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How to Re-engineer Your Practice

EMR and the Paperless Office

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Caritas Christi Health Care

- Practicing internist 31 years
- Electronic Prescribing since 2004
- On EMR since 2006
- Led 100 provider group in 16 locations through implementation
- Leading rollout of eCW and AthenaClinicals for 1400 physician network



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Caritas Christi Health Care

- \$1.4 Billion Revenue
- 6 Acute Care Facilities
 - 55 Communities in Eastern Massachusetts
- 2,300 Affiliated Physicians
- Home Care and Hospice Services
- College of Nursing
- Ambulatory Surgery Centers
- Imaging Services



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Did You Know?

- EMR adoption initially makes a tough job even tougher
- Success depends on preparation
- The Goal is The Paperless Office: quiet, uncluttered, well-organized, and efficient



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Be Prepared

- Most Practice Readiness Assessment Tools don't ask the right questions
- A paperless office requires new skills
- Employee value may change
- When the experts are done, ask the following 5 questions



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5 Most Important Questions

- Do you know how to turn on and log into a computer?
- Can you type?
- Do you regularly use e-mail?
- Do you access the internet?
- Can you use a sophisticated phone system?



Major Pitfalls

- The weakest link in the office can kill the workflow and efficiency of everyone
- There is no substitute for training; minimum 8-12 hours plus home study
- Inadequate training leads to huge future productivity loss
- Need to overcome barriers i.e. I can teach myself or refusal to sacrifice income



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Training

- Most trainers are too focused on showing every button and feature
- Most companies are focused on Meaningful Use \$\$
- You want to know how to efficiently document quality care and get paid



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Effective Documentation

- Data input: type vs. voice recognition plus mouse and drop downs lists
- Templates
- Bring forward previous note
- Macros
- Pre-populate note with print down of lab, xray
- Don't get hung up on ICD-9, CPTs, orders



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Workflow: Some Things Change

- Patient can be tracked at all points of visit
- “Work” i.e. phone calls, refill requests, appointment changes is documented
- Task responsibility is easily distributed
- Early on, the doctor is overloaded
- Redesign work distribution at 2-4 weeks



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Redistribute Work

- Delegate with rules: med refills, patient calls, referrals etc
- Cyberspace is fine, it's still OK to talk
- Reassign tasks with instructions
- Fax documents directly to other providers
- Don't fill out forms; clip summary sheet, notes, test results
- Don't fight the software



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Registry Functions: Examples

- Panel size
- How many diabetics?
- Which not seen in 6 months?
- Who did not have HbA1c, LDL, pneumovax (if structured data)
- Who on specific drug?



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Higher EMR Functions

- Alerts: prompts care at visit i.e. mammogram, blood test
- Order Sets: Diagnosis or disease specific; sets up lists of meds, lab, x-ray, referrals
- Decision Support: linked to OS and prompted by Dx, age, sex etc
- Quality Reporting based on real time data



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