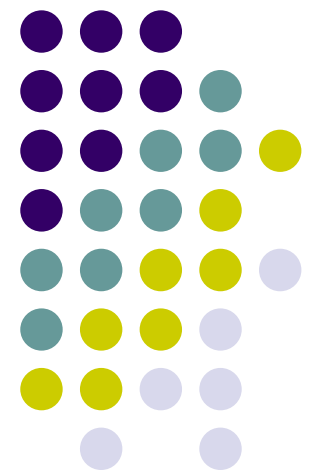


Electronic Health Records

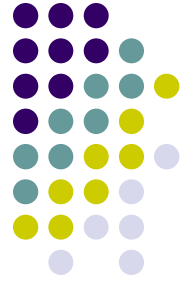


Why They Can Help
How To Get Started

Penny Davies
Planned Parenthood Association
of Utah
Penny.davies@ppau.org



Electronic Health Records

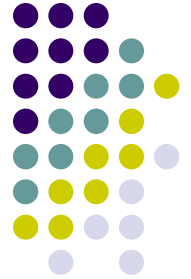


EMR or EHR
HIT or IT

Template HTTPS PHI SSL

T1 IPO ASP HE HL7

HPI HITECH



Where EMR is today

Over 400 vendors



Part of Health Care Plan

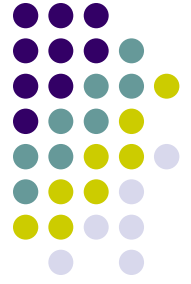
HITECH- Health Information Technology for Economic and Clinical Health

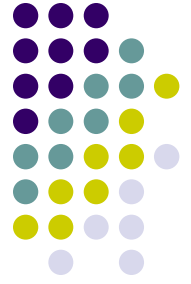
- \$\$\$\$\$- reimbursement incentives
- National standards – meaningful use

Why EMR

- Move from paper to electronic
- Streamlines processes
- Access to records
- Improve patient care

- This is it!! The future





Disadvantages

- Costs
- Privacy -HIPPA
- Security
- “Change”

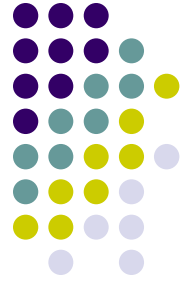




Advantages

- Improve Quality of Care
 - Promote Evidence Based Medicine
 - Access = Communication
 - Cost savings
-
- READ EVERY CHART !!!
 - NO LOST CHARTS!!!!



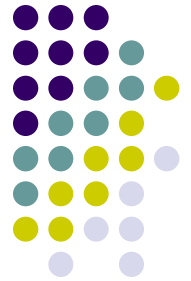


Advanced Advantages

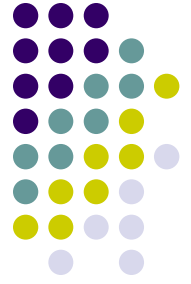
- E&M coding check
- Case Management
- Interfaces –Labs, vitals
- Clinical Protocols
- E-Scripts
- Speech / Handwriting Recognition
- Pt access to info- online access to records, refills, conversing with provider

What EMR's can DO

- Logs
- Recall
- Warnings - Alerts
- Follow up
- Workflow efficiencies
- Centralization of systems- labs, call backs
- Audits!!!!



Commitment



- What does that mean
 - Leaders, management, \$\$\$-3-4% of budget
- Who leads the movement?
- Start talking about it at every meeting/gathering

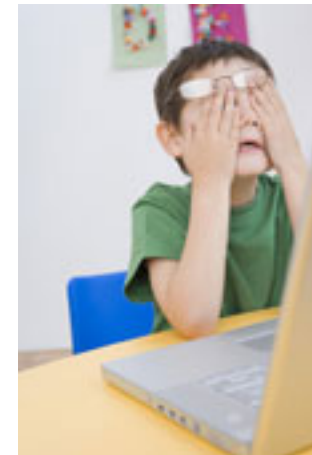
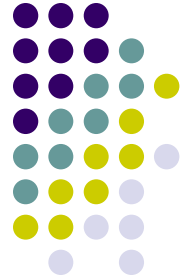
Readiness



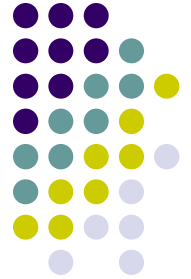
- Computer Skills
- IT
- Staff
- Other projects
- <http://bphc.hrsa.gov/recovery/cip/postaward/CIPEHRReadinessChecklist.doc>
- http://www.nyehealth.org/files/File_Repository16/ehr/SampleReadinessAssessmentChecklist.doc

