



EHR for Family Practice

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in Elkton, MD**

**August 21, 2008
at 1:30 pm EST**



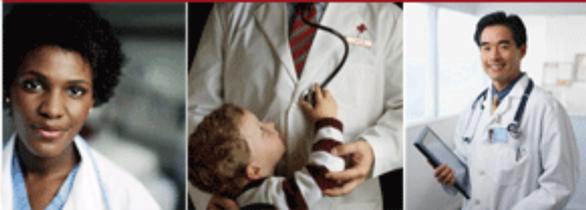
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- ▶ Our starting point
- ▶ Preparation for EHR implementation
- ▶ Relationship with local hospital (Union Hospital of Cecil County)
- ▶ Implementation
- ▶ Changes after clinical implementation
- ▶ Financial implications
- ▶ Patient Satisfaction
- ▶ Some plans for the future
- ▶ Clinical features and highlights



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Starting Point

- ▶ 2 full time providers (1MD & 1PA-C)
- ▶ 1 location; 4 FT, 6 PT staff
- ▶ Average patient age of 45
- ▶ Family Medicine for 15 years
 - ▶ 6 years “duo” now mostly out-patient and nursing home;
 - ▶ 19 same day appointments (average per day)
- ▶ 7000 paper charts, with up to 15 years info
- ▶ Limited new patients (closed panels) 1/2007



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Preparation for EHR

- ▶ TEPR 2005 – started looking
- ▶ E-prescribing exclusively with another vendor (RxCopia) on Palm Treos for 3 years
- ▶ Paper templates (Records 1-2-3) for 3 years prior to EHR
- ▶ Providers placed CPT and ICD-9 codes on (paper) encounter slips, edited by billing.



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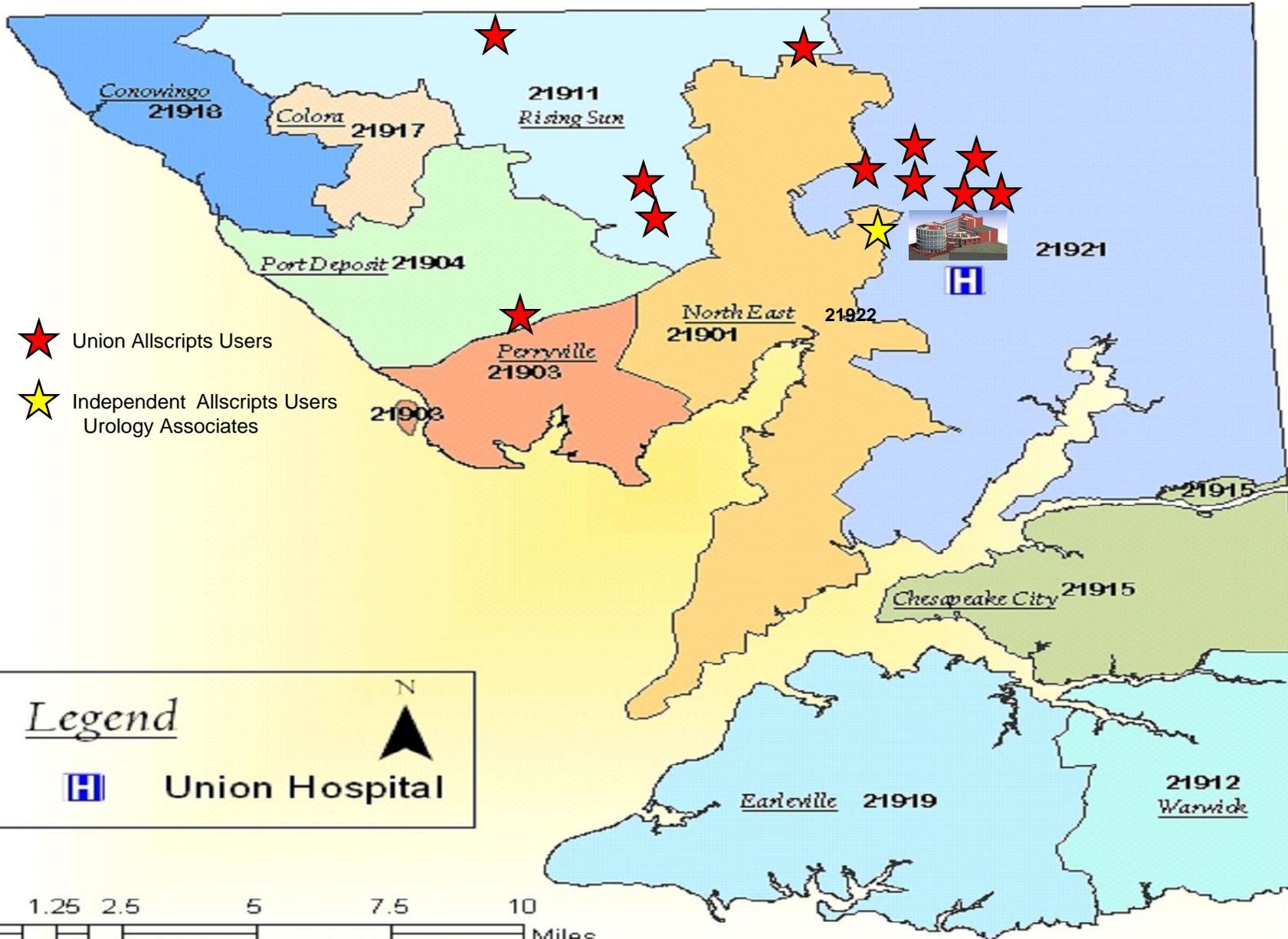
Local Hospital Support

