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# Getting the Most Out of Your EMR

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Stephen McCallister, CPHIT, CPEHR

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## Disclosures

- Rathkopf
  - I use Allscripts Professional EHR and PM
    - Have been a STAR client
  - I use Meditab/IMS Immunotherapy Module
  - I use Patient Link
  - I use both Apple and Microsoft based systems
- McCallister
  - I have been a NextGen client
  - I use Microsoft (Windows), Apple (iOS) and Google (Android) systems

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## Overview

- Usage of EHRs
- Templates
- Interfaces
- Portals
- CDS
- Reporting

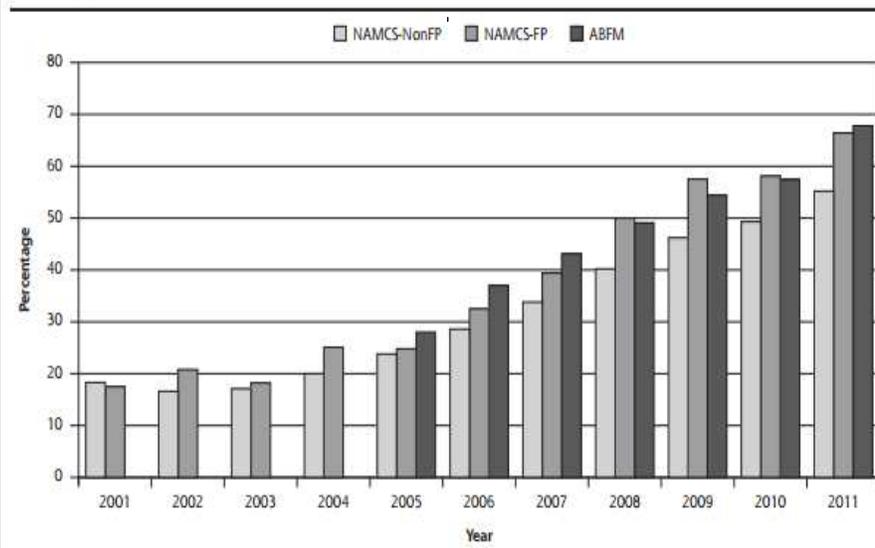
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## Usage of EHRs

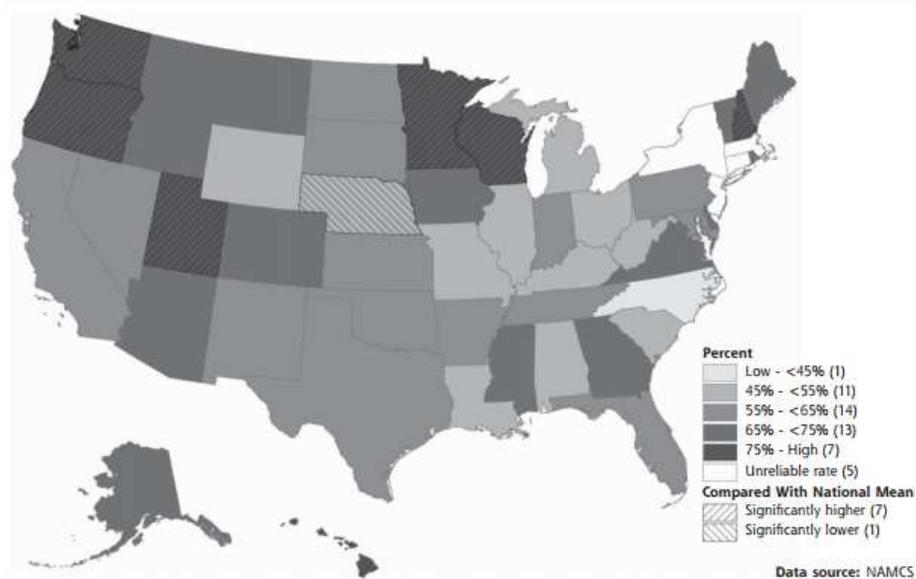
- EHR adoption rates rose steadily and doubled from 2005 to 2011, reaching 67.8% for family physicians in 2011

**Figure 1. The steady rise of EHR adoption by family physicians and other physician specialties, 2001-2011.**

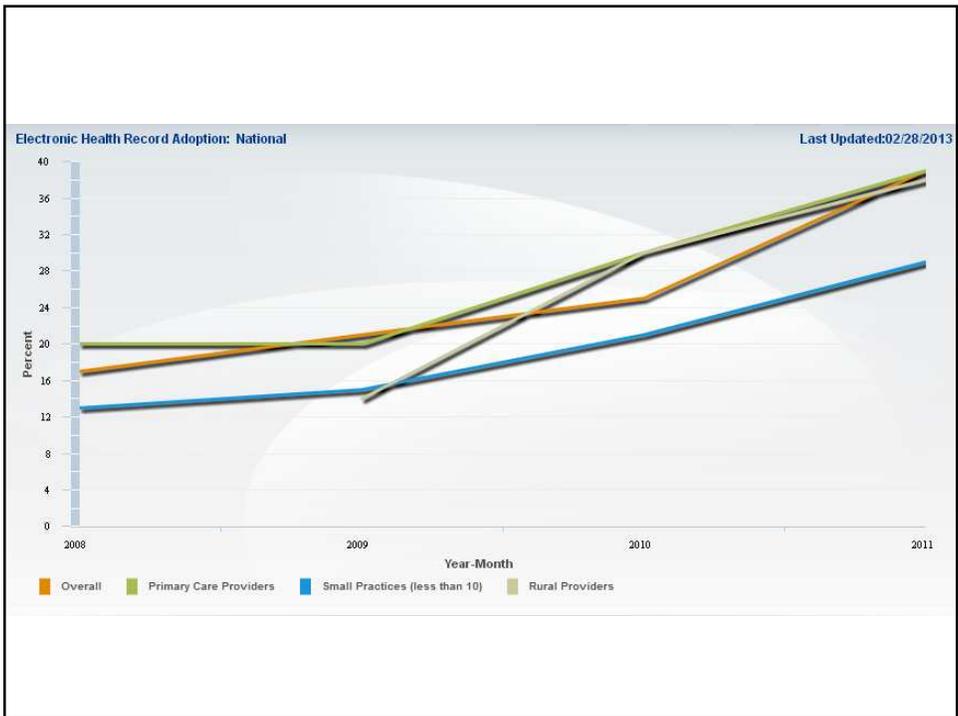
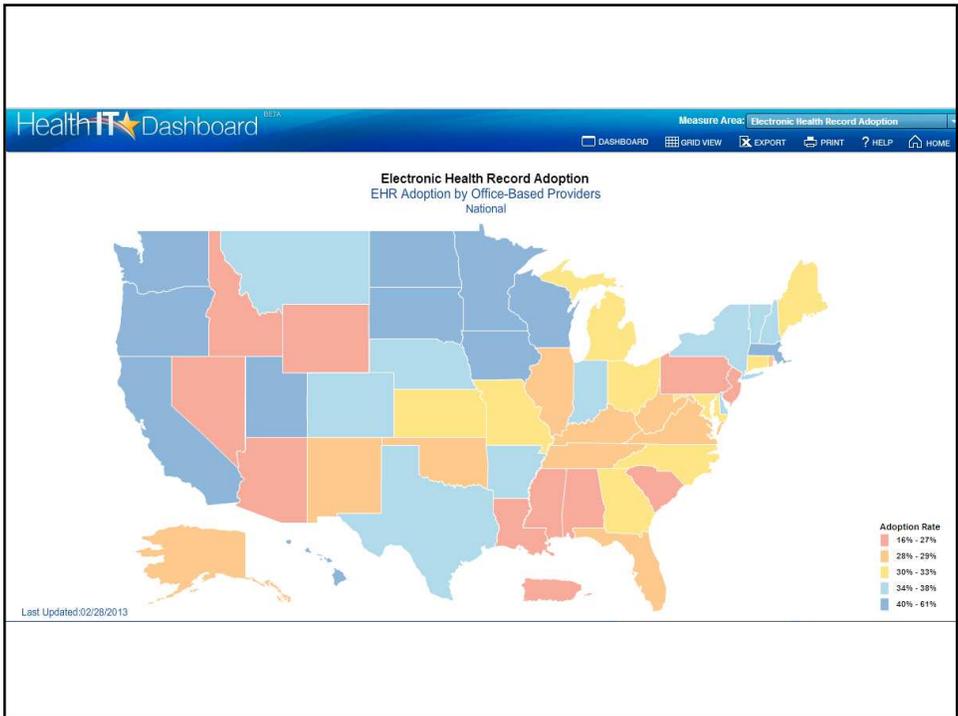


ABFM = American Board of Family Medicine; EHR = electronic health record; FP = family physician; NAMCS = National Ambulatory Medical Care Survey.  
 Data Source: National Ambulatory Medical Care Survey; American Board of Family Medicine Diplomate Database.

**Figure 2b. State variations in EHR adoption among family physicians (NAMCS-FP), 2010-2011.**



EHR = electronic health record; FP = family physician; NAMCS = National Ambulatory Medical Care Survey.  
 Note: Number in parentheses in the legend indicates the number of states in each category.



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HEALTH IT: RIGHT TIME. RIGHT PLACE. IT'S ON.

