

Care Coordination Between Physician Practices, Emergency Care, and the Hospital

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William W. Backus Hospital**

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Marketing Consultant
MEDITECH Ambulatory**

Presentation Objectives

- Coordinated Care
- Industry Trends
 - Accountable Care Organization (ACO)
 - Patient-Centered Medical Home (PCMH)
 - Meaningful Use
- Integrated or Health Information Exchange (HIE)
- Future of Coordinated Care

Coordinated Care

What is it?
(chief goal)

Coordinated Care

- **Cross cuts different domains**
 - Preventative care, acute care, chronic care, etc.
 - Strong emphasis on family medicine
- **Involve Patients and Their Families**
 - Patient Portal, Public Health Records

Coordinate Care Goals

- Improve health outcomes
- Reduce costs:
 - Identifying medical, functional, emotional, and social needs
 - Meeting those needs through medical services
 - Monitoring patients (preventative)
 - Reducing unnecessary repeat tests

Industry Trends

Accountable Care Organization (ACO)
Patient-Centered Medical Home
Meaningful Use

Accountable Care Organization (ACO)

- March 31, 2010
 - HHS releases rules to help coordinate care through ACOs
- Why – Patient needs and safety
 - >50% Medicare beneficiaries – 5+ chronic illnesses
 - 1/7 Medicare patients admitted subject to errors
 - 1/5 readmitted within 30 days of discharge
- ACO
 - Goal:
 - Lower growth of health care costs
 - Meet quality of care performance standards
 - Putting the patient first

Accountable Care Organization (ACO)

What ACOs Will Look Like



Key Concepts:

Accountability for Patient's Overall Care (Fixed Payments)

Financial Incentives to Coordinate Care and Reduce Costs

Patient-Centered Care

Emphasis on Disease Management

Reporting Capabilities for Evaluating Quality and Cost Measures

Patient Engagement

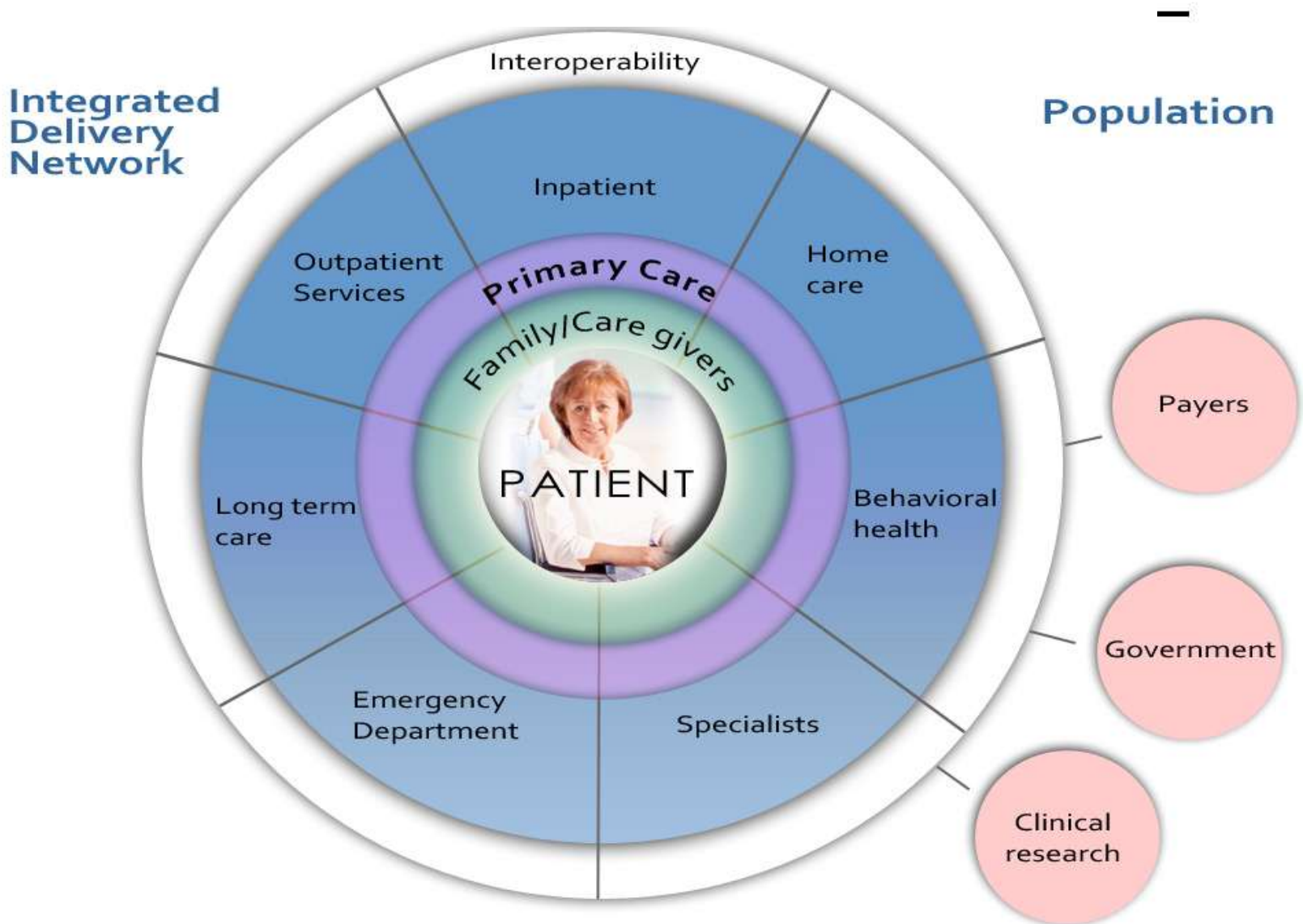


Patient-Centered Medical Home

- Joint Principles:
 - Ongoing **relationship** with personal physician
 - **Physician-directed** medical practice
 - **Whole** person orientation
 - **Coordinated care** across the health system
 - **Quality** and **safety**
 - Enhanced **access** to care

The Patient Centered Medical Home

The Family Medicine Model



Meaningful Use: Stage 1

Adopt certified EMRs

- Implement
- Capture patient data
- 15 Core Measures, 10 Menu Set

Care Coordination

Menu option for Pt Portal

Med Reconciliation for transitions of care

Capability to exchange CCD

Meaningful Use: Stage 2 (*proposed*)

- Care Team documented
 - 10% of patients have care team members listed and available for electronic exchange
- Longitudinal Care Plan
 - Care Plan documented
- Transition of Care at Discharge/Checkout
 - To include Care Team and Longitudinal Care Plan
 - Patient Friendly Summary
- Measuring patient engagement
 - ≥ 25 patients have sent secure online message
 - 20% of patients have their preferences for communication medium recorded

