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## **THE EMR ROAD SHOW™**

*An Opportunity to Evaluate EMR Systems*



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# EHR Introduction for the Practicing Physician

Beth Franklin, MS, RN  
EHR Implementation Advisor  
Delmarva Foundation  
April 4, 2005

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# Agenda

- Definition of an EHR
- Components of an EHR
- ROI/Budgeting

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# An EHR by Any Other Name?

- CMR – *Computerized Medical Record*
- CPR – *Computer-based Medical Record*
- CCR – *Continuity of Care Record*
- EHR – *Electronic Health Record*
- EMR – *Electronic Medical Record*
- EPR – *Electronic Patient Record*
- PHR – *Personal Health Record*
- PMRI – *Pt. Medical Record Information*

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# EHR vs EMR vs PHR

- EMR – “the practice management system that stores the health information about the patient.” <sup>(2)</sup>
- EHR – “a data set of health information that can be packaged and routed to another location, such as a lab, pharmacy, or another provider, to be opened and read.” <sup>(2)</sup>
- PHR – “contains medical information and it is owned by the patient.” <sup>(2)</sup>
- Hartley, CP, Jones III, ED *EHR Implementation* American Medical Association Press 2005

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# What is an EHR?

- An Electronic Health Record is "a repository of information regarding the health of a subject of care, in computer processable form"<sup>(1)</sup>

1. ISO/DTR 20514. Health informatics - electronic health record: definition, scope and context. Schloeffel P, ed. Fourth Draft, March 2004.

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# Definition of an EHR

An Electronic Health Record system  
encompasses:

- Longitudinal collection of electronic health information about and for patients
- Electronic access to patient-and population-level information by authorized users
- Provision of knowledge and decision support systems
- Support for efficient processes for healthcare delivery

*“Patient Safety: Achieving a New Standard of Care”* Institute of Medicine, 2004

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# Components of an EHR

- Clinical Documentation (e.g., progress notes)
  - ✓ Direct-entry
  - ✓ Voice recognition
  - ✓ Structured notes
- Summary Lists
  - ✓ Allergies
  - ✓ Medications
  - ✓ Problem
- Dictation/Transcription

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# Components of an EHR

- Physician Order Entry (POE)
  - ✓ Diagnostic tests
  - ✓ Prescriptions
- e-Prescribing (eRx)
  - ✓ Drug interaction checking
  - ✓ Formulary management
  - ✓ Refills/repeats
- Clinical Workflow Tasking

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# Components of an EHR

- Results Management
  - ✓ Abnormal results warning
  - ✓ Trending/graphing
- Charge Capture/Billing
  - ✓ Medical necessity
  - ✓ E&M coding
- Clinical Document Management
  - ✓ Document scanning
  - ✓ Import/export

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# Components of an EHR

- Decision Support
- Clinical Practice Guidelines
- Disease Management
- Communication/Messaging
  - ✓ Provider
  - ✓ Patient
  - ✓ Third-parties (pharmacies, labs, etc.)

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# Components of an EHR

- Accessibility
  - Multi-user access to records
  - Accessibility from remote location
  - 24x7x365 availability
- Security
  - ✓ Authentication
  - ✓ Authorization
  - ✓ Role-based

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# EHR Architectures

## Application Service Provider (ASP)

VS

## Locally Hosted Application

- Core Differences Between Models:
  - ✓ Where data is stored?
  - ✓ Who administers and maintains servers?

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# Critical Success Factors

- Knowing why you need an EHR
- Financial planning
- Goals and objectives are clear
- Realistic timeline
- Physician champion
- Adequate staffing
- Staff buy-in
- Modular vs Big Bang

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# AAPF's Survey What Physicians Want from an EHR

1. Remote chart access
2. Rx writing
3. Document management and scanning
4. Health maintenance reminders
5. Results reporting and tracking
6. Rx renewals

Courtesy Dr. David Kibbe

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### Time Frame to EHR Adoption

Adoption	1. Assess	2 months
	2. Plan	2 months
Implementation	3. Select	2-8 months*
	4. Implement	4+ months**
Care Management	5. Evaluate	Ongoing
	6. Improvement	Ongoing

\* Dependent upon duration for EHR selection by Physician Office

\*\* EHR implementation dependent upon installation complexity

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# Assessment

- Are you ready to move to an EHR?
  - PM system current?
  - What are your goals?
  - Financial status
    - Hard dollar benefits
    - Stretch benefits
    - Soft benefits
  - Assessment of office workflow
    - Who does what and how
  - Assessment of staff satisfaction
  - Barriers to implementation

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# Planning

- Identify a timeframe to complete project
  - Dependencies may include
    - vendor schedule
    - PMS vendor schedule
    - Vacation time
    - Busy periods (e.g. flu season)
    - Modular vs Big Bang
- Establish a budget
- Select staff to participate
- Plan staff meetings/communications on regular bases
- Start an issues list



## Planning

- Create a list of system features and functions
  - Prioritize what is required vs nice to have
  - Make a list of requirements
  - Determine interfaces required
- Hardware requirements
  - APS vs locally hosted
  - Wireless vs hardwire
  - Handhelds vs desk tops vs laptops vs tablets
- Start to identify vendors to consider

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# Select

- Identify vendors
  - Ask other practices
  - Visit websites
  - Ask your PMS vendor which EHRs they interface with
  - Keep your vendor list short
- Set-up vendor demos
  - Include physicians, staff committee
  - Due diligence with vendor; they will do it with you
  - Ask questions – before, during and after the demo
  - Set-up site visits to similar practices

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# Select

- Pricing – does it include:
  - Hardware
  - Software
  - Support and Upgrades
  - Training
- Contract
  - Have an attorney familiar with IT review contract
  - Payment milestones
  - Belly-up clause

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# Implementation

- Plan, plan, plan
  - Be realistic about timeframes
  - Staff involvement
  - Workflow changes
  - Paper to electronic
  - Policies and procedures
- Test, test, test
  - Hands on testing
  - Scenarios
  - Test using devices

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# Implementation

- Staff training
- Issues list
  - Keep it going
    - System/software issues
    - Internal issues
    - Workflow issues
- Transition to support

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# Evaluate/Improvement

- Process starts at time of Live
- It is ongoing
- Assess at intervals
  - Daily
  - Weekly
  - Monthly
- Keep the issues log going

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# Questions

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