HIMSS 13

NEW ORLEANS  
ANNUAL CONFERENCE & EXHIBITION

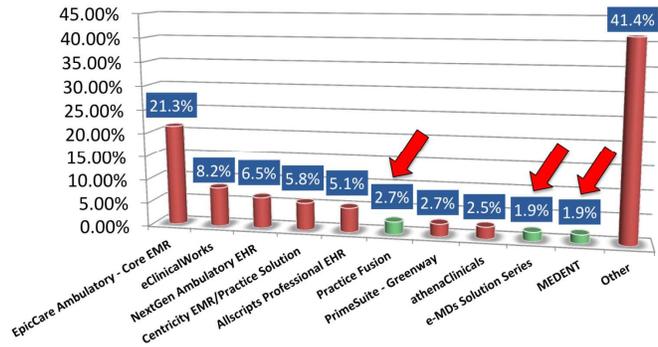
Challenges with Meaningful Use  
EHR Satisfaction & Usability Diminishing  
Will Underwood, MPH | Alan Brookstone, MD

AMERICAN EHR™

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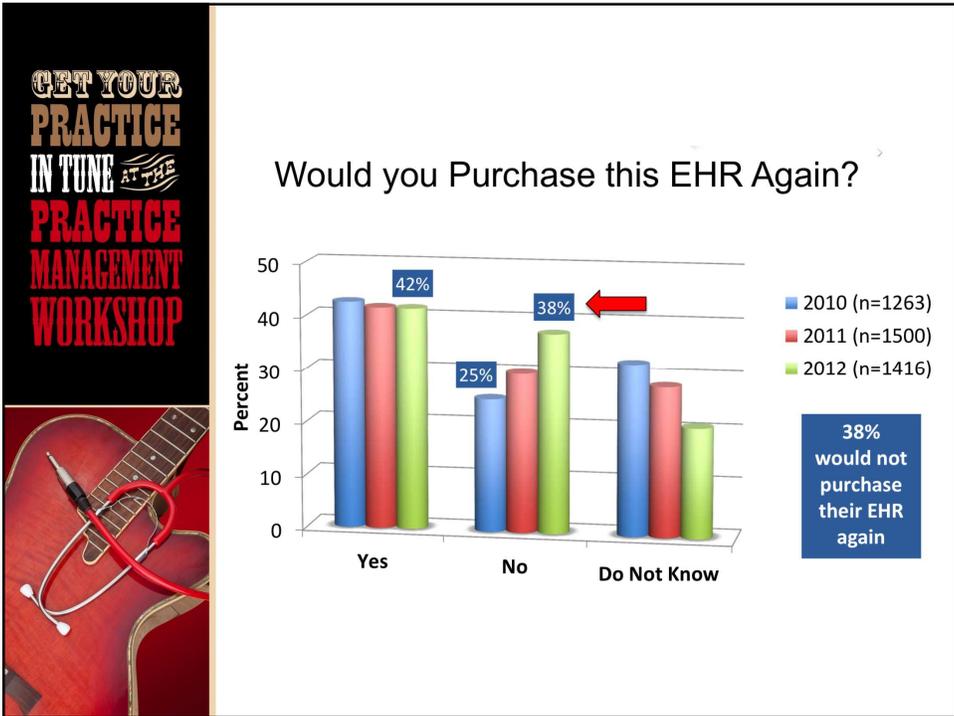


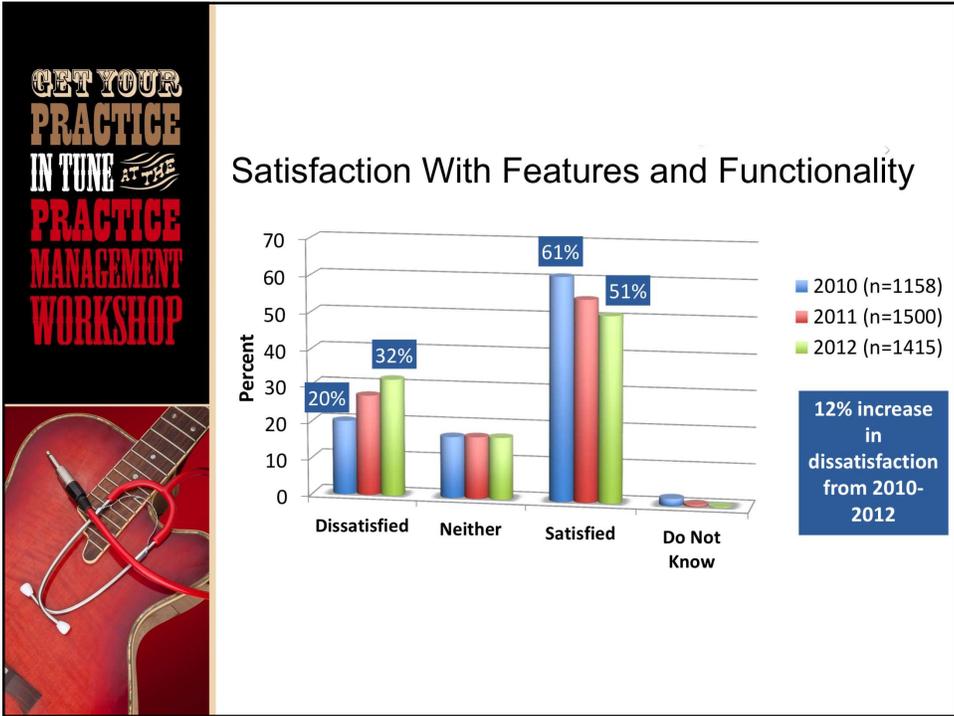
### Top 10 Ambulatory EHR Products by Frequency of Attestation - 2012

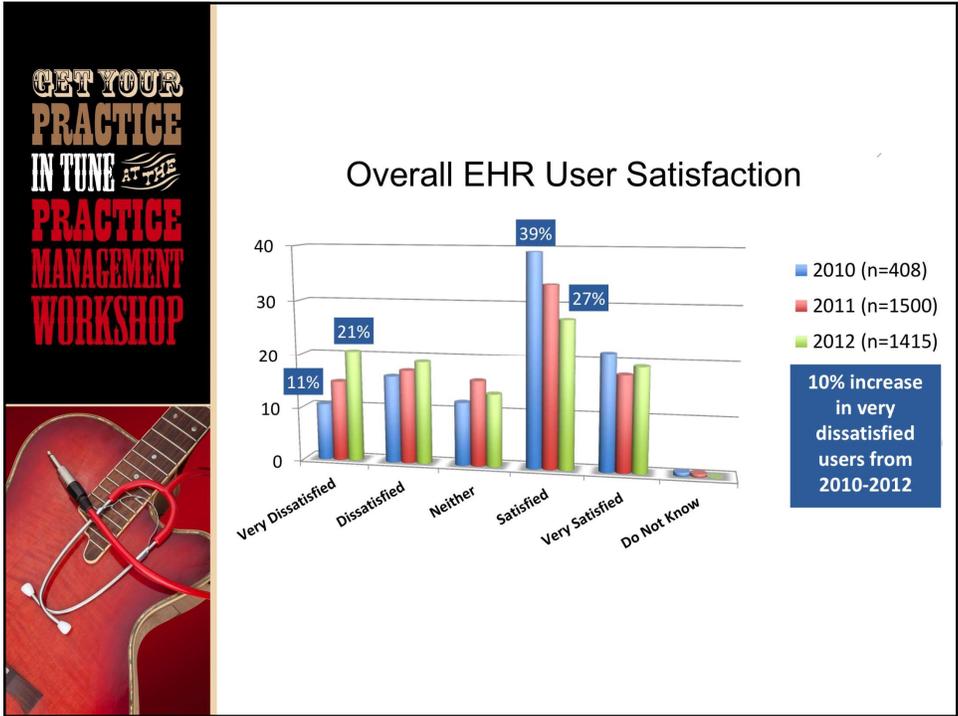


EHR Product	Frequency of Attestation (%)
EpicCare Ambulatory - Core EMR	21.3%
eClinicalWorks	8.2%
NextGen Ambulatory EHR	6.5%
Centricity EHR/Practice Solution	5.8%
Allscripts Professional EHR	5.1%
Practice Fusion	2.7%
PrimeSuite - Greenway	2.7%
athenaClinicals	2.5%
e-MDs Solution Series	1.9%
MEDENT	1.9%
Other	41.4%

Source: CMS Meaningful Use Attestation Data – Attestation Year 2011. Limited to ambulatory EHRs up to and including October 2012 (n=117,539)







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- ### Selected Observations
- Satisfaction and usability ratings are dropping
    - This holds true regardless of specialty type and across multiple vendors
  - Patient portals are increasingly being implemented
    - Potential positive impact on patient engagement
  - Providers struggling with workload and productivity

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**Dissatisfaction with EHRs Rising, Survey Finds**  
By David Pittman, Washington Correspondent,  
MedPage Today Published: March 07, 2013

- Physician satisfaction and usability ratings for certified EHRs have fallen since 2010
- The number of physicians who said they would not recommend their EHR to a colleague rose to 39% in 2012 from 24%
- 40% of those surveyed said they would not purchase their system again -- a number that rose from 25% in 2012
- 34% said they were "very dissatisfied" with their system, up from 19% in 2010

