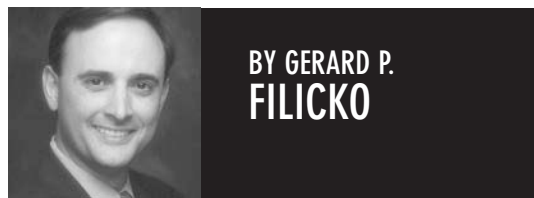


Don't Drop the Baton

e-Prescribing and e-Results Improve Workflow



BY GERARD P. FILICKO

For an example of the tremendous opportunities to improve clinical care and efficiency that e-prescribing offers, visit KatrinaHealth.org.

YEARS AGO, I RAN THE ANCHOR LEG OF MY TRACK team's mile relay. As any relay runner can attest, the cardinal sin is dropping the baton during a handoff. Our penalty during practice was running extra sprints; the penalty during competition was a lost race.

"Baton handoffs" occur routinely in medical practices, but they're called *office workflow*: the series of steps necessary to accomplish a process. The baton is work passing from one person to the next. "Dropping the baton" at any stage can result in unnecessary delays in care delivery, additional costs, lower quality, and dissatisfaction among patients and staff. Practice redesign removes

inefficient workflows and streamlines the handoff. Readily available data improve the physician's workflow. In paper-based offices, stacks of charts sit in various places, waiting for some action. An electronic medical record makes key data simultaneously available at multiple points in the office so the appropriate care team member can respond immediately. Automating two particular areas of practice

operation can increase patient safety and contribute significant ROI: electronic prescribing and clinical results delivery.

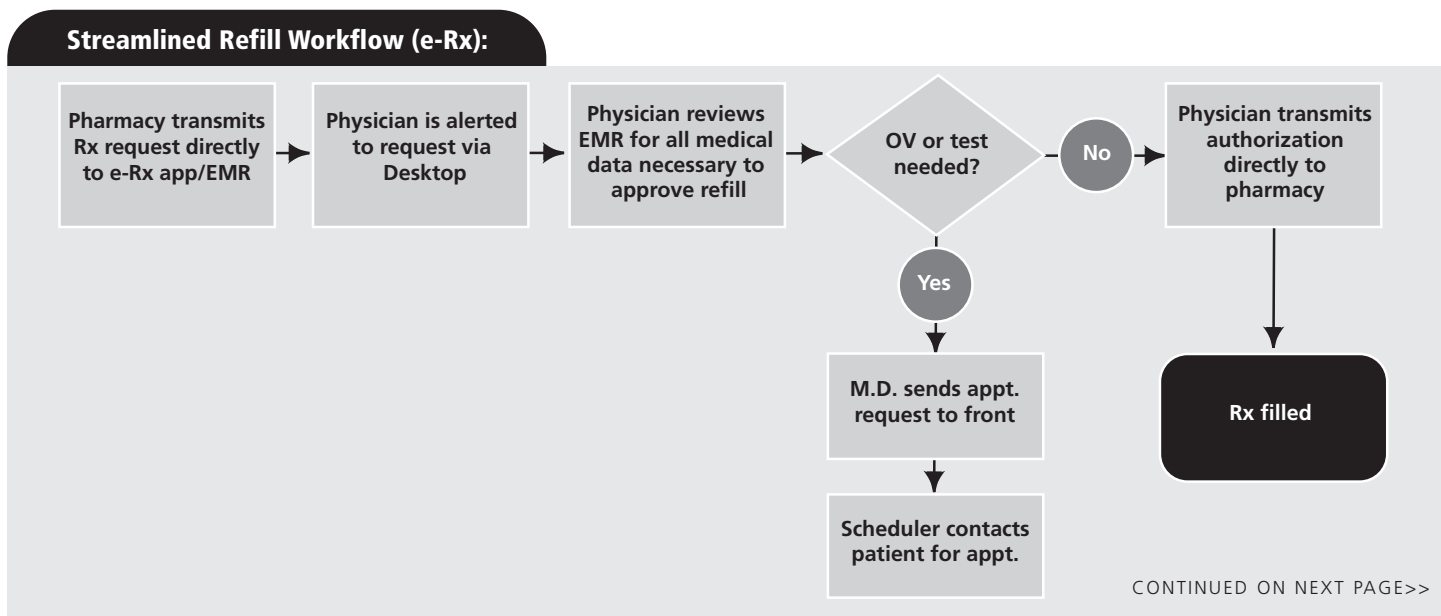
Electronic Prescribing

True e-prescribing allows physicians to write and electronically transmit prescriptions directly into the computer system of a pharmacy or PBM. This reduces office paperwork, filing, administrative time, and the chance of human error. Over the last five years, interest in e-prescribing has increased as the federal government enacted legislation to promote this technology's adoption, and national studies funded by AHRQ have documented its advantages.

Nevertheless, the same studies show that 75 percent of medical practices still use paper documents, fax and telephone requests to manage prescriptions, even though CMS estimates nearly 2.1 million adverse drug events could be eliminated nationally with

e-prescribing. Additionally, JCAHO has endorsed "medication reconciliation" as a new standard for hospital accreditation. E-prescribing tools can improve this labor-intensive process by providing more accurate and complete histories, especially when linked to a community health information exchange. Community HIE facilitates formation of complete medication lists to reduce duplicate therapy, drug interactions and other adverse drug events.

The MGMA estimates that it costs the average physician nearly \$21,000 per year to manage an office's paper-based medication system. The refill process alone can require 25 distinct steps. This means numerous opportunities to "drop the baton," and this relay can take days to complete. With e-prescribing, the average time to process a refill drops to less than three minutes in the seven-step process charted below.



Since two-thirds of all physician visits result in at least one prescription, the advantages of e-prescribing seem obvious.

Clinical Results Delivery

How often do you ask yourself, “Why are lab reports missing from my charts?” A cause and effect diagram would identify the areas of weakness inherent in most non-electronic physician offices. Common explanations include:

- Order never got to the lab
- Lab never sent the report
- Patient never went to the lab
- Report is buried in the in-box
- Staff hasn’t filed the report
- Chart is misplaced
- Report is misplaced

Reporting results typically follows no standard process even within the same group. The *Journal of Family Practice* published a survey in which 92 percent of respondents reported that each physician in their group handled results differently, and 61 percent used a different procedure for each type of test. Consider also a recent time-study which identified that an average physician receives more than 115 separate faxes — per day! That’s 115 chances to “drop the baton.”

e-Results delivery provides:

- Automatic correlation of results with orders;
- Alerts when new results arrive;

- Indications for abnormal or critical values; and,
- Tracking or reporting over time.

Interoperability between offices and external labs reduces redundant tests and minimizes delays and costs associated with paper-based reporting. Connectivity also gives physicians better access to patients’ longitudinal test results, eliminates errors associated with oral results reporting, and can make testing more convenient for patients.

Running a Successful Relay

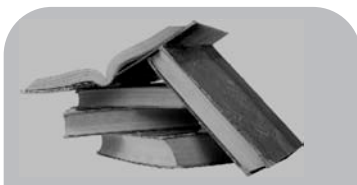
Medical practices have been “dropping the baton” for years through redundant processes,

delays and wasted time. As you analyze workflow problems, it’s important to understand what computers and software can do. An EMR is not a panacea, it’s a set of tools. Completing the baton handoff may mean overhauling clinic operations or processes to take advantage of data-exchange efficiencies. These improvements are quantifiable and will help your office win the efficiency race.

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Physician Services update

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