

OPTIMIZING EHR TO IMPROVE PATIENT CARE AND MITIGATE RISK



Figure 1.



Figure 2.



Figure 3.

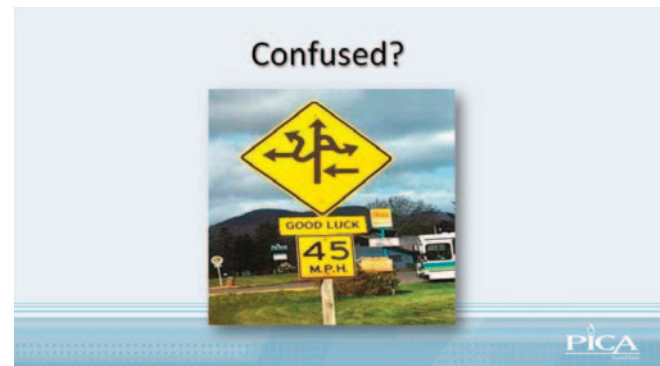


Figure 4.

Electronic Health Records (EHR)

Medical records in digital format that are capable of being shared across different healthcare settings by being embedded in a network-connected information system.



Figure 5.

Advantages of Electronic Health Records

- Data redundancy and availability
- Collaboration with other care providers
- Communication with patients
- Reduction of medical errors
- Improved quality of care



Figure 6.

Data Redundancy and Availability

- With EHR, information is just a mouse click away.
- Lost, missing and misplaced charts will become a thing of the past with use of backup systems.



Figure 7.

Collaboration with Other Care Providers

- EHRs have embedded tools to allow easy exchange of important patient information with other providers of care.
- Enhances ability to work collaboratively with the rest of a patient's care team.



Figure 8.

Communication with Patients

Patient portals, clinical summaries and other features that are bundled into EHRs will enhance ability to communicate with patients and allow them to become more engaged in their own health maintenance.



Figure 9.

Reduction of Medical Errors

- Error checking that is built into E-Prescribing has been demonstrated to reduce medical errors which have resulted in:
 - Decreased morbidity
 - Decreased mortality
 - Reduction of inpatient stays
 - Reduction of costs to the healthcare system.



Figure 10.

Improved Quality of Care

The net result of all of the features of an EHR is improved quality of care **when the EHR is used properly.**



Figure 11.

Reduced Malpractice Occurrence?

In a study done by Harvard researchers:

6.1% of physicians with electronic records had malpractice settlements, compared to 10.8% without electronic records.

Source: Archives of Internal Medicine Vol 168 (No 21) Nov 24, 2008



Figure 12.

Patient Engagement and Meaningful Use

- Engaging patients in their healthcare is one of the goals of meaningful use.
- Notice the number of things you need to do to improve patient communication:
 - Clinical summaries
 - Electronic access to health information
 - Electronic copies of patient health information
 - Medication reconciliation.



Figure 13.

Non-compliance vs. Non-adherence

- The medical community is moving away from the phrase “non-compliance.”
- The new ‘buzz phrase’ is “non-adherence.”




Figure 14.

Non-adherence Facts

- 125,000 deaths each year.
- Exceeds \$100 billion annually!
- Accounts for 10-25% of hospital admissions.
- 50% of prescriptions are taken inappropriately.
- The 1/3 rule.
- Patient non-adherence contributes to malpractice claims.




Figure 15.

Improve Patient Adherence

- The goal: engage patients in their own healthcare and hopefully have them become more adherent to care plans.
- But you can not rely on the EHR to engage the patient.
- You must first engage the patient in your office and then use the tools of the EHR to ‘seal the deal.’
- Communication starts with YOU.




Figure 16.

Communication is Key

Good communication can reduce the incidence of patient non-adherence to a treatment plan.




Figure 17.

Basic Communication Skills




Figure 18.

High Impact Communication

- Eye factors
- Energy factors



Figure 19.

Eye Factors

- Eye communication
- Posture
- Dress and appearance
- Gestures/body language




Figure 20.

Energy Factors

- Voice and vocal variety
- Words (and “non-words”)
- Listener involvement
- Humor

PICA

Figure 21.

Barriers to Communication

- Conflicting assumptions
- Inadequate information
- Semantics
- Emotional blocks
- Non-verbal messages
- Ergonomics of your EHR implementation

PICA

Figure 22.

Here we have an example of what happens when the EHR gets between the doctor and the patient.

PICA

Figure 23.

