Must-have Technology

Chapter FastFACTS

1. **Expanding use of your EHR beyond basic functions can help elevate your practice to the 5-star level.**
2. **EHRs should be able to communicate seamlessly with other electronic systems.**
3. **Smartphones can expedite research and communication for your practice.**
4. **Billable cybervisits for established patients are becoming a part of state-of-the-art primary care medical practice.**
5. **New ways to use older technology, such as faxes and telephones, can help improve quality of care.**

While some of the following possibilities may stretch your technology comfort zone, experts say exploring them is critical to becoming a 5-star practice:

- **Expanding use of your EMR**, not only to be able to access patient charts remotely, but also to use functions that can make your practice more efficient
- **Using smartphone applications**, which are making EHRs accessible anywhere
- **Experimenting with social media** such as Facebook to reach out to younger patients

If, like most physicians, you find the most useful parts of your EHR to be the low-tech functions like instant messaging and legible notes, you have a way to go. "That's very helpful, but that's basic. That's the level we're at right now," says Ann S. O'Mal-

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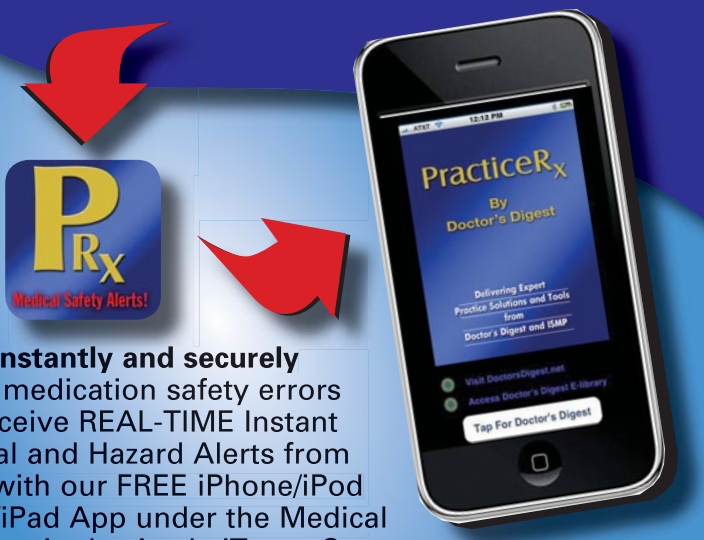

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ley, MD, MPH, senior researcher at the Center for Studying Health System Change in Washington, D.C. That's not to say that the more basic tasks aren't important. It's that they're not helpful enough to label the technology exceptional.

"The record is only as good as what you or your staff put into it. I have seen some horrendous information come from EHRs—almost unintelligible—legible, but unintelligible."

Kelli Ward, DO
Lake Havasu City, Ariz.

Just as a stethoscope doesn't make a good cardiologist, "An EHR doesn't make a good primary care doctor," says Dr. Waldren of the AAFP. "It's how you leverage it."

Many practices are successfully moving beyond the basics. For example, next year Pine Medical Group, a 21-provider multispecialty group in Fremont, Mich., plans to start using more of its 4-year-old system's functions. It also plans to add new electronic systems. Those changes will expand its capabilities to include scheduling online, offering links on its Website to medical information sites, e-mailing online prescriptions to pharmacies instead of faxing them, creating a disease registry, making its patient summary information screen searchable, and adding an electronic encounter form that can generate a summary page for each patient after the appointment.

This chapter will tell you how to elevate your technology to the 5-star level.

How to Maximize Your EMR

A survey of office-based physicians last year by the CDC's National Center for Health Statistics (NCHS) found that 43.9% of the physicians reported using all or partial EHR systems (not including systems used solely for billing). However, a much smaller subset were using such systems comprehensively: Only 6.3% reported that they were making use of their EHR in a

"fully functional" way. (The survey defines "fully functional" as a system that can handle medical history and follow-up, orders for tests, prescriptions sent electronically, warnings of drug interactions or contraindications, highlighting of out-of-range test levels, and reminders for guideline-based interventions. Such a system also performs the basic functions of patient demographic information, patient problem lists, clinical notes, orders for prescriptions, and the viewing of laboratory and imaging results.)

