

Evaluating Effectiveness & Efficiency of a Computerized Pt. History in a Family Medicine Clinic

Scott Rens, MD
Mary McClung, BA
Hull Medical Clinic, Hull, IA

Goals of Project

- ➔ Document a more complete subjective portion of an exam more consistently
- ➔ Reduce physician dictation time
- ➔ Decrease transcription costs
- ➔ Decrease nurse time in exam room
- ➔ Evaluate impact on E&M coding
- ➔ Expose staff to concepts used in EHR

Implementation Logistics

- ⇒ PCs placed in exam rooms
- ⇒ Swivel screens, swivel keyboard trays
- ⇒ Visual queues to identify step in the process
- ⇒ Exam room changes

Process

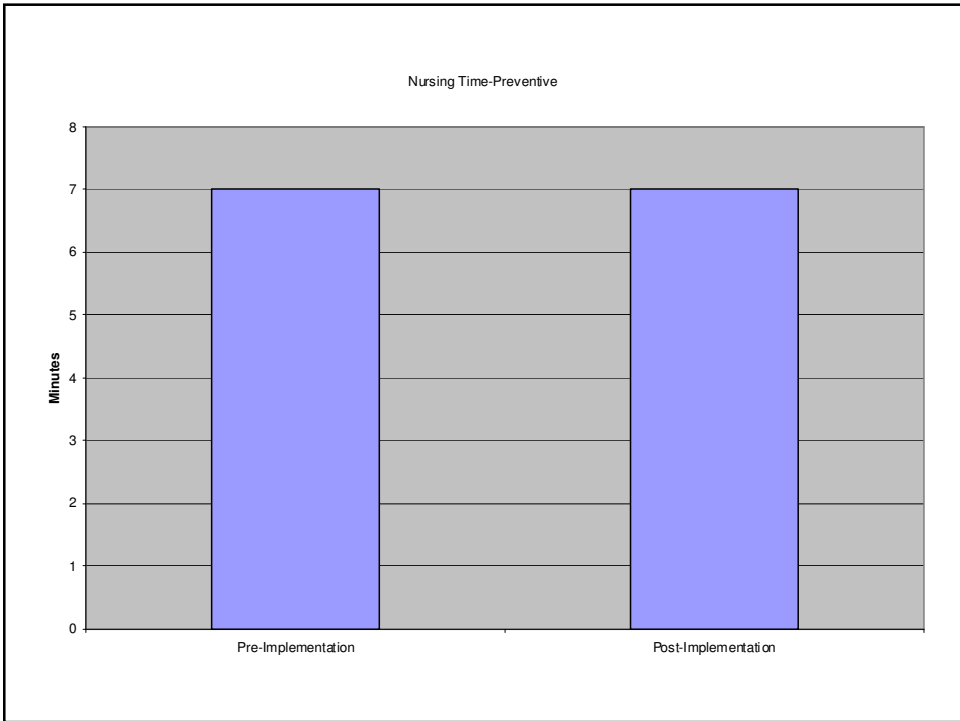
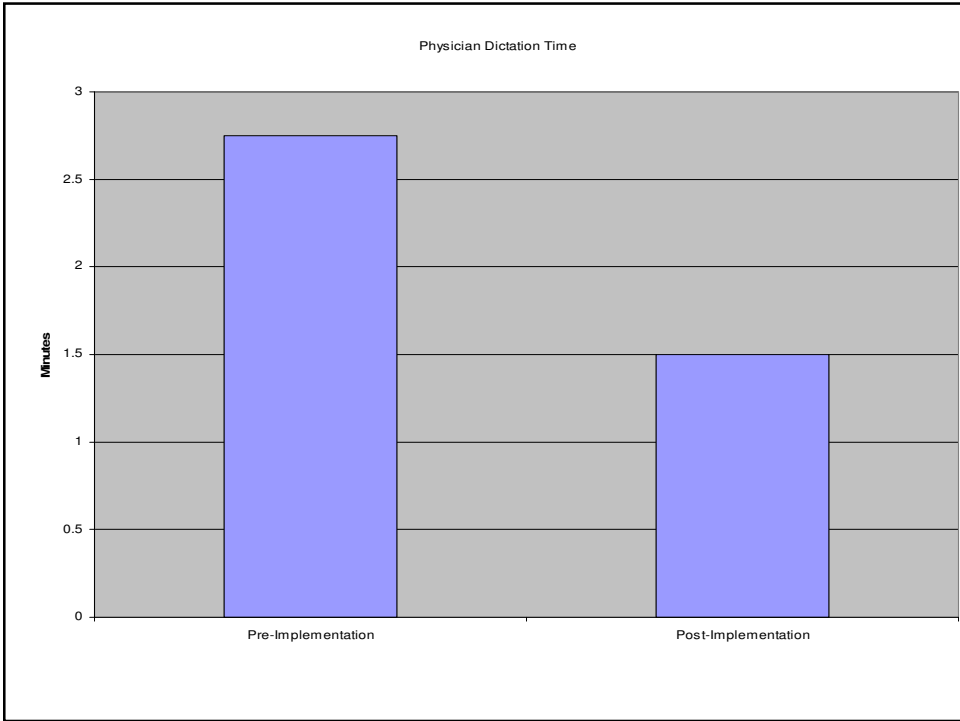
- ⇒ Nurse rooms patient, ascertains reason for visit
- ⇒ Nurse asks the patient to perform assessment on computer, pulls up the correct questionnaire and instructs patient on how to complete
- ⇒ Patient completes questionnaire and places visual queue outside exam door

