



10.5 IDEAS TO THRIVE IN AN EHR WORLD

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Next Services

“The future is already here -
it’s just not evenly distributed.”

William Gibson

(in 1993)

INTRODUCTION:

Most of our industry’s attention thus far has gone towards implementing electronic health record systems (EHRs). While it seems to be end in itself, rolling out an EHR is one of the many building blocks towards a digital platform that can change how healthcare is delivered. This paper gives 10.5 ideas that can help doctors, clinicians and administrators save time and therefore money in an EHR world. These ideas exist as early signals in our industry. It’s only a matter of time when these signals amplify to become an accepted norm.

ABOUT THE AUTHOR:

Praveen Suthrum, (Twitter: @suthrum)



Praveen Suthrum is the President and Co-founder of NextServices, a healthcare management and technology company. He works on product design and technology. He contributed to The New Age of Innovation (by C.K. Prahalad and M.S. Krishnan) that was named the best book on innovation by The Economist in 2008. He has an MBA from The Ross School of Business at University of Michigan and attended Singularity University.

Praveen loves to trek and has most recently climbed Mt. Kilimanjaro.



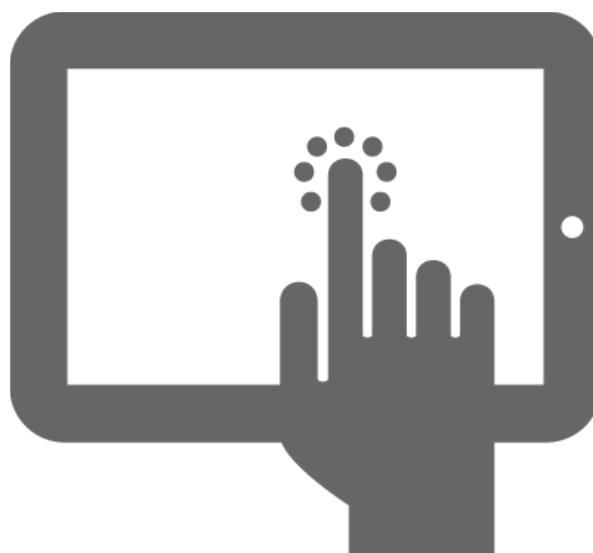


Get your records through a mobile cloud.

Look at patients, not a computer.

Your bank account, trading account, email, family pictures are all on the cloud - you can even access them through your iPad. More than the money required to keep servers running, taking back-ups and engaging IT staff, server-based systems waste time that can be spent elsewhere.

A secure mobile platform helps you be untethered to a computer even when you are with patients, making the interaction more comfortable and engaging.

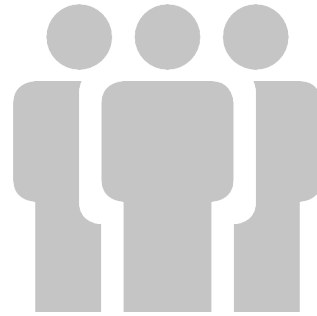
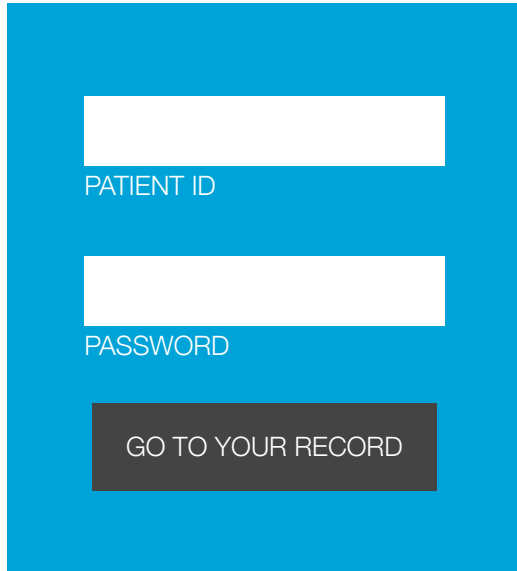


“90% of the world’s data was created in the last two years. 80% of the data is unstructured. 1 Trillion connected devices generate 2.5 quintillion bytes of data/ day.”

