Office Technology: Improving Patient Care and Your Bottom Line

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To Err Is Human, To Persist, Devilish: How To Improve Patient Care and Your Bottom Line
Studies of EHR Use

- Visit organization
- Verbal and nonverbal behavior
  - Facilitating and inhibiting behaviors amplified with exam room computing!
- Computer navigation and mastery
  - More familiar, the easier it is!
- Spatial organization of exam room

Americans Believe EHRs Would...

- Allow physicians to access medical information at a moment’s notice (93% agree)
- Allow physicians to determine what treatments work best for different diseases (81% agree)
- Improve health care quality (80% agree)

Stops and Starts

- People
- Processes
- Policies (or lack of, or lack of “enforcement”)
- Sometimes it is even the technology

First Steps

- Identify practice objectives
  – specific, measurable & attainable
- Plan: To select desired features for the associated benefits
- Goal: To implement for desired objective
QA and/or Risk Management

• Engage chart review team
• Standardization of chart forms
• Reality check – actual use of the standard forms

What Will the Technology Change?

• Check-in
• Nurse intake
• Nurse hand-off to provider
• Provider discharge
• Patient check-out
• Follow up on tasks/orders
Analyze Patient Visit Flow

- How is the patient arrival communicated to nursing?
- What is the rooming process?
- How does the provider know which room to move to?

Analyze Patient Visit Flow

- How does the provider initiate “orders”?
  - Outside referrals
  - Tests/procedures at the time of visit
- How is the patient discharged?
  - Follow up instructions
Change in Paper Work Flow

• How is the chart currently prepared for a patient visit? What changes?

• How are incoming results processed in the paper environment? What changes?

• What is the process for notifying patients of test results?

• What is the vendor’s position on incoming faxes and on scanning?

Business Process Reengineering

• Original processes generally created by someone without training in process engineering

• As complexity increases, the original process is tacked on to, not redesigned

• Technology changes what is feasible

• Nature of our business/service changes
Goal of BPR

• Create the best overall process to achieve desired results
• Reduce cycle times (of process)

BPR: Analyze

• All pieces of paper used
• Number of copies of each piece of paper
• Each process performed
• Entries into a computer and/or paper log
• Approval steps and cutoffs (protocols)
BPR: Analyze

- Reports produced by people/computer
- Quality checks
- Who performs the task – what level worker
- Timing of task

Flow

1. Reception area
2. Intake on paper? Any delays?
3. Intake Vitals
   - How long?
   - Nurse or MA?
   - Exam room/common area?
   - What info obtained?
4. Exam room
   - Pts prepped? Info
   - Pre-certified?
   - Scheduled correctly?
   - ABNs?
5. Testing
   - View record prior to entry?
   - How is PMSFHx reviewed?
   - Nurse/provider ask refills?
   - ROS charted in room?
   - Assessment & plan charted in room?
6. Lab
   - Dx with request?
   - ABN?
   - Pt knows how to get result?
   - Track results?
   - Track result delivery?
7. Exit Check Out
   - Charges posted?
   - F/up scheduled?
   - Referring scheduled?
   - Rx & instructions?
Analyzing Processes

Simply writing down the detailed steps in a process can be effective in convincing people of the need for change.
To Gain Operational Efficiencies

• Document workflow
  – Identify “touches” and “handoffs”
  – Compare job descriptions and policies and procedures against tasks actually being completed and processes followed

• Identify sources and uses of data
  – Preparation and identification for interfaces
  – Definition of use case models
    • Anticipate and prepare users for process changes

Get the Patient Engaged Before the Visit

• Before a patient even steps into your office, an EHR system may have already:
  – Managed scheduling, patient registration, health history and medication lists.
  – Facilitated messaging between physicians (within or external to the practice) regarding a patient’s specific case.
  – Allowed you to electronically preview patient medical history, medications, diagnostic tests.
  – Generated reminders for screenings or medication refills.
Automated Appointment Reminders

How does it work?

- Analyze Opportunities for Reducing No Shows
- Query the Database
- Practice Management Database
- Deliver Telephonic Messages
- Receive Reporting

Patient Names
Patient Phone Numbers
Other Information

Medvoice, PhoneTree, Televox

So let the patient get online!

“Hold Please” or “Be on Line”
What Happens on Hold?