Union Hospital of Cecil County

- ▶ Selection process
- ▶ IT support
- ▶ Staff training
- ▶ Contract management
- ▶ Goal: Easy clinical data access



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Steps to Clinical Implementation

- 2/2007 Preloaded patient demographic from previous PM software
- Chose slower time of the year to implement EHR
- Staff Training: ½ day on PM; 3 day of clinical customization
- Increased staff meetings and input
- Paper chart scanning 2/2007 – 12/2007
 - All progress notes; flow sheets, problem lists, diagnostic tests
 - No labs, previous correspondence
- Entering discrete data
 - Allergies; Family History; PMH; staff trained to do this; helped learned the system; overtime;
 - chose >age 25; seen within 2 years: 2400 charts
- Implemented Allscripts Professional PM (formerly Ntierprise) June 11, 2007 – replacing old PM software
- Building clinical templates after 4/2007
- Utilizing hardware 12/2006
- Started using Eprescribe function in Allscripts Professional before clinical implementation
- February 2008 2 other RHIO groups went live clinically through Union Hospital support



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Clinical Implementation

Quick Changes

- ▶ Messaging improved overnight
- ▶ Time in chart maintenance dropped
- ▶ Reduced time at check-in for new patient entry
- ▶ Legibility
- ▶ More time with face in computer
- ▶ Reduced schedule in ½ (2 patients per hour) for 1 week
- ▶ Reduced charges and revenue

