Medical Records Options for a SRFC

1. Use the same Electronic Medical Record

The ideal scenario is using the same system as your hospital/medical school

- If administration will not let you use their EMR, ask them for help
- They should be aware that they are making this much more difficult for you and finding a different solution is a challenge
- Keep pressuring the administration, but pursue other options

2. Compare prices for other EMR systems

Call different companies and ask for either a "student rate" or free service

- This could give the company good publicity, as they are serving a student-run free clinic (SRFC)
- It may help to get **501(c)(3) status**, because then companies may be able to "donate" (tax-free) their services to you
 - Do not worry about 501(c)(3) until after speaking with each company
 - 501(c)(3) status is definitely doable if you eventually need it. Sometimes the school can allow you to share/operate under their 501(c)(3) status

How much would you be able or willing to pay?

Are there grants you could look into to finance an EMR for you?





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3. PracticeFusion EMR

- The National Association of Free & Charitable Clinics has a partnership with PracticeFusion, allowing member organizations to receive PracticeFusion EMR services for free
- The membership application is pretty simple to complete and the requirements only require that the clinic have or be associated with a 501(c)(3) and provide services to the uninsured or underserved
 - Membership dues are typically \$200 or less, which is a steal for an EMR (more info about NAFC here)

4. Manual implementation

★ If you plan on having an EMR at all, a Technology team or point person would definitely be needed

You can theoretically code the EMR yourself if you can find students who have experience with coding

- This is extremely **time-intensive**, but luckily there are at least two EMR systems whose code is online, open source, and free:
 - 1) The code from the SRFC at Washington University in St. Louis can be implemented and used directly
 - Be aware that since this was created by medical students, there
 may be number of issues and bugs with the code
 - 2) **OpenMRS**, which is more professional and probably has greater functionality, is used in other countries where other EMRs are unaffordable
 - It may also have bugs since it is a larger system, but it is probably more well-known





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4. Manual implementation (cont.)

- To use either of these EMR codes (or create your own), it will be a longterm process that will take months
 - Be prepared for clinic days without a functioning EMR system (Keep lots of backups of data!)
 - Be aware that the end product may not look pretty or may require an adjustment or training to use
 - You will need a **server and some dedicated IT infrastructure** does your clinic space have computers for you to use?
 - Again, this is going to be an ambitious undertaking, but so is starting up a clinic; and hopefully, once the EMR is set up and de-bugged, the bulk of the work should be done and the system will be in place for years to come

Data security is the most important consideration for any sort of self-implemented EMR

 Security has to come first -- you are already working with a vulnerable population, so be sure to take all the necessary steps around cybersecurity and be diligent about giving out log-in information

5. Paper records

- Most likely you can get forms from your hospital's medical records office
- You will need a place to store the records, if you plan on doing your notes handwritten
- If the records will be typed, you can store it on an encrypted local computer (again, be careful about cybersecurity)
- Putting this information into an EMR down the line will be timeconsuming, especially if you go with paper for more than ~3 months
 - If you switch to EMR down the line, a coder can auto-import information from the saved records into the EMR.
 - In order to facilitate that transfer, you should use a consistent, clear format for your forms, and have them organized well