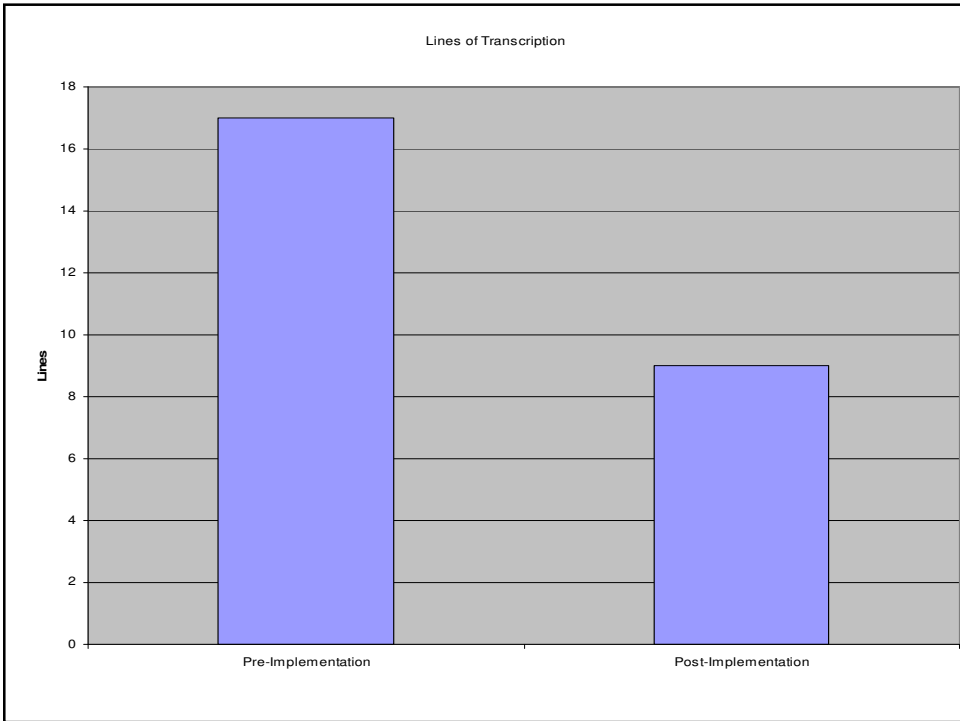
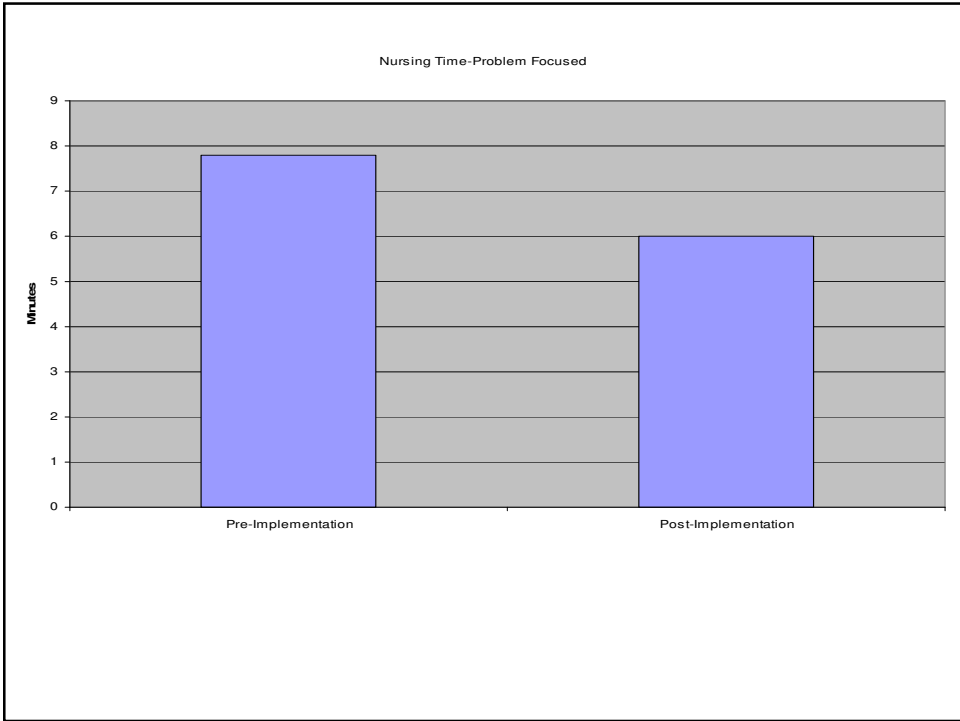
Process cont.

