Making the Electronic Medical Record Work for You

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Chief Clinical Information Officer
Professor of Family Medicine, Nursing, & Biomedical Informatics
The Ohio State University Wexner Medical Center

Presenters

• Thomas Bentley, RN, MS, FHIMSS, CPHIMS, CHCIO
  • Deputy CIO

• Milisa K Rizer, MD, MPH, FAAFP, FHIMSS, CPHIMS
  • Chief Clinical Information Officer
  • Professor Family Medicine, Nursing, & Biomedical Informatics
“I do not fear computers. I fear the lack of them.”
“It is change, continuing change, inevitable change, that is the dominant factor in society today. No sensible decision can be made any longer without taking into account not only the world as it is, but the world as it will be.”
Isaac Asimov, American Scientist

Turn Off the Computer and Listen to the Patient
The practice of medicine is a subtle art. Doctors need to give patients their undivided attention.

By Caleb Gardner and John Levinson

Wall Street Journal

How did we get here? One cause is the development of third-party health-care financing, which grew out of the Great Depression and eventually led to the ascendance of insurance corporations with the ability to influence the clinical practice of hospitals. Similar economic forces have decimated private medical practice, as physicians become employees of hospitals and larger hospital systems. Medicine has become corporatized.
Objectives

- Identify the top three factors that improve user efficiency and satisfaction.
- Identify the top tools that can be used to improve the amount of time spent in documentation activities.
- Identify the two areas of greatest frustration of users of EMRs.
- Identify one area where your staff can be used to help with provider efficiency.
- Identify one place where you can be involved with improving the EMR in your hospital or clinic.
### 2017 EHR Report

#### AVERAGE EHR PHYSICIAN USER

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<thead>
<tr>
<th>Works for independent practice</th>
<th>Works as a primary care physician</th>
<th>Has used 3 or more EHR systems</th>
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<td>Biggest EHR benefit: e-prescribing</td>
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<td>Effects on patients: • 48% harmed patient engagement • 51% harmed patient interaction</td>
<td>EHR Improvement “Wish list” Better... • Customization • Quality metrics • Vendor support</td>
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<tr>
<td>I switched in the past, it was due to change in practice/employment</td>
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<td>Does not plan to switch EHR systems in 2017</td>
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<tr>
<td>Feels just OK about their EHR: 3.2 average on 1-5 scale</td>
<td>Has use EHR systems for 6.2 years</td>
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*Data based on majority replies in 2017 EHR Report*

Medical Economics October 25, 2017, page 44
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Deputy CIO
The Ohio State University Wexner Medical Center
Can I Improve EMR Satisfaction and Efficiency?

With over 10,000 evaluations collected to date across dozens of organizations, caregivers EMR users are providing clear feedback that they will be satisfied with the EMR when it meets their specific care-giving workflow needs. This research is busting the myth that EMR dissatisfaction is largely a result of factors outside the healthcare organization’s control (user age, organization size, physician burnout, etc.).

This research is aimed at continual learning, but factors that have already been clearly identified to improve user efficient and satisfaction include:

- **Effective, Ongoing Training:** Training often means to physicians being locked in a room and learning a few things that might be useful over the course of hours. The most effective organizations are finding ways to engage physicians early and often so that they learn for each other and training leaders. The link between training and EMR success is dramatic.
- **EMR Personalization:** The majority of EMR users accept and use the configuration that was handed to them along with their credentials. Users who take the time to personalize their EMR usage to their needs are 3 to 5 times more likely to be highly satisfied with their EMR.
- **EMR Governance/Physician Engagement:** Effective organizations have found ways to quickly incorporate end-user feedback into the EMR optimization process. Less effective organizations struggle to get anyone to show up to governance meetings.