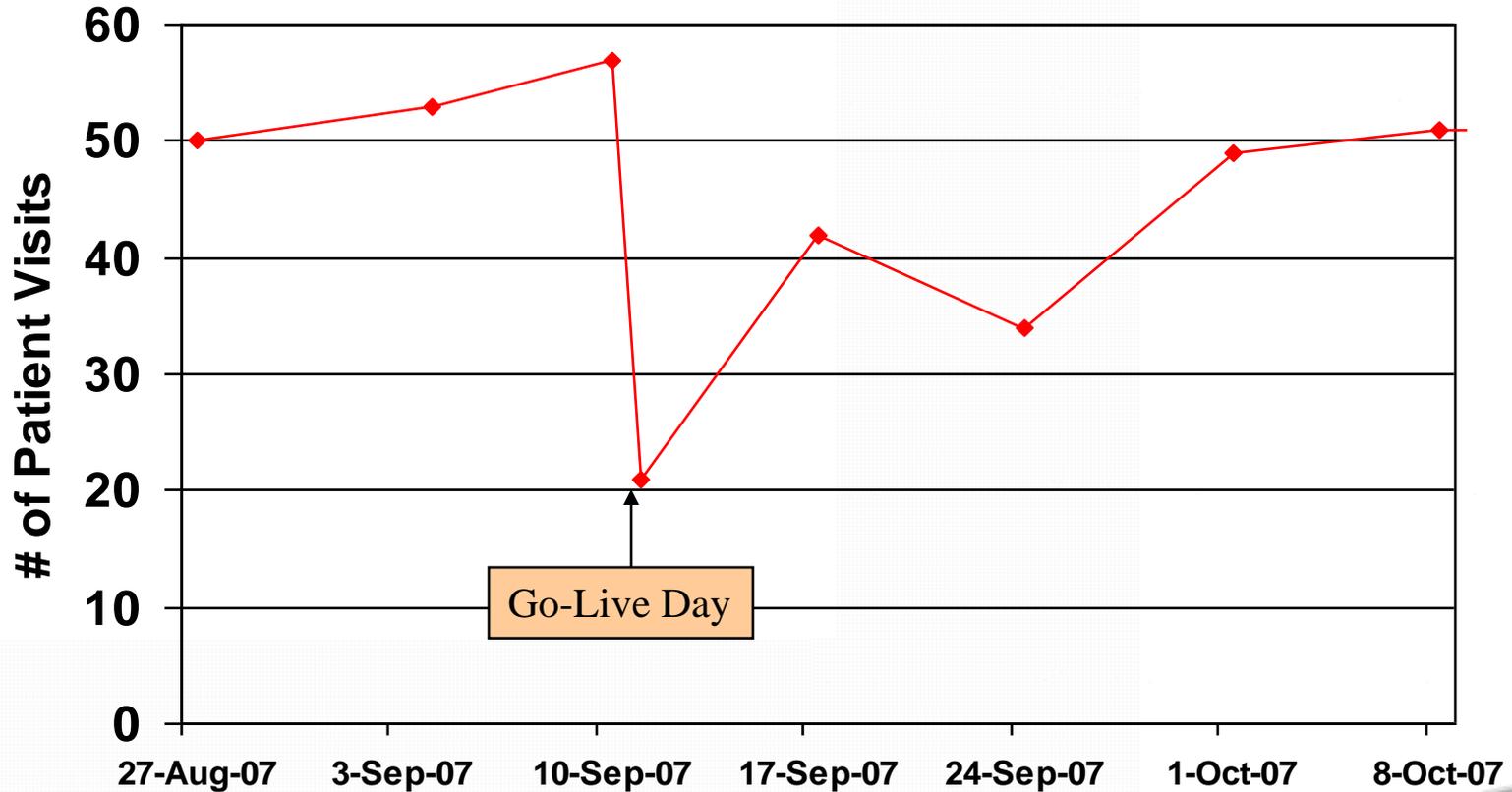


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