



How to Make the EMR Your BFF

CHP Office of Faculty Development Session
October 18, 2017

Evelyn Reis, MD
General Academic Pediatrics

Poll Everywhere

- How does the EMR help you care for patients?
- How does the EMR challenge you?

Overview

1. EMR: both a blessing and a curse
 - How does the EMR help you care for patients?
 - How does the EMR challenge you?
2. Benefits (blessings) of EMR
3. Challenges (curses) of EMR
4. How can we improve the EMR experience for patients?
5. How can we improve the EMR experience for providers?
6. What changes will you make? Share with colleagues? Model for trainees?

EMR: A Blessing and a Curse

 MENU newsworks 

APRIL 15, 2016 | THE PULSE

The curse and blessing of electronic medical health records

 The curse and blessing of electronic medical health records 

Listen 0:00 / 7:16



(AP Photo/John Raoux)

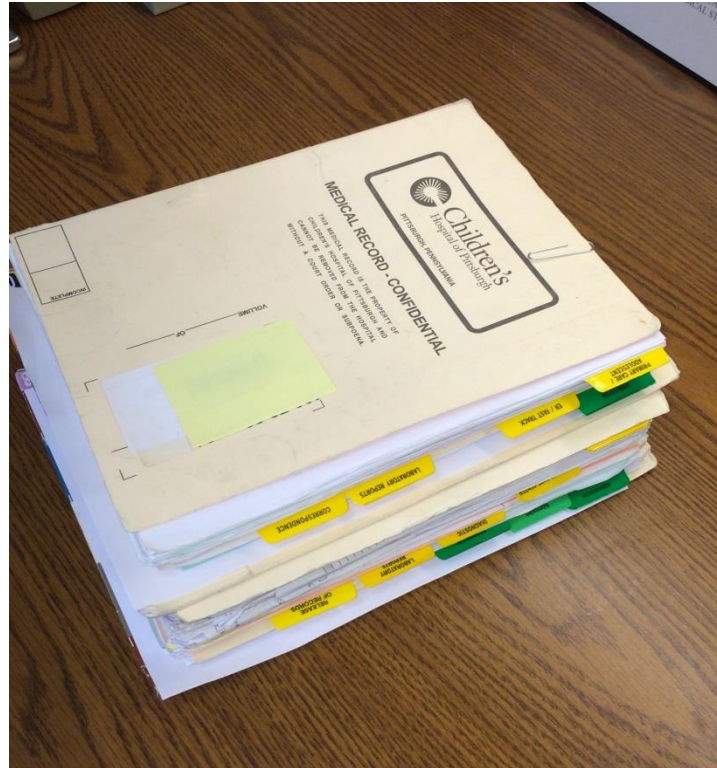
Poll Everywhere

- Word cloud:

How does the EMR help you care for patients?

EMR: A Blessing

- The good ol' days??



EMR: A Blessing

Advantages of EMR

- Remote access to patient data
- Data is legible
- Data available to multiple users simultaneously
- Enhances communication and coordination of care among providers
- Enhances safety through built-in checks
 - Ex: medication allergies
- Best practice reminders
 - Ex: immunizations due
- Increases participation of patients/parents in care



EMR: A Blessing

PERSPECTIVE



Andy's INSIGHTS

Harnessing the Healing Power of Big Data and Health Care Technology

At Children's Hospital of Pittsburgh of UPMC, we are leading the way in the application of technology to improve patient quality, safety, and outcomes. Recently, our efforts were recognized with the prestigious HIMSS Enterprise Davies Award for health care technology innovations (*see page 1*).

But we're not stopping there: Here are insights into a handful of related projects we are now developing.

Improving patient scheduling

As a result of our efforts, we have made significant improvements in patient scheduling. To ensure that patients are seen by the right specialist at the right time, we have implemented a new scheduling system at Children's Hospital of Pittsburgh. This system allows schedulers to see all available appointment slots for an appointment. During a five-month pilot with Children's Community Pediatrics, our schedulers proactively handled 2,347 appointments from 20 pediatricians, resulting in more timely and efficient care.

Supporting at-risk patients

We are pioneering the first pediatric version of the Rothman Index — a predictive warning system that evaluates a patient's condition in real time with an easy-to-understand composite score. Software gathers data from the patient's EMR, along with live data from continuous monitoring systems (vital signs, nursing assessments, and lab results), to ensure closer monitoring for our sickest patients.

Reducing hospital readmissions

Our innovative SHARP Project (System for Hospital Adaptive Readmission Prediction and Management) is the country's first pediatric decision support system to help clinicians and patient care teams identify and manage patients who are at high risk for 30-day readmission. SHARP uses data to create real-time risk estimates from the moment a patient enters the hospital, allowing staff to focus on personalized patient education and prevention measures. The system will be operational by July 2016.

Standardizing best practices

We're developing standardized protocols for the management and treatment of specific conditions. Integrated into the EMR, these clinical pathways will provide step-by-step decision algorithms to guide care from admission through discharge for all specialists.