Here's what HIT experts say your EHR should be able to do and, more important, what you should be able to do with your information technology:

- **Problem lists** that are searchable and link to previous progress notes on similar problems.
- **"Future flags"** and **electronic tasking** to remind staff what work remains to be done for patients and to prompt their future actions.
- **Instant messaging between team members.** "If I am in an exam room and I need something, I can quickly text my medical assistant" on the computer, Dr. Waldren told *Doctors Digest*. "[That] streamlines work and helps people work effectively as a team."
- **Help with requesting and tracking referrals.** This could include templates to ensure that you supply only relevant information and ask specific questions. Transmitting referrals electronically and linking them to tests and radiology can end duplication of effort. Being able to track referrals lets you know if the patient ever saw the cardiologist, for example, and what was done during that visit. Unfortunately Dr. O'Malley says, "those capabilities are important, but uncommon" to find in most EHRs on the market.
- **Help in coordinating care** across settings, providers, and time. That means, at the very least, that lab and radiology results come back electronically, automatically populating a patient's EHR in the proper fields, Dr. O'Malley says.

- **E-prescribing linked to the EHR,** which includes information about how and when patients fill their prescriptions and their experiences using them.
- **Clinical decision support** that can link to a patient's record to help when guidelines offer equivocal advice. Care pathways, clinical guidelines, and protocols set up within the EHR "allow people to practice at the top of their license" and promote expanded use of non-physician providers, because they can care for a broader population of patients, following clinical pathways or orders from physicians, Dr. Waldren says.
- **Patient portals** that enable two-way communication between patients and providers and give patients more responsibility for their own health.
- **Registry programs** linked to scheduling systems, which are essential for tracking no-shows and improving population health—systems that Dr. O'Malley says will be increasingly important as primary care physicians are measured on such factors as whether they're doing preventive screening.

Confronting the Downsides

EHRs aren't perfect. To help you provide 5-star care, an EHR should be able to communicate with other electronic systems seamlessly. This means the doctor's office should be able to share records electronically with the hospital's providers and with labs and pharmacies. Unfortunately, experts say, the standards that allow such sharing are still mostly in development phases. Even on a lower level, there are difficulties with today's technology. For example, many e-prescribing systems are separate from EHRs and can't talk to one another. "You can track a FedEx package across the world, but we can't track a patient's prescription down the block" in most places, Dr. O'Malley says. (See "Care Coordination: the Missing Link in EHRs," opposite.)

Dr. Boss says electronically generated consult notes from specialists are "burdened with minutiae." Where "I used to get a one-page letter from [another physician] saying I saw so-and-so, and this is … what we should do, I now sometimes get a 10-to-12-page record full of canned paragraphs," he says. "If you are going to talk about meaningful use, you have to have the ability to communicate information in an efficient manner."

Moreover, an EHR's output is only as good as the input. "There is no magic that creates good information," says Dr. Ward. "The record is only as good as what you or your staff put into it. I have seen some horrendous information come from EHRs—almost unintelligible—legible, but unintelligible."

Using Smartphones and PDAs

Using other technology is increasingly common among those who strive for excellence. For example, Dr. Ward can't imagine practicing 5-star medicine today without a smartphone—in her case, a Blackberry that she consults constantly for drug information and medical references and to e-mail colleagues. If Dr. Morris gets a call at home, she can view a summary sheet on her phone that's linked to her practice's EHR. If she decides to send that patient to the emergency room (ER), she can touch an iPhone button that will call the ER and send them that summary sheet. "I can then go back and use voice-activated dictation to

Care Coordination: the Missing Link in EHRs

If one of the key requirements of a high-functioning primary care office is the ability to coordinate care, a necessary tool is IT that allows information exchange. Unfortunately, most EHRs (often referred to as EMRs), can't do that, according to Dr. O'Malley.

