

Case study

Annville Family Medicine

Annville Family Medicine provides a full spectrum of services, including preventative care and minor surgery to 1200-1500 patients a week from its office in Annville, Pennsylvania. Eight full-time physicians, a nurse practitioner and two physician's assistants also provide hospital care to 25-30 patients a day and travel to six nursing homes where they care for 150 patients.

"Given the improved efficiency in what we can do for people, EHR is well worth the investment in time and money," states Robert Nielsen, M.D.

"We've redesigned workflow and processes of care, and we're better able to meet patient needs. In addition, costs have decreased, providers' time is better utilized and we're effectively managing outcomes for patients with chronic disease."

CHALLENGES

Annville Family Medicine used paper charts for over 25 years. However, by the early 2000's Dr. Nielsen found that information was becoming overwhelming. The practice needed to locate patient data, do recalls to manage patient care and understand patterns in the practice. This was manually impossible. Dr. Nielsen recognized he had to computerize his practice.

SOLUTION

Dr. Nielsen looked at five or six different systems and consulted with others before choosing MEDENT Practice Management and EMR/EHR from Community Computer Service. The software was CCHIT CertifiedSM in 2006 and 2007.

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Robert Nielsen, M.D., founder
Annville Family Medicine

Lab results for patients are electronically transmitted directly from Annville's lab into the patient chart. Often Annville's providers graph the results against medications and weight and share the graph with the patient. "It's very powerful and useful in educating patients," states Dr. Nielsen. "When you look at data and outcomes over time, it's hard to escape the reality. It has made a difference for patients."

"E-prescribing is a wonderful and quick way to do prescriptions and refills," states Dr. Nielsen. "EHR improves accuracy because of the medication lists, and it checks for drug interactions, common side effects and the patient's allergies. Walking down the hall to look in the PDR took at least two to three minutes many times during a day and there was a lot of error in the old system."

EHR makes it possible to populate fields for disease management (DM). Annville has looked at lipid management, hypertension and diabetes. The practice has 1100 diabetics. "We can go in and write a series of reports segmented by risk level," describes Dr. Nielsen. "For diabetes, we've particularly focused on the outlying group with 1ACs above 10. These are the people who have the most to gain by reducing sugars. We've approached these people with education, classes and nutrition information."

The practice has also looked at DM/HM health maintenance protocols such as those related to mammograms and pap smears. "This enables better care as insurance companies move to pay-for-performance," explains Dr. Nielsen. "We're looking at how often we need to query the system in various areas to best identify people who need additional care. Many patients contact the office only when they're about to run out of a prescription."

With the changes EHR has enabled, Annville is looking at total workforce deployment. The front desk is now totally devoid of paper charts and insurance is electronically verified before the appointment. With 10 providers, Annville is considering forming two teams and moving more functions into the teams, with the front desk providing only a greeting function. "Follow-up appointments and scheduling of referrals can be done more efficiently by people who better understand the urgency and clinical picture of the patient," states Dr. Nielsen. "With margins so slim, it's critical that the right people can provide the right service at the right time."

One week-end, a patient of Dr. Nielsen's required emergency care at a near-by hospital. The attending physician called Dr. Nielsen wondering if he could remember any of the latest lab results. "The physician was quite amazed when with the press of two buttons, I was able to locate and fax from the EHR specific lab test and echo cardiogram results," describes Dr. Nielsen. "By providing key information quickly and accurately, I was able to improve care at another facility and likely decreased the patient's hospital stay by two to three days."

Recently, there was a recall on a medication prescribed for some of Annville's patients. Using MEDENT's Medication Recall Reporting feature, the practice identified 25 patients on the medication, contacted the patients and scheduled them to see their physician within 10 days. "Going through 23,000 paper charts

would have been impossible,” states Dr. Nielsen, “and contacting them showed we care.”

“Our experience with Community Computer has been great,” comments Dr. Nielsen. “Getting to the people we need is straightforward and fast, and the fact that MEDENT is a single, integrated system makes good sense. A practice with two parallel systems wastes time going back forth and it’s very frustrating to staff.”

RESULTS

“MEDENT has enabled us to increase accuracy and efficiency in dealing with information,” states Dr. Nielsen, “and we’re better able to meet patient needs at the point of service.” Before EHR, the referral process at Annville was a three or four-step process. Now the person pulls notes and lab tests from the chart, contacts the physician’s office and faxes over the information in a single step. Before Annville began using EHR, providers’ schedules were 85 percent full. Now they are at the 94 to 96 percent level.

The DM formulas and protocols built into the EHR enable Annville to effectively monitor and manage patient care in a way not possible with paper charts. “To manually go through charts and identify those who haven’t been checked in the last six months is next to impossible,” explains Dr. Nielsen. “With EHR, it’s very easy.”

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