“...we are leading the way in the application of technology to improve patient quality, safety, and outcomes.”

most common illnesses
e, with 27 more pathways

launched Children's
that is changing how
ies. New equipment
music, or watch

television shows or movies. It also provides parents convenient access to information about treatment, their care team, and hospital resources.

These are challenging but exciting times in health care. At Children's, we're proud to be at the vanguard in harnessing the power of “big data,” and we look forward to our continued partnerships with you to maximize their value and impact for your patients.

Andy Urbach, MD, is associate chief medical officer at Children's Hospital. He welcomes your comments and questions. Please send an email to mdrelations@chp.edu.

Pediatric INSIGHTS Spring 2016

EMR: A Blessing

NEWS YOU NEED

Children's Hospital Lauded for Health Information Technology

Children's Hospital of Pittsburgh of UPMC has been named a 2015 Healthcare Information and Management Systems Society (HIMSS) Enterprise Davies Award recipient. Children's representatives accepted the award at the 2016 Annual HIMSS Conference & Exhibition in March in Las Vegas.

Since 1994, the award has recognized outstanding achievement by organizations that have used health information technology to substantially improve patient outcomes while achieving return on investment. The Davies Awards program promotes electronic health record (EHR)-enabled improvement in patient outcomes through sharing of case studies and lessons learned across a wide range of efforts, including implementation strategies, workflow design, best practice development and adherence, and patient engagement that have improved outcomes for patients.



Telemedicine Extends Care to Newborns at Community Hospitals

Modern technology is bridging the distance between neonates and neonatology at Children's Hospital of Pittsburgh of UPMC and Magee-Womens Hospital of UPMC.

Telemedicine brings the Neonatal Intensive Care Unit (NICU) to the patient's bedside to help newborns get the care they need in their home communities and facilitate transfer to Children's for the sickest infants.

"The UPMC Newborn Medicine Program's telemedicine initiative utilizes specialized state-of-the-art video conferencing technology



Participating Hospitals

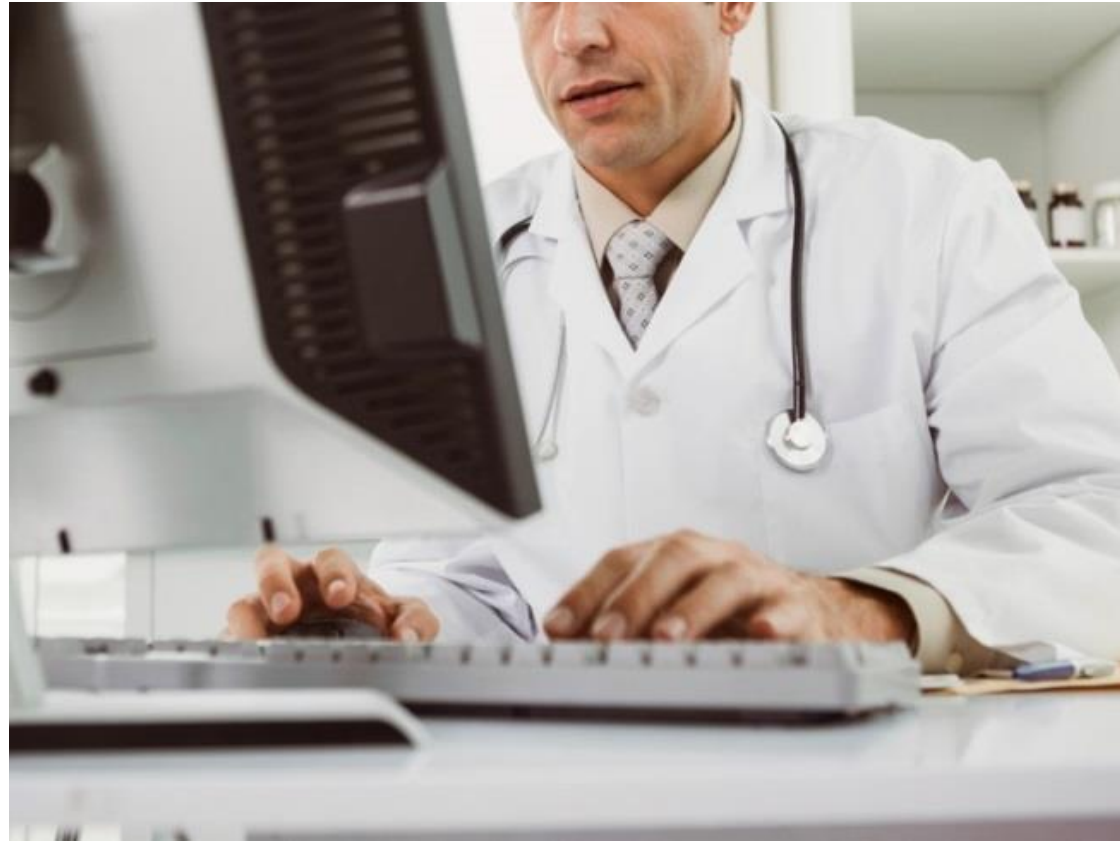
- > ACMH Hospital, Kittanning
- > Cole Memorial, Coudersport
- > Excelsa Westmoreland Hospital, Greensburg
- > Indiana Regional Medical Center, Indiana