Monday patient visits

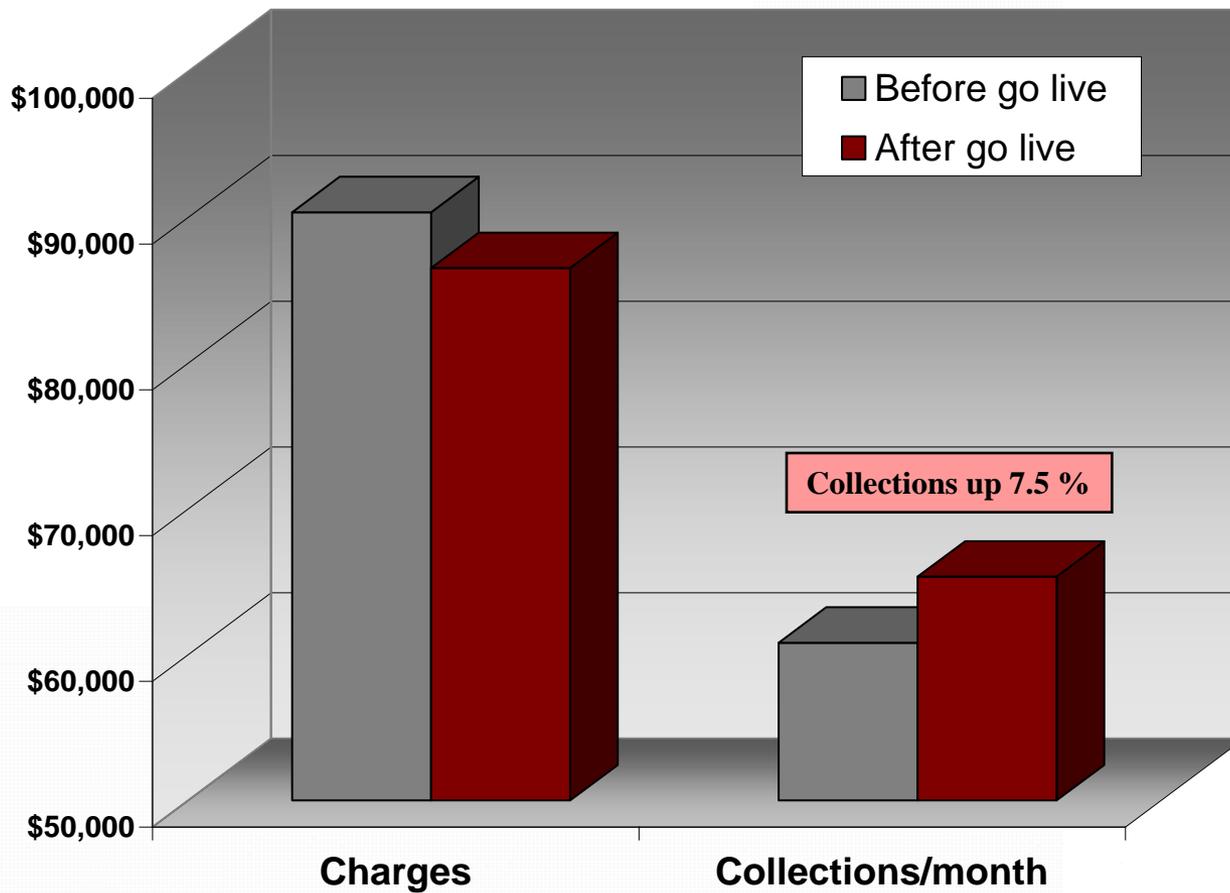
(MD and PA-C)