- Silence = dropped calls
- Patient education
- Local radio station
- www.IntelliSound.net
  - Direct patients to your web site
  - Alert patients to recent health issues in the news

Rise of Self Service

Self-Service Examples:
- Bank ATM’s / Online account management (deposits, management, etc.)
- Gas stations
- Airport online check-in
- Airport check-in kiosks
- Grocery store check-outs
Rise of Self Service

Paying For Self-Service Examples:

✓ Bank ATM’s ($1.50 per transaction service charge)
✓ 411 directory assistance services ($1.00)
✓ Toll roads (paying to get there faster)

Market Trends

• Market forces driving physicians to improve efficiencies and add new revenue streams
  – Self Service impact:
    • Reduce operational and labor costs
    • Improve efficiency in communications
    • Improve patient satisfaction with self service capabilities
    • Add new revenue sources
Market Trends

- **Consumer driven healthcare**
  - Patients routinely search for information about their condition
    - Patients are more involved and educated about their care options
  - Health Savings Accounts (HSA’s) modify patient behavior driving self service demands
    - Online Personal Health Record use dramatically expands

Market Trends (continued)

- Third party payers support online physician patient communication
  - AMA adopts online CPT code
  - Millions of patients communicate with their physician online
Patient Impact

• **Convenience of Self Service**
  – Provides an option to be online verses on hold
  – Improved access to practice

• **Improved Satisfaction**
  – Less time spent in the physicians office doing paperwork
  – Patient education they can trust from their own physician
  – Faster response and documented resolution to requests

Patient Impact

• **Improved Care**
  – Engaged online with physician in their care plan
  – Appropriate reminders
  – Personal Health Record
  – Multi-media patient education easily recallable and improves retention
The Patient – Where It All Starts

• Is your website getting traction with your patients?
  – In the July 2005 *MGMA Connexion* article, “e-mail ease”, author A.J. Melaragno cited two methods to introduce a practice portal on page 26:
    • Evanston Northwestern Healthcare “doctors tell patients about it during office visits and give them a descriptive brochure, then issue access codes to those interested in signing up.”
    • “Marshfield Clinic launched a direct mail campaign in its primary service area.”

The Patient – Where It All Starts

• Patient intake tools
  – Instant Medical History
  – RelayHealth
  – CareCatalyst
  – Medfusion
Consumer Demand

Patients want improved communication

• 79+ % of patients have internet access

• % of patients wanting the following services:
  - Ask questions where no visit is necessary 77%
  - Fix appointments 71%
  - Get new prescription for medication you take 71%
  - Receive the results of medical tests 70%
  - None of these 6%
  - Don’t know 4%

55% indicated the ability to communicate with their doctors in the above manners would influence their choice of health plans

- HarrisInteractive™

Share of Americans online by age
(Source: Pew Internet Project telephone surveys, 2000-2006)

Internet Access, 2000-2006

Age 18-29: 85%
Age 30-49: 80%
Age 50-64: 69%
Age 65+: 31%
Automated Ins Verification

- Use the web
  - Can your clearinghouse or vendor accept your daily schedule?
  - Web-based insurance verification services
    - www.medconnect.net (Monthly service fees are @ $20/provider)
    - www.zirmed.com

Intake/Symptom Assessment

- Problem focused HPI
- Review of systems
- Solutions available with
  - Branch logic and artificial intelligence
  - Developed by providers over the last 15 years
- Great EMR entry point with integration available
Marketing Ideas

**Marketing Strategies - Examples:**
- Highlight your website on voicemail and hold messages
- “Welcome to the practice email”
- Print the website address on appointment & business cards, letterhead, patient handouts
- Hang posters in the lobby and patient rooms advertising the website and highlighting the self-service convenience options for patients
- Highlight “a feature of the month”

Marketing Ideas (continued)

- Distribute “how to” patient cheat sheets to show how to get started
- Have your participating insurances put a link to your site on their website
- Add to each statement - “For added convenience, pay your bill at www.yourpractice.com.”
- Kiosk can supplement online utilization
Insurance Cards:
Scan – No Photocopy

- Scan insurance card
- Index in database
- Available online – to all
- Remove hassle factor:
  - www.medicscanpro.com
  - www.ambir.com/pp
  - www.cardscan.com
  - www.visioneer.com

*Scan insurance cards – even if into a disparate database from your practice management system*
Health Care Is All About Information

- www.mediplay.com
  - Practice customized digital presentations
- www.healthyadvicenetworks.com
  - Waiting room or exam room programs
- www.phreesia.com
  - Interactive tablet “interview”

Barriers to Overcome

- End-user comfort with technology
  - How will it effect my day?
- Ineffective workflow
  - We’ve always done it that way
- Inappropriate staffing
- Lack of standardization
  - Forms, processes
- Inherent autonomy
Identifying Opportunities for Improvement

• Bottlenecks
• Sources of delay
• Rework due to errors
• Role ambiguity
• Duplications
• Unnecessary steps
• Cycle time