Pediatric INSIGHTS Spring 2016

EMR: A Blessing

- CHP EHR-enabled patient outcomes
 - Reduced hospital-acquired infections
 - Reduced ICU admissions
 - Improved on-time delivery of medications
 - Lowered medication errors

EMR: A Curse



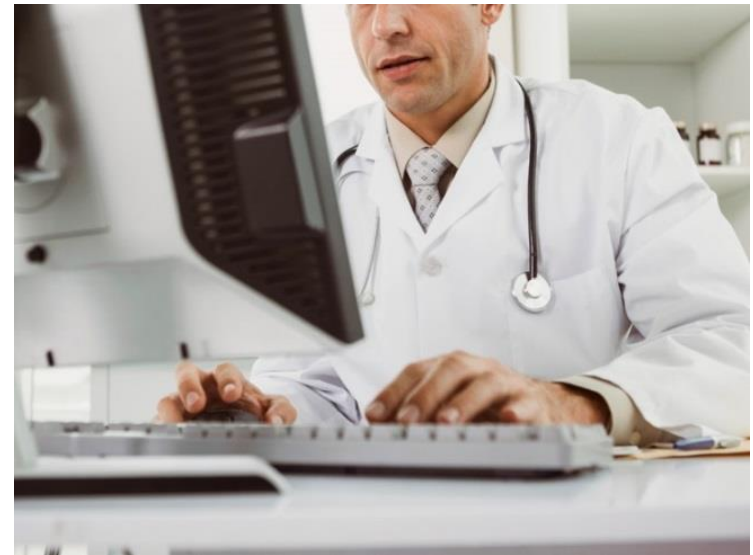
Poll Everywhere

- Word cloud:

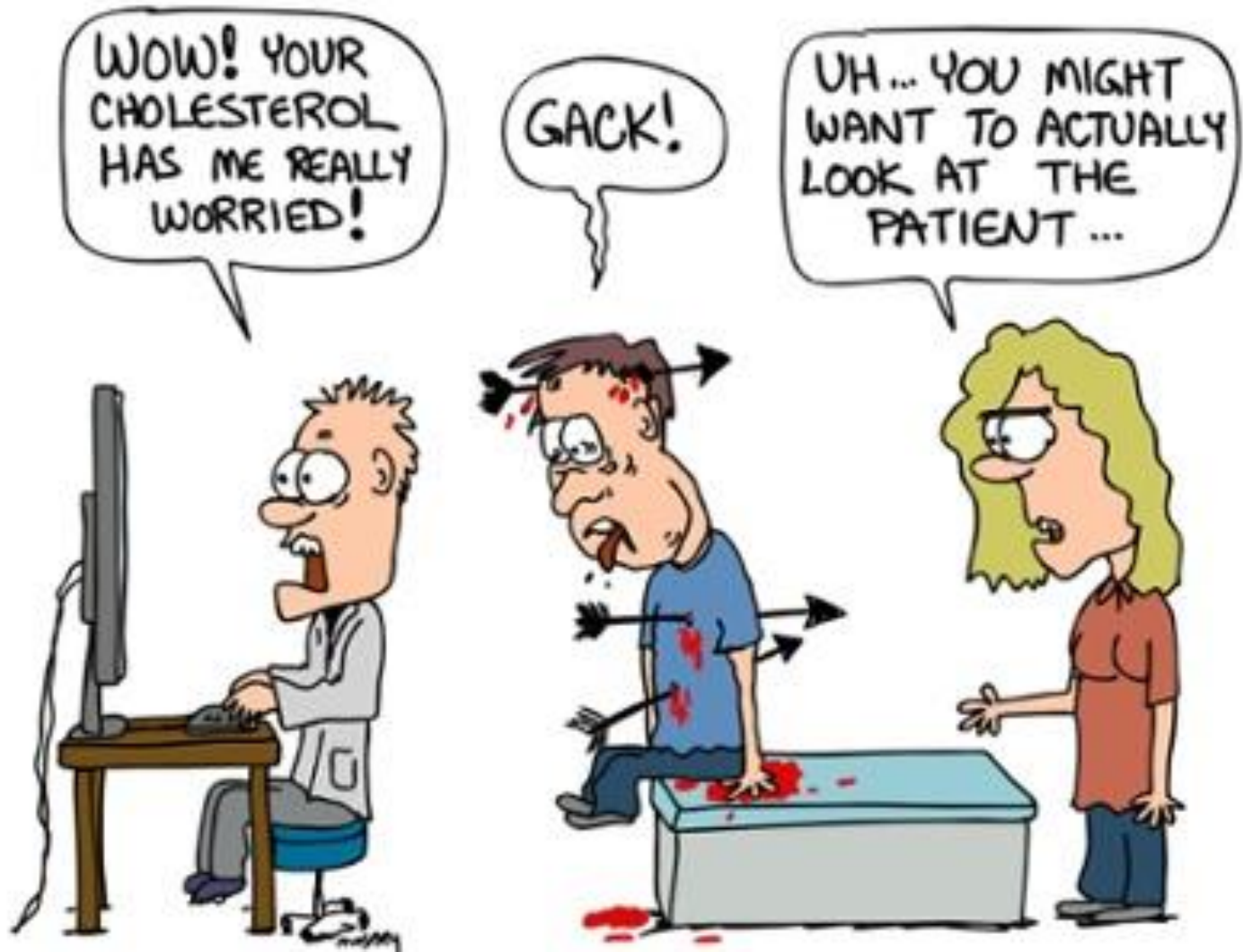
How does the EMR challenge you?