KLAS Trends after 3,500 Surveys

- The less efficient physicians are the most dissatisfied
- The older users are the least satisfied.
- Those who have used the EMR for several years are more satisfied ~ new users struggle.
- Those who use scribes are much more satisfied with the EMR.
- Physicians are far less satisfied with the EMR than are nurses or advanced practice providers.
- Physicians with great staffing ratios are the most happy with the EMR.
- Physicians who work a lot of hours are the least satisfied because the EMR slows them down the most.
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Stay Current

LATEST NEWS
Optimizing Users

Classroom Training

Faculty and Staff Meetings

Tip Sheets

Corporate Website

Super User Sessions

Rounding

WebEx Sessions

1:1 Coaching
eLearning

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Make It Personal

EMR Personalization

Author: Cummins
• At The Ohio State University, IT is a support service, what we do should make you more efficient, more compliant, and more successful.
• Tell us where you struggle, let us help you.
• Tell us exactly what you want.
• Embrace change, while it is a struggle, it is the only way to get to a new place.
• Meet with an IT person on a regular basis.

Use All the Tools Available
EMR Tool Utilization

<table>
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<th>Percentage</th>
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<tbody>
<tr>
<td>IB Quick Actions</td>
<td>13%</td>
</tr>
<tr>
<td>Chart Search</td>
<td>16%</td>
</tr>
<tr>
<td>Note Speed Buttons</td>
<td>17%</td>
</tr>
<tr>
<td>Chart Review Filters</td>
<td>48%</td>
</tr>
<tr>
<td>Notewriter Macros</td>
<td>35%</td>
</tr>
<tr>
<td>Notes in Sidebar</td>
<td>31%</td>
</tr>
<tr>
<td>Customized LOS</td>
<td>46%</td>
</tr>
<tr>
<td>Visit Diagnosis Personalized</td>
<td>29%</td>
</tr>
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Documentation

- Smartphrases: AKA dot phrases
  - Short cuts
- Notewriter
  - Check box functionality that results in textual script
- Dragon: Voice Recognition
- Partial Dictation
  - Voice file that is replaced with transcription
- Full Dictation
- Type
- Copy forward & Copy and Paste is really OK if....
Go Mobile

• Download the app
Interoperability

Author: Seattle Municipal Archives  (CC BY 2.0)

Health Information Exchange (HIE)
Work with Your Clinical Team
• Everyone should work to the top of their license/training
  – But not beyond
• Don’t repeat work already done
  – But review and verify
• Establish protocols
  – Within the limits of the law

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WORK SMARTER
NOT HARDER

Use Your Discrete Data

- Patient Lists
- Reports
- Dashboards
- Registries
- Outreach
# Patient Lists

- Lists of patients can be maintained electronically in the EMR for a variety of reasons that allow you to complete your work more quickly by seeing information quickly at a glance with customized columns
  - Schedule
  - Unit
  - Treatment team
  - Consult team
  - Due for procedure follow up

# Reports

- A report is a collection of data that is presented with a specific focus in mind. One that is actionable will allow the user to drill down into the patients chart for more specific evaluation.
  - All patients seen in the last XX days, or hours
  - All patients seen in the ED in the last 24 hours
  - All patients to whom opioids were prescribed in the last 90 days.
Dashboard

• A compilation of reports organized or personalized for a specific purpose or person
  – Quality Dashboard
  – Meaningful Use Dashboard
  – Executive Dashboard
  – Proficiency
  – Panel Metrics
  – Clinic Manager
  – Nurse Manager

Registries

• Registries simplify data compilation by gathering commonly recorded data and organizing it.
  – Wellness registries
    • Mammograms, colonoscopies, other screenings
  – Diabetes registry
    • Foot exam
    • Eye exam
    • Hemoglobin A1c measurement
  – CHF registry
    • Ejection fraction
    • Most recent hospitalization
    • Weight
  – Asthma registry
    • Recent ED visit
    • Hospital admissions
    • Medication status
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Include the Patient
Get Involved

WE WANT YOU!

Author: James Montgomery Flagg