One Road, Three Stops, One Destination

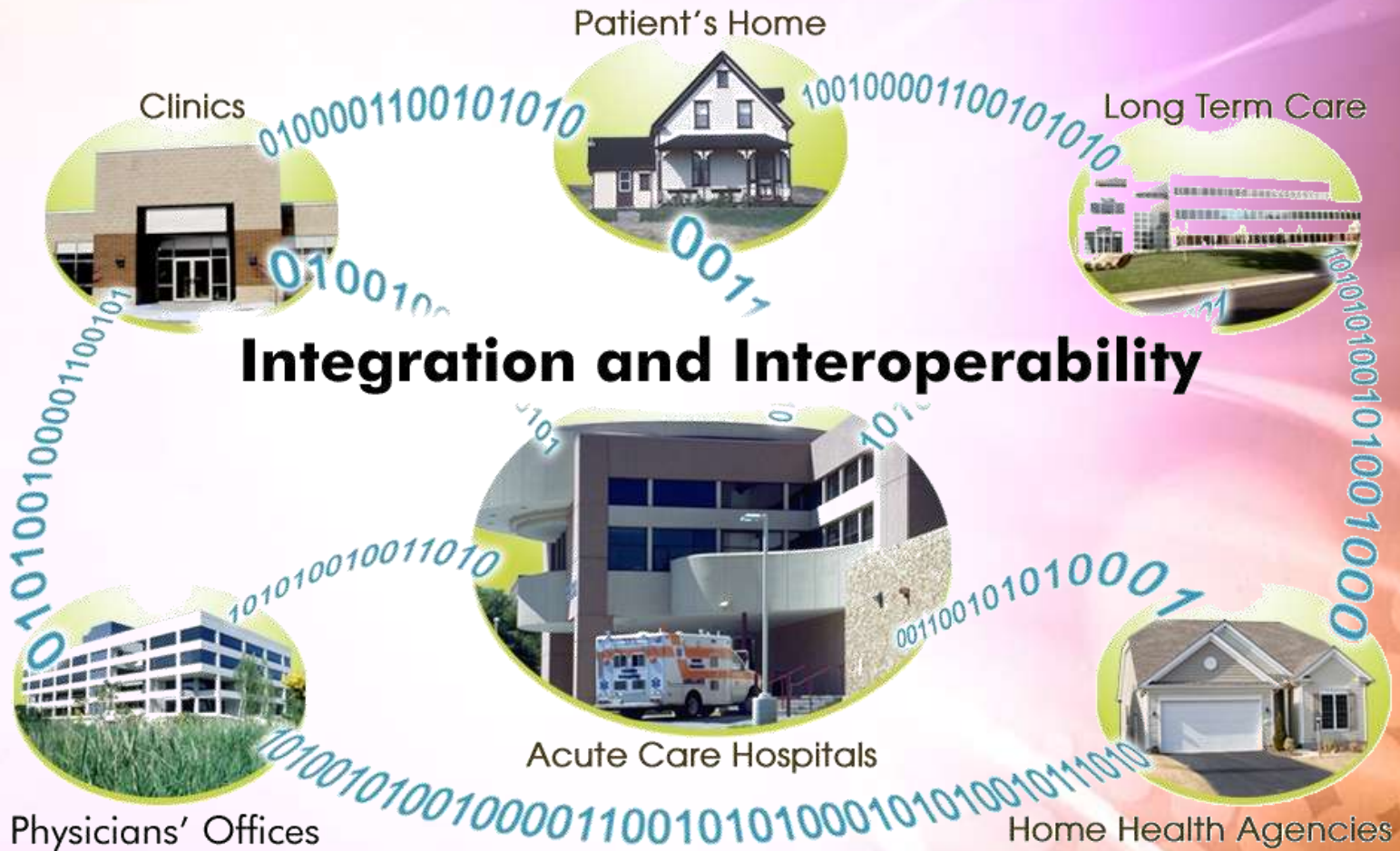


All Of This Will Require a Strong I.T. Foundation

- Clinical and Administrative Systems for All Facilities
- Master Patient Indexes and Patient Registries
- Integrated and Interoperable EHRs
- e-Prescribing and Medication Reconciliation
- Evidence-Based Medicine
- Patient Education
- Telehealth

And We Have It

MEDITECH Data Exchange



Coordinated Care: The Future



Brown, William

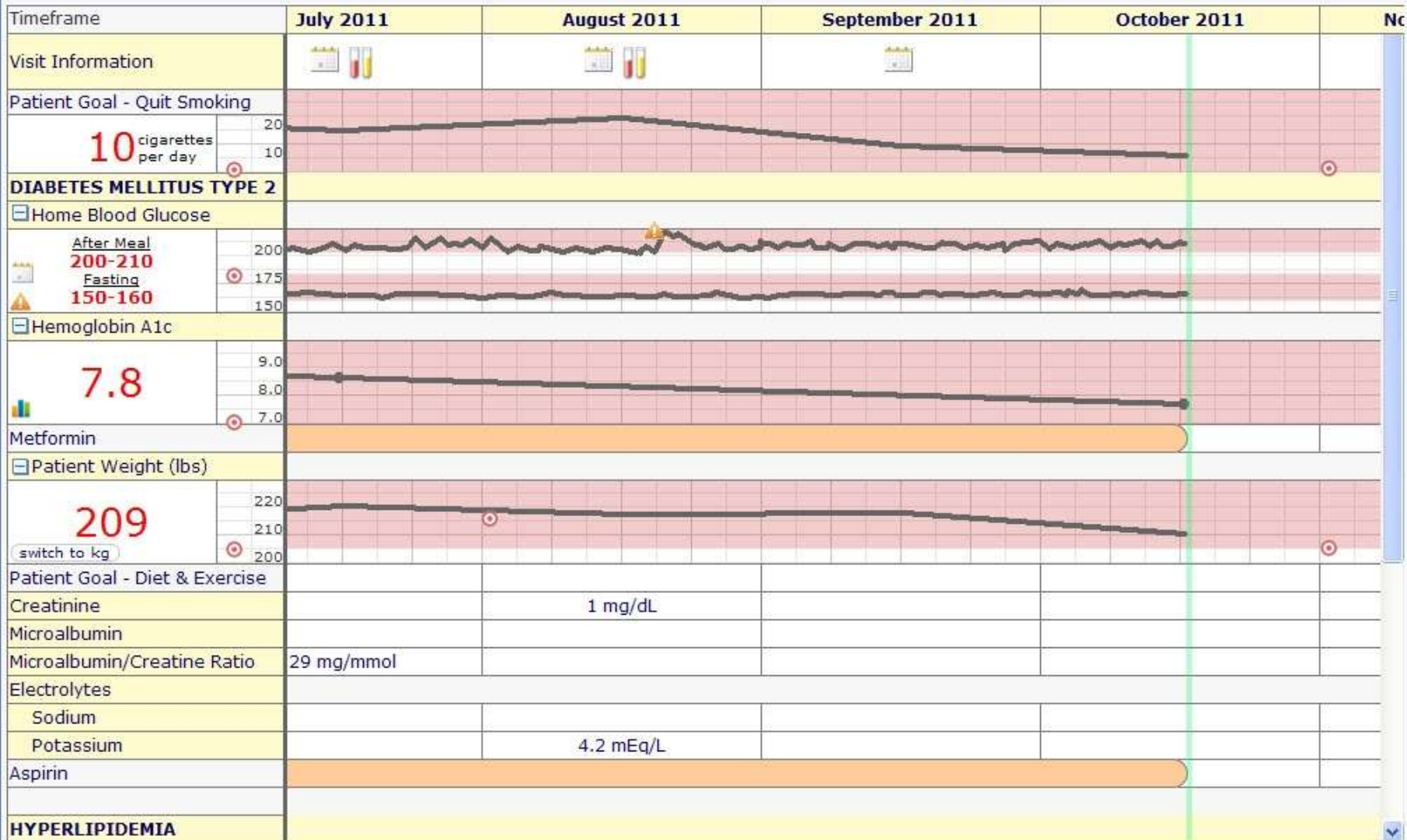
66 M 05/11/1945
610-145-8819
Allergy/Adv:

Medical Home Team

- Alice Blanchard, MD, Primary Care
- Michelle Baker, RN
- Ellen Thompson, FNP
- William Brown, Patient
- Jack Lawson, DO, Ophthalmologist
- Renee Brown, MA
- Elaine Black, MD, Cardiologist

Navigation

Month Week



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Thank You!

Care Coordination Across the Continuum

Robert Sidman, MD, CPE
The William W. Backus Hospital

October 5, 2011

Why am I here?