Marty Kohn, MD

(IBM Watson)





Engage patients digitally.

They could be your most under-utilized resources.



Have patients update their demographics and insurance information, upload images of IDs, insurance cards, read and sign consent forms, schedule appointments, pay past dues, take clinical satisfaction surveys, and complete clinical questionnaires through a patient portal.

Utilizing such a portal will save staff time and also the number of people required to perform administrative tasks.

Use the patient portal to listen to the patient, the most under-utilized resource in care.





Don't change the way you practice.

Have your EHR follow you around.

Do your medical records follow you just as your phone does?

Build the system, process and workflow around you, the doctor. If you are used to seeing past records first, medications next and then physical exam - design the software in a way that it does that. If you don't wish to type or click, use voice through dictation. If you like your transcriptionist, then create a limited-access login and continue to have her enter your notes into your record. Remember that no one else other than the doctor can practice medicine - spending more doing just that will translate to growth.



Focus on one patient at a time.

More patients don't always mean more collections.



Every staff member (surgeon, anesthesiologist, pathologist, nurse, front-desk and so on) must build the medical record together and simultaneously if necessary. The EHR must blend into the process, connecting all the users to the patient at hand. Focusing on one patient at a time, exposes problems in workflow and fixes them at source. It increases quality, reduces malpractice liabilities, avoids denials, and ensures timely reimbursement.



“Consider this: I can go to Antarctica and get cash from an ATM without a glitch, but should I fall ill during my travels, a hospital there could not access my medical records or know what medications I am on.”

Nathan Deal

(Governor of Georgia)



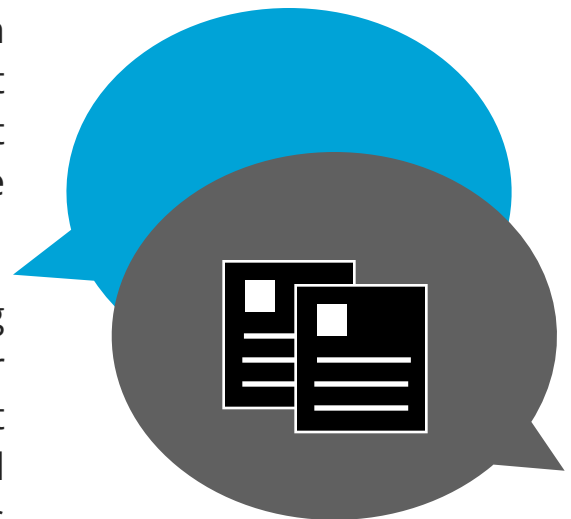


Use secure messaging.

A pager cannot send you a medical chart.

Outside of the medical community, pagers are obsolete. A survey found that such outdated communication systems cost hospitals \$8.3 billion annually in lost productivity and delayed patient discharge times.

Migrate to a secure two-way messaging system that can incorporate the reason for contact and even attach relevant patient information. A combination of web-based and phone-network based systems ensures that messaging works reliably inside concrete medical buildings too.



The image shows a medical form titled "FAMILY & PAST MEDICAL HISTORY". The form is divided into several sections: "PATIENT INFORMATION", "FAMILY HISTORY", "ALLERGIES", "OTHER", "MEDICATIONS AND SUPPLEMENTS", "ACCIDENTS", and "SURGERY/HOSPITALIZATION". A large blue "X" is superimposed over the form, and the text "SAMPLE MEDICAL TEMPLATE" is written across the center of the "X".

Share original, precise medical records.

When did you last read a templated chart fully?

Most parts of templated clinical documents are never read. Irrelevant information also increases liability. Further, it could result in medical errors. With the imminent Meaningful Use stages, doctors are expected to actively share medical records with health information exchanges, with other doctors and patients. Think if you would be comfortable sharing all your medical records from this past week?