EMR: A Curse

- Time-consuming
- Intrusive
- EMR-led agenda
- Distracted doctors
- Decreased communication skills and eye contact
- Decreased perceived empathy
- Doctor as data entry clerk



Distracted Doctor



Distracted Doctor



From: Improving Patient-Centered Technology Use (iPaCT)
Education and Evaluation Toolkit, AAMC MedEd Portal

Distracted Doctor



Distracted Doctor



Observations?

Texting While Doctoring: A Patient Safety Hazard

Christine A. Sinsky, MD, and John W. Beasley, MD

“Texting while driving is associated with a 23-fold increased risk for crashing and is illegal in most states... Multitasking is dangerous – cognitive scientists have shown the engaging in a secondary task disrupts primary task performance.

Might physician typing into electronic health records pose similar risks? As when driving, physicians also need to be alert to environmental cues and unexpected turns.”



REPRINTS



EHRs are ruining the physician-patient relationship



© Leonardo da/Shutterstock.com

April 16, 2016

By Cheryl L. Branche, MD, MLS

On February 17, 2009, President Obama, to stimulate the adoption of the [electronic health record \(EHRs\)](#) and supporting technology in the United States, signed the Health Information Technology for Economics and Clinical Health (HITECH) Act into law, as part of the American Recovery and Reinvestment Act of 2009.

The Cost of Technology



© 2011 Thomas G. Murphy, MD.

Elizabeth Toll. *JAMA*. 2012

Physician communication skills

- EMR can negatively impact verbal and nonverbal communication skills
 - Physicians who had poor communication skills during paper chart visits performed less well after the introduction of EMR
 - Doctors with better communication skills at baseline were able to better integrate the EMR into visits

R Frankel, et al. *J Gen Int Med.* 2005

Eye contact

- Eye contact is directly associated with patient-perceived physician empathy
- Impact of eye contact on perceived empathy increases when visits are short
E Montague, et al. *J Particip Med*. 2013
- Compared to paper chart visits, physicians using EMR make less eye contact with patients (1/3 visit looking at screen)
 - E Montague, A Asan. *Int J Med Inform*. 2014

“Eye contact is a really good surrogate for where attention is ...” – Enid Montague, MD

Data Entry



Pay doctors and nurses for the time they spend charting

EDWIN LEAP, MD | PHYSICIAN | MARCH 9, 2015



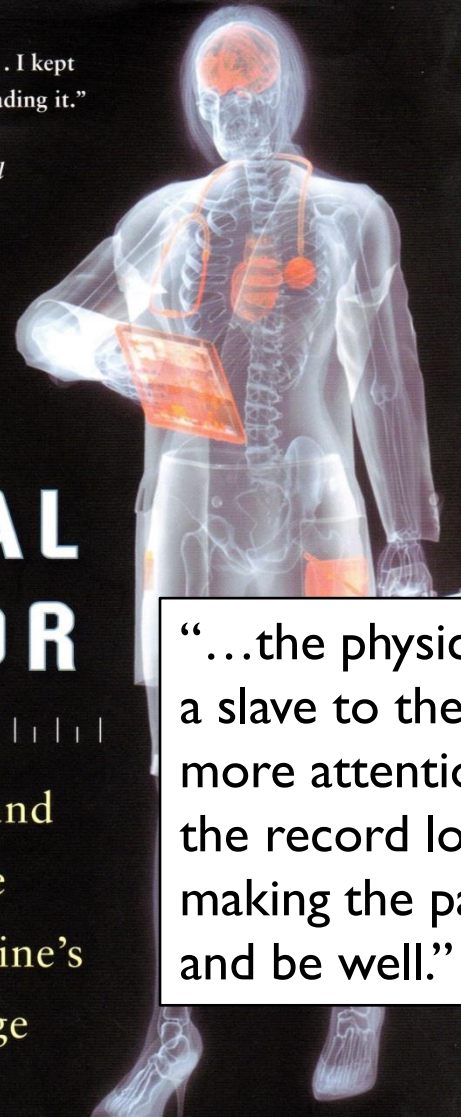
“Well told and eye opening . . . I kept thinking, ‘Exactly!’ while reading it.”

—Atul Gawande,
author of *Being Mortal*

THE DIGITAL DOCTOR

Hope, Hype, and
Harm at the
Dawn of Medicine’s
Computer Age

R O B E R T W A C H T E R



“...the physician can feel like a slave to the record and pay more attention to making the record look pretty than making the patient feel heard and be well.”