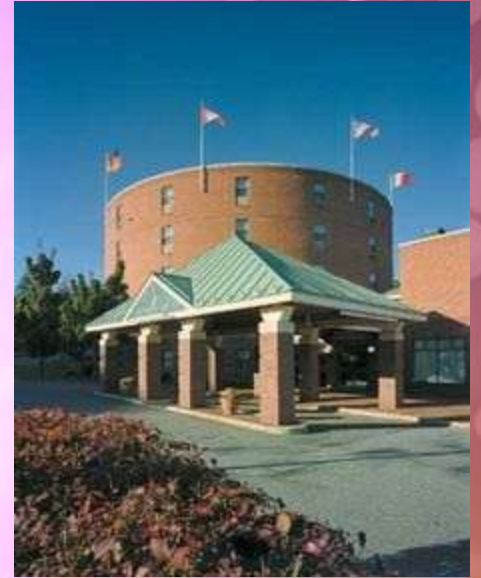
Clinician

- Practicing Physician

Administrator

- Chief of Emergency Services
- Medical Director of Physician Enterprise

Interest in operational efficiency and IT



Institutional background

The William W Backus Hospital

- Norwich, CT
- 200+ licensed beds
- 60,000+ ED visits
- Affiliated health centers & practices
- EMR 2003
- CPOE 2009
- AEMR 2010



Why is coordination important?

- 1. Cost**
- 2. Quality**
- 3. Historic perspective**
 - **Fragmented care**
 - **Not so historic**
- 4. Reimbursement**



Reimbursement

Historically paid for episodic care

- Hospital paid \$ by the diagnosis (in patient)
- Docs paid by volume of service

Transitioning into paying for measurable outcomes (cost and quality) ACO

- The “bundled” or “global” payment
- Hospitals & physicians
- Not longer just the acute hospitalization

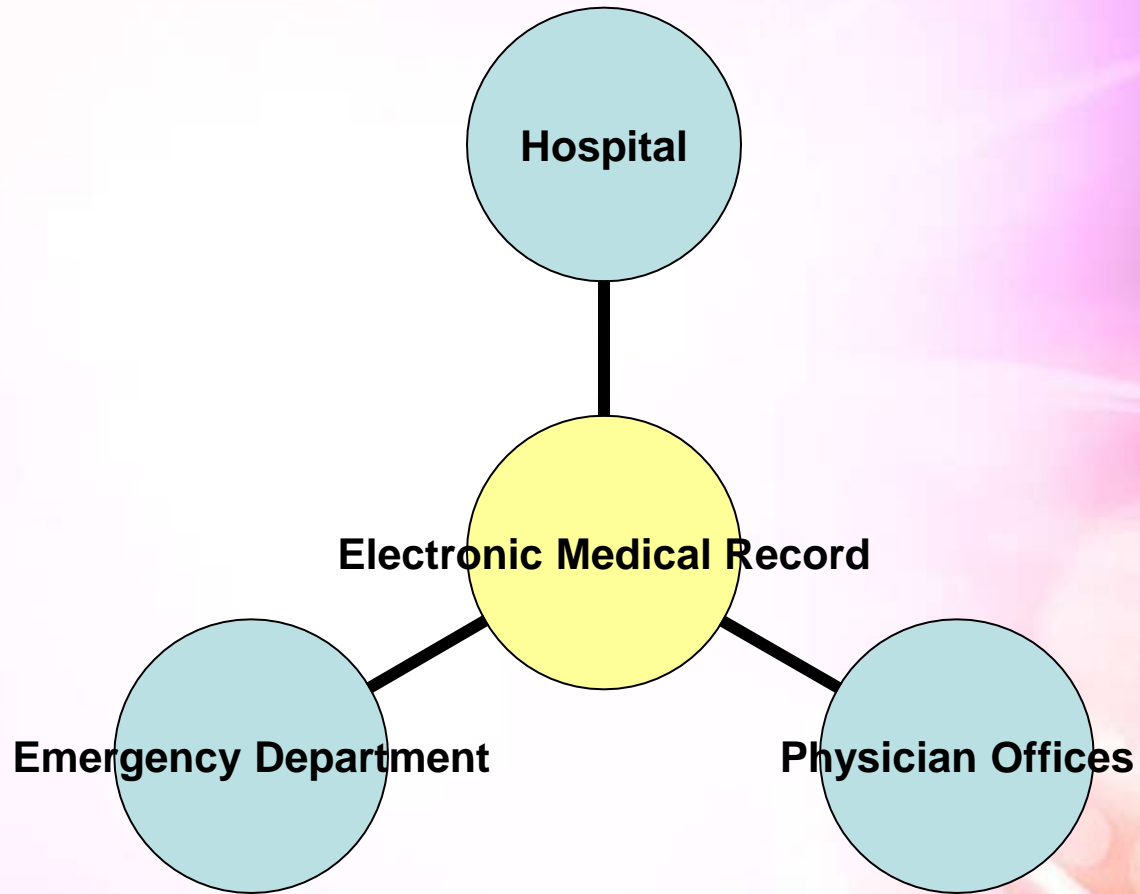


The players

- **Patients**
- **Providers**
- **Hospitals**
- **Government (CMS)**
- **Private insurers**



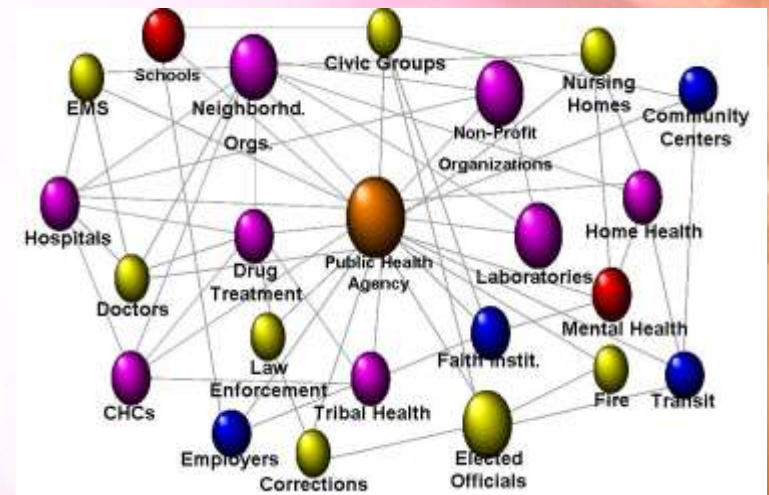
How does it work?



Care Coordination

Must function as a health **SYSTEM**

- Integrated EMR is the *sine qua non*
- Everything else is negotiable



So does it work?





Case 1 - points



Use integration to obtain vital information obtained outside of the hospital setting

Use of order sets to rapidly coordinate care

Case 1



58 y/o male presents to the emergency department

- C/o chest pain and decreased level of consciousness
- Difficult to get good history
- When queried patient replies “You have my records. The pain, the pain...”

The first 5 minutes...

