

PRACTICE PEARLS

Streamline processes when using an EHR

Adopting an electronic health record system (EHR) posed many challenges for our practice. To address these, we've employed several useful tactics:

Messaging. The nurse accesses the inbox for labs, X-rays, etc., and she filters and manages the majority of the messages. If a message requires physician action, the nurse brings it directly to the physician. We find that verbal messaging between nurse and physician is much more efficient than a series of electronic messages. We don't automatically transfer all incoming information to the physician; we believe that the doctor needs information "just in time" – not "just in case" or "just because we can."

Documentation. I dictate in the exam room with the patient, following the motto "Do everything you do for the patient in front of the patient." This saves me time and increases face-to-face contact with the patient. I also use electronic templates that include check boxes for exam elements, standard chronic illness questions, etc. Common combinations are preselected to help us minimize clicks when appropriate.

Results reporting. By proactively planning appointments and getting lab work completed before office visits, we can report 95 percent of results to our patients during their encounters. This eliminates the need to pull up the record and reconstruct the patient's scenario a few days later and make decisions out of context. It also eliminates the need to report the results over the phone. This approach saves at least an hour per day, improves patient communication and facilitates shared decision making. The nurses print copies of lab and X-ray results, which I use during the appointment and then give to the patient. It is much faster

for me to review the results when consolidated on one piece of paper than when I have to navigate through all of the screens and slow downloads.

Prescriptions. We renew all maintenance medications for 15 months at the time of the annual comprehensive care visit. The physician authorizes the refill on a printed medication list and then the nurse electronically sends the script to the pharmacy. This eliminates the majority of refill requests and saves a half-hour to an hour of staff time each day.

Patient flow. We've found that having three exam rooms and two clinical assistants helps with patient flow. We also ask patients to complete a pre-appointment questionnaire. To streamline documentation, patients who are being seen for a Medicare annual wellness visit (AWV) complete most of the required information on an AWV-specific form that mirrors our EHR templates, making data entry easier.

Order entry. We do not ask our physicians to work through a long series of check boxes in the EHR to enter orders. Instead, we developed a concise paper checklist that the doctor completes. The patient then takes the checklist to the receptionist, who enters the orders into the computer and schedules any follow-up. We also follow standing orders for common scenarios to minimize unnecessary information flow in the office.

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