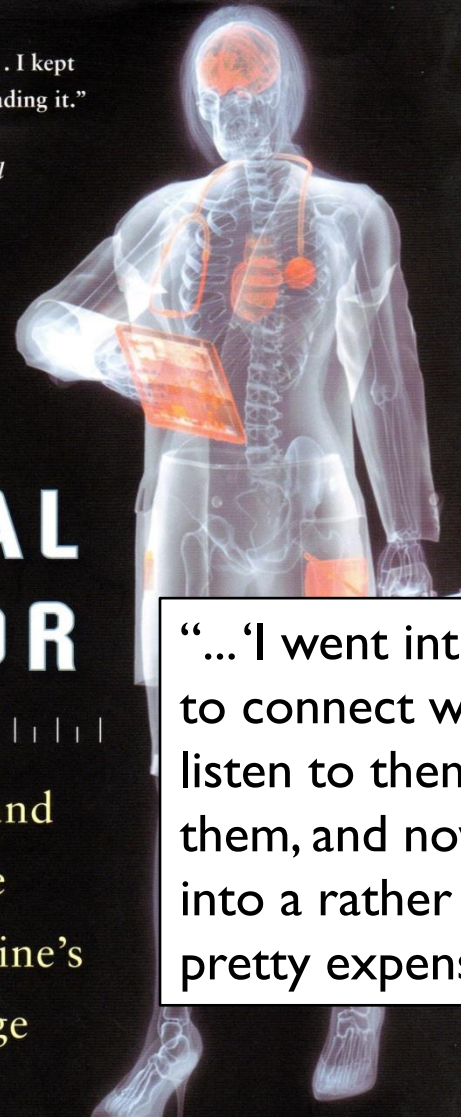
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R O B E R T W A C H T E R



“...‘I went into this business to connect with patients, to listen to them, to focus on them, and now I’ve turned into a rather unglorified, and pretty expensive, typist.’”

How can we improve the EMR
experience for our patients?

Distracted Doctor



Suggested changes?

Improve patient experience



Introduction: Eye contact, Smile, Social touch, Names

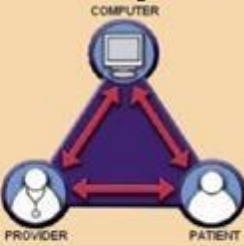
Improve patient experience

- Social touch (therapeutic/healing touch)
 - Hand shake, touch on arm, pat on back
 - Touch in caring context, with social meaning
 - Vs. Task/Diagnostic touch: clinical purpose, necessary maneuver (e.g., physical exam)
- Better patient-perceived empathy in physicians who use social touch
 - 2-4 touches/visit ideal

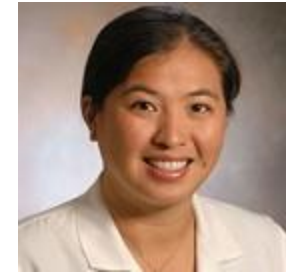
E Montague, et al. *J Particip Med*. 2013



HUMAN¹ LEVEL² - 10 Tips to Enhance Patient-Centered EMR Use

H	<u>H</u> onor the “Golden Minute”	Make the start of the visit completely technology free . Greet the patient, start with their concerns and establish an agenda for the visit before engaging technology.
U	<u>U</u> se the “Triangle of Trust” 	Create a triangle configuration that puts you, the patient and the computer screen at each of the three comers. This allows you to look at both the patient and screen without shifting your body.
M	<u>M</u> aximize patient interaction	Encourage patient interaction . Pause for questions and clarification. Allow time for questions and to verify understanding .
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1. HUMAN - Alkureishi, Lee 2013 2. LEVEL – The Permanente Federation©2004



Dr. Wei Wei Lee

Improving Patient-Centered Technology Use (iPaCT) Education and Evaluation Toolkit

Lee WW, Alkureishi MA, Farnan J, Arora VM.

University of Chicago

© 2014

AAMC MedEd Portal

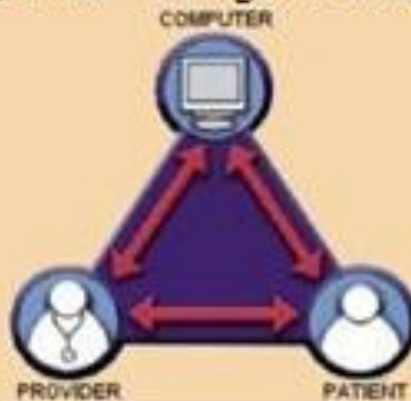
H

Honor the “Golden Minute”

Make the start of the visit completely **technology free**. Greet the patient, start with **their** concerns and establish an **agenda** for the visit before engaging technology.

U

Use the “Triangle of Trust”



Create a **triangle configuration** that puts you, the patient and the computer screen at each of the three corners. This allows you to look at both the patient and screen without shifting your body.

