



ELECTRONIC HEALTH RECORDS IN ACTION

The Office of the National Coordinator for Health Information Technology

Stories of Meaningful Use

SPRING 2011

Dover Family Physicians

Overview

Dover Family Physicians adopted an electronic health record (EHR) system in 2008 with a goal of improving the quality of patient care and especially strengthening preventive care services. The practice has focused on ways to use the EHR to engage patients and their family members in their health and healthcare. The practice, located in Dover, Delaware, has four physicians and two physician assistants, and provides primary care to more than 800 patients weekly.

EHR Implementation Process

One major consideration in selecting an EHR was the need for the system to be flexible enough to accommodate the different practice styles of the six healthcare providers. Another important factor in selecting the Allscripts™ EHR was that it can be linked to the Delaware Health Information Network (DHIN) with minimal effort. The practice wanted a system that allowed hospital-based information to automatically populate the patient's EHR.

The practice took a team approach to EHR adoption. Leann Legg, the practice administrator, worked with a team representing the various needs of the practice, including a physician, the nurse manager, and front desk and billing staff. To help ensure successful implementation, training was initiated well before going live with the EHR. This allowed the practice to "hit the ground running" with the system.

Patient Portal Implementation

In 2010, the practice introduced a patient portal (Medfusion) through which patients can currently schedule appointments, request prescription refills, pay bills, and view lab results. The portal also includes a secure messaging function called "Ask a nurse," where the nurse manager triages the messages and confers with the physicians as needed to respond to patients. The practice established standards for response times of within 4 hours for more urgent questions to 2 days for prescription refills.

Getting Patients Registered: The practice began a major push to register patients at the beginning of 2011, with an increasing number of patients signing up steadily. Staff members were trained in the use of the portal and, in addition, all registered for the portal themselves because, according to the practice administrator, "we need to know how to use it ourselves if we're going to promote it to our patients."

To register for the portal, patients provide their e-mail address, and within 24 hours they receive an e-mail with instructions for registering on the Web site. A reminder e-mail is sent after 30 days if patients have not registered. The practice found that it is important to clearly explain the steps for signing up—for example, to tell patients to keep an eye out for the instructional e-mail—and to emphasize that the



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two-step process helps to ensure patient privacy. All staff in the practice, from the telephone and front desk staff to the physicians, play a role in getting patients to sign up for the portal. As a reminder for clinicians to discuss the portal and collect e-mail addresses, the "encounter form" used to track patients during a visit includes a space for the patient's e-mail address.

Patients may be especially interested in the portal at particular moments, such as when they are frustrated with telephone wait times or playing "telephone tag." Staff members take these opportunities to encourage patients to use the portal.

"On any given visit, a patient will hear about the portal from multiple staff members and providers." — Nurse Manager

Meaningful Use Objectives Addressed

Provide Patient-Specific Education

Resources: The EHR incorporates an extensive library of patient education resources (from McKesson). So that providers do not have to manually search for materials, the practice automated the process to link appropriate materials to customized templates used for different types of patient visits. For example, one template records the reason for the visit. Some providers have created their own additional “favorite” materials lists.

Providers believe that often “less is more” for patient education resources and consider some educational materials to be too lengthy and complex for many patients. Consequently, they prioritize brief overview materials suitable for patients with a range of reading levels.

Determining the best method for printing and sharing materials with patients has involved some trial and error. For example, strategic placement of printers in the consultation rooms or adjacent hallways is important so providers can give materials to patients during the consultation or as they walk patients out.

Provide Clinical Summaries: The practice recently began offering patients clinical summaries. Until an EHR upgrade is available, however, it is not possible to provide these materials via the patient portal. In the meantime, providers print out the clinical summaries for patients who request them. But it is often not possible to provide them to patients at the end of the visit because not all of the necessary information is available. Although the meaningful use rule allows 72 hours for delivery of clinical

summaries, the providers do not want to ask patients to come back to pick them up, and routinely mailing them would be prohibitively expensive.

The providers noted that patients need to be educated about clinical summaries, otherwise “many clinical summaries are likely to end up in the trash.” Consequently, providers explain the contents, purpose, and benefits of the clinical summary to patients.

