Lessons Learned from the Art of Practice Management

Can EHR technology favorably impact the clinical and financial outcomes of a physician practice?

Our world, our lives, the way we acquire information and the way we communicate have been radically transformed by digital technology.

It only makes sense that a digital healthcare infrastructure, with EHRs at its core, has the ability to even more radically transform our world and our lives.
1967  Latter Day Saints Hospital in Utah (now Intermountain Healthcare) begins using Health Evaluation through Logical Programming (HELP) for decision support, a program developed by University of Utah and 3M.

1968  Dr. Larry Weed publishes "Medical Records that Guide and Teach," advocating Problem Oriented Medical Records for clinical documentation.

1969  Harvard and Massachusetts debut Computer Stored Ambulatory Record (COSTAR). Duke University begins developing The Medical Record (TMR).

1970  Lockheed launches Technicon (now Allscripts) Medical Information Management System at El Camino Hospital in California.


1981  Veterans Administration begins use of its Decentralized Computer Hospital Program (DCHP), still in use today as VistA.

1985  Epic Systems launches Cadence, a patient scheduling program.

1987  Health Level Seven International (HL7) is formed to construct a framework and standards for the exchange of electronic health information.

1988  The U.S. government awards a $1.02 billion contract to Composite Health Care System (CHCS) of Science Applications International Corporation (SAIC).


1992  Epic Systems releases the first Windows-based EMR.

1998  Allscripts introduces the first electronic prescribing software.

2003  Institute of Medicine releases a report entitled, “Key Capabilities of an Electronic Health Record System.”

2004  Office of the National Coordinator (ONC) is established to support the adoption of health information technology.

2009  American Recovery and Reinvestment Act (ARRA) passes, providing incentive payments for meaningful use of EHRs.

If only it were this easy . . .

Any EHR system is a medical or health record system that is either all or partially electronic.

Basic system is a system with the following functionalities: patient history and demographics, patient problem lists, physician clinical notes, comprehensive list of patient medications and allergies, computerized ordering of prescriptions, and the ability to view laboratory and imaging results electronically.


Figure 1. Percentage of office-based physicians with EHR systems: United States, 2001–2013

Any EHR system
Basic system
Figure 2. Percentage of office-based physicians with a basic EHR system, by state: United States, 2013

- Significantly higher than national average
- Not significantly different than national average
- Significantly lower than national average

Source: CDC/NCHS, National Ambulatory Medical Care Survey, Electronic Health Records Survey.

Figure 3. Physicians’ readiness for 14 Stage 2 Core Set objectives, by intention to participate in the EHR Incentive Programs: United States, 2013

- Not applying 11.8%
- Intends to participate, ready 13.1%
- Uncertain if applying 19.1%
- Intends to participate, not ready 56.0%

Source: CDC/NCHS, National Ambulatory Medical Care Survey, Electronic Health Records Survey.

Figure 4. Percentage of physicians with computerized capabilities to meet selected Stage 2 Core Set objectives: United States, 2010–2013

- Recording patient history and demographic information 56.8%
- Ordering prescriptions 57.9%
- Sending prescriptions to the pharmacy electronically 56.8%
- Providing warnings of drug interactions or contraindications 37.9%
- Ordering lab tests 26.9%
- Providing reminders for guideline-based interventions 20.0%
- Reporting to immunization registries electronically 16.7%

Source: CDC/NCHS, National Ambulatory Medical Care Survey, Electronic Health Records Survey.
SUMMARY

• In 2013, the National Ambulatory Medical Care Survey (NAMCS) EHR Survey showed ~78% of office-based physicians used an EHR.

• Over the past six years, the percent of office-based physicians with an EHR that meets the definition of a basic system has increased 336%, from 11% in 2006 to 48% in 2013.

• Adoption by office-based physicians of a basic EHR system varies greatly by state, from 21% in New Jersey to 83% in North Dakota.

What can an EHR do for a physician practice?