<http://www.medpagetoday.com/PracticeManagement/InformationTechnology/37723>

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**Other findings from the 155-  
question survey on EHR usage,  
satisfaction, and meaningful use  
criteria include:**

- Clinicians who were "very satisfied" with the ability for their EHR to improve care dropped from 23% in 2010 to 17% in 2012
- Physicians who were "very dissatisfied" increased from 10% to 20% in that time period
- 32% of responders said they had not returned to pre-EHR implementation productivity compared with 20% in 2010
- Dissatisfaction with ease of use increased from 23% in 2010 to 37% in 2012
- Satisfaction with ease of use dropped from 61% in 2010 to 48% in 2012

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**If Practices Don't Change, EHRs Lose Money**  
**By David Pittman, Washington**  
**Correspondent, MedPage Today**  
**Published: March 04, 2013**

- The average physician lost nearly \$44,000 over 5 years implementing an electronic health record system
- Just 27% of practices achieved a positive 5-year return on investment -- a number that would rise to 41% with the addition of federal incentives to use EHRs

<http://www.medpagetoday.com/PracticeManagement/InformationTechnology/37653>

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- "...the vast majority of practices lost money because they failed to make operational changes to realize the benefits of EHRs such as ditching paper medical records after adoption.."
- "Practices with a positive return on investment realized savings by eliminating paper medical records, as well as dictation and billing services and positions of, or hours worked by, staff members who were performing services no longer required after EHR adoption"

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- "Practices may therefore need encouragement and assistance in changing the way they operate so they can benefit from EHR adoption."
- Practices that saw a positive return on EHR investment increased revenue by more than \$114,000 per physician over 5 years, results showed.

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- In comparison, practices with a negative return on EHR investment saw revenue increase by an average of only \$9,200 per physician in 5 years.
- Primary care practices fared better than specialists.
- 38% of practices with six or more physicians achieved a positive return on investment, compared with 26% of practices with one or two physicians.

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- 55% of practices reported a reduction in the cost of paper medical records after EHR adoption
- 22% of practices reported the most common ongoing cost was additional hours of practice time
- 10% of practices noted improved efficiency, allowing them to see more patients each day
- 18% increased revenue through improved billing
- Practices with a practice management system in place to help with billing functions before EHR adoption benefited less on average

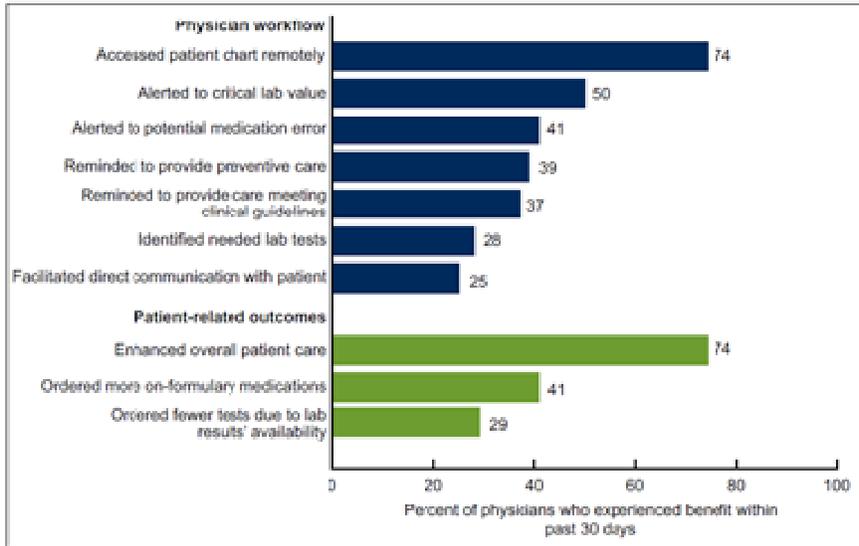
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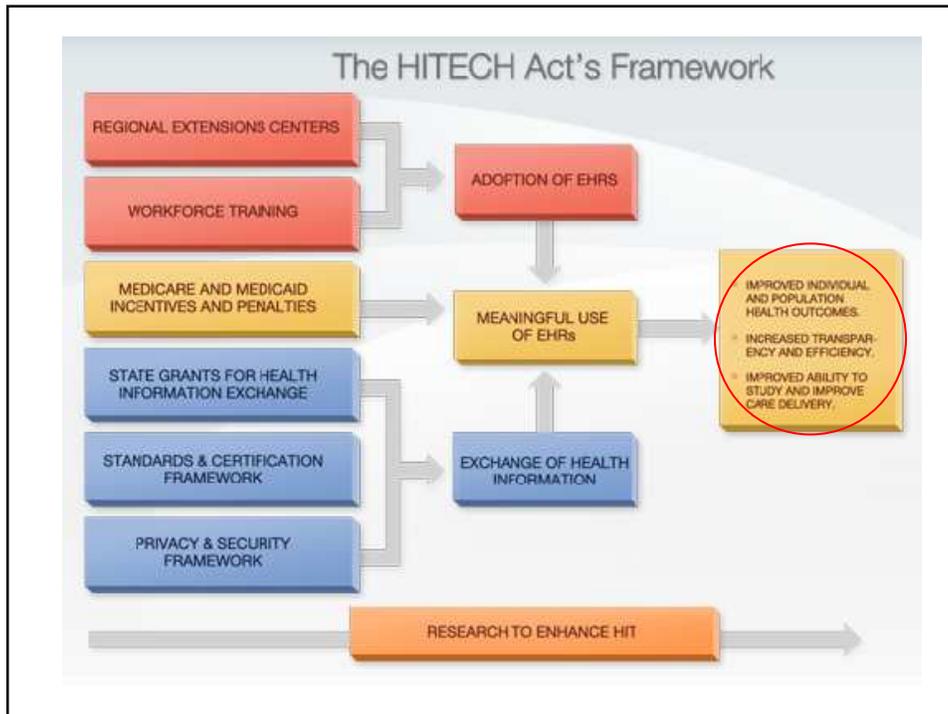
**When fully functional and exchangeable, the benefits of EHRs offer far more than a paper record can.**

- EHRs:
  - Improve quality and convenience of patient care
  - Increase patient participation in their care
  - Improve accuracy of diagnoses and health outcomes
  - Improve care coordination
  - Increase practice efficiencies and cost savings

<http://www.healthit.gov/providers-professionals/benefits-electronic-health-records-ehrs>



NOTES: Physicians with electronic health record (EHR) systems whose systems or scope of work did not include a specified capability responded not applicable. These responses are included in the denominator for percentages. Data represent office-based physicians who reported having adopted EHR systems (94% of sample). The sample includes nonfederal, office-based physicians and includes cardiologists, anesthesiologists, and pathologists. SOURCE: CDC/NCHS, Physician Workflow study, 2011.



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**5 Steps to Ensure Better EHR-  
Provider Outcomes**  
**April 19, 2013**  
**Marion K. Jenkins, PhD, FHIMSS**

- 1. Invest in training**
- 2. Redesign your work flow**
- 3. Set proper expectations**
- 4. Be committed to success**
- 5. Take the long-term view**

<http://www.physicianspractice.com/5-steps-ensure-better-ehr-provider-outcomes>

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**Invest in training...**

- **AmericanEHR News -  
Physicians Need More Training  
on How to Use EHRs - October  
20, 2011**
  - New Report Highlights Relationship  
Between EHR Training and  
Satisfaction, as well as the  
Usability of Features Important for  
Achieving Meaningful Use

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## Invest in training...

- At least three to five days of EHR training was necessary to achieve the highest level of overall satisfaction.
- Nearly half (49.3%) of respondents indicated that they received three or fewer days of training.
- Ratings on ease of use for basic EHR functions required for Meaningful Use continued to improve with more than two weeks of training.
- Ratings on ease of use for specific Meaningful Use measures varied significantly. More training – at least one week – was correlated with improvement in the reported usability of advanced EHR features (e.g. checking patient formulary, importing medication lists, and medication reconciliation).

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## Redesign your work flow...

- Should really have been part of your original implementation plan
  - Analyze and map out the practice's current workflow and processes of how the practice currently gets work done (the current state).
  - Map out how EHRs will enable desired workflows and processes, creating new workflow patterns to improve inefficiency or duplicative processes (the future state)
  - <http://www.healthit.gov/sites/default/files/tools/workflow-process-mapping-for-electronic-health-record-ehr-implementation.docx>
- If not working for you, rethink it

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## **Set proper expectations...**

- Plan for more training than you think you will need
- Plan for more time to get back to prior efficiency
- Establish proficiency standards for office staff
- Expect longer to see return on investment

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## **Be committed to success...**

- All providers must fully commit and be in agreement
  - “A house divided against itself cannot stand.”
    - Abraham Lincoln
- Should be provider driven and provider led
- Ongoing process

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## Take the long term view...

