Electronic Health Records in a Retina Practice

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Financial Disclosure

Joy Woodke, COE, OCS
- This presenter does not have a financial interest or relationship to disclose relative to this activity.
- NOTE: Ms. Woodke has disclosed that she serves as an AAOE CODEquest Instructor.

Jaime Landon, COA, OCS
- This presenter does not have a financial interest or relationship to disclose relative to this activity.
NEW CHALLENGES

- Shrinking reimbursements and tighter Medicare scrutiny
- More burdensome documentation requirements
- Increase in office-based procedures and older patients
- Adoption of Electronic Health Records (EHRs)

Objectives

- EHRs in the Retina Practice
  - Efficiencies
  - Workflow Analysis
  - Chart Documentation
  - Scribes
  - Meaningful Use / Incentive Program tips

Efficiencies
What can your retina practice gain by implementing EHR?

- Improved clinic flow
- No more PAPER CHARTS
- More face to face time with patients
- Less dictation
- Ophthalmoscopy efficiency
- Communication between physicians
- View test immediately (PAC System)
- Meet MU, avoid penalties

Patient Locator
- Follows the patient through the clinic
- Put in a color holder to represent each physician
- Helps identify quickly reason for visit

Clinic Flow

View Clinic Information
- Quick view of Vision/IOP over time
- Quickly see if there is a change

Quickly and Easily
- View current diagnosis codes
- View onset date of diagnosis
- View previous procedures
- Dates surgeries or procedures were performed
Chart Review in the room

- Determine if your physician likes his scribe to dictate the patient’s current information to them or if they prefer to review the chart prior to the scribe entering the room.

Test Interpretation

- Requires separately identifiable interpretation
- Create a template that makes the interpretation easy and error free

- Findings
- Comparative Data
- Clinical Management

Ophthalmoscopies

- Draw on paper and scan into EHR chart
- Draw on computer-based program that loads directly to the chart

Pros and Cons
Send communication that a letter is required

Pull information from exam to create a letter; Edit as needed

Communication

Secure Messaging
- Send correspondence directly to physicians
- Send tests directly to physicians
- Send chart notes securely to patients

Communication

Send orders immediately to the front desk to schedule follow up

Eliminate missing follow up orders/wrong orders
View Testing Immediately

- Open images directly from EHR
- Open images in a PAC System
- Allows you to view pre and post-op photos in the same screen

Workflow Analysis

- Start with the OLD...
  - Early in your EHR planning process
  - Collect and document the current processes
    - Interview staff and physicians
  - Consider new software functionality
  - Start to connect the dots
  - Review the OLD using the following tool...

Analyze
Analyze

- "Workflow Process Analysis"
  - Dream of your perfect world
  - Envision the future
  - Is the workflow outdated?
  - Consider employee skill level
    - Knowledge, Skill, Ability (KSA)
  - Are we:
    - overlooking tasks
    - avoiding technology
    - duplicating efforts
Chart Documentation

- What is the goal?
- Why is efficiency necessary?

Data Display

*Use data display to show your work-up technician the last plan by the physician and/or urgent directives. This will allow them to not miss any pertinent orders or important directives from the physician.

Data display does not appear in the text of the exam; it is only viewable.
**Quick view to see C/D ratio, previous location of tear/detachment, etc.**

Data Display

*Can be used by scribes and physicians to make sure data entry is correct from visit to visit.
*Data display from previous exam is not recorded in chart.
*Only new information is translated into the chart.

**Data Display** No Cloning

Improve efficiency by reviewing previous information, making any appropriate changes. This will confirm no cloning is done in your exam forms.

Once everything is updated into can be loaded into the chart documentation

Monitor that your technicians are not just pulling information in and not reviewing. This can be a huge problem in an audit.

Drop Downs/Radio Buttons

Improve efficiency by using drop downs/pick lists/radio buttons
Quicktext/Macros

*Use quicktext/macros to create efficiency when documenting plan for physician.

Intravitreal Avastin Injection OD

Chart notes from referring physician reviewed today.

Dry AMD=Discussed diagnosis of dry age related macular degeneration. Recommend monitoring vision with amsler grid, start AREDS formula vitamins, and have UV protection put in all glasses. This can be done by referring doctor.

Scribing

Why are scribes a necessity in a retina practice?

- Increased retina volume
- Increased in office procedures
- Increase in aging population
- Documentation
- Meaningful Use Requirements
Retina scribing can be just like an assembly line that never stops. Scribes must be able to ask questions of and work well with physicians quickly and efficiently. Scribes are essentially an extension of the physician.

Be able to translate laymen terms into medical terminology and vice versa. Example: The physician tells the patient the OCT shows swelling from the diabetes and they need treatment. The scribe would write clinically significant macular edema in the chart note.

Scribes should be able to detect decreased acuities or a significant change in C/D ratio and relay concerning information to the physician.

Scribes will have a multitude of duties required by them in a short period of time.

Must be reliable. At times they may be the only scribe available that day, if they do not show this can cause a huge impact on the team.

There advanced knowledge, skills and detail can increase the number of patients visits from 25%-100% while allowing the physician to spend more time with their patients.
How do you choose a scribe in your practice?

- Begin to evaluate your current staff.
- Allow each one the opportunity to prove they have the skills you are looking for.
- Get physician input (your physicians may choose for you)

Skills to Test

- **Accuracy**
  - Can they go from one room with a patient with BD/R/CSME needing an injection in the right eye to a patient with AMD needing an injection in the left eye and not mix them up (THIS HAPPENS)

- **Writing Skills**
  - Can they translate the physician says in laymen terms and write it so it addresses the specific issues.
  - Do not want people who scribe like they talk (Writing plans that talk in circles)

- **Order/Efficiency**
  - Can they do things in an efficient order (or the order which you dictate to them) and complete everything that needs to be done.

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Train your scribes

- Pick your scribes
- Teach them to transcribe consistently
- Dictate in order each time
- Dictate in order of your template
- Determine how each physician will dictate the plan
  - Will they tell you the plan then talk to the patient?
  - Will the scribe write in medical terminology the plan while the physician discusses the treatment plan with the patient?

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Train your doctors

- Teach them to transcribe consistently
- Dictate in order each time
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- Determine how each physician will dictate the plan
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Meaningful Use/Incentive Programs

Identify

1. Identify a team to make decisions
2. Identify which core measures and menu objectives work best for your practice
3. Develop a testing method
4. Train your team
5. Monitor reports, make adjustments as necessary

Clinical Visit Summaries

Print clinical visit summary directly from the chart.

Printing options? Efficiency?

- Print in exam room
- Print to front desk
- Print to PDF
- Print to patient portal
Clinical Visit Summaries/Patient Portal

Add sentence at the end of clinical visit summary to drive patients to your website.

Paper Superbill v. Electronic Superbill

Paper Superbill

Electronic Superbill

PQRS

Efficiency: Create forms within orders to send codes.
Create Efficiencies

Update forms to meet documentation requirements
“absence of hemorrhage and thickness”

Lab Orders

- Review current processes
- Paper vs. Electronic
- Enter clinical lab information as structured data meets MU requirement
- Import directly into chart?
- Avoid waiting for faxed copy of results

Run MU reports
Review results, make adjustments as needed.
QUESTIONS?

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“There is no substitute for hard work”
·THOMAS EDISON