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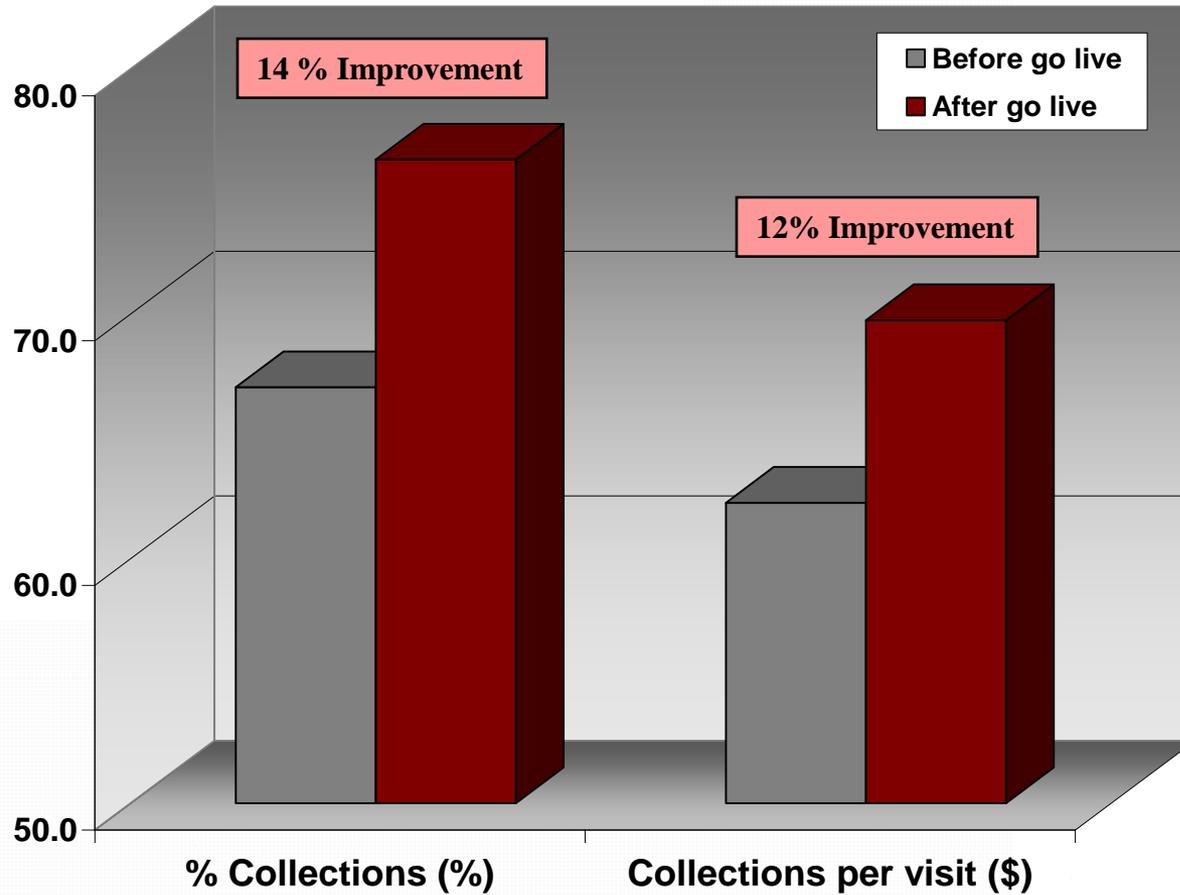
Average Monthly Charges and Collections



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Average Charge and Collection Per Visit



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Financial Implications

11 months since clinical implementation

- ▶ 2% increase in charges by PA-C, primarily due to more 99214, and less 99213
- ▶ While total visits dropped per month (approximately -3 %) by design; collection percentage increased 9 percentage points or a 14 % improvement (67% to 76%)
- ▶ Average collections is up over \$4,500/month even with reduced visits



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Patient Satisfaction Survey

- ▶ Random survey of 100 patients at the check-out desk after the visit, 5 point scale
- ▶ 2 weeks prior, 1 month after, and 11 months after clinical implementation
- ▶ Measured MD, PA-C, and LPN/MA
 - ▶ attentiveness
 - ▶ listening skills
 - ▶ use of technology
 - ▶ visit efficiency (felt rushed or took too long)



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Survey Says

- ▶ Agree (4) to strongly agree (5) with every item we wanted;
 - ▶ no significant change after implementation
- ▶ 4.67/5 on average 2 weeks prior
- ▶ 4.47/5 on average 1 month after
- ▶ 4.81/5 on average 11 months after



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My To-Do List for EHR

- ▶ Turn on charge input in system.
 - ▶ Presently we use paper encounter slips
 - ▶ Reduced staff time with entering in charges
- ▶ Medicare Demonstration Project
 - ▶ <http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?itemID=CMS1204776> or Google “EHR Medicare Demonstration Project”
- ▶ Convert in-office dispensing to FirstFill
- ▶ Further tighten our protocols and reason for visits.
 - ▶ Implement what we have; explore more of the new country



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Demonstration of Some Aspects of the Clinical Module

- ▶ Pre-operative reason for visit
- ▶ MVA Reason for visit
- ▶ Imbedded clinical assistance
 - ▶ URI Reason for visit: Strept criteria
 - ▶ Skin Reason for visit: Urticaria causes
- ▶ CDL Protocol
- ▶ Handicap tag application
- ▶ Immunization record



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