“Golden Triangle”



“Golden Minute” + “Triangle of Trust”

Golden Minute + Triangle of Trust

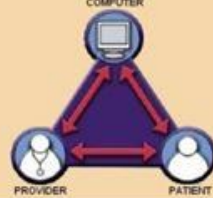


Golden Minute + Triangle of Trust



Improve patient experience

Observations?

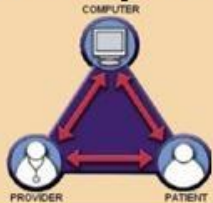
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1. HUMAN - Alkureishi, Lee 2013 2. LEVEL - The Permanente Federation©2004

Improve patient experience

Observations?

How long before
Dr. Moss logged on
to EMR?

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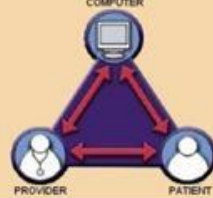
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Improve patient experience

Observations?

How long before
Dr. Moss logged on
to EMR?

56 seconds

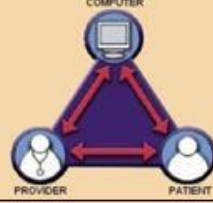
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Improve patient experience

Observations

- Golden Minute
- Triangle of Trust
- Nix the screen
- Eye contact

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Improve patient experience



Other tips

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Staying Connected: Eight Tips for Mindful Office Visits With an EHR

Carla Jardim, MD

1. Focus on the patient when you enter the room.
2. Get the chief complaint from the patient, not the EHR.
3. Know when to put away the keyboard.
4. Inform the patient when you need to use the computer.
5. Sit so the patient can see the computer screen.
6. Admit if you are not comfortable with your EHR.
7. Engage the patient in the use of the EHR.
8. Look things up with the patient.

Jardim C. *Family Practice Management*. 2015

iPATIENT¹ - Tips to Enhance Patient-Centered Tablet Use with Hospitalized Patients

i	<u>I</u> nfection control	Observe infection control measures when using tablet with patients (i.e. use instant hand sanitizer before and after using device with patients, regularly disinfect devices with approved cleaning agents).
P	<u>P</u> roper device handling	Carry tablets using appropriate straps and ensure secure handling when using with patients (i.e. avoid positioning tablet in precarious positions in the patient room and ensure that the patient can see and interact with device).
A	<u>A</u> ttention to the patient	Attention should be focused primarily on the patient at the beginning of the encounter, maintain eye contact with the patient as much as possible, use the tablet as a communication-enhancing tool .
T	<u>T</u> each the patient using the tablet	Use the tablet as an interactive tool to explain diagnoses, discuss treatment plans, consent patients etc. Pull up appropriate radiology images, patient education websites and other useful tools to promote patient understanding .
I	<u>I</u> ntegrate into clinical care	Integrate tablet use into bedside interactions with patients. Look up pertinent labs, vitals and other data with patients and encourage patient interaction. Allow time for questions and to verify understanding .
E	<u>E</u> xplain what you are doing	Be transparent about everything you do. Avoid long silences and aim for conversational tablet use by explaining what you are doing as you are doing it .
N	<u>N</u> ever leave unaccompanied	Never leave tablet unaccompanied. This ensures that your patients' protected health information remains secure .
T	<u>T</u> urn off during sensitive discussions	When discussing sensitive information, completely disengage from the tablet (look at the patient, turn away from screen , etc.)

1. Arora V, Lee WW, Farnan J, Alkureishi L 2013

For more information, please email wlee6@uchicago.edu

“Do we truly spend less time with our patient since the spread of EHRs?”

Three time studies of residents:

- 2012 (Block): 40% with computer; 12% with patients:
10-24 min - admission; 7 min - follow up days
- 1988 (Parenti, Lurie): 42-45% charting; 20% with patients:
17-28 min - admission; 3.5 minutes - follow up days
- 1959 (Payson): 13-16% with patients: <10 min - follow up

Despite dramatic changes in medicine, time spent with patients is relatively unchanged

Czernik Z. *JAMA*. 2016

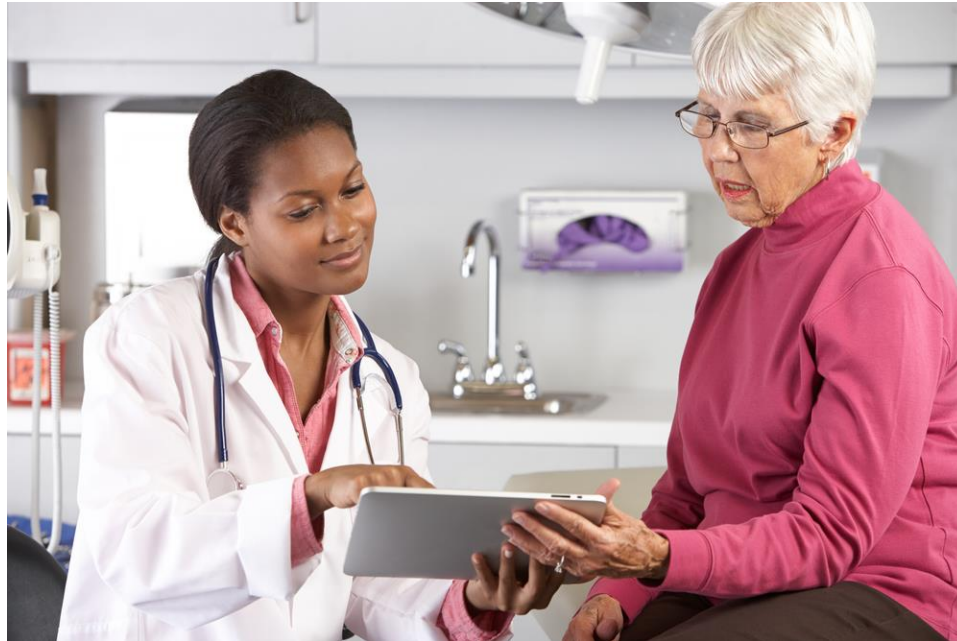
Most resident time is spent in “indirect patient care”

