Creating a Paperless Naturopathic Office: Electronic Medical Records

Institute of Complementary Medicine, Seattle WA
Eileen Stretch, ND, Erica Oberg ND MPH

Background – ICM’s decision to change to an electronic medical record system:
1. Grant opportunity
2. Necessary upgrading of Practice Management software
3. Goals to improve our practice

What are Electronic Medical Record systems?
1. Web-based, served-based, EMRs, EHRs, tablets, touch screens, registries, etc
2. Basic and Advanced functions
   a. Chart Notes
   b. Patient tracking (prescriptions, history, chronic diseases, preventive services)
   c. Paper management (lab orders, scanned documentation, referral letters)
   d. Billing services (computes E&M, can auto generate claims)
   e. Information resources (patient handouts, access to online references)

Our Process:
1. Evaluate options, determine budget
2. Consider if you need external IT assistance or training
3. Plan for workflow redesign – how you and your office will work smarter
4. Begin slowly. Stay with it!
5. Make generous use of available help

Our Goals & Details of what is changing at ICM:
1. Efficiency in documentation. The screen menus are designed with auto prompts and automatic completion of pertinent negatives; this will ensure that clinical findings will not go undocumented. The automated feature prompts the physician with appropriate subjective and objective measures to ensure comprehensive clinical encounters, and also ensures the full content of the visit is efficiently documented. Healthcare System Services Inc. (HSSI; Port Orchard, WA), the management and installation company, quotes that most physicians complete their charting within the office visit, significantly reducing inefficient after-hours spent in documentation. While improved reimbursement cannot be guaranteed, employing this EMR system does guarantee fully documented (defendable) reimbursement.
2. Improved Reimbursement. Through better documentation, physicians will be able to ensure appropriate compensation for the encounter. Statistics demonstrate that most primary care physician’s underestimate the correct E & M code; thus improved documentation will likely result in improved compensation.
3. Improved quality of care will be achieved in many ways. Specifically, the EMR will allow us to run queries of patients due for annual exams, vaccination, preventive services, routine lab evaluation, and planned visits for patients with
chronic diseases. These processes can be completely automated through the EMR including the generation of reminder postcards and flags on patient accounts to alert the front desk staff when a patient calls. We are also very enthusiastic about the capacity for disease registries. To date, our clinic has been unable to participate in initiatives such as the Washington State Diabetes Collaborative because of a lack of resources to dedicate toward the data entry to populate a disease registry as a separate endeavor; incorporated in MediNotes is disease registry capacity. Additionally, MediNotes links directly into our lab service (PACLab). This will allow us to prospectively populate disease registries automatically. Of course, some retrospective data entry will be unavoidable. Assuming full functionality by next spring, we intend to participate in the WA State Diabetes or Cardiovascular Collaboratives. MediNotes is also compatible with DOQ-IT; allowing for future participation in this quality improvement initiative.

4. Our extensive library of hard-copy patient education materials will not longer be limited by problems such as lost Master Copies, forgotten distribution due to the extra step in work flow, or illegible modifications hand-written by the physician. Within the MediNotes clinical encounter template, the physician can select appropriate handouts, make comments, and have the documents printed at the front desk; materials will be available for patients upon checkout.

5. Improved office staff time. HSSI has assisted us in estimating that staff time will be improved over the long run. We anticipate a dramatic change in job description for our billing specialist and office manager; as both currently spend many hours generating and completing paper works associated with submitting forms for insurance reimbursement. We anticipate our office manager, who currently works an average of 10 hours per week overtime, will be able to complete her duties within a normal 40 hour work week once we are fully functional.

6. We hope to improve patient communication through simplified access to summaries of visits and laboratory results, and the patient education materials as mentioned above. Additionally, we will have the capacity to automatically communicate with patients regarding preventive visits and regular chronic disease check-in appointments. This adds consistency and reliability to the ways in which we communicate with our patients. We also acknowledge that there may be a temporary decrease in the quality of our patient communication as both physicians and patients get comfortable with using the tablet computer within the clinical encounter. We will address this change in within-visit communication by notifying patients that the conversion to an EMR is about to happen.

7. We have confirmed that MediNotes integrates with our existing patient management system, Lytec. This will simplify the transition and enable staff to get up-to-speed more rapidly because they will already be familiar with part of the system. The management company is familiar with both systems and will guide the necessary upgrades in hardware and software.

8. Flexibility with naturopathic practice. Has the flexibility we need to incorporate aspects of primary care that are unique and specific to naturopathic practice. Existing family practice templates accomplish 90% of our goals, and we are
developing a list of specific custom features which include: functional assessments obtained through history or PE; comprehensive, detailed diet, exercise and stress reduction prescription; elements of physical medicine such as osteopathic adjustments; and pharmacy elements to capture details of dietary supplement prescription. Part of our rationale for selecting MediNotes is the satisfaction reported by a naturopathic colleague who similarly required this type of capacity.

9. One of our physicians is also a public health researcher and has interest in documenting characteristics of naturopathic clinical care. EMR databases make retrospective and prospective research far more feasible; of course, any such endeavors would be subject to Human Subjects review as well.

10. Cost and return on investment. We have selected a system that we can fund through monthly leasing payments or a pre-approved business loan from Banner Bank. Our calculations predict that this investment may result in an estimated 2.5 years to make a return on investment. We place this estimate in the context of the return of investment our patients will receive almost immediately in the form of better quality care.

Challenges:
1. Forcing ourselves to use it!
2. Negotiating how to balance changing templates with changing our work habits
3. Current overlap with old billing software and outstanding claims – it may take a year to complete this transition and allow our office manager and biller to reap the benefit of the simplified system

Resources:
1. American Association of Family Physicians (AAFP) has published a good series of reviews of EMRs for the family doctor with a focus on small practices and low cost solutions.
2. Attached checklist of questions to consider.
3. IT consultant companies can play an important role in translating your needs into product options.