- ⇒ Software reformats questionnaire into SOAP template (subjective portion)
- ⇒ Dr. Rens enters exam room, reviews results of questionnaire with patient, makes editorial changes as necessary
- ⇒ Dr. Rens e-mails interview to transcriptionist who pastes template into Dr. Rens dictation

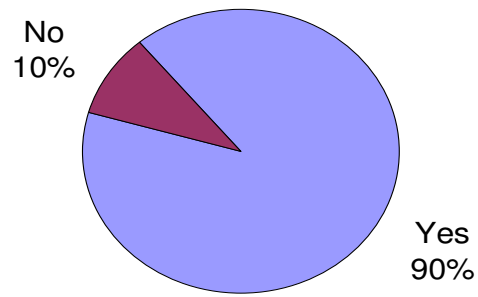
Results of Project

Dictation Time
Nursing Time
Transcription
Patient Satisfaction

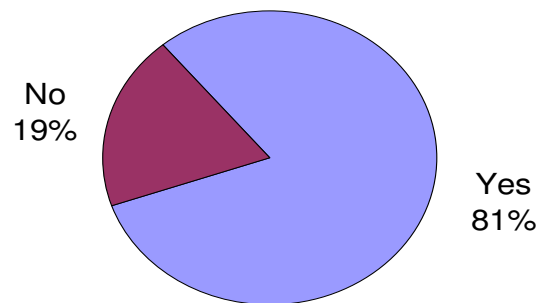




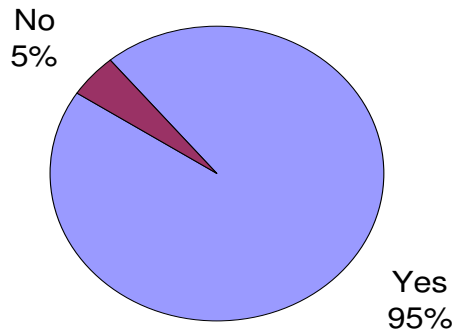
Did you think the computer was easy to use?



Do you think it asked questions that were relevant to your appointment?



Are you willing to use it again at your next appointment?



Other Findings & Lessons Learned

- ➔ Audit of E&M coding revealed 9 of 20 problem focused visits could have been coded at a higher level
- ➔ Be careful in selecting interview questionnaires
- ➔ Physician work flow changes
- ➔ Inclusion of negative findings