Now, with EHR, some indirect care can become opportunities for patient education and shared decision making.

- Example: Rather than sitting in radiology reading rooms, residents can review studies with patients at the bedside.

Czernik Z. JAMA. 2016

Time at the Bedside (Computing)



“In 75 years, I have never had the chance to see my own lungs before.”

Czernik Z. *JAMA*. 2016

How can we improve the EMR experience for providers?

Relieve physicians of data entry



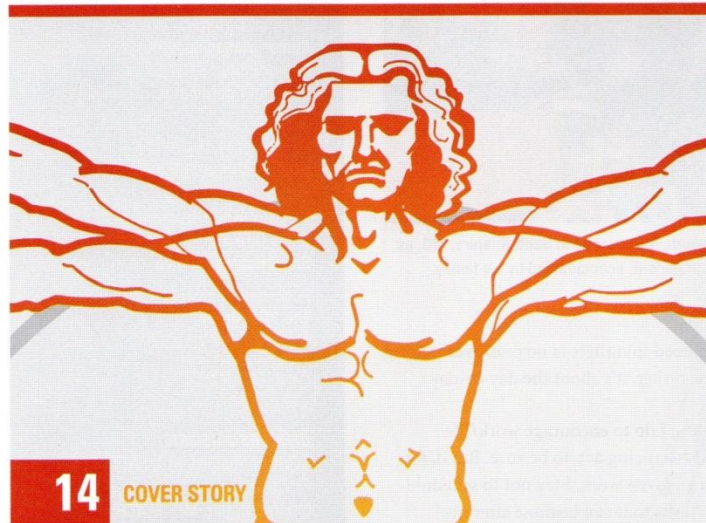
Medical Scribes



Pennsylvania
MEDICAL SOCIETY®

CONTENTS
VOL. 3, NO. 2

FEATURES



LIFE IN THE BALANCE

Experts and doctors in the trenches offer advice on recognizing signs of stress and burnout, and ways to mitigate their effects.

PENNSYLVANIA PHYSICIAN
Spring 2016



Photos courtesy of R. Frank Photography

THE FUTURE IS NOW

Recent innovations in health care technology are helping Pennsylvania physicians slash costs while guaranteeing quality care in a variety of environments.

Medical Scribes



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FEATURES



14 COVER STORY

LIFE IN THE BALANCE
Experts and doctors in the field discuss stress, fatigue, and burnout, and ways to manage them.

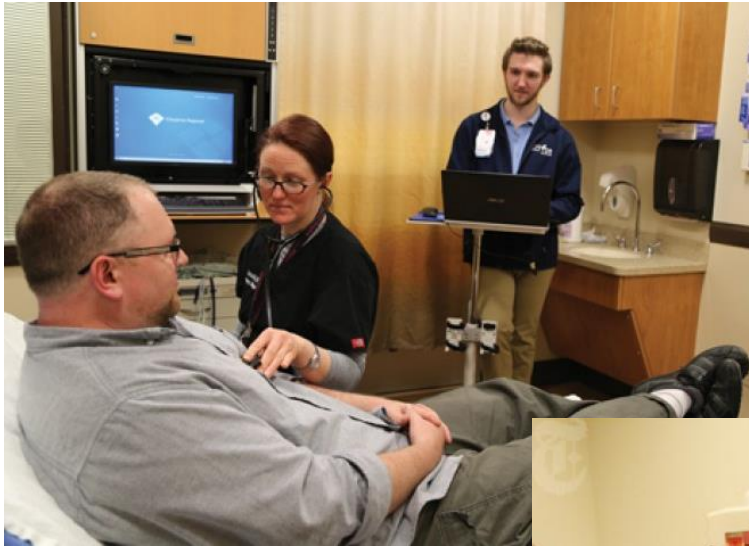
“The use of scribes in our office has revolutionized our practice of medicine. Our scribes ... allow us to devote our time to patient care. We touch patients, not keyboards.”

