Case study
Hudson Valley Gastroenterology

From Kingston and three neighboring New York towns, Hudson Valley Gastroenterology, P.C. provides consultation and gastroenterology procedures for patients ranging from adolescents to the elderly. Serving about 400 patients a week are three physicians and two physician assistants. Three LPNs and twelve administrative personnel complete the staff.

"With MEDENT EMR, we have absolutely improved the quality of patient care," states Dr. Michael Steckman, president of Hudson Valley Gastroenterology. "We can generate a higher quality note, access patient information from anywhere, and be alerted with one click to such details as drug-drug interaction.   This adds to patient safety and is a real time saver. The electronic software enables us to generate a more complete record that reflects higher levels of encounters in a more efficient way. With more effective documentation, a level 3 encounter or consultation becomes a level 4. Once we began using MEDENT, level 4 encounters increased, and we saw an immediate increase in revenue."

CHALLENGES

Dr. Michael Steckman founded Hudson Valley Gastroenterology in 1983. The practice began using MEDENT Practice Management from Community Computer Service in the mid 1990's. With multiple sites, the practice found it became increasingly cumbersome and eventually nearly impossible to have charts available and to coordinate staff across the various offices.

SOLUTION

In November, 2009, Hudson Valley Gastroenterology implemented MEDENT EMR.

"With MEDENT, we can get to Meaningful Use without having to hire a consultant. It's easier than we thought."

Michael Steckman, M.D., President
Hudson Valley Gastroenterology

Hudson Valley Gastroenterology has a Medical Content Library and customized templates tailored for the practice. "We have templates created for a gastroenterology practice which provide a unique procedure report for colonoscopies and upper endoscopy procedures," states Dr. Steckman. "The template has picture diagrams on which we can write our symbols. It includes the diagnostic code and plan and is a complete report. We don't need to dictate additional reports which saves valuable time."

"I take my laptop when I do colonoscopies and upper endoscopy procedures at the hospital. The procedure report is so complete that we can print it out for the hospital chart, and at the same time it becomes a permanent part of the office' electronic patient record."

Each of the five providers at Hudson Valley Gastroenterology has their own way of documenting the patient visit. "I use point and click and then add to the patient note using the Dragon speech recognition software," states Dr. Steckman. "The other providers are probably 90 percent point and click, and they type in additional information. With patients and nurses entering information and physicians having templates, we can code at higher levels. The levels are visible as you add data. It's a marvel! The notes are complete and can't be challenged."

"The drug alert software in MEDENT is fantastic," exclaims Dr.Steckman. "As a specialty practice we see patients come in on all variations of drugs. We can simply click, and all of the information on drug-drug interaction is right there at the top of the page. We don't need to go searching in the PDR. It's a real time saver, and it improves the quality of patient care."

Since MEDENT EMR has been in use only 18 months, Hudson Valley Gastroenterology does not yet have a lot of lab information digitized. Over time, when a history of lab results is accumulated in patients' electronic records and the regional Health Information Exchange is implemented, the practice expects to make use of the Disease Management (DM) flowsheet capabilities in MEDENT. "Currently, we do one DM tracking report to identify patients who have had polyps for follow-up colonoscopies," states Dr. Steckman. "As Meaningful Use becomes more fully worked out for specialties, there will be additional indicators."

"We are now doing Meaningful Use. When as a specialty practice we got the green light, we aimed for it. MEDENT is absolutely fantastic in guiding you through it, and the MEDENT manual is so complete. If you're just a little computer savvy and willing to put in just a little work, with MEDENT, you can get to Meaningful Use without having to hire a consultant. Community Computer is very knowledgeable about what the government is looking for. You can use a well-designed dashboard to monitor the status of each Meaningful Use parameter. I'm confident about our attestation, which is in a few weeks, because the numbers are right there in front of you. Meaningful Use is easier than we thought."

Hudson Valley Gastroenterology has been using the Patient Portal for about a month. When patients come in for appointments, they are introduced to it. "The patients who come in with two to three pages of notes are the ones who use the

portal right away," explains Dr. Steckman. "Some patients feel empowered and will update allergies or add a med they forgot to mention. It's great that with one click we can put the Clinical Visit Summary or the results of biopsies in the patients' hands so they can have it as part of their records. We're encouraging use because it's easier to send an e-mail than a letter."

"My overall experience with Community Computer has been excellent. Their feedback and support is unbelievable. If I send them a simple note, it's clear they really want to answer the question or address the concern. They'll develop a workaround or write a program, if it's needed."

RESULTS

MEDENT has made providing services at the practice's multiple sites a lot easier. Patient information is accessible from all of the sites and from a laptop at the hospital, at home or at the airport. Because of the ease and efficiency of the software, generating a higher quality note requires no additional time and has resulted in an increase in revenue for the practice. Dr. Steckman estimates that there has been a 10 to 20 percent increase with some carriers.

"We have absolutely improved the quality of patient care," states Dr. Steckman. "We cover for each other. When a patient calls, you can go right into the chart, learn or be reminded of who they are, give informed advice and document the conversation. With paper charts, the call may have ended up not documented. Meeting sound medical and legal guidelines is so much easier. We're aware of more details such as the drug-drug interaction. Every component adds to patient safety and in ways only an electronic record can."

"As we use quality indicators more and more and become part of research studies, we can use our own databases," states Dr. Steckman, as he reflects about the future. "I look forward to when the Health Information Exchange is in our region and we can integrate more data with graphs as well as include labs from the hospital."