Acknowledge Change

- Doing things differently
- Operationally disruptive
- Not seamless – not painless
- Everyone effected



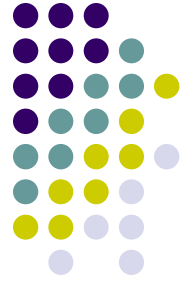
TEAMS



- Identify Decision Making Team
- Project Coordinator
 - Keeps to timelines
 - Define needs
- Development (file build) Team
- Training Team – Super Users

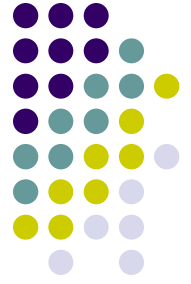


IT Basics



- IT – Network Infra Structure
 - Fat / Thin
 - Connectivity – T1 or better speed
 - Client Server / ASP (application service provider)
- IT Support
 - Onsite / contracted





Selecting System

- Talk to those using systems
- Go to vendors website

Electronic Health Records Vendors Ass

<http://www.himssehra.org/ASP/index.asp>

Healthcare Information Technology

www.cchit.org

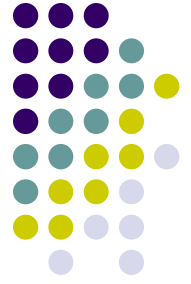
How they rank - <http://www.klasresearch.com/>

www.acgroup.org

Ask for demo- web based or on sight

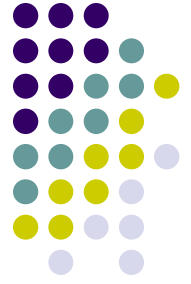
Ask for CD

GO VISIT A USER!



Interview Sheet

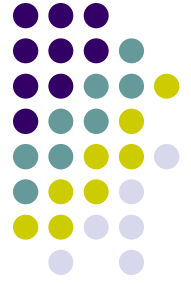
- Have your important needs listed
- Make sure the demo shows you how it works
 - Have everyone on team grade the system
 - Ranking Scale 1-3-5
 - Get references



Important Questions

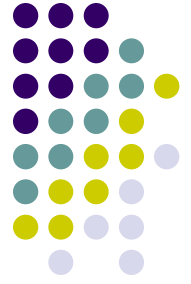
- Vendors History -Size, longevity
- HITECH compliant-meaningful use requirements
- HL7 (ability to share data) SSL (secure socket layer)
- DOS/Windows
- Relational Data Base / Flat File
- EPM / EMR
- Multiply users in one record
- Canned Reports / 3rd Party Vendor

Homework on Costs

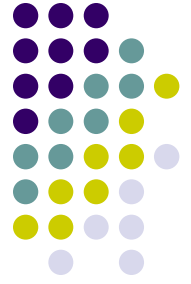


- Hardware-server, laptops, printers
- Software-licenses
- Training/Implementatin
- Support - training, technical
- Maintenance - upgrades

Dealing with Costs

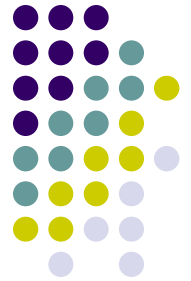


- Grant opportunities
 - Using all current equipment
 - IT Support- who can do this
 - As this becomes standard- costs will come down (60-80% annually over the next 5 years)
-
- Cost Savings vs Cost Shifting



- Develop Time Lines
 - Selecting system
 - Build files = IT equipment - installation
 - Build templates = documents
 - Training
- Test systems as you go!

EMR Templates



- Identify those “required” charting elements
- Current Chart = Templates
 - Support the style of charting practices preferred
- HIDE – HIDE –HIDE
 - Make it simple!
- Documents

General Consent
General Consent (SP)

Office Visit

Age Sex

Reason(s) for Visit

-
-
-
-
-
-

[CA Documentation](#) [Immunizations](#) [Sexual Health History](#)

Social History

Tobacco Use Yes No Former

Alcohol Use Yes No Former

Frequency:

Drug Use Yes No

Plan/Education

LMP:

LUPI:

Last PAP:

Family History [Add Family History](#) Adopted

*	Diagnosis	Family Member	Name	Age	Comment
	Cerebrovascular accident	mother		60 (cause of death)	
	Congenital heart disease	brother		3 (onset)	

Medical/Surgical History [Add History](#)

Reason(s) fo...