TAKE ACTION
NOW

- Patient placed in a room, VS obtained
- Provides name and DOB
- Rapid registration initiated
- ECG performed, chest x-ray ordered

URGENT / Chest Pain

Wt: 91 kg

Allergy/AdvReac: No Known Allergies

13 - MAIN ED REG ER



Room	Patient	Complaint	RN	Prov	Notes	Lab	T	U	P	RAD	CT	US	ECG	M	V	STAT	LOS				
20		ETOH	JLH										t	n	n	M	IN RO...	01:21			
		MUSSKEL			6A					RAD			t	n	n		REGI...	00:55			
25		GI	AW										t	n	n		IN RO...	00:42			
		UROGENF											t	n	n		REGI...	00:32			
13		CP	MWB							RAD			t	n	n	M	IN RO...	00:23			
9		RESP	DDG							RAD			t	n	n		REGI...	00:16			
10		FEVER	DDG	FAGNDA	4cdiff	LAB	L		U			CT	t	n	n	M	ADMI...	05:12			
		GI	MWB	FAGNDA	DND 1334	LAB	L		U	RAD		CT	t	n	n	M	D/C	04:54			
5		SEIZURE	KLM	FAGNDA		LAB	L					CT	t	n	n	P	D/C	04:38			
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30		GI	MG	FAGNDA		LAB			U				t	n	n	M	IN RO...	01:47			
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14			SK	GUTTMA		LAB	L		T	RAD			ECG	t	n	n		PEND...	00:44		
21		PE	JLH	HORGWI	D1	LAB	L						t	n	n	M	PECO...	04:43			
2		WEAKNESS	SK	HORGWI	2ND REQ...	LAB	L		T	U	RAD		CT	ECG	t	n	n	M	PEND...	04:04	
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MAIN PROVIDER WAITING ROOM CC PROVIDER MY LIST



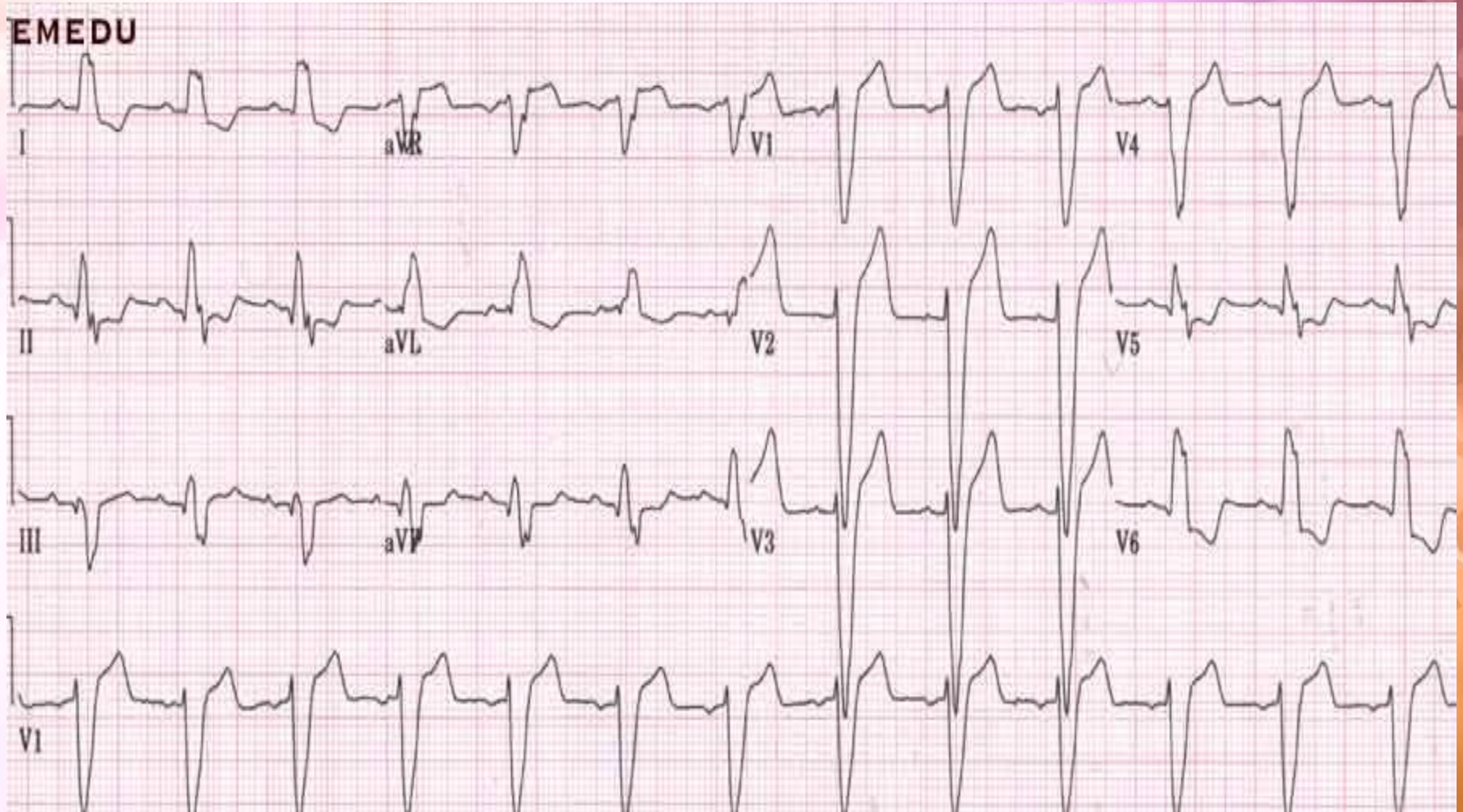
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Find Patient Add to My List Edit My List Refresh Sort Default



Initial ECG



Clinical Decision Tree

Is Left Bundle
Branch Block New?

No

YES

Dx: Pending
Continue Work Up

Dx: **Heart Attack**
Cath Lab ASAP

URGENT / Chest Pain

Wt: 91 kg

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MAIN PROVIDER WAITING ROOM CC PROVIDER MY LIST



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Find Patient Add to My List Edit My List Refresh Sort Default





Record List

Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

Order History

Laboratory

Microbiology

Blood Bank

Pathology

Imaging

Other Reports

Care Trends

Care Activity

History

Summary

Encounters

Referrals

Discharge

Orders

Document

Med Reconciliation

Sign

Other Reports - All Reports

Date	Report ^	Dictated By	Dictated Date/Time	Status	Report	Hx	Image
11/10/10 12:49	DIETITIAN PROGRESS NOTE	Unavailable	Unavailable	Scanned			
9/23/10 12:45	DIETITIAN PROGRESS NOTE	Unavailable	Unavailable	Scanned			
5/20/10 11:00	DIETITIAN PROGRESS NOTE	Unavailable	Unavailable	Scanned			
4/22/10 11:00	DIETITIAN PROGRESS NOTE	Unavailable	Unavailable	Scanned			
4/22/10 11:00	DIETITIAN PROGRESS NOTE	Unavailable	Unavailable	Scanned			
4/10/10 01:04	Discharge Summary	QURESHI, YAHYA	4/9/10 17:13	Signed			
7/8/10 14:27	DOCTOR ORDER SHEETS	Unavailable	Unavailable	Scanned			
7/8/10 14:20	DOCTOR ORDER SHEETS	Unavailable	Unavailable	Scanned			
4/8/10 13:08	DOCTOR ORDER SHEETS	Unavailable	Unavailable	Scanned			
10/8/09 18:02	DOCTOR ORDER SHEETS	Unavailable	Unavailable	Scanned			
1/28/09 07:55	DOCTOR ORDER SHEETS	Unavailable	Unavailable	Scanned			
4/1/07 18:33	DOCTOR ORDER SHEETS	Unavailable	Unavailable	Scanned			
4/8/10 13:42	Echocardiogram	SELTZER, JEFFREY P	4/8/10 07:44	Signed			
10/9/09 09:53	ED Departure Information	Unavailable	Unavailable				
4/3/07 10:18	ED Departure Information	Unavailable	Unavailable				
9/16/11 12:09	ED Summary Report	Unavailable	Unavailable				
4/1/07 18:33	EKG	Unavailable	Unavailable	Scanned			
4/1/07 18:33	EKG	Unavailable	Unavailable	Scanned			
9/16/11 12:25	Electrocardiogram						
4/8/10 13:42	Electrocardiogram	HEALY, JAMES M	4/8/10 14:16	Signed			
1/15/09 09:39	Electrocardiogram	NIEDELMAN, ADAM F	1/15/09 09:43	Signed			
10/8/09 18:02	ER CODING SHEET	Unavailable	Unavailable	Scanned			
4/1/07 18:33	ER CODING SHEET	Unavailable	Unavailable	Scanned			
10/8/09 18:02	ER T SHEETS	Unavailable	Unavailable	Scanned			
4/1/07 18:33	ER T SHEETS	Unavailable	Unavailable	Scanned			
10/8/09 18:02	ER TRIAGE & CONTINUATION	Unavailable	Unavailable	Scanned			
4/1/07 18:33	ER TRIAGE & CONTINUATION	Unavailable	Unavailable	Scanned			
8/26/10 11:30	HIPAA	Unavailable	Unavailable	Scanned			
12/7/06 13:39	HIPAA	Unavailable	Unavailable	Scanned			