- Change is difficult
- First few months will be much harder
- After 6 months, gets easier
- After 12 months, wouldn't give up my EHR

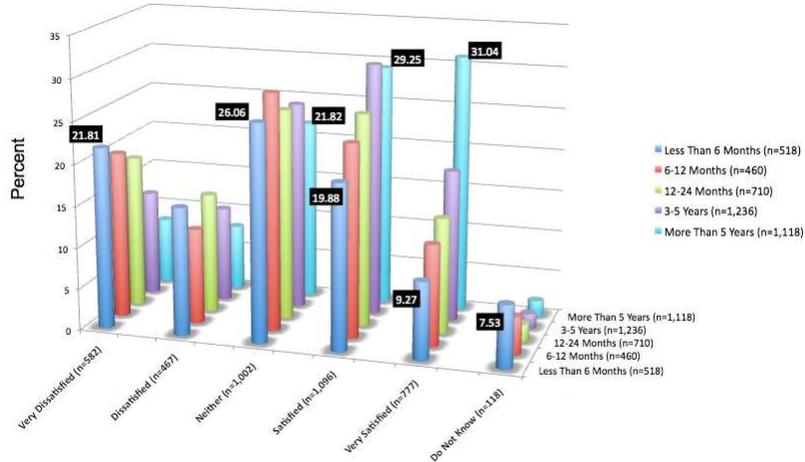
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- 31.04% of respondents who had been using their EHR for more than 5 years reported being very satisfied with the ability of their EHR to improve patient care and 29.2% were satisfied.
- Similar, but less dramatic, data suggested that clinicians who have used EHRs for 3–5 years experience similar levels of satisfaction with the ability of their EHR to improve patient care.
- Not surprisingly, clinicians who have used EHRs for 6 months or less report the lowest levels of satisfaction with their EHRs.

<http://www.americanehr.com/blog/2013/03/ehr-ability-to-improve-patient-care-is-an-optimum-period-of-use-needed/>

Satisfaction with the Ability to Improve Patient Care by Duration of EHR Use Prior to Completing Survey



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## Templates, favorites lists, etc.

- Customize templates in your EHR to mirror your current paper forms
- Create short cuts, auto texts, macros for your common discussions
- If you find yourself typing or dictating the same phrase, create a shortcut for it
- If you are modifying an existing template consistently, can you create a different template

## Allergy, Asthma & Immunology Center of Alaska, LLC

**Please fill out fully (circle, check and / or fill in the answer)**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_ Date \_\_\_\_\_  
 Referred by? \_\_\_\_\_ Additional Physicians \_\_\_\_\_  
 Reason for visit: \_\_\_\_\_  
 Local pharmacy of choice: \_\_\_\_\_ Mail order pharmacy: \_\_\_\_\_

Circle or check symptoms that apply, or circle none:

**UPPER AIRWAY SYMPTOMS**

**Rhinitis (nose)**

- None
- Itchy nose
- Sneezing
- Runny nose
- Post nasal drip
- Throat clearing
- Nasal congestion
- Constant "cold" like symptoms
- Dry nasal membranes
- Diagnosed nasal polyps
- Loss of taste
- Loss of smell
- Itchy roof of mouth
- Sensitivity to odors

**Conjunctivitis (eyes)**

- None
- Itchy eyes
- Watery eyes
- Red eyes
- Sinusitis (sinuses)**
- None
- Sinus pressure
- Sinus pain
- Upper teeth hurting
- Headaches
- Bad breath
- Cheek pain
- Forehead pain

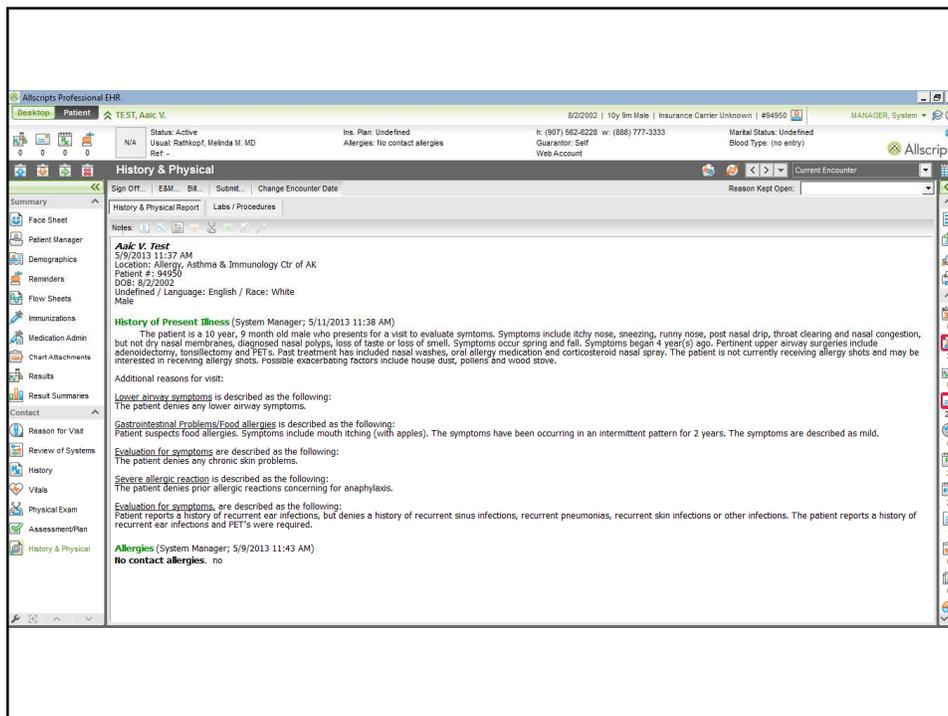
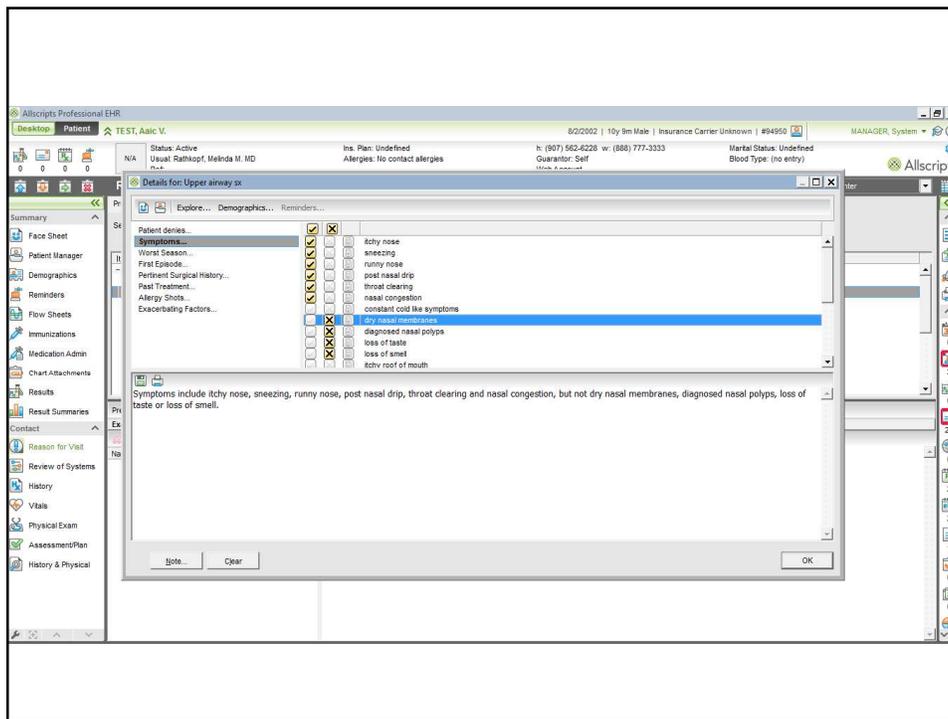
**Symptoms occur:**