-- Sidney Lipman, MD

ENT Specialists of Northwest Pennsylvania


PENNSYLVANIA PHYSICIAN
Spring 2016

Medical Scribes



Medical Scribes





Scribe America

Overview | 202 Reviews | **193 Salaries** | 86 Interviews | 60 Benefits

Scribe America Salaries

193 employee salaries (for 16 job titles)

Job Title: US - All Cities

Salaries in \$ (USD)	Average
Medical Scribe - Hourly 85 Scribe America Salaries	\$9.81/hr
ER SCRIBE - Hourly 34 Scribe America Salaries	\$9.99/hr
Scribe - Hourly 27 Scribe America Salaries	\$9.35/hr
Chief Scribe - Hourly 19 Scribe America Salaries	\$13.24/hr

Improve providers' experience

- Patient Reported Outcomes (PROs)
 - Patients complete symptom and function assessments prior to the visit
 - Responses automatically populate EMR
 - Allow MD “to be a doctor again” because no longer forced to wade through verbal check lists.
 - Being implemented in CCP (e.g., MCHAT, depression screens)

Rotenstein LS. *NEJM*. 2017

Improve providers' experience

- Voice recognition software
- Other ideas?
- Wish list?

Skill Summary

- To improve EMR experience
 - Introduction: Eye contact, smile, social touch
 - HUMAN LEVEL:
 - Golden Minute (tech free for 60 seconds)
 - Triangle of Trust, Let the patient look on
 - Maximize interaction, Engage the patient
 - Nix the screen, Eye contact (sensitive topics)
 - Value the computer
 - Explain what you are doing
 - Log off to protect privacy

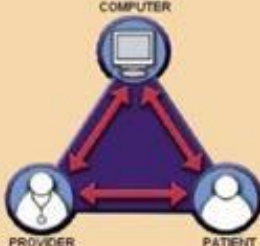
What changes will you make?

Share with colleagues?

Model for trainees?

**Write your plans on the CME form and
take a pic with your smart phone!**

HUMAN¹ LEVEL² - 10 Tips to Enhance Patient-Centered EMR Use

H	<u>H</u> onor the “Golden Minute”	Make the start of the visit completely technology free . Greet the patient, start with their concerns and establish an agenda for the visit before engaging technology.
U	<u>U</u> se the “Triangle of Trust” 	Create a triangle configuration that puts you, the patient and the computer screen at each of the three corners. This allows you to look at both the patient and screen without shifting your body.
M	<u>M</u> aximize patient interaction	Encourage patient interaction . Pause for questions and clarification. Allow time for questions and to verify understanding.
A	<u>A</u> cquaint yourself with chart	Review the chart before you enter the room to prepare, inform and contextualize your visit.
N	<u>N</u> ix the screen	When discussing sensitive information, completely disengage from the EMR (look at the patient, turn away from screen, take hands off keyboard, etc.)
L	<u>L</u> et the patient look on	Share things on the screen with your patients.
E	<u>E</u> ye contact	Maintain eye contact with patients as much as possible. Treat patient encounters as you would a conversation with friends or family members.
V	<u>V</u> alue the computer	Praise the benefits of the EMR and take advantage of opportunities to use technology as a tool to engage patients (pull up lab result to review together, utilize graphics, etc.).
E	<u>E</u> xplain what you're doing	Be transparent about everything you do. Avoid long silences and aim for conversational EMR use by explaining what you are doing as you are doing it.
L	<u>L</u> og off	At the end of the visit, log off of the patient's chart while they are still in the exam room. This reassures the patient that their medical information is secure .

iPATIENT¹ - Tips to Enhance Patient-Centered Tablet Use with Hospitalized Patients

i	<u>I</u> nfection control	Observe infection control measures when using tablet with patients (i.e. use instant hand sanitizer before and after using device with patients, regularly disinfect devices with approved cleaning agents).
P	<u>P</u> roper device handling	Carry tablets using appropriate straps and ensure secure handling when using with patients (i.e. avoid positioning tablet in precarious positions in the patient room and ensure that the patient can see and interact with device).
A	<u>A</u> ttention to the patient	Attention should be focused primarily on the patient at the beginning of the encounter, maintain eye contact with the patient as much as possible, use the tablet as a communication-enhancing tool .
T	<u>T</u> each the patient using the tablet	Use the tablet as an interactive tool to explain diagnoses, discuss treatment plans, consent patients etc. Pull up appropriate radiology images, patient education websites and other useful tools to promote patient understanding .
I	<u>I</u> ntegrate into clinical care	Integrate tablet use into bedside interactions with patients. Look up pertinent labs, vitals and other data with patients and encourage patient interaction. Allow time for questions and to verify understanding .
E	<u>E</u> xplain what you are doing	Be transparent about everything you do. Avoid long silences and aim for conversational tablet use by explaining what you are doing as you are doing it .
N	<u>N</u> ever leave unaccompanied	Never leave tablet unaccompanied. This ensures that your patients' protected health information remains secure .
T	<u>T</u> urn off during sensitive discussions	When discussing sensitive information, completely disengage from the tablet (look at the patient, turn away from screen , etc.)

1. Arora V, Lee WW, Farnan J, Alkureishi L 2013

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Thank you!

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