"There's a real disconnect between policy makers' expectations that current commercial electronic medical records can improve care coordination and physicians' experiences with EMRs," Dr. O'Malley says. She was a co-author of the study in the Dec. 23, 2009, issue of the *Journal of General Internal Medicine* that found that EHRs improve in-office care coordination mostly by helping doctors and nurses keep in touch through electronic messaging and by letting everyone review a patient record at the same time.

Problems arise with coordination across settings, according to the study. Various providers' offices rarely share systems or even have data in a standardized form that's easy to disseminate to other systems. EHRs also fall short in coordinating care across time. "A lot of clinicians find that when they try to coordinate care for patients over time, an EMR is not user-friendly," Dr. O'Malley says. "It's more about point-in-time documentation. This is something that the next level of EMRs hopefully will be able to develop."

say, 'Johnny's mom called. He is having an asthma attack. I sent him to Saratoga Hospital ER.' And it pops right back into the EMR," Dr. Morris says. When she goes to work the next day and turns on her computer, that event appears as a chart entry.

"From a truck stop where they had WiFi, [a patient] contacted me for a cybervisit. I prescribed medicine to the pharmacy that he wanted in Oklahoma City, and the only complaint the guy had was that he couldn't find a place to park his truck in front of the Walgreens."

H. Lee Adkins, DO
Ft. Myers, Fla.

"I could also send a task to my nurse through our messaging system in our EMR, telling her that I sent Johnny to the ER and told his mom to call for an appointment; 'So if you don't see an appointment by 10 this morning, please call and schedule her,'" she says. "I can do all this at three in the morning. . . . It's great."

The Next Step: Social Media

Less common, but perhaps growing in importance, HIT experts say exceptional medical practices are using social media to improve their care—or to think about ways to do so. Social media include online communities, blogs, videos, wikis, and other formats for sharing information. According to *USA Today*, a quarter of Americans report reading blogs, and Facebook and Twitter report 120 million monthly U.S. visitors. Consultants say they've heard of physician practices' using Twitter to post delays and wait times; last fall some practices used Facebook to announce availability of the H1N1 vaccine. (See "Going Online: Why Your Next Step Online Should Be Interactive," p. 68.)

Dr. Morris's 200-provider multispecialty group is experimenting with a Facebook project to address adolescent obesity. The idea is to use volunteer teenagers on Facebook to try to convince their peers to come in and talk to nutritionists and trainers associated with the practice.

Establishing Cyber- (or E-) visits

Billable virtual visits are becoming a more normal part of state-of-the-art primary care practice for established patients thanks to growing experience with electronic visits (also called e-visits or cybervisits). The visits are conducted online, usually through secure portals set up as part of the practice's Website or EHR rather than through unsecured e-mail exchange.

Dr. Boss is looking forward to starting cybervisits in part because he views them as a way to get paid for free care now delivered over the telephone. But he also believes these visits will improve quality of care. The system that his practice plans to acquire, he says, uses evidence-based templates for cybervisits.

Consider, for example, a patient who calls to report a urinary tract infection and wants a prescription. "There are times when I probably should be asking more questions before I give them that prescription, but I don't," Dr. Boss says. The e-visit programs ask the patient a host of questions. "So when I call your record up, instead of just saying, 'I believe you,' I can make a more educated determination. And because it takes my time, effort, expertise, and risk, I can bill for that cybervisit. But it keeps [the patient] from having to come in to see me at the cost of an office visit. It's a win-win situation," he says.

Dr. Adkins in Fort Myers, Fla., says he is earning about $800 a month by offering cybervisits through his Web portal at $35 per e-visit. One recent patient, a truck driver, was in Oklahoma City when he had a hemorrhoid flare-up. "From a truck stop where they had WiFi, he contacted me for a cybervisit," Dr. Adkins says. "I prescribed medicine to the pharmacy that he wanted in Oklahoma City, and the only complaint the guy had was that he couldn't find a place to park his truck in front of the Walgreens."