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Graph
My Data

Cancel

Save

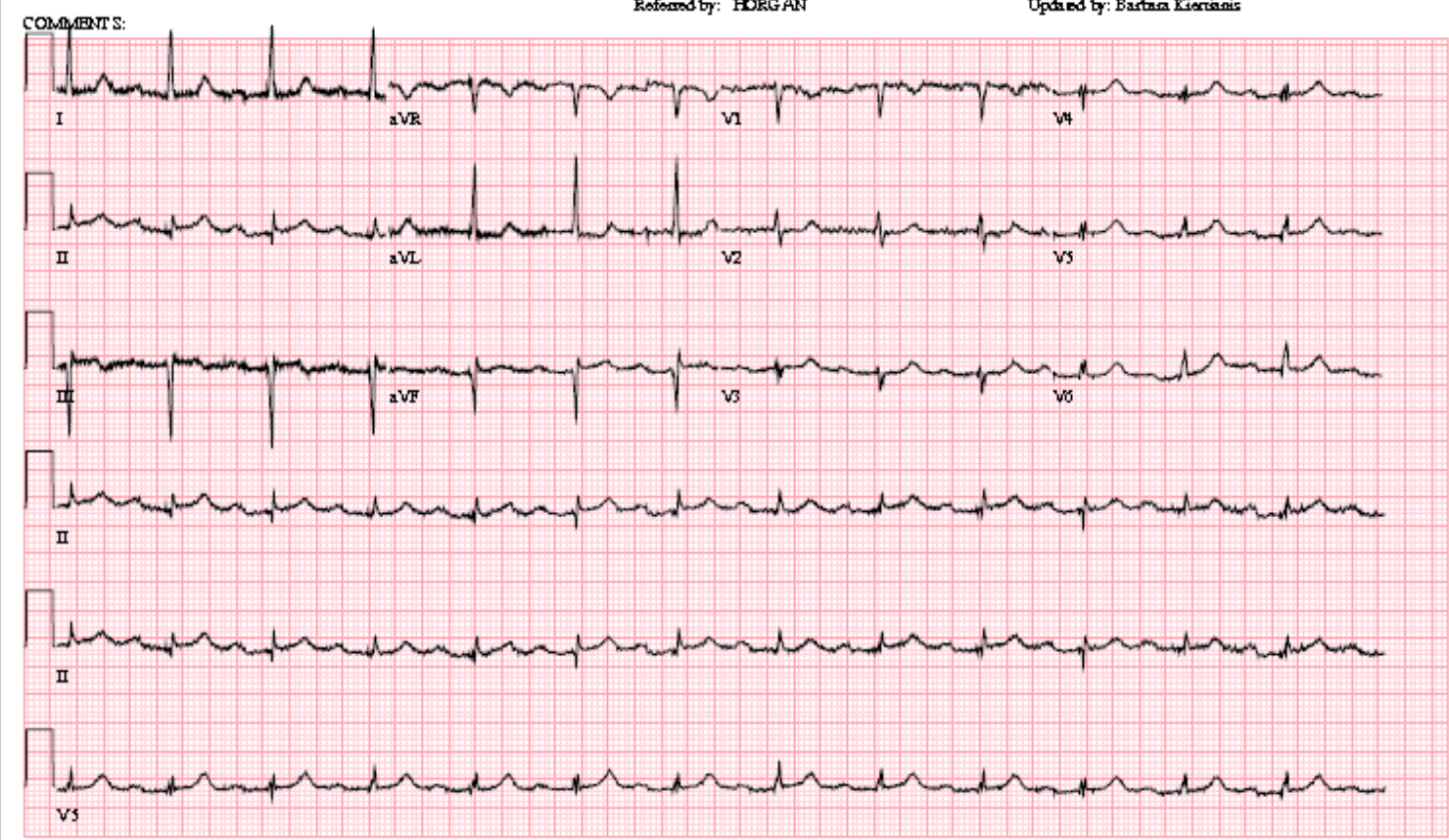
?

ID: M10884 16-SEP-2011 12:17:45 William W Backus Hospital

Female	Heart rate	79	BPM	Sinus rhythm with 1st degree AV block with fusion complexes
Room 28	PR interval	292	ms	Inferior infarct, age undetermined
Loc 3	QRS duration	72	ms	Abnormal ECG
	QT/QTc	388/444	ms	When compared with ECG of 08 APR 2010 14:16,
	P-R-T axes	49 -20	33	fusion complexes are now present
				PR interval has increased
				Inferior infarct is now present

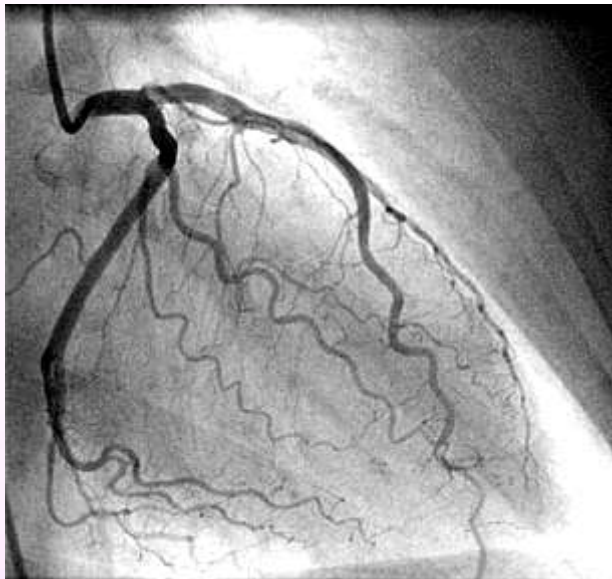
Technician: MC
Test ind: CHEST PAIN

Referred by: HORGAN Updated by: Barbara Kierianis



Dx: Acute Myocardial Infarction

Multiple Interventions must be done quickly!



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30		GI	MG	FAGNDA		LAB			U				t n n	M		IN RO...	01:47
29		GENERAL	AW	FAGNDA		LAB			U	RAD			t n n			IN RO...	01:45
4		NEURO	KLM	GUTTMA	TELE/ISC...	LAB	L		U		CT	US	t n n	P		ADMI...	03:42
31		MAJTRAUMA	MG	GUTTMA						RAD			t n n	P		REGI...	02:34
17		PE	JLH	GUTTMA									t n n			D/C	02:24
1		GENERAL	SK	GUTTMA				L					t n n	M		IN RO...	02:00
28		CP	AW	GUTTMA		LAB	L	T		RAD			t n n			CONS...	01:34
6		PE	SK	GUTTMA		LAB	L			RAD	CT		t n n	M		PSYC...	01:24
14			SK	GUTTMA		LAB	L	T		RAD			t n n			PEND...	00:44
21		PE	JLH	HORGWI	D1	LAB	L						t n n	M		PECO...	04:43
2		WEAKNESS	SK	HORGWI	2ND REQ...	LAB	L	T	U	RAD	CT		t n n	M		PEND...	04:04
22		RESP	JLH	HORGWI		LAB	L	T		RAD	CT		t n n	M	V	CONS...	04:03
11		MINTRAUMA	MWB	HORGWI		LAB	L			RAD	CT	US	t n n	M		PEND...	03:18
26		GI	AW	HORGWI		LAB	L		U		CT		t n n	P		REGI...	02:28
27		WEAKNESS	AW	HORGWI		LAB	L	T	U	RAD			t n n	M		PEND...	02:02
24		OVERDOSE	JLH	WEINVI	WAITING...								t n n			D/C	12:29
		MINTRAUMA											t n n			REGI...	00:15
CC8		MUSSKEL	AJP	SHEA...		LAB				RAD			t n n			IN RO...	01:24