Process Change

• Improvement teams should ask, “What is the largest, informative change we can make by next Tuesday?”*  
• Not the only change a team should make  
• Not the most important one  
• By making an informative change “by next Tuesday,” teams can break the inertia that keeps many improvement efforts from getting off the ground

*www.ihi.org
Recruit and Develop

• Project lead and site leads
  – Permanent position
  – .25 FTE to .5 to 1.0 to .75 to .5 to .25

• Physician champions – especially non-techie

• Nurse/tech champions

• Executive sponsor

Training and “Go Live” Support

• Train the trainer

• Vendor expert in product

• Practice expert in clinical operations

• Rounding on users

• Elbow-to-elbow
  – Three ways to do it
Physician Users

• Preparation of process
• Workflow around the exam room encounter
• More training NOT the answer

Modeling Mentor

• Acknowledge “it takes work”
• Gain efficiencies as do more in the exam room
• One size does not fit all
  – Keyboarding skills
To Succeed You Need...

- Identify non-techie physician champions to provide testimonials
  - Develop mentor partnerships
  - Newbie (to EMR) shadows mentor for a session (AM or PM)

- Iterative nature of technology
  - Go back to sites regularly
  - Use internal listserv for sharing best practices

To Succeed You Need...

- Medical model: see one, do one, teach one
- Learn the basics to get this task done today
- Grow comfortable and want more
- Don’t know what you don’t know
  - Tablet use: portrait or landscape view
EMR is “More”

• Voice recognition as input device
• Documentation tools
  – Macros, abbreviations
• Patient education
  – www.patienteducationcenter.org

Registries

• Identify patients by disease
  – Apply care management protocols
  – Report variances to protocols
• Identify candidates for clinical research trials
• www.phytel.com
• www.docsite.com
Warning

- It's not about technology; it's clinical process and process improvement
- Fight for historic clinical data. Porting historical data into the new system adds to clinical relevance

Did Your Implementation...

- Use cross-functional teams to create systems synergies
- Communicate, communicate, communicate
  - Use email list-serves
  - Create newsletters
  - Provide status updates
  - Show "proof of concept" demonstrations to show things are moving forward
- Involve optimists, realists, and pessimists
  - See the issues from all sides
Bring Back the Vendor

- One-day consult
- What aren’t you using
- Shortcuts? Favorites?
- Observe users in clinical setting

Network management recommendations to facilitate change process

- Support the workflow and the physician throughput
  - Workstations, scanners, printers
- Establish default printers
- Strengthen gaps in wireless network
- Staff to implement network infrastructure and peripherals
What Other Technologies Improve Ops?

Online Statement Delivery

Northern Virginia Family Practice Associates

View Account Summary
View Account Details
View Insurance Information
Manage Profile
Contact Customer Service
Address Change

<table>
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<th>Guarantor Name</th>
<th>MALIK, STEVEN A</th>
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To see status on your payment go to View Account Details
iStream Imaging

- Remote deposit capture
  - Deposit from scanned images
- Save time – eliminate trips to bank
- Consolidate out-of-area offices to one bank account
- Available 24 hours/day – make multiple deposits

Save Nurse Time Scheduling Repeat Visits

- www.repconnect.com

<table>
<thead>
<tr>
<th>Priority Primary Care, Duluth GA</th>
<th>Before PreferredTime</th>
<th>With PreferredTime</th>
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<tbody>
<tr>
<td>day spent handling rep visits</td>
<td>Only minutes each day handling rep visits</td>
<td></td>
</tr>
<tr>
<td>50 disruptive rep visits each week</td>
<td>15 productive rep visits each week</td>
<td></td>
</tr>
<tr>
<td>10 rep drop-ins each day</td>
<td>No drop-ins</td>
<td></td>
</tr>
<tr>
<td>Multiple attempts by the same rep every week</td>
<td>One visit with each rep once a month</td>
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<tr>
<td>nurses, physicians and patients</td>
<td>Information and samples without hassle</td>
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</table>
How far are nurses walking?

All-in-one devices for nurse stations
(fax, copier, scanner, printer)

“All or Nothing” is a Losing Proposition

- Accept the incremental benefits
- Waiting for the “next upgrade” or the “next release” delays all benefits realizations
- PDF forms on the web is a precursor to interactive forms
- Transferring 30% of incoming phone calls to web communications is better than 0%
What You Should Be Doing

- Pay close attention to data conversion
- Don’t confuse wants and needs
- Plan, plan, plan and allow enough time
- Get buy-in from key players
- Don’t try to automate when the current system is in chaos

Thank You

We appreciate the opportunity of speaking with you today. If we can be of assistance to you in the future, please do not hesitate to contact the MGMA Health Care Consulting Group www.mgma.com.

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