Instead of filling records with unusable medical information, work towards building useful, shareable medical records. It keeps you safe during audits, saves time during return visits and engages patients better during care.



“Roughly every 50 years, there is a revolutionary change in healthcare:

1870s: Focus on public health (germ theory)

1920s: Advances in medications (PCN)

1970s: Medicine becomes a science (clinical trials)

2020s: ??”

Dan Riskin, MD

(Health Fidelity)



Make medical records dynamic.

Static records are merely storage bins.



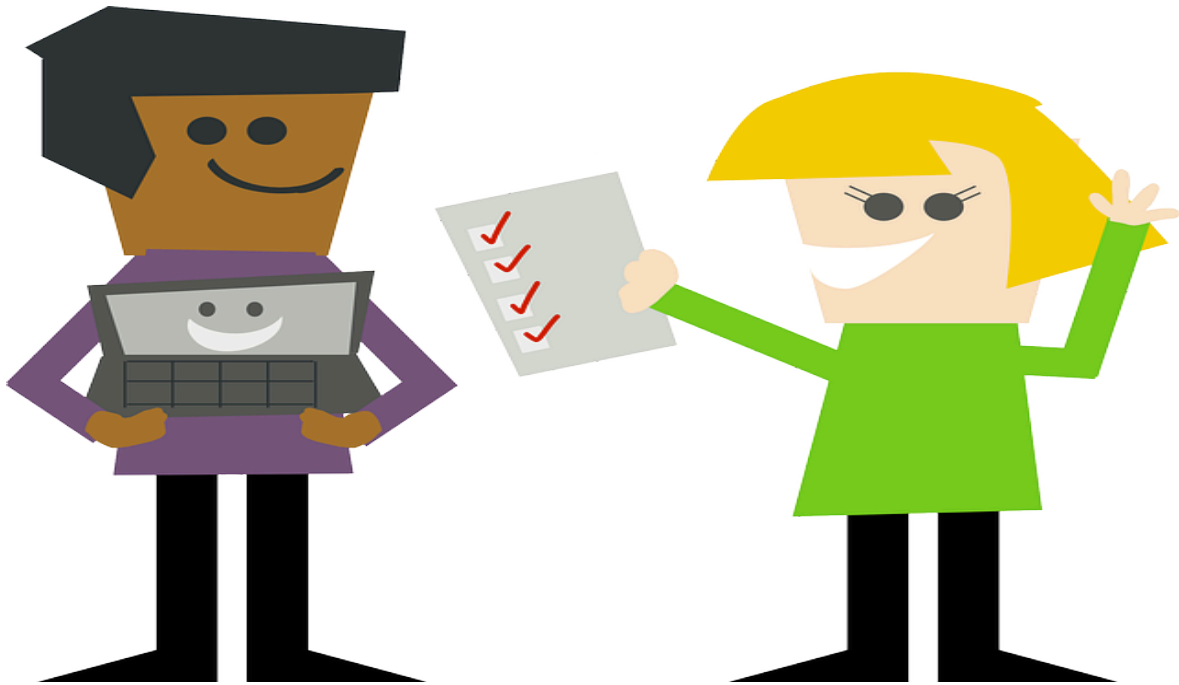
Credits: Kevin Dooley

EHRs are usually considered as digital storage bins for medical records and the process of documentation is often considered as a data entry process. But slowly EHRs will evolve into the primary pathways that connect physicians and patients.

Share records with patients and encourage them to update their daily activities (e.g. through Fitbit) and basic vitals (e.g. insulin levels) in real time through a portal. Have them test for DNA and microbiome tests and upload results. Set rules in your EHR to get notified in real-time when a patient's parameters are out of range. Communicate through the record with your patient. Build a dashboard to track patients in real-time and schedule them before they fall sick.

A dynamic medical record is like a real-time instrument panel of a patient. A static digital record is only little better than paper records.