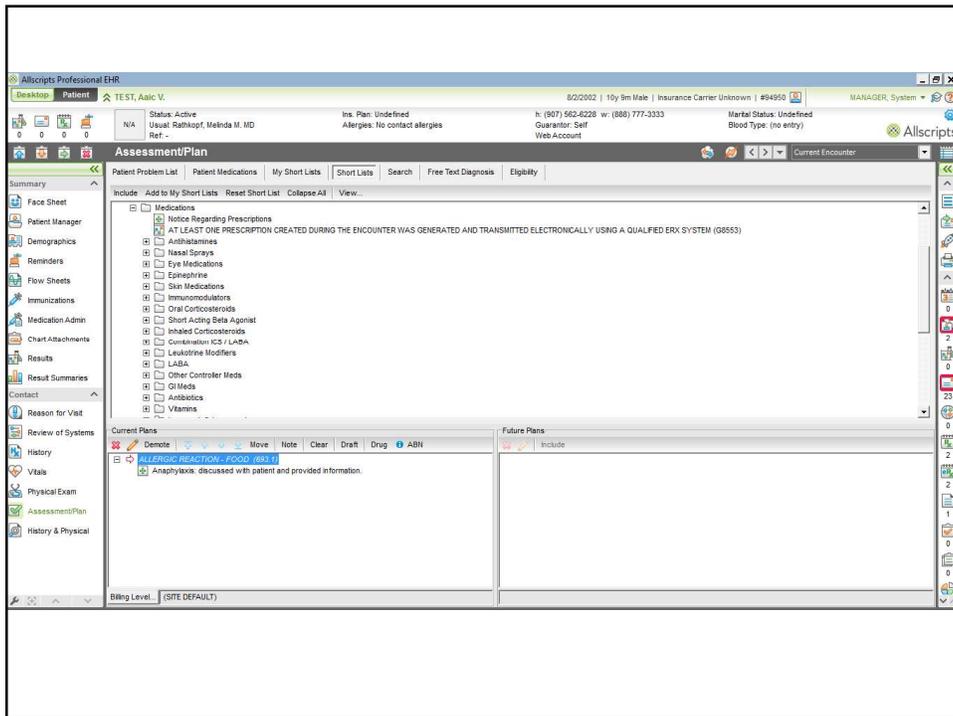
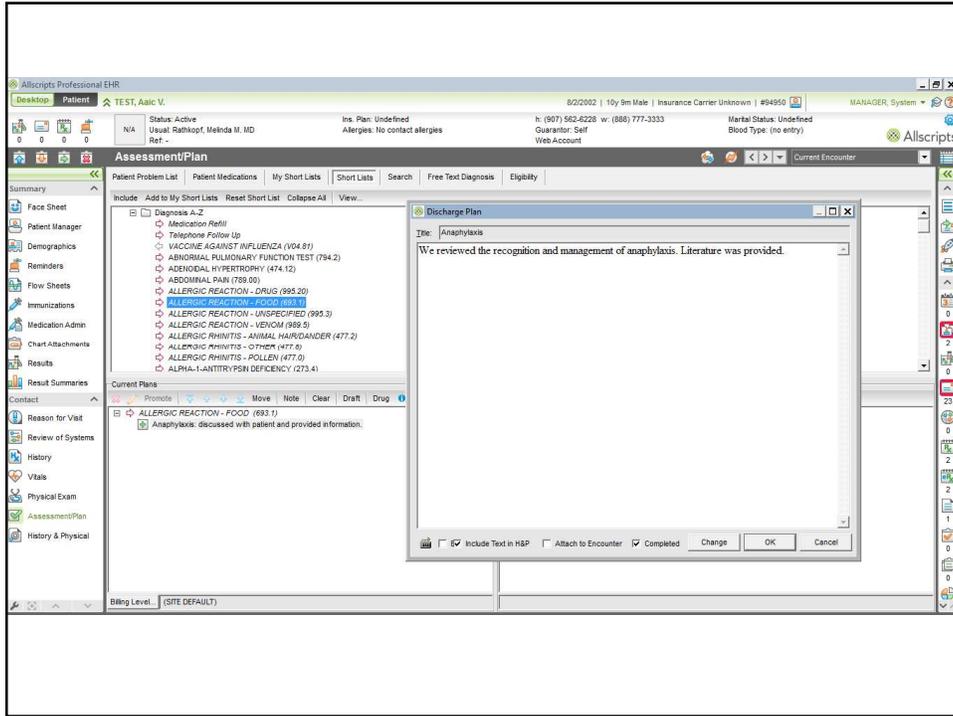
- |        |                      |
|--------|----------------------|
| Spring | All year             |
| Summer | With weather changes |
| Fall   | Randomly             |
| Winter |                      |

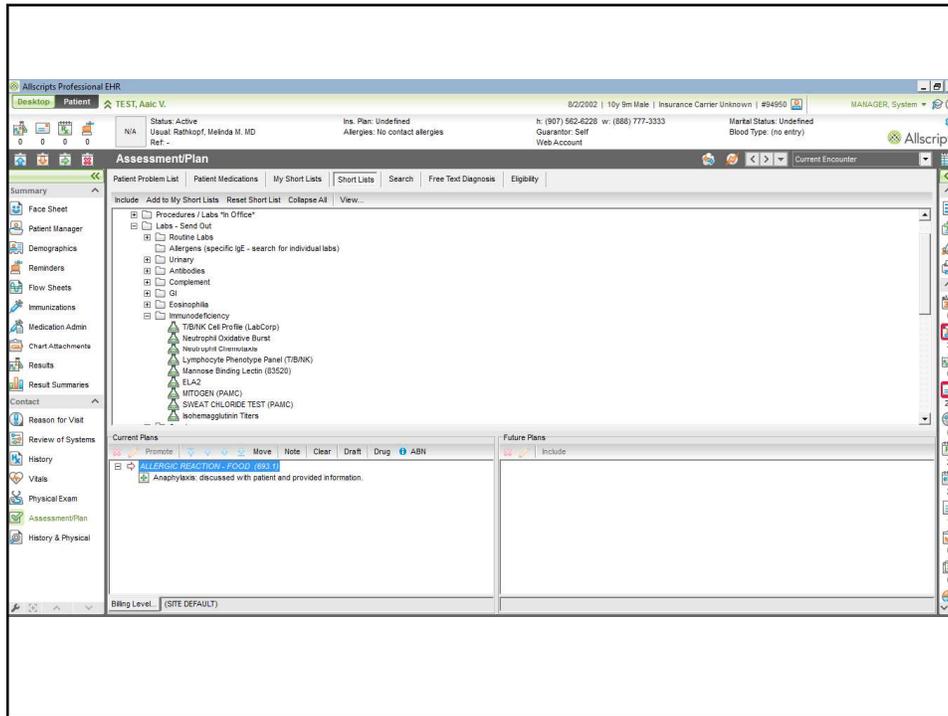
**Symptoms began (how many?)**

\_\_\_\_\_ Days ago \_\_\_\_\_ Months ago

The screenshot displays the Allscripts Professional EHR interface for a patient named TEST, Aasic V. The patient's status is Active, and their insurance carrier is Unknown. The 'Reason for Visit' section is open, showing a tree view of symptoms under the heading 'AAIC Reason for Visit'. The tree includes categories like 'New Patient Visits', 'Upper airway sx', 'Lower airway symptoms', 'Additional asthma questions', 'Gastrointestinal Problems/Food allergies', 'Skin problems', 'Severe allergic reaction', 'Recurrent infections', 'Recurrent fevers', 'Follow-up Visits', and 'Orthopedic Surgeon Evaluation'. The interface also shows a sidebar with navigation options like 'Face Sheet', 'Patient Manager', 'Demographics', and 'Results'.









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## Interfaces

- Labs
- Radiology
- Immunization registry
- Intake forms
- Immunotherapy modules

Allscripts Professional EHR

TEST, Aaic V.

Status Active  
Usual: Rathkopf, Melinda M. MD  
Ref:

Ins. Plan: Undefined  
Allergies: No contact allergies

h: (907) 562-6228 w: (888) 777-3333  
Guardian: Self  
Web Account

Marital Status: Undefined  
Blood Type: (no entry)

MANAGER, System

### Results

Review All... | Review Patient... | Lab Trends... | Publish Patient... | Publish All... | Result Entry... | Merge... | Review... | Finalize... | Acquire Data...

Patient: Melinda M. Rathkopf | Category: Labs | Options... | Add View... | Add View... | Views...

Caregiver: Rathkopf, Melinda M MD | Me | Status: <All Statuses> | Dates: The past 2 years

Melinda M. Rathkopf | Rathkopf, Melinda M MD | Labs | <All Statuses> | The past 2 years | Newest to Oldest

Name	Status	Value	Ordered	Performed	Units	Range	Location
Vitamin D, 25-Hydroxy	Reviewed(Note)	Collect: 12/16/2012		2:26 PM	Req: 101114	Allergy, Asthma & Imm...	
Vitamin D, 25-Hydroxy	Final, Reviewed...	40.2			ng/mL	30.0-100.0	
Vitamin D, 25-Hydroxy	Reviewed(Note)	Collect: 5/17/2012		10:24 AM	Req: 100817	Allergy, Asthma & Immunol...	
Vitamin D, 25-Hydroxy	Final, Reviewed...	76.4			ng/mL	30.0-100.0	
CBC With Differential/Platelet	Reviewed(Note)	Collect: 2/8/2012		8:57 AM	Req: 100855	Allergy, Asthma & Immunol...	
METABOLIC PANEL-COMPREH...	Reviewed(Note)	Collect: 2/8/2012		8:57 AM	Req: 100855	Allergy, Asthma & Immunol...	
TSH	Reviewed(Note)	Collect: 2/8/2012		8:57 AM	Req: 100855	Allergy, Asthma & Immunol...	
Vitamin D, 25-Hydroxy	Reviewed(Note)	Collect: 2/8/2012		8:57 AM	Req: 100855	Allergy, Asthma & Immunol...	
Vitamin D, 25-Hydroxy	Final, Reviewed...	19.4 (L)			ng/mL	30.0-100.0	
Lipid Panel (00951)	Reviewed(Note)	Collect: 2/8/2012		8:57 AM	Req: 100855	Allergy, Asthma & Immunol...	

Ordered: 12/18/2012 2:11 PM by Melinda M Rathkopf, MD  
Collected: 12/18/2012 2:26 PM  
Reported: 12/19/2012 10:12 AM  
Reviewed: 12/19/2012 1:35 PM by Melinda M Rathkopf, MD  
Diagnosis: none  
Diagnosis: Melinda M Rathkopf, MD  
Diagnosis: Vitamin D deficiency (268.9)

Result Note:  
PATIENT NOT FASTING  
PERFORMED BY: SE LabCorp Seattle

Inbox (9) | Facebook | If Practices | EHR Payoff | Mining EHR | Selecting an | 5 Steps to Er | New Patient | Allergy Asth

ps://patientlinkonline.com/mainform.aspx?parms=edZs2%2b0H44Q1d7Z8E%2bglwUghu7ewP19R5WN19u%2bJrWjEpqRdKLRco1Z113jeC4

Allergy, Asthma and Immunology  
Center of Alaska, Inc.