Discussion – What Went Wrong?

- Doctor was so focused on EHR that he was not focusing on the patient.
- Why have a computer in a treatment room and use a tablet?
 - Advantages of tablet – face patient vs. turning back on the patient
- Doctor complained to the patient about EHR implementation.
- Did you notice a HIPAA violation?

PICA

Figure 24.

What Should Have Been Done?

- The doctor and staff should have been trained properly on the EHR prior to going live so that at least the scheduling module is working.
- The office needs to account for inefficiencies brought on by change to EHR.
- The office needs to delegate and have staff collect info that does not relate to the patients’ care (race, ethnicity, BP, etc).

PICA

Figure 25.

We Have a Disconnect

- Is this a gap in communication?
- The doctor is not focused on the care of the patient.
- As a result, the patient is not focused on the care of the patient.
- What message is the patient going to take home?
- What actionable items has the patient been provided?

PICA

Figure 26.

When an EHR Is Used Properly: Talking Points

- Track tests and results.
- Communicate with staff.
- Communicate with other physicians.
- Communicate with patients.
- Demonstrate you are on top of your game.

PICA

Figure 27.

The Patient is Engaged

- Make sure the EHR is a tool to improve communication with your patients.
- Use the additional features in your EHR to ensure they remain engaged even after they leave your office.

PICA

Figure 28.

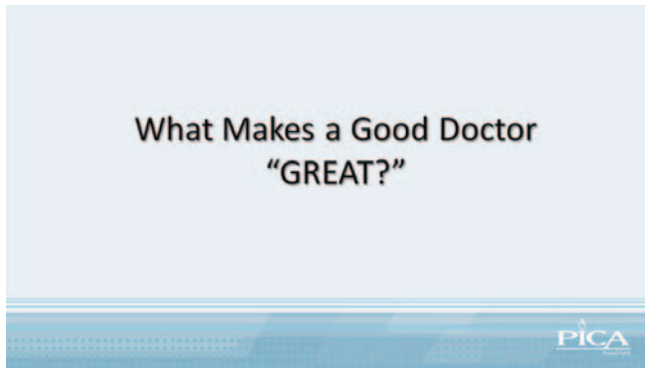


Figure 29.



Figure 30.

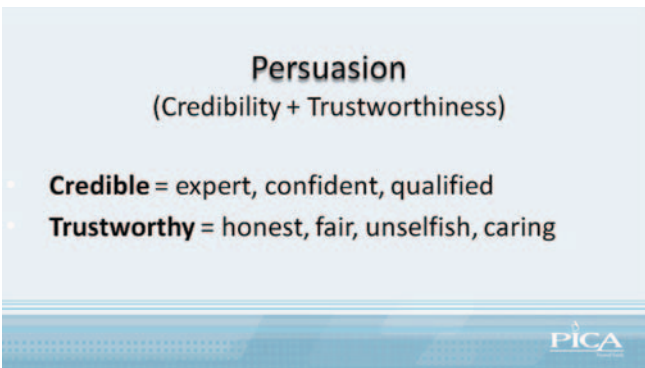


Figure 31.



Figure 32.

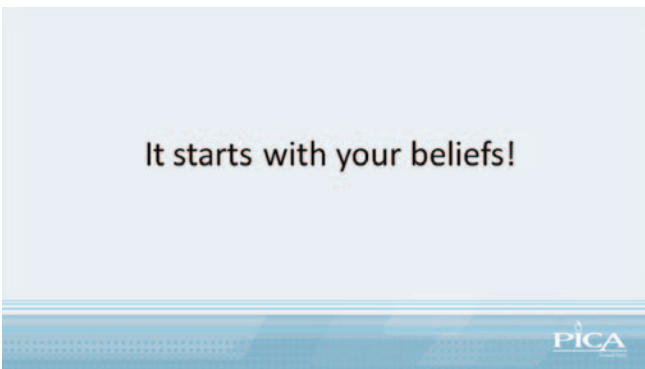


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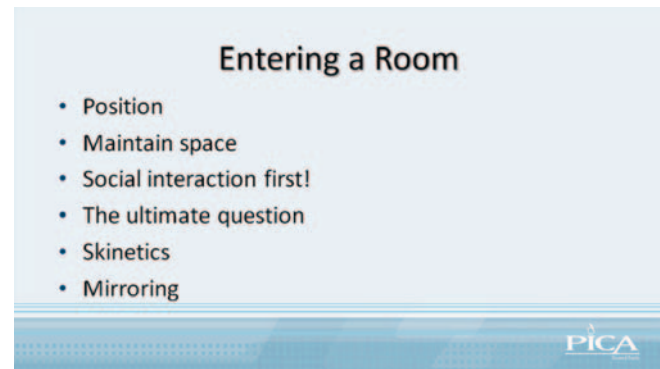


Figure 34.