Provide Electronic Access to Health Information:

The practice recently began providing lab results through the patient portal. Patients receive an e-mail message telling them to check the portal for important information. Providers attach a message explaining the lab results and any needed follow-up, such as “Your cholesterol is high, please make an appointment within the next 30 days to discuss.”

Working with Quality Insights of Delaware

The practice worked closely with Quality Insights of Delaware—the Delaware Regional Extension Center—throughout the vendor selection and EHR implementation process. Quality Insights spent days at the practice shadowing clinicians and staff to understand the clinical workflow and the providers’ work styles. They also arranged meetings with vendors and product demonstrations. Once an EHR system was selected, they also helped to plan for training and rollout.

The practice administrator and others participate in user-group meetings convened by Quality Insights. In addition, Quality Insights provides assistance with meaningful use reporting.

“For medical providers who had little idea what we were doing, [the Quality Insights representative] held our hand all the way. They set out a great plan for us from start to finish.” — Physician Assistant

Results

Reaction to the patient portal has been very positive. Patients appreciate the convenience, for example, of being able to contact the practice at any time of day or night. For many patients, the use of Web-based information and electronic communication is “second nature”; consequently, they are comfortable using the portal. As one clinician observed, “Lots of patients are

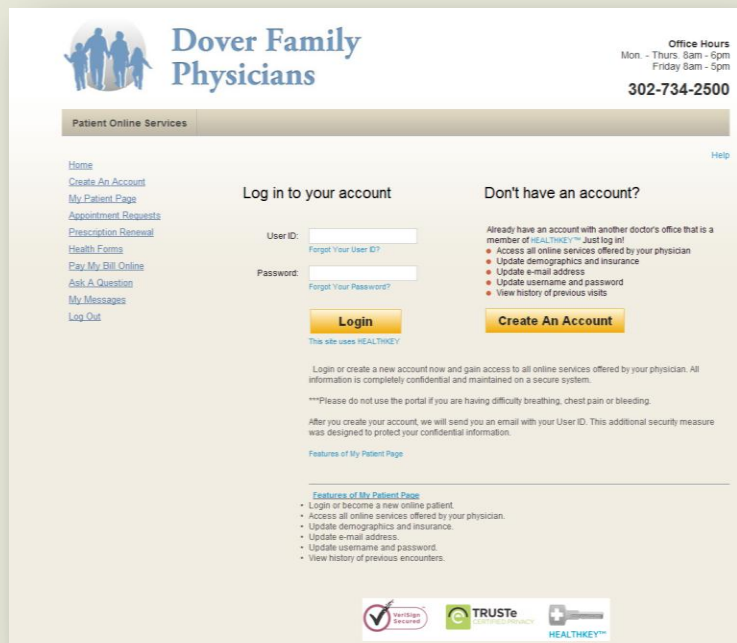
accustomed to using electronic communication now. They don’t want to have to pick up the phone anymore.” Clinicians and staff members appreciate that the portal reduces call volume and “provides a fluid line of communication that works well.” They noted that communication via the portal helped to reduce miscommunication and

delays that sometimes occur with phone communication.

The practice has not yet collected any data about the benefits of the patient-specific education resources, clinical summaries, or patient access to lab results. Currently, the practice is exploring ways to evaluate the benefits to patients.

Challenges

The limitations of the EHR and the patient portal have presented challenges, such as the inability to send clinical summaries to patients via the portal. The practice can only move ahead with certain aspects of patient and family engagement as quickly as the system is upgraded.



Lessons Learned

To get the most value from an EHR, practices will need to invest time in training and preparation. Some customization of the system will likely be needed based on how the practice functions and the individual work styles of the various providers.

“You’re only going to get out of your EHR and implementation what you put into it. In some practices, people aren’t aware that you have to put forth that much effort.” — Practice Administrator

Next Steps

For the patient portal to be most beneficial, the practice will offer patient education sessions to help patients register and to familiarize them with the portal’s features. In addition, a computer will be placed in the waiting area so staff can help patients register with the portal on the spot. The goal is to register 50% of patients in the practice and have them using the portal by the end of 2011.

The Practice Administrator noted that “we have only touched the surface of what the system can do and what we want to get out of it. As much as Allscripts continues to offer updates, we will be right on top of it.”

For more information about how these lessons can be implemented into practice, contact:
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