

EHR REPORT

Examining Workflow

BY CHRISTOPHER NOTTE, M.D., AND NEIL SKOLNIK, M.D.

If you have been thinking of taking the plunge into an electronic health record, you've undoubtedly wondered how the change will affect office productivity. After all, the process of converting from paper records to an electronic health record can take a long time and become quite tedious. Often, subtle roadblocks to success develop along the way that were not anticipated, leading to frustration for both patients and providers. That is why it helps to take a careful look at office workflow and plan ahead before making the leap.

Consider the following five-step plan to help maintain sanity and efficiency as you step forward with the conversion to an EHR:

► **Examine workflow from start to finish.** To some, this might seem obvious, but it is important to remember that patient care doesn't just occur in the exam room. It starts at the front desk, where appointments are made, phone calls are received, and patients are checked in to be seen. Next, the clinical staff takes over, triaging calls or getting patients into the exam rooms. At some point labs might be drawn, immunizations could be administered, and testing may need to be performed. Typically, the

process ends at checkout, but often referrals are issued and follow-up appointments are made.

When properly analyzed, even a simple patient visit is made up of a complicated series of events. Hopefully, these occur seamlessly, ensuring the physician's and patient's schedule are respected. With the implementation of an electronic office, however, any of the aforementioned steps can become a roadblock to success if not carefully orchestrated—by nature, any EHR magnifies the interdependence of each role in the process. Therefore, every employee has a part to play to ensure that the algorithm is followed and office efficiency is maintained.

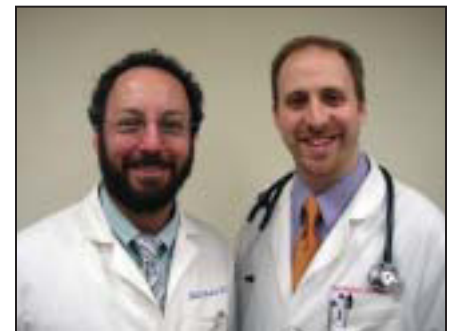
► **Take nothing for granted.** Even the smallest of office tasks can seem cumbersome when translated into the digital age. For example, consider how sticky notes are used in your office. In many, they are a critical communication tool among the staff, and they may or may not become a permanent part of a patient's record. Unfortunately, while it is easy to attach any small scrap of paper to a traditional chart, this is not possible with an EHR. Information must be passed along electronically, and even triv-

ial messages are saved permanently inside cyberspace. Also, the process might take longer to perform, as it can be a lot quicker to jot down a note than enter it electronically. This is just a single reminder of establishing a new workflow that is practical and efficient.

► **Involve others in the process.** Consider involving staff members from each area of your office when selecting an EHR. In addition to the care providers, this may include an office manager, clinical staff member, receptionist, and billing or referral specialist. Each should be asked to individually examine and identify the critical steps in their daily routine. They should also be present to interview vendors and test the program, making sure to observe how their piece operates in any given software package.

► **Simulate the new daily routine.** Be sure to ask for a demonstration of all major office functions. Vendors often turn this into a sales pitch, exemplifying their most attractive features while glossing over their limitations. Suggest several hypothetical scenarios, from triaging phone calls to creating office notes, and be sure to keep them complicated. Let's face it, it is not typical for patients to present with only one concern, and the EHR should be able to accommodate that. It also should be able to expedite common nursing and administrative tasks and allow all users to manage multiple patients simultaneously.

► **Hire an EHR consultant.** Employing the services of an EHR consultant can be incredibly helpful. It not only provides peace of mind, but can help you save a tremendous amount of time and money. A good consultant will "interview" your practice, speaking to staff and analyzing workflow, to help you match your office's needs to the right EHR product. He or she can also help to create a timeline for implementation, and recommend both hardware to maximize your budget and efficiency. In the end, the cost of hiring a consultant will be insignificant compared with the long-term savings of making the right choice. ■



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AMA Designates Dual CPT Codes For H1N1 Vaccine Administration

The American Medical Association has created a new Current Procedural Terminology code (90470) and revised an existing code (90663) for use with H1N1 vaccinations, the association said in a statement.

The details of the codes are as follows:
► 90470: H1N1 immunization, both intramuscular and intranasal, including counseling
► 90663: Influenza virus vaccine (pandemic H1N1 formulation)

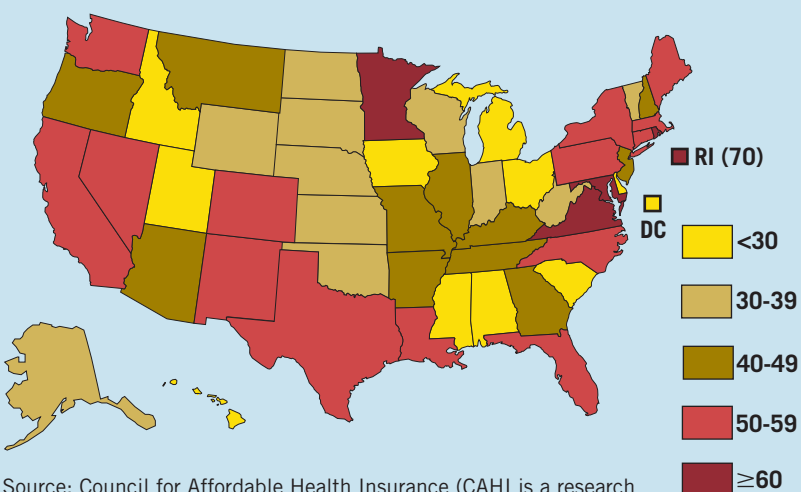
Both codes are effective immediately. Code 90470 was created for use when reporting H1N1 vaccination and counseling, while code 90663 was revised to include the specific H1N1 vaccine product.

To be paid for H1N1 vaccine administration, providers should bill 90663 in conjunction with 90470. The 90663 code should be billed at zero dollars, because the vaccine itself is being provided by the federal government at no charge.

—Heidi Splete

DATA WATCH

Rhode Island Leads U.S. in Health Insurance Mandates



Source: Council for Affordable Health Insurance (CAHI is a research and advocacy association of insurance carriers)

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