Online Health Form

## Online Health History

Please select the name of the doctor you are scheduled to see.  
Melinda M. Rathkopf, M.D.

----- Date of Birth -----  
First Name | Last Name | Month | Day | Year | Gender

**REVIEW OF SYSTEMS** Mark all symptoms the patient is CURRENTLY experiencing. If none apply in a category, mark 'NONE'.

**General**  
unexplained weight gain  | unexplained weight loss  | unexplained fever  | NONE

**Neck**  
neck mass  | swollen glands  | NONE

**Gastrointestinal**  
abdominal pain  | difficulty swallowing  | indigestion   
bloody stools  | frequent belching  | mucus in stools   
constipation  | gas  | nausea   
diarrhea  | heartburn  | vomiting  | NONE

Allscripts Professional EHR

8/2/2012 | 10y 9m Male | Insurance Carrier Unknown | #94950 | MANAGER, System

TEST, Aaic V. Status: Active Usual: Rathkopf, Melinda M. MD Ins. Plan: Undefined Allergies: No contact allergies h: (907) 562-6228 w: (888) 777-3333 Marital Status: Undefined Blood Type: (no entry)

### Face Sheet

Medical History: Newest to Oldest (Active Only)

Encounters: By Date, Newest to Oldest

Flow Sheets (0)

Summary

- Problem List/Past Medical
  - ALLERGIC REACTION - FOOD (693.1)
  - Diabetes insipidus (253.5)
- Other Past History
  - Contact dermatitis, allergic: no
  - Food Allergy: cow's milk / dairy and fish
  - Insect Allergy: hornet
  - PNEUMOCOCCAL 23 VALIENT (V03.82)
- Past Surgical
  - Tonsillectomy
- Pregnancy/Birth
  - Gestational Age: <37 weeks
  - Feeding History: soy based
- Allergy
  - No contact allergies: no
- Social
  - Window Treatments: 11/28/2012: blinds
  - Home Type: 11/28/2012: house, 03/07/2013: house
  - Heat And Air: 03/07/2013: forced air
  - Home Location: 11/28/2012: near a lake, 03/07/2013: near a lake
  - Basement: 11/28/2012: finished
  - Hobbies: 11/28/2012: Sailing
  - Stuffed Animals: 11/28/2012: yes
  - Bedding: 11/28/2012: regular mattress
  - Carpeting: 11/28/2012: throughout
  - Current every day smoker
  - Never smokes
  - Tobacco use: 11/28/2012: Current Every Day Smoker, smoked for 15 years; smokes 1 1/2 pac
  - Smoker: 11/28/2012: smokes cigarettes
  - Tobacco / smoke exposure: 11/28/2012: minimal, 04/29/2013: family smokes indoors / in car
- Family
  - Allergic Rhinitis: Father
  - Food Allergies: Mother
- Diagnosis Studies
  - Travel

Medications: All, Newest to Oldest

Current Medications

- None documented.
- Administered Medications
- Previous Medications
- None documented.

Orders: All, Newest to Oldest

Today

- 5/11/2013: Anaphylaxis [Final, Reviewed]
- 5/7/2013: Geric Specific IgE (86003) [Ordered]
- 5/7/2013: Peanut Specific IgE (86003) [Ordered]
- 5/7/2013: HEMODIOLYSIS GLUCALATED (HGB A1C) (83038) [Ordered]
- 5/7/2013: PNEUMOCOCCAL VACCINE - 23 VALIENT (90732) [Final, Reviewed]

Actions

- Menu
- Configure
- Caregiver Options
- Printer Defaults
- Output Defaults
- Auto-Replace Text
- Default Location
- Grants
- Prescriber Agents
- Reset Prescribing Authorization
- Edit Prescriber Supervisees.
- Tools
- Referral Caregivers
- Insurance Carriers
- Pharmacies
- Institutions
- Patient Merge
- Generate Hash
- Encrypt/Decrypt
- ePHI Export
- Export Continuity of Care Record (CCR)
- Import Continuity of Care Record (CCR)
- Import from PatientLink
- Pregnancy Record
- RxHub
- Info
- About

Report Results

Allscripts Professional EHR

8/2/2012 | 10y 9m Male | Insurance Carrier Unknown | #94950 | MANAGER, System

TEST, Aaic V. Status: Active Usual: Rathkopf, Melinda M. MD Ins. Plan: Undefined Allergies: No contact allergies h: (907) 562-6228 w: (888) 777-3333 Marital Status: Undefined Blood Type: (no entry)

### Immunizations

Immunization Record Properties

Immunization: Pnevumoccal (2 years and up) (90732) (Pnevumovax)

Immunization Type: Pnevumoccal (2 years and up) (non-s...)

Number in Series: 1

Date: 5/7/2013 (4 days ago)

Eachity: Inhouse

Immunization Not Given

Confirmations

- Patient Positively Identified
- Informed Consent Signed

Registry Export: Consent: Declined

Expiration:  Private  Public  Undefined

Prior Adverse Reactions: No adverse reactions to immunizations

Details

Administered By: Manager, System

Lot Number: 0566AA

Dose: 0.5 units ml

Manufacturer: Merck & Co, Inc

Route: Intramuscular

Expire Date: 1/17/2013 (35 weeks ago)

Site: <Undefined>

Medication: Pnevumovax 23, 25MCG/0.5ML

Vaccine Eligibility: <Undefined>

Adverse Reaction:  Yes  No

Comments

Pnevumoccal (2 year Date Given: 5/7/2013 Vaccine Funding: Private

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## **Patient Portals**

- A patient portal is a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, patients can view health information such as:
  - Recent doctor visits
  - Discharge summaries
  - Medications
  - Immunizations
  - Allergies
  - Lab results

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## **Patient Portals**

- Some patient portals also allow patients to:
  - Exchange secure e-mail with their health care teams
  - Request prescription refills
  - Schedule non-urgent appointments
  - Check benefits and coverage
  - Update contact information
  - Make payments
  - Download and complete forms
  - View educational materials

## Using Patient Portals in Ambulatory Care Settings

Electronic health records (EHRs) that directly engage patients through a patient portal can be a powerful platform for increasing access, empowering patients, supporting care between visits, and improving health outcomes.

Patient portals can enhance patient-provider communication and enable patients to check test results, refill prescriptions, review their medical record, and view education materials. In addition, patient portals can simplify administrative tasks such as streamlining registration, scheduling appointments, and providing patient reminders. They also allow practices to generate electronic statements and facilitate online payments.

*Patients pay more attention and become more engaged in their health and medical care when they have easy access to their health information online.*

— California Health Care Foundation, 2011

### Meaningful Use Requirements

Medical practices can meet a number of the meaningful use requirements by using a robust patient portal. The importance of the patient portal will increase with higher patient engagement thresholds for Stages 2 and 3.

#### Stage 1 Core Requirements

- Provide patients with an electronic copy of their health information.
- Provide patients with a clinical summary of the office visit.

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## Meaningful Use Requirements

- Medical practices can meet a number of the meaningful use requirements by using a robust patient portal. The importance of the patient portal will increase with higher patient engagement thresholds for Stages 2 and 3.
- **Stage 1 Core Requirements**
  - Provide patients with an electronic copy of their health information.
  - Provide patients with a clinical summary of the office visit.
  - Enter or modify personal or demographic information.
- **Stage 1 Menu Options**
  - Send reminders to patients for preventive and follow-up care.
  - Provide patients with timely electronic access to their health information.
  - Identify and provide patient-specific educational resources.

## Patient Portals: Common Concerns and the Facts

Concern	Facts
Providers will be flooded with email messages from patients	Rather than being inundated with messages, <b>providers report increased efficiency</b> and appreciate being able to respond to patients at their convenience. Evaluation studies find that telephone volume decreases when secure messaging is introduced.
Patients may use messaging inappropriately.	Studies find that <b>the communication content of patient messages tends to be appropriate</b> , addressing non-urgent care issues. Best practice is to educate patients about when and how to use secure messaging.
Clinicians will be unable to bill time for communicating with patients on the portal and the practice will lose revenue.	Portal features have been found to <b>provide cost savings</b> by decreasing indirect and direct labor costs, such as mailing costs for lab results, online billing questions versus telephone, online appointment scheduling, and online appointment reminders.
Patients will be confused or upset by information contained within the EHR.	Best practices for displaying test results include <b>providing a brief explanation and guidance for any follow-up</b> along with the results.
Patients won't adapt to using a patient portal.	<b>A majority of consumers favor using online tools</b> to communicate with providers, obtain lab results online, and make appointments. Medical practices have had success in getting a wide range of patients—including the elderly, lower income, and those with chronic illnesses—to use a patient portal.



## Tips for Launching the Portal

- **Advertise the portal** by posting signs, using telephone on-hold messages, distributing flyers and letters to patients, and staff wearing “Ask me about the portal” buttons
- **Make it everyone’s job to encourage using the portal**, from front-desk and telephone staff to physicians. Develop talking points for staff that encourage patients to sign up and use the portal.
- **Develop policies and procedures** for response times for messages and systems for routing and responding to messages



## Tips for Launching the Portal

- **Phase in the portal rollout** by pilot testing it with a few physicians or clinical sites first. Start by activating a few features and rollout new features over time.
- **Minimize potential loss of patient interest** by simplifying the registration process. Try bulk enrollment or having patients register at kiosks in the clinic. Designate staff to assist patients and troubleshoot.
- **Educate patients** about what kinds of communication are appropriate via the portal, how and when providers will use messaging, and when to check the portal for lab results.