- Tracker
- Sign Up
- Summary Rpt
- EMR
- Order**
- Notes
- Depart
- Advance Status
- Admit Request
- Amb Orders
- Order List
- Sign



Test-Sept, Ember

DOB: 5/12/51 60 M
 V00000010892 / M000730
 Emergency Department REG ER



Allergy/AdvReac:

0 Selected Orders

+ CARD/Cath Lab	*Sedation Procedural
+ Critical Care	*Sexual Assault/Abuse
+ Dx/Symptom Set	*SKIN Abscess
+ ED Nursing	*SKIN Laceration
- ED Provider	*TRAUMA
*Allergic Reaction	*TRAUMA Burn
i *Blood/Body Fluid Exposure	*TRAUMA MINOR
*CARD AMI / Unstable Angina	~Analgesics
✓ *CARD AMI STEMI Transfer	~Antiemetics/GI Meds
*CARD Arrest/CPR	~Antimicrobials
*CARD Arrhythmia/Palp	~Cardiac/Critical Care
*CARD Chest Pain/LowRisk ACS	~ED Consult
*CARD CHF	~IV Fluids Saline and KCl
*CARD Hypertension	~Nebulizer Treat/Meds
*CARD Hypotension	~Ophthalmology
*Dehydration	~RhoGam Obstetrics
*ENT Epistaxis	~Tetanus/Rabies Vaccine/IG Med
*ENT Problem	~Transfusion Massive
*EYE Angle Closure Glaucoma	~Transfusion Orders
*EYE Pain	+ Imaging
*Fever/Sepsis (Adult)	+ Lab
*GI Appendicitis	+ Medications
*GI Bleed	+ Nursing
*GI Bowel Obstruction	+ OB/GYN/Newborn
*GI Cholecystitis	+ OT/PT/ST
*GI Diverticulitis	+ Pulm/Resp
*GI Esophageal Foreign Body	+ Surg-Orth Spine
*GI Gastrointestinal (Adult)	+ Surgery,General
*GU Female- OBGYN/ Flank Pain	

- Record List
- Other Visit
- Special Panels
- 24 Hour
- Vital Signs
- I & O
- Notes
- Medications
- Order History
- Laboratory
- Microbiology
- Blood Bank
- Pathology
- Imaging
- Other Reports
- Care Trends
- Care Activity
- History
- Summary
- Encounters
- Referrals
- Discharge
- Orders
- Document
- Med Reconciliation
- Sign

20 Selected Orders

*CARD AMI STEMI Transfer

Guidelines

Transfer STEMI patients except those with advanced dementia or palliative care.

If patient is on Coumadin, hold Integrilin until discussed with cardiology

If recent surgery, stroke or active bleeding, discuss with cardiology before Plavix, heparin or Integrilin

Nursing

Nursing Chest Pain Protocol (EDNUR) - STAT
Today Now Edit

Oxygen Nasal Cannula Titrate (EDNUR) - STAT
Today Now
Start at 2L/min, titrate (max 6L total) to maintain O2 Sat >= 94 Edit

ED Saline Lock IV (EDNUR) - STAT
Today Now Edit

ED 2nd Saline Lock IV (Second) (EDNUR) - STAT
Today Now Edit

Laboratory

ED Troponin POC (EDPOC) - STAT
Today Now Edit

Save As Set

Add Procedure

Add Medication/IV

Cancel

OK

View Order Set

Morphine Injection
2 mg IV q5m prn PRN (Chest Pain)

Edit

DOSE INSTRUCTIONS:
X 3 DOSES (if not pain free with nitroglycerin)

Tenecteplase Iv Kit -High Risk (Tnkase Iv Kit (High Risk))
0 mg IV once ONE - Protocol

DOSE INSTRUCTIONS:
Per Protocol (if time to transfer will be delayed)

PROTOCOL:

Condition	Dose/Route	Instructions
Patient Weight (Kg)	Tnkase (Mg)	Reconstituted Tnkase (ML)
<60	30	6
>=60 To <70	35	7
>=70 To <80	40	8
>=80 To <90	45	9
>=90	50	10

Edit

Consultations

LIFESTAR (CONS) - STAT
Today Now

Edit

CONSULT CARDIOLOGIST ON CALL (CONS) - STAT
Today Now

Edit

CARDIOLOGIST ON CALL (YALE) (CONS) - STAT
Today Now

Edit

Save As Set

Add Procedure

Add Medication/IV

Cancel

OK

? [Icons: Home, Lock, Mail]



Case 2 - points



- Electronic communication from emergency department to new PCP
- Shared information/documentation. Saves time and improves care
- Health maintenance, immunizations and disease management can be a team sport

Case 2



Hx: 35 y/o female to emergency department with ankle injury and small laceration

- Review of symptoms positive for fatigue, increased thirst and urination
- Work up reveals mild dehydration and hyperglycemia

Dx: Ankle sprain/lac, & new-onset diabetes

- Patient referred to on-call PCP
- Tdap booster given

NON-URGENT / TRAUMA-MINOR

Wt: 65.6 kg

Allergy/AdvReac: NO KNOWN ALLERGY

11 - MAIN ED REG ER



Departed on:

Departure Plan

Patient Instructions	EDIT	<input checked="" type="checkbox"/> ANKLE SPRAIN	<input checked="" type="checkbox"/> Hyperglycemia
Prescriptions	EDIT		
Forms	EDIT	<input checked="" type="checkbox"/> Please Follow Up	
Referrals	EDIT	<input checked="" type="checkbox"/> CURLAND, STEVEN M MD (PCP/Family)	
Additional Instructions	EDIT		
Patient Language		<input checked="" type="radio"/> ENGLISH	<input type="radio"/> SPANISH

Enter Additional Instructions

You have been diagnosed with new onset diabetes. You will need to make an appointment with the primary care physician listed on your discharge information. Please follow the instructions given and return to the emergency department if any problems.

Cancel



OK



Hide Unchecked

Depart Patient

Print Sections

Print Packet

Cancel



Save



?



Tracker

Sign Up

Summary Rpt

EMR

Order

Notes

Depart

Advance Status

Admit Request

Amb Orders

Order List

Sign

NON-URGENT / TRAUMA-MINOR

Wt: 65.6 kg

Allergy/AdvReac: NO KNOWN ALLERGY

11 - MAIN ED REG ER



Departed on:

Departure Plan

Patient Instructions ANKLE SPRAIN Hyperglycemia

Prescriptions

Forms Please Follow Up

Referrals CURLAND, STEVEN M MD (PCP/Family)

Additional Instructions

Patient Language ENGLISH SPANISH

Tracker

Sign Up

Summary Rpt

EMR

Order

Notes

Depart

Advance Status

Admit Request

Amb Orders

Order List

Sign

Enter Additional Instructions

You have been diagnosed with new onset diabetes. You will need to make an appointment with the primary care physician listed on your discharge information. Please follow the instructions given and return to the emergency department if any problems.

Cancel

OK

Hide Unchecked

Depart Patient

Print Sections

Print Packet

Cancel

Save



Referral Note



Referral Note

Dr. Curland, this patient has just been diagnosed with new onset diabetes. I have asked him to contact her office tomorrow morning to set up an appointment within the next week. His information will be available to you via the electronic portal. Thank you for seeing him.

Cancel X OK ✓



In the office...



Patient presents to the office and office and PCP aware patient needs to be seen

- Patient gives name and DOB
- ED visit is available to the PCP
- But wait there is more...