- Annual
- BC-meth check/change
- Breast problems
- Colpo/Cryo
- Counseling
- Diaphragm fit
- Foreign body
- Immunization
- Implanon Insert
- Implanon Removal
- Infection
- Initial
- IUD check
- IUD insertion
- IUD removal
- Lab FU
- Medical
- PAP - followup
- Period problems
- Pregnancy test
- Sore/lesion
- STD
- Urinary Problems
- Vasectomy
- Warts

Close

- Constitutional
- Head | Face
- Eyes
- Ears
- Nose | Mouth | Throat
- Neck | Thyroid
- Lymphatic
- Breast
- Respiratory | Thorax
- Cardiovascular
- Vascular
- Abdomen
- Genitourinary
- Rectal
- Skin | Hair
- Back | Spine
- Musculoskeletal
- Extremities
- Neurological
- Psychiatric

Genitourinary

Findings

nl External ✓

nl Internal ✓

External Gyn

- Labia/Clitoris Normal
- Glands Normal
- Perineum Normal
- Anus Normal
- Urethra Normal
- Urethra Meatus Normal

Internal Gyn

- Vagina Normal
- Cervix Normal
- Uterus Normal
- Ovaries Normal

Size L R

Bimanual Normal

Bladder Normal

Pelvic deferred Rectal deferred

Narrow Introitus Limits Exam Accuracy

CVA Tenderness No Yes

Flank Mass No Yes

Suprapubic Tenderness No Yes

Vaginal Discharge No Yes

Comments

Cervix ✕

Bleeding w/Pap
bluish
CMT
condyloma
deviated to left
deviated to right
discharge
Ectropic
erythema
friable
IUD Strings visible
lesion(s)
mass
not visualized
pale
patchy erythema
polyps
soft
stenotic
ulcerated
white patches

Close

uracy

PATIENT: Female Test
DATE OF BIRTH: 05/05/1986
DATE: March 24, 2010

Social History

Alcohol Use:

The patient drinks alcohol. Frequency: daily - about 5 per sitting.

Tobacco Use:

Non Smoker

Drug Use/Abuse

The patient denies illicit drug use.

Family History

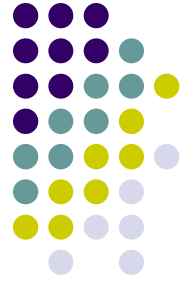
		<u>Age</u>
mother	Cervical cancer	56 (onset)

Medical/Surgical History

<u>Disease</u>	<u>Year Dx</u>	<u>Sx Procedure</u>
Abnormal Pap	2009	repeat pap

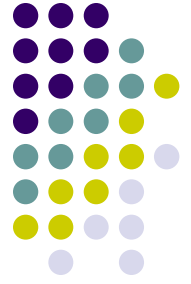
Active Medications

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Refills</u>	<u>Description</u>
Ortho-cyclen	0.25-0.035	1	2	Take one tablet by mouth daily



Training

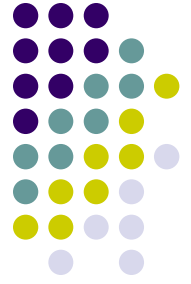
- Manual
 - Simple, pictures, few words, no binders
- Pay Staff
- Provide space and time
- No other activities
- Provider to provider (?)
- Go Live Date



Go Live

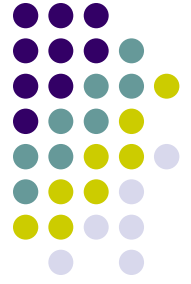
- Scheduling options
- Signs – New System to Serve You Better
 - We are learning to better serve you
- Extend Prescriptions
- Have everyone in agency help
 - Answering phones
- Staff food/treats
- Celebrations!

Lessons Learned



- Many problems are not solved
- Productivity
- Computers everywhere
- Data – not as simple as you think
- What info to convert?
- To Scan or not to scan
- Keep it Simple!

CONCERNS



- National Standards- HIE (health information exchange)
- Privacy
- Record Retention
- Ownership of records

What is next



- Constant Change
- PHR – personal health record
- **TELEMEDICINE**
 - Remote patient monitoring
 - Home health care
 - <http://tie.telemed.org/default.asp>

