



Electronic Medical Records

A Garden State Success Story

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Practice Background

- Formed in 1994
- Serves South Jersey from Camden to Atlantic City
- Over 30,000 Patients
- 35 Cardiologists
- 6 Offices
- 150 Employees



What is a Electronic Medical Record?



Tablet PC

- An Electronic Medical Record (EMR) digitally captures all the information a physician would normally collect through pen and paper.
- EMRs can electronically capture patient encounter notes, transmit lab orders and prescriptions.
- President Bush called for every American to have an EMR within the next ten years



Driving Factor for ACC to Adopt an EMR

- Different charting methods in different offices
- Growing practice – adding new docs
- Rising transcription costs - \$250k/year in 1998 and going up
- Need to enhance quality of care
- Reduce practice overhead



Goals of Using the EMR

- Provide a single, uniform medical record
- Ability to access medical records from any location
- Improve documentation and coding
- Improve research / clinical trials data / enhance quality
- Reduce transcription and other rising costs



EMR System Selection

- Reviewed five EMR vendors
- Selected Amicore, a company founded by Pfizer, Microsoft and IBM based in Andover, Mass.
- Half of the cost - \$400,000 - computer hardware (servers, PCs, etc.) and network infrastructure
- Physicians voted to move forward



Implementation in 2000

- EMR installed at physician offices *and* physician home offices
- Decided not to load past patient history
- Decided to only load a patient's past ICD-9-CM procedures, diagnostic codes and medication history when asked
- Found this decision delayed the actual and perceived benefits for about a year

File Help Johnson, Skip Practice1 Monday, August 16, 2004 2:26 PM

Patient Search New Message NewTask

Encounter Note

Encounter Note Chart History

Encounter Note Guideline Selected Guideline: Cardiac-New visit Choose Procedures

History of Present Illness

Mr. Smith is a 36 year old male who presents for evaluation of chest pain.

Edit Note S O A P Dx Rx

CC/HPI - Cardio

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Chief Complaint | <input checked="" type="checkbox"/> Cardiac | <input type="checkbox"/> All |
| <input checked="" type="checkbox"/> Timing | <input type="checkbox"/> Fever | <input type="checkbox"/> All |
| <input checked="" type="checkbox"/> Location | <input type="checkbox"/> Chills | <input type="checkbox"/> Chest pain |
| <input checked="" type="checkbox"/> Radiation | <input type="checkbox"/> Weight loss | <input type="checkbox"/> SOB |
| <input checked="" type="checkbox"/> Severity | <input type="checkbox"/> Weight gain | <input type="checkbox"/> Palpitations |
| <input checked="" type="checkbox"/> Character | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> DOE |
| <input checked="" type="checkbox"/> Associated Symptoms | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Orthopnea |
| <input type="checkbox"/> Current Treatment | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Peripheral edema |
| <input type="checkbox"/> Exacerbating Factors | <input type="checkbox"/> Diaphoresis | <input type="checkbox"/> Exercise intolerance |
| <input type="checkbox"/> Alleviating Factors | <input type="checkbox"/> Malaise | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Pertinent History | <input type="checkbox"/> Weakness | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Type/dictate | <input type="checkbox"/> Myalgia | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Ink | <input type="checkbox"/> Arthralgia | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Image | <input type="checkbox"/> Headache | <input type="checkbox"/> Diaphoresis |
| | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Syncope |
| | <input type="checkbox"/> Swollen glands | <input type="checkbox"/> PND |
| | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Peripheral edema |
| | <input type="checkbox"/> SOB | <input type="checkbox"/> Claudication |
| | <input type="checkbox"/> Orthopnea | <input type="checkbox"/> Fatigue |
| | <input type="checkbox"/> Peripheral Edema | |
| | <input type="checkbox"/> Nausea | |
| | <input type="checkbox"/> Vomiting | |
| | <input type="checkbox"/> Anorexia | |

Additional Details
 Type/dictate
 Anorexia

General

OK Cancel

Mark as Complete Assign Send to Checkout Cancel

Inbox: Messages: 0 Results: 0 Appointments: Arrived: 0 Clinical Care: 0

2
Mr. John D Smith
 Age: 36 yrs
 DOB: 1/1/1968
 Gender: M
 Classifiers:
 Insurance: Appt: Next Appt:

Clinical Summary

Problem List

Current Medications

Amoxicillin 875 MG Tab
 Zithromax 600 MG Tab

HMR 5

Pending Due: 1/1/1968
 Lipid Profile is recommended ev...

Pending Due: 1/1/1968
 Height Weight Measurement is ...

Required Processes 0

Comments 0





Benefits Realized

- Staff to physician ratio decreased below national ratio average
- Practice overhead costs fell below national averages (49% national – 42% ACC)
- Patient perception of practice improved
- Better patient coverage during off hours since information was more consistent, complete and accessible



Benefits continued...

- e-Prescribing improves patient safety (instructions, warnings and legibility)
- Sharing data efficiently outside the practice improves quality of care at other provider organizations
- Ability to conduct clinical outcomes research within ACC patient population – compare AHRQ benchmarks
- Rewards (financial) for documenting clinical performance
- Improved quality of life for physicians



Correcting an Insurer's Misperception

- 2003 meeting with local insurers about AHA guidelines
- Payer data vs. ACC data
 - Billing vs. Clinical
 - 72 percent vs. 94 percent
 - 60 patients vs. 3,000 patients
- Payer was impressed with ACC's quality of care



Getting Paid for Quality

- Six months later - payer's contract team returned
 - Created a new Pay-for-Quality program
 - The program uses data to demonstrate high rates of compliance
- ACC signed contracts with three companies
 - More favorable rates in exchange for meeting specific quality guidelines.
- Today – ACC is proactive
- Practice takes lead calling insurance companies regarding quality improvements
- ACC saves insurers money following best practices



Bridges to Excellence

- Program by the National Committee for Quality Assurance (NCQA)
 - Program premise - “Payments for care should be redesigned to encourage providers to make positive changes in care processes.”
 - Recognizes physicians who follow best AHA/ASA practices
- Employers - GE, Ford, UPS, Proctor & Gamble, Verizon and UPS pay bonuses to recognized physicians
- Application process – went from paper process of days and weeks to electronic process of a few hours
- 15 ACC physicians are now recognized by program
- Shift to quality – AMA now has recommended guidelines



Reducing Malpractice Premiums

- \$25,000 annual discount from malpractice insurer
 - The malpractice insurer believes EMR greatly reduces potential of drug errors / misunderstood notes.
- Currently, malpractice insurers seem focused on the value of e-prescriptions



Greatest Benefits Yet to Come

- Participation in clinical trials.
- Aggregated health records of entire nations
- Increased operational efficiency
- Decreased operational cost
- Increased physician ability to serve more patients more efficiently
- Increased physician quality of life
- Increased quality of care for patients
- Increased practice ability to document and analyze clinical data with respect to outcome trends

Final Thoughts

Questions & Answers

For More Information:

ACC Group

www.accnj.com

Amicore

www.amicore.com

Bridges to Excellence

www.bridgestoexcellence.org

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