Test-Maya, Teisha

DOB: 3/15/05 6 F

V00000010843 / M000725

Emergency Department REG ER



Record List

Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

Order History

Laboratory

Microbiology

Blood Bank

Pathology

Imaging

Other Reports

Care Trends

Care Activity

History

Summary

Encounters

Referrals

Discharge

Orders

Document

Med Reconciliation

Sign

Allergy/AdvReac:

Document: Chest Pain - Past History 08/11

HPI

Past Hx

ROS

Exam

Course

Departure

Procedures

Crit Care

Past Medical History

Past Medical History

No Prior Medical History

Anemia

Aneurysm, Aortic

Angina

Anxiety

Arrhythmia

Arthritis

Asthma

Atrial Fibrillation

Bipolar Disorder

BPH

CAD

CAD With MI

Cancer (Specify)

Carotid Stenosis

Cataracts

Chronic Venous Stasis Disea...

CHF

Chronic Pain/Location

Cirrhosis

COPD

CVA, TIA, Stroke

Decubitus Ulcer

Depression

Diverticulosis / itis

Diabetes

DVT

End Stage Renal Disease

Fibromyalgia

Gastric / Peptic Ulcer

GERD

GI Bleed

Glaucoma

Hepatitis

High Cholesterol

HIV / AIDS

Hypertension

Kidney Stones

Kidney Dis./Renal Insufficie...

Lyme Disease

Migraine

Ovarian Cyst

PE(Pulmonary Embolism)

PVD(Peripheral Vascular Dis.)

Seizure(Epilepsy)

Thyroid Disease

Uterine Fibroids

Other

Past Surgical History

Past Surgical History

No Prior Surgical History

Aortic Aneurysm Repair

Appendectomy

AV Fistula

Bariatric Surgery

Bowel Resection

Cardiac Defibrillator AICD

Cardiac Pacemaker

Cardiac Stents

Cataract Surgery

CEA(Carotid Endarterectomy)

Cesarean Section

Cholecystectomy

Hysterectomy

IVC Filter

Lumpectomy

Mastectomy

Replacement, Hip

Replacement, Knee

Spinal Surgery

Tonsillectomy

Transplant

Tubal Ligation

Valve Replacement

Other

Social History

Comment:

Normals

Add Section

Remove Section

View Protocol

Preview

Code Visit

Repeat

Save as Draft

Cancel

Save

?

Test- Maya, Teisha

DOB: 3/15/05 6 F

V00000010843 / M000725

Emergency Department REG ER



Allergy/AdvReac:

SIDMAN,ROBERT D MD

Record List

Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

Order History

Laboratory

Microbiology

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Care Trends

Care Activity

History

Summary

Encounters

Referrals

Discharge

Orders

Document

Med Reconciliation

Sign



Attending Doctor: Physician,Er

Account Number: V00000010843

[History of Present Illness](#)

General

Chief Complaint Chest Pain

Stated Complaint CHEST PAIN

[Med/Surg/Soc/Family History](#)

Past Medical History

Past Medical History Asthma, Diabetes (Type II. Diagnosed 9/16/11)

Past Surgical History

Past Surgical History Tonsillectomy (At age 11)

Social History

Smoking Status Current Some Day Smoker

ETOH Use Occasional Use

Substance Use/Abuse Denies Use

Family History

Past Family History CAD, Diabetes, Renal Insufficiency

[Review of Systems](#)
[Physical Exam](#)
[Course](#)

Laboratory

Enter New

Edit/Amend

Edit Providers

List

Visit Report

Previous



Next



Shared Documentation

- Past Medical History
- Past Surgical History
- Past Family History
- Past Social History
- Demographics
- Allergies
- Medications

Benefits



PCP may view the EMR for:

- ED visits
- Hospitalizations
- Problem lists
- Ancillary testing
- Specialist office visits

Some more...



- Demographics
- Allergies
- Medications
- Past Medical History
- Past Surgical History
- Past Family History
- Past Social History
- Immunizations
- Health maintenance
- Disease management
- Interaction alerts
- Operational efficiency
- Reporting
- Research

Passive benefits

Immunizations

Ex. Tetanus, diphtheria, pertussis booster given in the ED

Health maintenance

Ex. Lipid panels, colonoscopy

Disease management

Ex. HgA1c levels, Blood pressure monitoring



Case 3



Communication from PCP in office to the ED and hospital floor

- Use of CPOE for admission orders
- Use of electronic communication from the physicians desktop to communicate to the emergency department

Office visit gone bad...



Hx: Mrs. Jones is a 54 y/o female here for f/u

- Antibiotics for 48hrs
- Condition worsening

Dx: Pneumonia

Plan: Send to ED for admit to hospital





Broten, Kurt

DOB: 4/25/48 63 M

IA0000004341 / MA000241 / MKT0001819

Emergency Department DEP ER

Allergy/AdvReac: Penicillin, Sulfa (Sulfonamides)



Select Source

Desktop

Inpatient

Outpatient

Emergency

Practice

Any Record

Discharge Notice

Patient Name	Broten, Kurt
Discharge Date	09/21/11
Discharge Time	0954
Discharge Disposition	01 HOME, SELF-CARE
Discharge Diagnosis	Chest Pain/Dyspnea
Comment	Patient to f/u with PCP in 2 days - Please see EMR

Open Chart

Orders

Document

Sign



Test-Maya, Teisha

URGENT / Chest Pain

DOB: 03/15/2005 6/F
 V00000010843 / M000725
 MAIN ED REG ER

Allergy/AdvReac:

- MAIN PROVIDER
- WAITING ROOM
- CC PROVIDER
- MY LIST
- INCOMING



Room	Patient	Complaint	RN	Prov	Notes	Lab	T	U	P	RAD	CT	US	ECG	M	V	STAT	LOS			
	Test-Maya	CP	TR			LAB				RAD			ECG	S	t	n	M	D/C	193:...	
8	Test-Sept	CP		SIDMRO		LAB												D/C	192:...	
	Test-Per...	GI		SIDMRO		LAB		U		RAD			ECG				M	D/C	192:...	
18	Davis	PE		SIDMRO		LAB		U										RECE...	100:...	
	Test-Edm	CP				LAB				RAD			ECG				M	RECE...	198:...	
9	Test-Test	GI																RECE...	192:...	
12	Test-Burns		KP			LAB							ECG					RECE...	25:27	
	Test-Edm																	REGI...	198:...	
	Test-Ora...			ABBOBR														REGI...	198:...	
	Smith																M	D/C	265:...	
	Test-Inc...																	RECE...	241:...	
	Test-Lab																	RECE...	191:...	
	Test																	RECE...	96:22	
	Test-Cpoe	LACERA...																t n n	D/C	191:...

- Tracker
- Sign Up
- Summary Rpt
- EMR
- Order
- Document
- Notes
- Advance Status
- Depart
- Admit Request
- Amb Orders
- Order List
- Sign
- Reception

- Find Patient
- Add to My List
- Edit My List
- Refresh Sort Default



Patient NEW

*Name JONES, SANDY

Call Date 09/23/11

Call Time 1455

Priority

*Age 54

Birthdate

*Sex

Stated Complaint

Walk In

Call In Comment

54-year-old female seen in the emergency department 2 days ago and diagnosed with pneumonia. She was started on Zithromax and has taken 2 days worth. She presented to my office today for follow up and states she is feeling worse. She clearly looks ill and will need IV antibiotics and admission. She looks ill and I would like you to assess her in the emergency department. I have placed orders via CPOE to facilitate her admission. Please contact me if you any questions. Dr. Smith. 508-655-1867

Cancel



Ok



Check In

MPI Search

Update Assessment

Cancel



Save



**Treatments**

09/23/11 1456 Call In

ROBERT D SIDMAN, MD

Call In Comment 54-year-old female seen in the emergency department 2 days ago and diagnosed with pneumonia. She was started on Zithromax and has taken 2 days worth. She presented to my office today for follow up and states she is feeling worse. She clearly looks ill and will need IV antibiotics and admission. She looks ill and I would like you to assess her in the emergency department. I have placed orders via CPOE to facilitate her admission. Please contact me if you any questions. Dr. Smith.
508-655-1867

What the ED physician sees when they sign up to see the patient in the emergency department.