Figure 35.

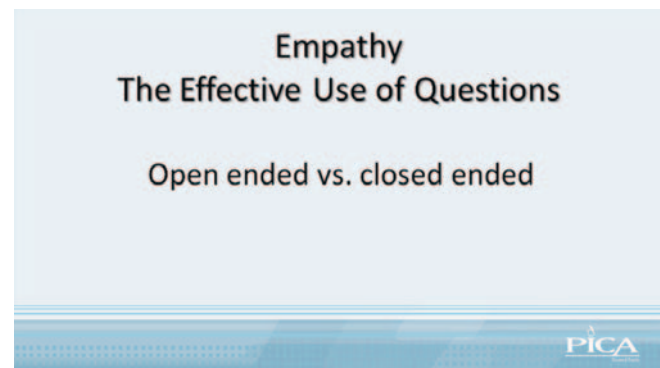


Figure 36.

The “I Hear You” Feedback

- “I understand”
- “I see”
- Head nods
- Paraphrases

Figure 37.

Body Language

- “Mirror” the patient.
- Position should be at or slightly above eye level.
- Feet flat on floor, uncrossed.
- Arms and hands in front of body.

Figure 38.

Confidence

- Speak with authority.
- Don’t use phrases like “I think,” “perhaps,” “maybe” and “as much as possible.”
- Be decisive.
- But don’t use phrases such as “always” and “never.”
- Give the patient clear and distinct directions without “wiggle room.”

Figure 39.

Proper Documentation

EHR documentation is a two-sided sword.

Figure 40.

From the Literature

According to a study from Harvard University, physicians who use EHR systems may be less likely to be sued.

Figure 41.

News from Harvard...

“When providers use electronic records in the outpatient setting, the likelihood of a paid malpractice settlement was about two-thirds as high.”

– David Westfall Bates, MD, professor of medicine at Harvard Medical School in Cambridge, MA, and professor of health policy and management at the Harvard School of Public Health.

Figure 42.

2 + 2 = 5

- Doctors who use EHR are less likely to be sued.
- Doctors who use EHR are less likely to experience a claim that results in a payout.
- Less likely to experience a claim
- Claims less likely to be successful

Figure 43.

ARCH INTERN MED/VOL 168 (NO. 21), NOV 24, 2008

- The study group says their findings “support the hypothesis that EHR adoption and use lead to improved quality of care and patient safety, resulting in fewer adverse events and fewer paid malpractice claims.”
- In addition, EHRs may result in more extensive and more legible documentation leading to stronger legal defenses when malpractice lawsuits are filed.

Electronic Health Records and Malpractice Claims in Office Practice

Ananta Virapongse, MD, MPH; David W. Bates, MD, MSc; Ping Shi, MA; Chelsea A. Jenette, MPH; Lynn A. Volk, MHS; Ken Kleinman, ScD; Luke Sato, MD; Steven R. Simon, MD, MPH

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Figure 44.

Standard of Care

There is already discussion that failure to implement EHR will eventually be considered a deviation from a recognized standard of care.

Medscape

Figure 45.

Too Much Information

- Because EHRs allow physicians to document easily:
 - Paragraphs of information can be generated with a few keystrokes/checkmark.
 - Doctors can describe a comprehensive exam in great detail using predesigned templates.
 - Lists of negative findings can appear, neatly printed, with the push of a button.

Figure 46.

A Two Sided Sword

- This bevy of information may help the physician breeze through an insurance audit.
 - However, all of this information can create pitfalls.
- Pages of repetitive documentation can be more time consuming to review than brief, handwritten notes.
 - When important information is embedded in paragraphs of boilerplate, it can easily be overlooked.
 - The chance of missing critical data increases.

Figure 47.

The Risk

- Overlooking important information is a significant cause of malpractice.
- A positive finding embedded in a string of negative findings can easily be missed.
- To avoid skipping over important information, document positive findings in a way to enable the reader to find them quickly:
 - Highlighting, placing in a separate section of the record or generating alerts.

Figure 48.