- Improve quality and safety of patient care.
- Improve accuracy of diagnoses and related coding.
- Reduce preventable errors and improve outcomes.
- Improve care coordination and communication.
- Increase patient participation in care.
- Increase practice efficiencies and cost savings.
For Physicians:

• Ready access to complete, longitudinal records for more coordinated, effective and efficient care.
• No time spent retrieving/chasing paper charts.
• Convenient, expeditious order entry at point of care.
• Clinical alerts, such as out-of-range lab values.
• Reminders, such as needed screenings.
• Built-in safeguards against potential adverse events.
• Safer, more reliable prescribing.

For Physicians:

• Performance-improving tools and automation.
• Legible, comprehensive documentation that facilitates accurate coding and billing.
• Faster, easier sharing of information.
• No costs associated with creating, printing, storing, pulling, copying and maintaining physical charts.
• Fewer to no transcription costs.
• Far fewer phone conversations with labs, pharmacies and other provider offices.

For Patients:

• Access to complete information as immediately as possible, including test results.
• Instructions and reminders in follow-up to office visits and hospital stays.
• Relevant, validated educational materials.
• Convenient appointment scheduling, registration and prescription refills. Easier, more direct communication with practice.
• Ability to log, maintain, download and share health record information; and become more engaged.

Where We Were

There was a lot of paper.

Most medical data was not electronic, so the exchange of information between the following health care providers may not have been possible:
• Your doctor and a pharmacy
• Your doctor and another trusted health care provider
• Your doctor and a hospital

Physicians’ use of EMR/EHR systems increased from 18% in 2001 to 57% in 2011

HealthIT.gov website infographic.
**Unique Challenges for Ophthalmologists**

- Most EHRs are not designed for the unique and complex workflow requirements of ophthalmology.
- Most EHRs do not have functions that mirror the drawing and annotation typically associated with charting of ophthalmology patients.
- Most EHRs do not easily support the involvement of multiple personnel in a single ophthalmology encounter, such as technicians, orthoptists, photographers, nurses and physicians.
- Most EHRs do not and cannot connect to or derive data from ophthalmic imaging and measurement devices.
**OBJECTIVE**
To assess current state of EHR use by ophthalmologists, including adoption rate, user satisfaction, functionality, benefits, barriers and knowledge of meaningful use criteria.

**PARTICIPANTS**
492 American Academy of Ophthalmology (AAO) members.

**METHODS**
Random sample of 1,500 AAO members based on practice location. Survey completed via Internet, phone, or fax.

**RESULTS**
- 32% of respondents had already implemented an EHR.
- Another 31% had plans to do so within two years.
- Among those with an EHR, 49% were satisfied or extremely satisfied with the system.
- 42% reported increased or stable overall productivity.
- 19% reported decreased or stable overall costs.

**COMMUNICATION AND LEADERSHIP**

**Adoption of Electronic Health Records and Preparations for Demonstrating Meaningful Use**


**WHAT CAN YOU DO TO ENSURE OPTIMAL EHR RESULTS?**

A report by the Healthcare Information and Management Systems Society (HIMSS)

**RESULTS**
- 55% would recommend an EHR to a fellow ophthalmologist.
- For those with an electronic image management system:
  - only 15% had all devices integrated with the EHR,
  - 33% had images directly uploaded into the EHR, and
  - 12% had electronic association of patient demographics with images.
What can you do to ensure optimal EHR results?

A report by the Healthcare Information and Management Systems Society (HIMSS)

1. COMMUNICATION
   - Avoid fear, doubt and uncertainty by telling your team what you are planning and why.
   - Help them understand the intended value of the transition.
   - Be very transparent, open and communicative.

2. LEADERSHIP
   - Establish a physician implementation champion; he/she must have authority and power to make decisions, hold staff accountable, and redirect effort when necessary.
   - Positively engage all staff in preparatory activities, especially the naysayers; listen to their questions and concerns.