The screenshot displays the Allscripts Professional EHR interface. The main window shows a patient's lab results for Andrew Rathkopf. A 'Web Message' window is open, showing a message from Jeffrey G. Deman, MD, dated 11/29/13. The message reads: "Your Vit D level is a little low at 29.7. I recommend you take 2000 IU of Vit D daily." The lab results table is as follows:

Name	Value	Units	Range
CBC With Differential Pat.	Collect: 3/7/20...	12:00 AM	
METABOLIC PANEL-COMP.	Collect: 3/7/20...	12:00 AM	
Lipid Panel	Collect: 3/7/20...	12:00 AM	
Cholesterol Total	162	mg/dL	100-
Triglycerides	103	mg/dL	0-14
HDL Cholesterol	49	mg/dL	>39
VLDL Cholesterol Cal	21	mg/dL	6-40
LDL Cholesterol Calc	92	mg/dL	0-99
TSH	Collect: 3/7/20...	12:00 AM	
TSH	1.120	uIU/mL	0.45-
Vitamin D (25-Hydroxy)	Collect: 3/7/20...	12:00 AM	
Vitamin D (25-Hydroxy)	29.7 (L)	ng/mL	30.0-
URIC ACID BLOOD (84550)	Collect: 3/7/20...	12:00 AM	
Uric Acid, Serum	5.9	mg/dL	3.7-
C-Reactive Protein, Quant	Collect: 3/7/20...	12:00 AM	
C-Reactive Protein, Quant	<0.8	mg/L	0.0-
F024-IgE Shrimp	Collect: 3/7/20...	12:00 AM	
F024-IgE Shrimp	<0.08	NIU/L	0.08

Additional information from the interface includes:

- Ordered:** 3/7/2013 9:43 AM by Jeffrey G Deman, MD
- Collected:** 3/7/2013
- Reported:** 3/13/2013 9:09 AM
- Reviewed:** 3/13/2013 8:19 AM by Jeffrey G Deman, MD
- Notify:** Jeffrey G Deman, MD
- Diagnosis:** GI ALLERGY, FOOD (558.3)
- Result Note:** PERFORMED BY: SE LabCorp Seattle, 550 17th Avenue Ste 300, Seattle WA 98125789, 2068617000; PERFORMED BY: BN LabCorp Burlington

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## The Top Ten Changes in Patient Expectations for 2013

April 25, 2013 - James Doulgeris , Nicholas Bonvicino, MD

- **Expectation #7: Communication.** Being proactive by using secure e-mail, Web applications, and texting to educate, inform, and respond to patients, and book and confirm appointments, is key to patient retention, patient referrals, and a more efficient operation. A relatively small investment in experienced professionals to prepare the system yields big gains in revenue and reduced costs.

<http://www.physicianspractice.com/blog/top-ten-changes-patient-expectations-2013>

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- **Expectation #2: Customer service, technology, and outcomes.** Three fundamental systemic changes — access to information, expectation of quality service, and quality care, and the patient perception that technology has evened the playing field, making skill less of a factor — have taken permanent root. People rarely look for credentials. They look for a solution, and, their search is easier than ever. Change your website from an electronic brochure to an interactive, integrated component of your practice. Doing this is a key element in transitioning from volume to value.

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## Is Your Practice Fully Engaged With Its Patient Portal? - April 24, 2013 Rosemarie Nelson

- Here are a few functions that are tailor-made for a patient portal:
  - Patient appointment scheduling
  - Billing and online payments
  - Communication
  - Decision-making
- “Give patients the services they want and you'll reap the benefits in customer loyalty, increased practice efficiency, and reduced costs.”

<http://www.physicianspractice.com/pearls/your-practice-fully-engaged-its-patient-portal>

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## CDS

- “Clinical decision support (CDS) provides clinicians, staff, patients or other individuals with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and better health care. CDS encompasses a variety of tools to **enhance decision-making in the clinical workflow.** ”

<http://www.healthit.gov/providers-professionals/faqs/what-clinical-decision-support>

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- Computerized alerts and reminders to care providers and patients based on patient specific data elements, including diagnosis, medication, and gender/age information as well as lab test results
- Clinical guidelines/established best practices for managing patients with specific disease states
- Condition-specific order sets
- Focused patient data reports and summaries
- Documentation templates
- Diagnostic support
- Contextually relevant reference information

## Core Measure 11

### Clinical Decision Support Rule

**Objective:**

Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.

**Measure:**

Implement one clinical decision support rule.

**Clinical Importance**

Clinical decision support (CDS) is an adjunct to help practices deliver the highest quality of care based on a clear and convincing evidence based. It represents one of the most promising tools to mitigate the ever-increasing complexity of the day-to-day care practice of medicine. When implemented successfully, CDS can assure that all patients in a practice receive appropriate and timely preventive services. The effective use of a clinical decision support system means patients get the right tests, the right medications, and the right treatment, particularly for chronic conditions.

Allscripts Professional EHR

8/2/2002 | 10y 9m Male | Insurance Carrier Unknown | #94950 | MANAGER, System

TEST, Aaic V. | Status: Active | Ins. Plan: Undefined | Allergies: No contact allergies | h: (907) 562-6228 w: (888) 777-3333 | Marital Status: Undefined | Blood Type: (no entry)

Usual: Rathkopf, Melinda M. MD | Ref: - | Guarantor: Self | Web Account

### Patient Manager

Summary

- Face Sheet
- Demographics
- Reminders
- Flow Sheets
- Immunizations
- Medication Admin
- Chart Attachments
- Results
- Result Summaries
- Contact
- Reason for Visit
- Review of Systems
- History
- Vitals
- Physical Exam
- Assessment/Plan
- History & Physical

**Consents**

Not on file

- HPAA [Edit] [Message]
- Acquire Medication History [Edit] [Message]
- Native Integration Consent [Edit] [Message]

**Past Appointments**

- 05/02/2013 10:00 PM: Melinda M Rathkopf, MD

**Care Management**

Asthma Action Plan | Food Allergies - IGE Mediated | National Guideline

[Explore]	[Include H&P]	[Clear H&P]			
Asthma Action Plan			no results	overdue	[Explore]

Actions

- Menu
- Send Message
- Launch
- Print

Inboxes

- Appointments: 0
- Open Encounters: 2 (1)
- Result Notifications: 0
- Messages: 23 (23)
- Web Messages: 0
- Refill Requests: 2
- eRefill Requests: 2
- Documents: 1
- Action Items: 0
- Received Charts: 0
- Report Results: 0

Allscripts Professional EHR

8/2/2002 | 10y 9m Male | Insurance Carrier Unknown | #94950 | MANAGER, System

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**Past Appointments**

- 05/02/2013 10:00 PM: Melinda M Rathkopf, MD

**Care Management**

Asthma Action Plan | Food Allergies - IGE Mediated | Food allergy: a practice parameter

[Explore] [Include H&P] [Clear H&P]

All measures are normal and up-to-date.

**Patient Guideline Explorer**

Explore... Demographics... Reminders...

Asthma Action Plan | Food Allergies - IGE Mediated | Food allergy: a practice parameter

[Include H&P] [Clear H&P]

Injectable epinephrine | Anaphylaxis Therapy Agents | EpiPen 2-Pak | [Order] [Refill] [Discontinue] [Actual]

Actions

- Menu
- Send Message
- Launch
- Print

Inboxes

- Appointments: 0
- Open Encounters: 2 (1)
- Result Notifications: 0
- Messages: 23 (23)
- Web Messages: 0
- Refill Requests: 2
- eRefill Requests: 2
- Documents: 1
- Action Items: 0
- Received Charts: 0
- Report Results: 0



## Reporting

- Reporting is underutilized in EHRs and can be applied to majority of EHRs. Since the majority EHRs use SQL databases there are a couple of options, such as Excel, Crystal Reports and IBM Cognos, that will work with all EHR SQL databases



## Examples...

- Upcoming Well Child Check (WCC) reminder phone calls
  - A report automatically looks for patients that will be due for a WCC in the next month and uploads a file to calling system to remind patients to make an appointment. The phone call even gives them an option to be connected back to the office to make the appointment. This can be done for less than \$0.25 per call, much cheaper than having someone call them manually.
- Overdue WCC or immunizations
  - Same procedure as above but looks to see if they need a WCC or Immunization. This way the patients receive a reminder before and after the WCC is due



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- Past due balances
  - A call is made to patients regarding a balance on their account over a certain amount of days and is given an option to connect to a billing person.
- State and Federal required reporting
  - Reports are generated at different intervals depending on the reporting agencies requirements and emailed through a secure HIPAA compliant method to the agency:
    - STD – every other day
    - Birth Defects (run every 3 months)
    - Blood Lead– every other day
    - Certain Diseases (e.g. TB) – every other day



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- Disease/Symptom Management
  - RSV
    - A report is run prior to RSV season that identifies patients that would be eligible for Synagis.
    - Reports are generated every week during Synagis season to identify those patients that will be due for their shot within the next two weeks. This helps us ensure that we have everything lined up and have the Synagis in the office for them.
    - Another report identifies patients that missed their Synagis so we can address why.
- Some housekeeping reports are auto generated to ensure procedures, labs etc... are followed up on or completed within a specific timeframe.
  - Immunizations
  - Labs
  - Referrals