Generating Alerts

- Wouldn't it be great if your EHR automatically generated alerts when there is an abnormal finding?
- Until this is the case, YOU need to carefully read and review the content of your chart note.

Figure 49.

Patient Education

- Patient education is important for:
 - Patient adherence.
 - Patient communication.
- Documentation of this education is also important.
 - Remember, if you don't chart it, you didn't do it.

Figure 50.

Patient Education and Meaningful Use

- Meaningful use includes a measure that deals with patient education.
- Using your EHR to provide patient education documents this process.
 - Document that education was provided.
 - Document exactly what education was provided.
 - Collect patient acknowledgement that education was provided.

Figure 51.

Communication?

- Patient education and proper documentation are an important part of the process of communicating with patients.
- Lets go to the video.

Figure 52.

Talking Points

- Is this proper consent?
- How would you document this?
 - **Lack of informed consent is a common allegation in malpractice complaints.**



Figure 53.

The Right Stuff



Figure 54.

The EHR Is Not the BIG Thing

- Notice the improved communication between the doctor/staff and the patient?
- Now notice the high quality automated documentation of informed consent and patient education.
- Even the questions the patient asked were recorded in the EHR.
- Nothing is bulletproof, but this is pretty close.



Figure 55.

The EHR is a Tool

- Like every other tool or modality in your practice, you need to use the EHR to enhance the services you provide to your patient.
- It is there to help you, not replace you.



Figure 56.

Malpractice Issues

- The allegation of lack of patient education has been discussed in previous risk management programs.
- Using your EHR to document patient education will help discredit claims of failure to educate patients.
- Use the tools in your EHR for patient education.



Figure 57.

On the Downside

Bruce Cranner (*board member and former chair of the medical malpractice section of DRI, a member organization for defense attorneys*) said, "The default settings of an EHR could present fewer opportunities for physicians to add information to medical records. And those details could be key to a doctor's defense."



Figure 58.

Keep Control

- Don't get locked into default settings or default templates that impair your ability to document patient encounters.
- Your EHR must allow you to be you.



Figure 59.

- Cranner stated EHRs also help him defend physicians.
 - EHRs increase the accuracy of records and orders.
 - Evidence of compliance is documented clearly.
 - **Many liability cases rise out of the lack of clarity in orders and compliance.**



Figure 60.

And What about Alerts?

- Other legal experts say EHRs also could provide too much information.
- For example, risk could increase if the EHR generates alerts or supplementary information and physicians don't act upon them.



Figure 61.

Back to the Two-sided Sword

- Attorney Jeffrey Kimmel, partner with the New York firm Salenger, Sack, Schwartz & Kimmel, represents plaintiffs in liability cases.
- He agrees that increasing use of EHRs potentially could mean fewer cases.
- But the cases that go forward will be stronger because of the EHR, and EHRs could reduce the cost of bringing a case to court.



Figure 62.

Identify the Problems

- In a story from *American Medical News*, doubts remain as to whether EHRs reduce the risk of being sued.
- The biggest problem is that most EHR charts are template-driven, meaning that superfluous and sometimes inaccurate information often creeps into a documented patient visit.



Figure 63.

Templates

Are we starting to notice a recurring theme with the use of templates?



Figure 64.

Improved Safety

Studies showing improved patient safety from EHR use in hospital and ambulatory care largely focus on alerts, reminders and other components of Computerized Physician Order Entry (CPOE).

D.W. Bates et al., "Effect of Computerized Physician Order Entry and a Team Intervention on Prevention of Serious Medication Errors," *Journal of the American Medical Association* 280, no. 15 (1999): 1311–1316.



Figure 65.

Inpatient Setting

- Reducing adverse drug events in the inpatient setting.
- The measures—adverse drug events avoided and bed days and dollars saved—all follow the same pattern, which suggests that CPOE could eliminate 200,000 adverse drug events.



Figure 66.

Outpatient Setting

- Reducing adverse drug events in the ambulatory setting.
 - Medication errors and adverse drug events in ambulatory settings have been studied much less than in hospitals.
 - The available data suggest that roughly eight million outpatient events occur each year, of which one-third to one-half are preventable.
 - About two-thirds of preventable adverse drug events might be avoided through widespread use of ambulatory CPOE.



Figure 67.

So What to Do?

- Proper EHR use has been demonstrated to reduce medical errors.
- Proper EHR use provides better quality documentation that allows for easier defense of malpractice claims.