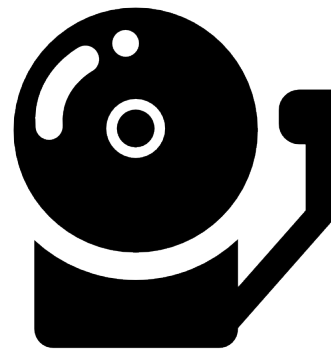


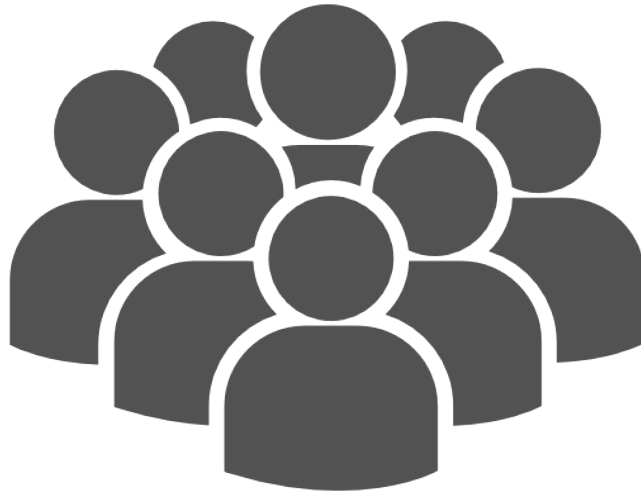


Don't remember what to do.

Convert your EHR into an alarm system.

Pair your EHR with your iPad or your Android device to receive pre-determined notifications - based on events, time or location. Use clinical decision support (CDS) algorithms to review clinical actions and suggest recommendations. Integrate the EHR with JAMA, Uptodate and other clinical journals, to receive timely alerts during the process of care.





Aggregate health records, compare patients.

Get insights from collective experience.

Analyze your patient population as a whole. Distribute patients according to conditions, types of insurances, risk factors, prescribed medications, treatment plans and geography. When examining a unique case, aggregate health records of similar patients and explore what the data says.

Use population data to build insights about the overall health of your patient pool. Identify the segment of patients requiring acute care and track overall health shifts among your patients. Schedule visits proactively based on trends.



“We don’t practice evidence based medicine. We practice reimbursement based medicine.”

Dean Ornish, MD

(Preventive Medicine Research Institute)





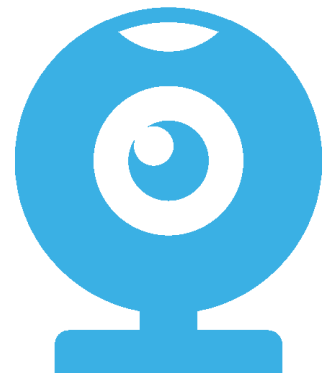
See your patients before they fall sick.

Could you use data to avoid unnecessary visits?

Medical diagnosis today relies on data more than ever before. As more areas of medical care become data-oriented, explore the possibilities of analyzing and reviewing insights remotely and engaging in virtual visits. DNA, proteomics, microbiome data are other areas to capture, interconnect and analyze. This proactive approach could help you reach patients even before they fall sick.

Create a subscription plan that patients could pay to be 'seen' by you over the Internet and with the assistance of the medical record. Undertake group therapy sessions virtually to educate patients. Could you cut down patient visits that are unnecessary?

Publish your experiences on the internet to create awareness and attract new patients.



10.5

Medicine is becoming a data science.

This increases the value of health data.

How good is your data?

Credits: Dave Bleasdale

If in the future, medicine largely becomes a data science and EHRs become the channels for medical data flow, consider the value of data that your center or practice holds.

It's time to alter our thinking for a post-EHR world.





Built by NextServices, enki is a certified EHR and administrative software for physicians, clinicians and administrators of ambulatory surgery centers. enki is simple in design and comprehensive in its functions.

Explore the future by scheduling a demo at
nextservices.com/enki-asc-demo.

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Ne **t** Services

The logo for Next Services features the word 'Next' in a bold, black, sans-serif font, followed by 'Services' in a grey, sans-serif font. A red starburst graphic is positioned between the 't' and 'S'.