During my residency, I had an attending surgeon who was fond of saying, “You have to set the table before you can eat the meal.” This analogy, however simple, is rather appropriate regarding the integration of the latest state-of-the-art tools in aesthetic medicine. And whether we’re introducing new technology to help with scheduling, productivity, marketing, patient education, or record keeping, preparation is essential.

Perhaps the most significant development in the technological arena as it relates to the practice of aesthetic medicine is the advent of electronic health record (EHR) software. Since busy practices cannot afford haphazard interruption to introduce new technologies, it is important for any clinician, regardless of specialty, to consider several questions. Some questions that EHRs have introduced that all clinicians should consider before implementation include:

- What are my practice’s software needs, and how do EHR systems fit into the solution ecosystem for my practice size, budget, and mix of cosmetic and reconstructive surgery or medical care? Are there specialty-specific workflows and content in the EHR product, or will I need to create my own templates and macros to get work done?
- Do I go with a single vendor or mix-and-match “best-in-class” products to create a customized solution?
- Do I need electronic billing in a clearinghouse as part of my record system or do I have other software that is already handling that well?
- What will be the cost of implementation, including IT support, training costs, and the purchase of any required dedicated computer workstations, tablets, servers and the like? Will a cloud solution be better or do I want a client-server model with pricing on a per-workstation basis?
- Do I even need to go digital with my medical records? What if I am not interested in government incentive payments for Meaningful Use of EHR systems, since I don’t take insurance?

The short answer to the last question is that EHR systems are not only rapidly redefining the medical system, but additionally may also represent a tool for patient education, cosmetic “closing,” and signaling modernity to your patients. In addition, it is possible that future regulations will further mandate the use of EHR systems even in cash-based practices.

Given that EHRs are here to stay, those of us who haven’t given consideration to them should start by asking questions such as the ones posed here. In a nutshell, I recommend first deciding on a reasonable budget for an EHR system. These systems can run from approximately $5,000 initial implementation and a monthly licensing model of several hundred dollars, to full-scale deployments including a whole practice management suite that can exceed $100,000 for large practices. If you do not need a full inventory, marketing/client-management, scheduling and billing clearinghouse package, you may be content with a simple scheduling tool and a dedicated EHR system.

Secondly, decide if you want to work with a cloud-based system with records accessible virtually anywhere, anytime, or if you prefer client-server workstation-based systems that require you to physically be at the office to access. Seek demos from more than one vendor and stop by the booths at trade shows to see what’s new in the EHR space before committing to the first system that you may be exposed to. Ask colleagues for recommendations, and ask to look “under the hood” to see how the product’s look-and-feel and content are tailored to your specialty, or whether they are very generic.

Fortunately, vendors of EHR products in the cosmetic space are well positioned to help answer these questions for practices of all sizes and are happy to help you “set the table.”

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