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

The curse and blessing of electronic medical health records

(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

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

Pediatric INSIGHTS Spring 2016
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
Excela Westmoreland Hospital, Greensburg
Indiana Regional Medical Center, Indiana
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

Wow! Your cholesterol has me really worried!

Gack!

Uh... you might want to actually look at the patient...
Distracted Doctor

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

Larry and Dr Davis
An educational film

copyright Steve Davis, DO
Distracted Doctor

Observations?
“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.”
EHRs are ruining the physician-patient relationship

On February 17, 2009, President Obama, to stimulate the adoption of the electronic health record (EHRs) and supporting technology in the Unites 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, M.D.

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

Eye contact

- Eye contact is directly associated with patient-perceived physician empathy
- Impact of eye contact on perceived empathy increases when visits are short
- Compared to paper chart visits, physicians using EMR make less eye contact with patients (1/3 visit looking at screen)

“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
“...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.”
... ‘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

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

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

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**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
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**Honor the “Golden Minute”**

**Use the “Triangle of Trust”**
“Golden Triangle”

“Golden Minute” + “Triangle of Trust”
Golden Minute + Triangle of Trust
# Improve patient experience

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1. HUMAN - Akurishi, Lee 2013  
2. LEVEL - The Permanente Federation\(^a\) 2004

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Children’s Hospital of Pittsburgh of UPMC
Improve patient experience

Observations?

How long before Dr. Moss logged on to EMR?

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56 seconds
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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- **Log 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.
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
### iPATIENT - Tips to Enhance Patient-Centered Tablet Use with Hospitalized Patients

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1. 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).

2. 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).

3. 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*.

4. 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*.

5. 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.

6. 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.

7. Never leave tablet unaccompanied. This ensures that your patients’ protected health information remains *secure*.

8. When discussing sensitive information, *completely disengage* from the tablet (look at the patient, turn away from screen, etc.)

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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
“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

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

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.

PHOTOS COURTESY OF R. FRANK PHOTOGRAPHY

14 COVER STORY

26
“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 Medical Society
Spring 2016
Medical Scribes
Medical Scribes

Scribe America Salaries
193 employee salaries (for 16 job titles)

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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!
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Wachter, R. The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine’s Computer Age. 2015.