Figure 68.

On the Flip Side

- Improper EHR use can result in too much information and result in the physician missing important data that is buried in overly busy templates.
- The use of templates that are difficult to edit and modify can result in poor quality documentation.
- Ignoring EHR alerts can result in cases being more difficult to defend.



Figure 69.

Therefore...

It is **IMPERATIVE** that physicians use EHR systems properly, and that EHR systems be built in a manner that will minimize:

- Data getting lost in templates.
- Doctors ignoring alerts.
- Doctors being locked into notes and templates dictated by the EHR.



Figure 70.

The Keys

- Structured data rather than text driven templates.
- Logging of alerts with monitoring to remediate doctors who are ignoring alerts.
 - The EHR needs to be able to give the doctors feedback on how they are responding to their alerts.
 - If you are not responding to your alerts you need to:
 - Change the alerts you use
 - Change your practice patterns



Figure 71.

Let's Put It All Together



Figure 72.

Talking Points

Notice the following:

- The work load was distributed to the assistant for taking information that is not directly related to the podiatric care.
- The assistant communicated with the doctor on abnormal results.
- The doctor utilized the EHR to verify the patient was on high blood pressure meds.
- The doctor reacted to the abnormal blood pressure.



Figure 73.

Utilizing Your EHR to Meet Meaningful Use Is Good Medicine

- There are 15 core and 10 menu measures associated with using meaningful use.
- They will help you to improve communication with your
 - Staff
 - Patients
 - Other doctors.



Figure 74.

The 15th Core Measure

- 14 of the 15 measures of meaningful use relate to your EHR.
- The 15th relates to having proper security in place for your electronic records.
- This is the HIPAA Security Rule.



Figure 75.

Aspects of HIPAA Security

- | Three Types of Security Measures | Three Aspects of Data Protection |
|----------------------------------|----------------------------------|
| • Physical measures | • Data security |
| • Technical measures | • Data integrity |
| • Administrative measures | • Data availability |



Figure 76.

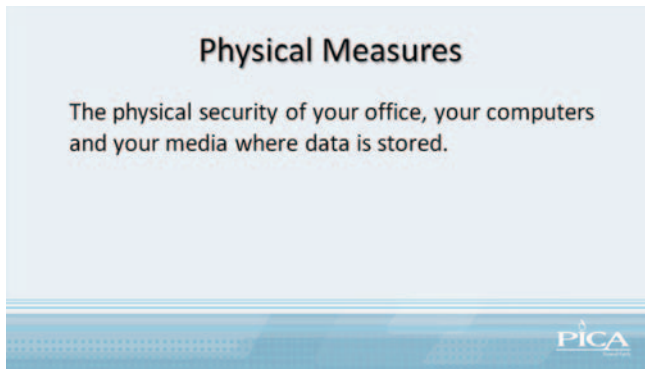


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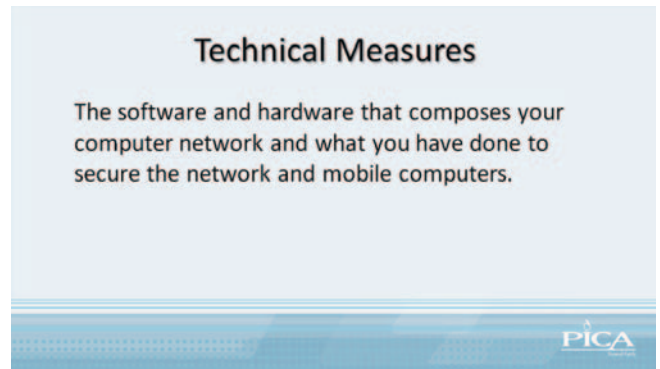


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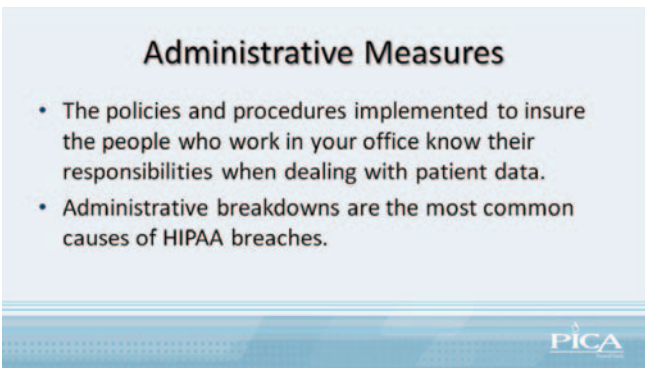