Final Case



Communication from hospital to PCP

Hx: 63 y/o male with COPD exacerbation and chest pain suggestive of cardiac etiology

- Admitted to the hospitalist service
- Patient discharged after 3 days
- Needs follow up with PCP



- Select Source
- Desktop
- Inpatient
- Outpatient
- Emergency
- Practice
- Any Record

- Open Chart
- Orders
- Document
- Sign

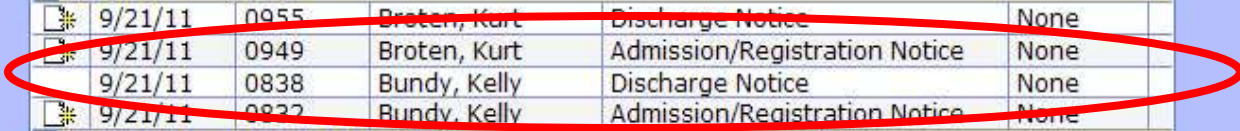
Covering For: Blanchard, Ray M.; Burnett, Jo; Burns, Eugene J.; Carlson, Preston; Gilroy, John; Karrie Jacobs; Miles, Jillian; Olson, Rutherford; Smith, Robert M

Last Updated: 09:53

Physician Care Manager - My List

- Priority
- All
- Hospital
- Office

	Date	Time	Patient Name	Type	Priority
+ Messages (4)	*3 New				
+ Results (5)	*3 New				
+ Rx Call In (4)	*4 New				
+ Orders (3)	*1 New				
- ADT (4)	*3 New				
<input type="checkbox"/>	9/21/11	0955	Broten, Kurt	Discharge Notice	None
<input type="checkbox"/>	9/21/11	0949	Broten, Kurt	Admission/Registration Notice	None
<input type="checkbox"/>	9/21/11	0838	Bundy, Kelly	Discharge Notice	None
<input type="checkbox"/>	9/21/11	0822	Bundy, Kelly	Admission/Registration Notice	None
+ Incomplete Records (3)	*3 New				
+ Watch List (2)	*1 New				



- View Detail
- Cover
- Cover Selections
- Return to All
- Change Facility
- Preferences

- Prev Page
- Next Page





Brotten, Kurt

DOB: 4/25/48 63 M

IA0000004341 / MA000241 / MKT0001819

Emergency Department DEP ER

Allergy/AdvReac: Penicillin, Sulfa (Sulfonamides)



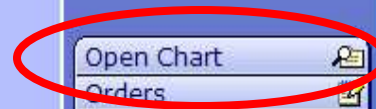
Select Source

- Desktop
- Inpatient
- Outpatient
- Emergency
- Practice
- Any Record

Discharge Notice

Patient Name	Brotten, Kurt
Discharge Date	09/21/11
Discharge Time	0954
Discharge Disposition	01 HOME, SELF-CARE
Discharge Diagnosis	Chest Pain/Dyspnea
Comment	Patient to f/u with PCP in 2 days - Please see EMR

- Open Chart
- Orders
- Document
- Sign



Broten, Kurt

DOB: 4/25/48 63 M

IA0000004341 / MA000241 / MKT0001819

Emergency Department DEP ER



Allergy/AdvReac: Penicillin, Sulfa (Sulfonamides)

Summary

[Summary List](#)
[Diagnoses](#)
[Indicators](#)
[Risk/Legal](#)
[Demographics](#)

[Providers](#)
[Visit](#)
[Contacts](#)
[Insurances](#)
[Abstract](#)

Patient Summary			
Visit History			
Outpatient	3/30/11	Laboratory	Miles, Jillian
Office	8/3/11	Lakeside P	Jacobs, Karrie
Inpatient	4/21/09	2 East	Burns, Eugene J.
Emergency	9/21/11	Emergency	Burns, Eugene J.
			Diabetes Follow-up
			Pneumonia
			Chest Pain/Dyspnea
Patient Problems			
Chronic Problems	Congestive heart failure, Diabetes Type II, Uncontrolled, Glaucoma Hypertension, Nos, Obesity, Sleep Apnea		
Medications			
Active	None		
Ambulatory	Zolpidem Tartrate (Ambien) 5 Mg Tab Reported Atorvastatin Calcium (Lipitor) 20 Mg Tablet (1 Tab PO Daily #90) Lisinopril 20 Mg Tablet (20 Mg PO BID #30 x3) Metformin Hcl (Glucophage) 500 Mg Tablet (1 Tab PO BID #30) [Cpap] Pramipexole Di-Hcl (Mirapex) 0.125 Mg Table... (0.125 Mg PO HS #30) Hctz (Hydrochlorothiazide) 50 Mg Tab (50 Mg PO DAILY #30)		
Immunizations			
	Date Administered	Eligible Date	Recommended Schedule
Diphtheria	3/4/96		
Influenza	11/12/09		
Tetanus	3/4/96		
Varicella	6/6/05		
Health Maintenance			
Cholesterol	Jan 19, 2010		
Hgb	Apr 23, 2009		
Prostate Specific Ag	Jan 19, 2010		
Urine Microalbumin	Mar 7, 2008		
Growth Charts			
Substance Use			
Alcohol Use	0-2 drinks per day	Mar 30, 2011	
Drug Use Screening	Denies use	Feb 27, 2010	

Record List

Other Visit

Special Panels

24 Hour

Vital Signs

I & O

Notes

Medications

Order History

Laboratory

Microbiology

Blood Bank

Pathology

Imaging

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Care Trends

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Discharge

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Document

Med Reconciliation

Sign

Graph
My Data

Cancel

Save

?



Lakeside Physician Services
5130 County Road 101
Minnetonka, MN 55345

PATIENT NAME: Broten, Kurt
DATE OF BIRTH: 04/25/1948
VISIT DATE:
PROVIDER:

Discharge Summary

Discharge Summary

Discharge Report

Mr. Broten is a 63-year-old male, who was admitted to the hospital with chest pain and respiratory insufficiency. He has chronic lung disease with bronchospastic angina.

We discovered new T-wave abnormalities on his EKG. There was of course a four-vessel bypass surgery in 2001. We did a coronary angiogram. This demonstrated patent vein grafts and patent internal mammary vessel and so there was no obvious new disease.

He may continue in the future to have angina and he will have nitroglycerin available for that if needed.

His blood pressure has been elevated and so instead of metoprolol, we have started him on Coreg 6.25 mg b.i.d. This should be increased up to 25 mg b.i.d. as preferred antihypertensive in his case. He also is on an ACE inhibitor.

His discharge meds are as follows:

1. Coreg 6.25 mg b.i.d.
2. Simvastatin 40 mg nightly.
3. Lisinopril 5 mg b.i.d.
4. Protonix 40 mg a.m.
5. Aspirin 160 mg a day.
6. Lasix 20 mg b.i.d.
7. Spiriva puff daily.
8. Albuterol p.r.n. q.i.d.
9. Advair 500/50 puff b.i.d.
10. Xopenex q.i.d. and p.r.n.

I will see him in a month to six weeks. He is to follow up with Dr. Jacobs before that.

Burns, Eugene J.

Sep 21, 2011 09:50

Closing Remarks

One shared patient record across your healthcare enterprise

- It is a journey, not just a destination
- It helps to know where you want to go
- Two steps forward, one step back is not bad
- Population health and outcomes based care are only possible through electronic integration