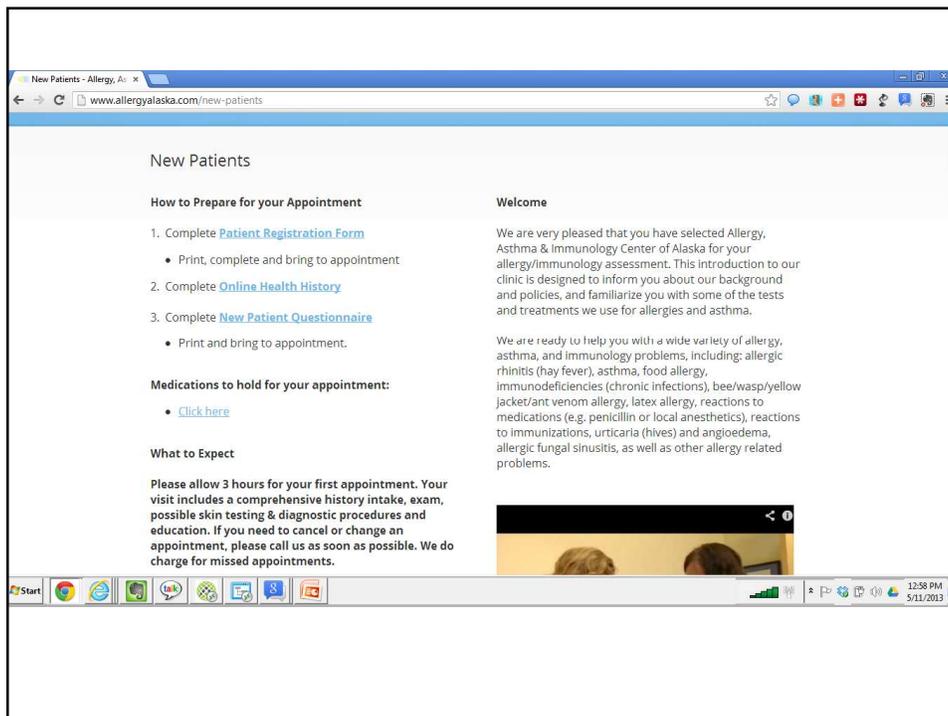
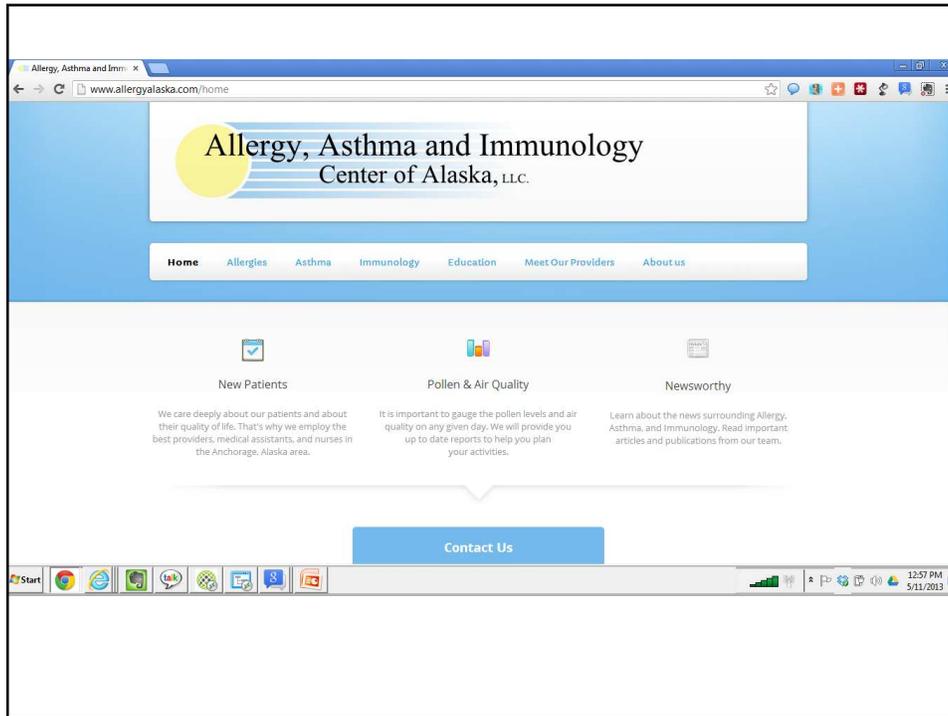
## Allergy and Asthma Examples

- Reminder to all patients < 18 y.o. with an asthma diagnosis to complete back to school paperwork
- Reminder to all patients or all asthmatics re: influenza and pneumococcal vaccines
- Reminder to all immunotherapy patients who have not had a provider appt in the last year
- Reminder to all asthmatics who have not spirometry in the last year
- Etc....



## Some exciting changes our practice recently made and working on..

- Updated website
- Integrated online patient forms
- Integrated social media
- Implementing an electronic immunotherapy module with interface to our current PM system
- Implementing a patient portal



New Patients - Allergy, Asthma and Immunology

https://patientlinkonline.com/mainform.aspx?parms=edZs%2b0H44Q1d7Z8E%2bgIwUghu7ewP19R5WN19u%2bIwJIEpqRdKLGRCco1Z113jeC48a

**Allergy, Asthma and Immunology**  
Center of Alaska

Online Health Form

### Online Health History

Please select the name of the doctor you are scheduled to see.  
[My provider is not in the list]

First Name: [ ] Last Name: [ ] Date of Birth: Month [ ] Day [ ] Year [ ] Gender: [ ]

**REVIEW OF SYSTEMS** Mark all symptoms the patient is **CURRENTLY** experiencing. If none apply in a category, mark **'NONE'**.

**General**  
 unexplained weight gain  unexplained weight loss  unexplained fever  NONE

**Neck**  
 neck mass  swollen glands  NONE

**Gastrointestinal**  
 abdominal pain  difficulty swallowing  indigestion   
 bloody stools  frequent belching  mucous in stools   
 constipation  gas  nausea   
 diarrhea  heartburn  vomiting  NONE

**HEENT**

12:59 PM 5/11/2013

New Patients - Allergy, Asthma and Immunology

www.allergyalaska.com/new-patients#TOC-Medications-to-hold-for-your-appointment

### Medications to hold for your appointment

Skin testing may be necessary during your evaluation but the results may be blocked by certain substances; we require **WITH AN ANTIHISTAMINE EFFECT BE TAKEN FOR 72 HOURS PRIOR TO YOUR APPOINTMENT.**

**This includes (but not limited to):**

- Actifed
- \*\*Allegra (fexofenadine) (7 days),
- Antivert (meclazine),
- Astolin Nasal Spray,
- Atarax (hydroxyzine)
- Atrohist
- Axid (Nizatidine)
- Benadryl (diphenhydramine)
- Bromfed (brompheniramine)
- Chlor-Trimenton (CTM) (chlorpheniramine)
- Cimetidine (Tagamet)
- \*\*Claritin (Loratidine) (7-14 days)
- Comhist
- Contact
- Deconamine
- Demazine Repetabs
- Dimetane
- Dimetapp (diphenhydramine)
- Disophrol
- Dramamine
- Dristan
- Drixoral (dextbrompheniramine)
- \*\*Hismanal (astemizole)(4-6 weeks)
- Histalet Forte

News - Allergy, Asthma & x  
www.allergyalaska.com/news-events

Talking to specialists about dealing with allergies and asthma in social situations. Brought to you by the Allergy and Asthma Network Mothers of Asthmatics (AANMA)  
[Read More...](#)

**Chef 2 Go: Food Allergy Intervention**  
A Chef goes on the lookout for allergy sufferers to help them prepare a stress free meal for their family. Brought to you by the Allergy and Asthma Network Mothers of Asthmatics (AANMA)  
[Read More...](#)

**FOOD ALLERGY GUIDELINES**  
On Monday, December 6th, the definitive Guidelines for the DIAGNOSIS & MANAGEMENT of FOOD ALLERGY were released.  
[Read More...](#)

**Youtube Videos**



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You like this.

Allergy Alaska  
First pollen count of the season:  
Trees - 13 - LOW  
Weeds and grasses - ABSENT  
Mold spores - LOW  
50 People Reached · 2 People Talking About This  
18 hours ago

Allergy Alaska shared Allergic Child's photo.  
FARE Food Allergy Awareness Week! May 17-18, 2013

**Twitter Feed @AllergyAlaska**

AllergyAlaska First pollen count of the season: Trees - 13 - LOW Weeds and grasses - ABSENT Mold spores - LOW  
18 hours ago · reply · retweet · favorite

AllergyAlaska Allertakes Mothers Day Special - One Day Only! us0 Campaign-archiw1.com?u=26a3bc0cfaf...  
yesterday · reply · retweet · favorite

AllergyAlaska RT @danneellis: Strange (but True) Food Allergies - U.S. News & World Report buff/1r13C2z095

Start | Chrome | Firefox | Internet Explorer | Mail | Calendar | Photos | Music | Windows | 1:01 PM 5/11/2013