ISMP Alert

The similarity in names of Kapidex, Capadex, and Casodex has led to massive confusion resulting in serious medication errors, according to a recent ISMP alert. Get more information about these and other alerts from ISMP via e-mail at your request. Register under "ISMP Hazard Alerts" at *www.doctorsdigest.net* or download **FREE** ***Practice Rx by Doctor's Digest*** Medical iPhone app.

Why Your Next Step Online Should Be Interactive

If Web 1.0 was about information retrieval, then Web 2.0 is about interaction. For physicians, that means at least becoming familiar with high-quality online Web resources and social networks and referring patients to them or providing a link to them on your Website, advises healthcare information technology consultant and blogger Brian Klepper. For example, a good source that patients are using, he says, is *www.patientslikeme.com*.

According to Manhattan Research, more than 60 million U.S. adults are what IT experts call Health 2.0 consumers, which means they report reading or writing health-related blogs or message boards, participating in health-related chat rooms, posting health content online, and using online patient support groups. Furthermore, many adults now have wireless and mobile access, which "draws people into conversations about health as much as online tools enable research," according to a survey by the Pew Research Center's June 2009 Internet and American Life Project and the California HealthCare Foundation.

Among the findings of the report on "e-patients" are the following:

- About two-thirds discuss with someone else what they find online.
- While the majority of adults (86%) turn to "a health professional such

Older Technology Still Viable

Exceptional practices are also figuring out ways to use older technology, such as telephones and faxes, in fresh ways.

One strategy is to use automated telephone calling systems to reach out to patients who aren't coming in for visits or following through on recommendations. "To be 5-star primary care, you have to be very good at preventative care and management of chronic disease," Dr. Terrell says. Her group in North Carolina has recently tried using an automatic phone-calling system to reach patients diagnosed with hypertension and diabetes who haven't seen their doctor in too long. The automatic phone message says something like this: "Please call the office because we need to make an appointment to check your hypertension," she says. Even with limited experience to date, she says quality of care has improved and the practice has had "a nice return on our investment" because the percentage of patients who respond create billable services.

as a doctor" for health information, 57% look to the Internet.

- Twenty-four percent consult doctor and hospital ratings sites.
- While 41% have read other people's blogs or discussion forum postings about health issues, only 6% have posted their own.
- About 39% use Facebook or MySpace, but rarely for health information.
- Most people found useful information online, with more than half saying what they found "changed their overall approach" to maintaining their (or someone else's) health, leading them "to ask a doctor new questions or to get a second opinion from another doctor."

In addition, new tools are starting to appear online that help patients manage their own healthcare, such as *www.doublecheckmd.com* and *www.pharmasurveyor.com*. Some of these tools, such as Google Health (*www.google.com/health*) and Microsoft's Healthvault (*www.healthvault.com)*, can link to a patient's online health record.

For more information, go to *http://www.pewinternet.org/Reports/2009/8-The-Social-Life-of-Health-Information.aspx?r=1#anwww.health2advisors.com.*

Researchers at Harvard Pilgrim Health Care in Massachusetts had a less successful experience with automated telephone outreach systems. They studied whether they could increase rates of colorectal screening among 40,000 health plan members, but reported in the Feb. 8, 2010, issue of *Archives of Internal Medicine* that the automated calls didn't increase colorectal screening rates in the year following intervention.

IT experts agree that technology is never the entire answer. Results depend on how it is used, and there are always limits. Dr. Ward, a big fan of technology, is nonetheless a firm believer in having a human being answer all phone lines. A practice can't be top-shelf, she says, if patients worry that messages left on voicemail may not be answered. "Our patients have expressed … time and time again that they love talking to a person," she says.