Praxis EMR learns from you, gets smarter.

The software is used by 5,600 physicians, mostly in the U.S.

BY ANDY SHAW

Infor-Med's Praxis EMR is an intelligent system that gets smarter the more you use it. At least that's how Dr. Richard M. Low, the founder and CEO of Infor-Med Corp. of Woodland Hills, California and Dr. Clayton Reynolds, a long-time beta tester, now in Victoria, B.C., portray the software.

For the past 15 years, Dr. Low has been improving Praxis and attracting users. His software is used by some 5,600 physicians, almost all in the United States. One of the sales goals for 2007 is to gain traction in Canada. According to Chris Powell, senior sales director at Infor-Med, "In Canada, we have users in about 30 offices and clinics from British Columbia to Quebec."

The privately held Infor-Med Corporation and its 60 plus employees will focus their marketing efforts north of the border on the quality assurance aspect of Praxis. "In the United States doctors get paid for what they chart but this is not as important in Canada," says Low. "So in Canada we are stressing the fact that doctors will practice better medicine, do it faster, and go home earlier."

"Every other EMR system we know of is based on templates," says Dr. Low. Instead of templates, Low, with help from Dr. Reynolds, has worked to refine the "Concept Processor", the software that is at the heart of the Praxis EMR.

During the patient encounter, the Concept Processor retrieves relevant text from previous sessions. "After that," explains Low, "there are only three possibilities: the case of the patient before you is either identical, similar, or different from cases you've had before. If identical, you can treat the patient swiftly and create a new chart with virtually no re-typing. If similar or different, you can edit the previous text or create brand new text. And all the changes are saved separately for re-use with similar cases in the future."

Fed with more cases, Praxis begins to "think" like you, speeding your work and raising quality of care in the process.

"For example, let's say the doctor decides that the patient is suffering from a
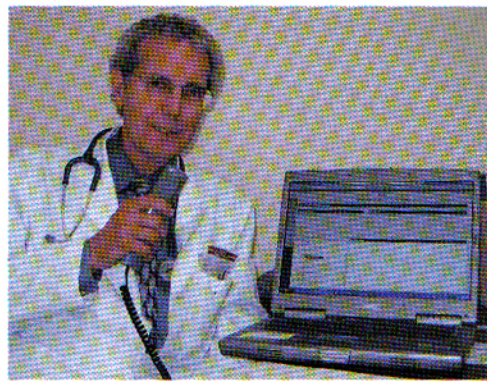
Dr. Clayton Reynolds working with Praxis EMR.

skin infection and is going to treat it with penicillin," elaborates Reynolds. "The physician can begin by going into the Concept Processor with the word 'penicillin'. Praxis then goes through all previous plans involving penicillin and asks the physician which previous cases he or she would like to look at."

From those cases the physician can rapidly form a new note or chart. This process, Reynolds says, is different from most EMR systems.

Better to let the users develop their own guidelines, says Reynolds: "Clinical practice guidelines must evolve over time, since new diagnostic tests are constantly being developed, new medications are being introduced and new studies of efficacy and safety or lack of it are being conducted."

To keep Praxis up-to-date, Low has Reynolds working on streaming the latest reliable medical guidelines into Praxis. Through Praxis, physicians will also be able to provide feedback to the writers of those guidelines.

"With that feedback from the physicians in the trenches, guidelines can be constantly improved," says Low. "So what Clayton is really doing for all Praxis users is managing quality assurance world wide."

If Praxis is even half the product that Drs. Low and Reynolds claim, why isn't it more widely adopted? Bill Cassell, independent EMR consultant with medpractice.com of Pennsylvania, has some ideas on that question.

"Certainly, 5,000 users is not a huge number…but that's understandable because the EMR market at that bottom end is populated by a lot of small companies." Says Cassell. "These companies don't have the marketing budgets that would make any one of them dominant," says Cassell. "So they rely on word of mouth and work hard at differentiating themselves."

While Praxis's Concept Processor may be unique, Cassell says other EMR companies are using AI as well.

"The big differentiator … is not so much the technology but the customer service," says Cassell. "About 60 percent of what is sold to physicians is not implemented."

Not enough companies go beyond simply demonstrating their software, adds Cassell, leaving the physician and his staff to struggle with implementation. Regardless of what EMR software may appeal, Cassell urges caution. "Do your homework. Ask the suppliers probing questions. Get them to make the EMR work for you. And take small steps, generally, as you go digital."