versus no additional cost for your staff to print out the image(s). Also, scanned files work well when you need instantaneous access or different people (in different locations) need to see the file (email the entire PDF).

### In conclusion:

Get a history / Review the Symptoms / Diagnose the Problem (How much volume to keep, how long, how frequent is access, how quick will access be needed, who may need access). Review Treatment Options and Manage the Pain (Look at options, compare and contrast costs/benefits). Decide on a Course of Action (Scan or No Scan). Beware Side Effects (If you scan, keep the master copy off-site in a safe, no, I mean really safe place and use a working copy in the office). Follow-up (Destroy the documents or DVD's when their retention period expires).

We (my industry) treat patients (clients) every day. For some, we treat aggressively (Surgery-aka Scanning), for others, we practice pain management (let the files run their natural course, keep costs down, and let them expire with dignity). In any case our professionals have 'just what the doctor ordered.'

## Executive Director

### Continued from Page 4

ment to the AMA, MSSNY and our County Society. We recently co-sponsored with the GME department a cocktail reception for those medical students who are about to begin their residency here in Buffalo. Our objective is to create a "mentorship" relationship with these young professionals which will translate into a sense of belonging in this medical community, and hopefully transition into an increase in the number who stay and practice in WNY. A special thank you to Independent Health for their willingness to host this event.

We have just signed an agreement with the School of Public Health and Health Professions which will assign students to our Society for varying periods of time. Our first project is a comprehensive review of NYS Physician Licensure Data. These interns will then survey physicians (members and non-members) to determine what is the true/valid number of practicing physicians, the actual number of hours spent in face to face patient contact, days and hours of operation, types of insurance accepted and current practice management software and technology used.

Under the previous leadership of Rick Vienne and Phil Aliotta we completed a comprehensive review of the physical plant – our headquarters. After numerous site inspections, our real estate

committee then chaired by George Danakas, recommended the purchase and relocation to 1317 Harlem Road, which was then unanimously approved by our Board. The purchase and renovation of this building has led to increased participation at our morning committee meetings, especially since parking is at the door; as well as an opportunity for expansion.

Leaving the best news for the last, however, I am pleased to announce that recently we entered into a contract with American Builders to completely renovate the north-side of our building into a "State of the Art" Audio Video Teleconference Center. This will allow us to host our Breakfast at the Bar and Practice Matters Matter programming on site. In addition we will be available to host MSSNY meetings, specialty society or even pharma or drug company programming. In fact, the AAP has already expressed interest in using our facility for upcoming meetings. More importantly the conference center will be available for you, our members to reserve and use. I hope that you will all take the opportunity to visit us in September when the site is fully operational.

Thank you for your continued support and membership in our County Society which by the way is now one of the largest medical societies, (in terms of total membership), in MSSNY.