

# Revise Workflow When Launching EMR System

BY MITCHEL L. ZOLER

PHILADELPHIA — Installing an electronic medical record system at a primary care practice is a perfect time to also revamp the tasks the office staff performs.

Having all staff members “work at the top of their licensure” is the guiding principle advocated by Dr. Cephus D.V. Allin, an EMR software consultant for NextGen Healthcare Information Systems.

“If [a task] does not require an MD or DO, then these people shouldn’t do it”—instead, such a task should be delegated through a standing order to someone else on the staff, often a nurse or medical assistant, said Dr. Allin, who also has an internal medicine practice in Fort Collins, Colo.

“In a standing order, you extend your licensure to lower-level staff. Write the

abetes using a diabetes template, leaving fewer routine tasks for the physician to do. “About a quarter of my patients have diabetes, so my nurse knows my diabetes template cold,” Dr. Allin said.

The second major time saving is through standing orders that a staff member can perform and that are automatically flagged for appropriate patients. These standing orders would include items such as administering immuniza-

tions, arranging for routine lab tests like prostate-specific antigen and hemoglobin A<sub>1c</sub>, and reminding patients about and possibly scheduling routine screens like mammography and colonoscopy.

The key to making this sort of practice change work is to introduce new approaches in small steps and evaluate how each change works after a few weeks. The staff must be properly trained, and the changes should take into account

how the staff currently works and how new tasks will affect them. Having a staff member on the development and implementation team is a big advantage.

Changing the workflow after introducing an EMR is an evolving and continuous process, not a static goal, Dr. Allin said. Once an EMR system is in place, delegation of tasks will continue to evolve and the workflow will ideally continue to become more efficient over time. ■



**Changing the workflow after introducing an EMR is an evolving and continuous process.**

DR. ALLIN

order in detail, sign it, put it into a folder, and keep it up-to-date” for accreditation inspections.

By delegating routine clinical tasks to staff members using EMR tools, the typical duration of an office encounter between a primary care physician and patient can be shaved by a third, from 12 minutes to 8 minutes, Dr. Allin said. The time saved can be used to see more patients or for leisure time, he added.

EMRs allow these time savings in two main ways. First, they better enable a staff member, usually a nurse or medical assistant, to collect and enter into the record more clinical information, such as past medical history, family history, vital signs, and history of the present illness. When the physician enters to see the patient, she should review what the staff member entered—but this takes half as much time as entering data initially, he said.

The scope of preliminary information collected can be expanded and tailored to each patient through disease-specific templates. For example, a physician can teach staff members how to collect current information from patients with di-

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is published...

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