3. EDUCATION/DUE DILIGENCE
   - Learn everything you can.
   - Reach out to peers who have an EHR. Ask about their experience and what they wish they had done differently.
   - Make site visits, observe and take notes.
   - Read HIMSS best practice materials.
   - Attend physician-oriented conferences (regional or national).
   - Subscribe to physician-oriented podcasts.
   - Question your vendor closely. Participate in demonstrations. Clarify current versus planned functionality.
   - Ask for references, and contact them.
What can you do to ensure optimal EHR results?

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4. **GOAL SETTING**
   - Clearly articulate, in writing, your goals for an EHR.
   - Make sure your goals incorporate opinions of staff, clinicians and patients (ask them what they think).
   - Make sure your goals are specific, measurable and achievable.
   - Share your goals with your vendor; demand the implementation plan reflect them.
   - Discuss and reach agreement on the level of customization that is feasible; a phased-in approach may be best.
   - Be realistic about financial, human and technical resources.
   - Establish reasonable timelines and milestones.

5. **CULTURE CHANGE**
   - Insist that nimbleness, flexibility and creativity infuse your implementation process.
   - Appreciate that real-time alterations are inevitable.
   - Accept only one long-term response from all staff and clinicians: “Yes, I will use the system.”
   - Draw a line in the sand; allow no workarounds or exceptions for “old-timers.”
   - Address resistance with humor, empathy and strength of conviction.
   - Work collaboratively to problem solve.

WORKFLOW REDESIGN
6. **WORKFLOW REDESIGN**
   - Map out the workflow of your various patient encounters from start to finish.
   - Account for all required and dependent steps, including all supportive forms, diagrams and the like.
   - Be clear, comprehensive and precise; this exercise is incredibly important.
   - Strive to uncover and embrace new possibilities. The point of adopting an EHR is transformation and efficiency.
   - Look for ways to make time with patients more productive, with less work to do (ideally, none) at the end of a visit.

7. **TRAINING AND TESTING**
   - Ask your vendor about the level and type of computer skills needed and assess where everybody stands before implementation. Provide basic training for those who need it.
   - Offer ample EHR training opportunities. Make them mandatory, and reduce normal workload to accommodate.
   - Adequately test the system for functionality and usability consistent with your needs, including Meaningful Use requirements, reporting capabilities and compatibility/integration with other systems, such as practice management and scanning/document management.
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8. FOCUSED IMPLEMENTATION
   • Prepare communication and signage for patients to help them understand the changes. Write verbal scripts for staff.
   • Respond rapidly to negativity or resistance. Be empathetic to obstacles, but express zero tolerance for open rebellion.
   • Set reasonable expectations; the learning curve will lessen productivity, which will drop, then rise over time.
   • Anticipate a temporary decrease in billing; monitor this closely, as the EHR Evaluation & Management (E&M) coding should lead to more accuracy and increased revenue.
   • Budget for buying lunch, treats and other motivators/rewards.

9. POST-IMPLEMENTATION ASSESSMENT
   • Discuss ideas for improvement. Seek advice, counsel and help from your vendor.
   • Conduct satisfaction surveys with clinicians, staff and patients at 30, 60 and 90 days post-implementation. Analyze findings and take corrective actions as needed.
   • Measure progress toward goals and impact to bottom line.
   • Continue to evolve the system; periodically re-examine what’s working and what’s not.
   • Take advantage of new features and functions introduced by your vendor. Join user forums and subscribe to notifications.

GROUP CELEBRATION

Patrick Hobbs, Vice President
ChartLogic
What can you do to ensure optimal EHR results?

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10. GROUP CELEBRATION!
- Find creative ways to recognize milestones, goals achieved and other successes.
- Bring staff and clinicians together in a celebratory atmosphere.
- Commend everybody for their collective effort, enthusiasm and can-do attitudes.
- Share your news with patients; explain how your EHR will help improve care, communication and convenience.
- Realize “go-live” of the system is only the beginning; the best is yet to come.