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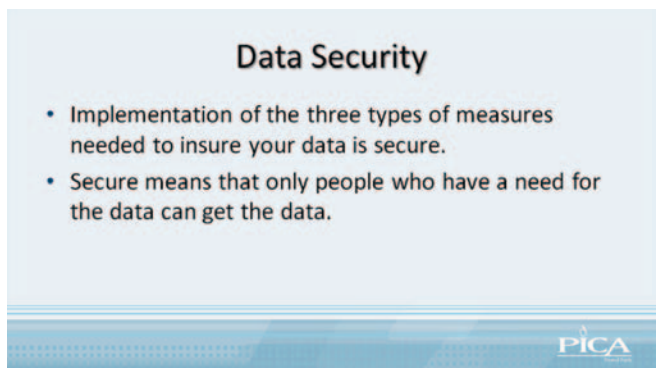


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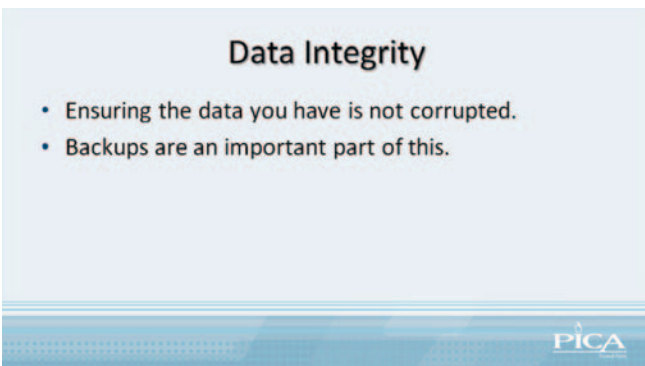


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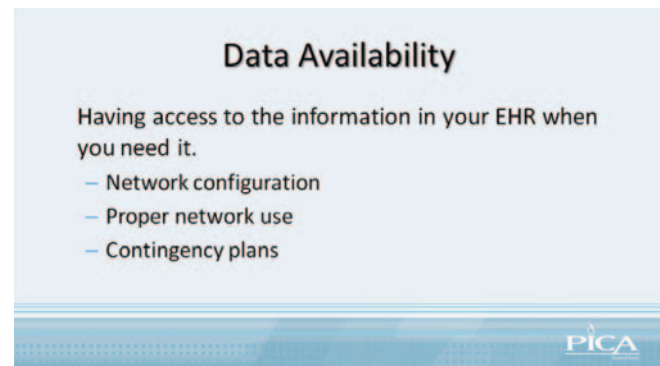


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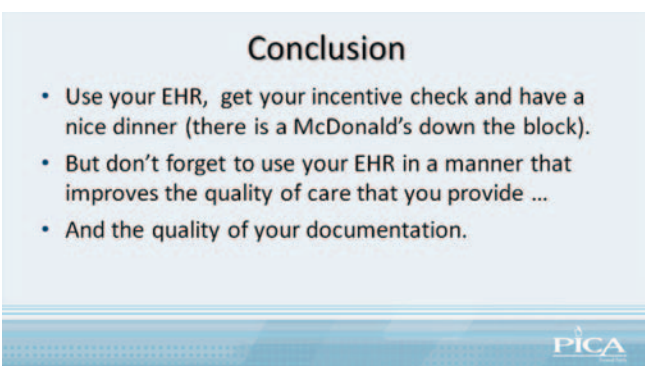


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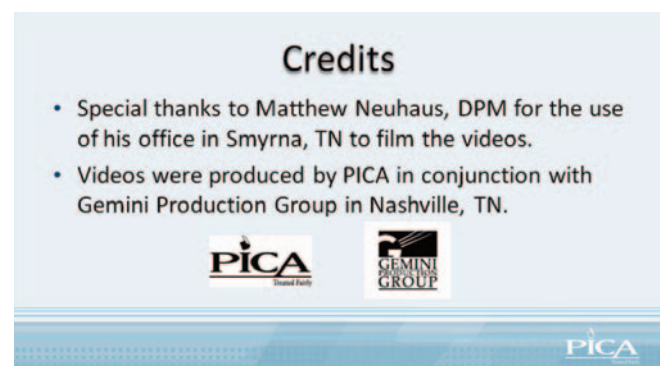


Figure 84.