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Electronic Medical Records: Turning Data Into Intelligence

TURNING DATA INTO INTELLIGENCE WITH ELECTRONIC INFORMATION SYSTEMS OR THE EMR

You are listening ReachMD XM157, the channel for medical professionals. Welcome to GI Insights where we cover the latest clinical issues, trends, and technologies in gastroenterological practice. GI Insights is brought to you by AGA Institute and sponsored by Takeda Pharmaceuticals North America.

Your host for GI Insights is Professor of Medicine and Director of the Digestive Disease Center at the Medical University of South Carolina, Dr. Mark Delegge.

DR. MARK DELEGGE:

For a variety of reasons, physicians have been slow to adapt the electronic medical records system or the EMR, for instance, I think it is currently estimated that less than 15% of gastroenterologists have actually implemented an electronic medical record system with even fewer of those actually having fully implemented these systems. Joining us to discuss this, turning data into intelligence with electronic information systems is Dr. Larry Kosinski, Managing Partner of Alegent Gastroenterology that's an eighth positioned single specialty GI practice in the Northwest Suburbs of beautiful Chicago. Dr. Kosinski is also a Member of the AGA Practice Management in Economics Committee.

Welcome Larry.

DR. LARRY KOSINSKI:

Well, thank you for having me.

DR. MARK DELEGGE:

Larry, it seems like we are stuck on the pen and paper here. First of all, just to get started, what is EMR, what does that mean, what's an electronic medical record?

DR. LARRY KOSINSKI:

Well, your electronic medical record is basically the transformation of what is traditionally the patient's chart into an electronic format. So, it consists of the doctor's notes as well as the notes of phone messages, there are also all the laboratory results, the imaging results, procedure results, all the things that would usually be maintained in a patient's paper record is what winds up being the electronic medical record.

DR. MARK DELEGGE:

Is there just one EMR, I mean is there something just called the EMR or is this something that's commercially available from a number of vendors.

DR. LARRY KOSINSKI:

The EMR industry is markedly fragmented. There are currently over 300 different companies that are making some form of an electronic medical record. There are very large companies that dominate the market, but it is a very significantly fragmented industry and we expect that over the next few years, this is going to continue to consolidate until we have a much, much smaller number of vendors.

DR. MARK DELEGGE:

Larry, as a gastroenterologist, I do have some concerns, patient's safety is one, but the other one is actually compliance and billing. So, does the EMR actually help me with that, to stay compliant with say when I am charging for a consultation or a new visit or perhaps even a procedure.

DR. LARRY KOSINSKI:

Probably one of the earliest pieces of the EMR that was digitalized was what we called Charge Capture or capture of the essential elements of your patient's visit, the patient name, the date, the location of the service, the physician's name, the referral doctor, the CPT code which is actually what you perform, and one or more ICD9s, which are the diagnoses. This encounter data was probably one of the earliest things that was ever incorporated into digital systems and it became part of our practice management systems. Unfortunately, for many, many years, until recently, physician's still submitted their bills on paper to their billing staff and the billing staff would then digitalize it by entering into practice management systems. Today, we have the opportunity to work with software that allows you to take your encounter data and maximize how it is implemented into a digital format. For instance, we perform services that fall under 2 categories: Evaluation and management services, which are outpatient visits, and procedural services. Evaluation and management services have to be coded in the system, it's quite complex. Most physicians are very uncomfortable in dealing with this, but there today are many systems available to us, which can assist us in obtaining the correct code for the service we are performing, and in many cases, this winds up increasing the level of code and thereby the reimbursement you receive.

DR. MARK DELEGGE:

Now Larry, I see in front a billing sheet and I am wondering whether it's a level 3 or level 4 or level 5, sounds like this takes the guess work out of it.

DR. LARRY KOSINSKI:

The better systems do specifically the medical decision making. We all basically have the ability to perform a history and a physical examination that conforms to the systems that are necessary, where most of us tend to down code is on our medical decision making and most of us need to remember that these specific pieces of information are the tools we can use to prove that the service we are providing fits into a certain category and there are systems today that enable us to do this quite nicely.

DR. MARK DELEGGE:

Now one of the issues that I always see to in my office is communication with my own staff meaning I am trying to get a point across to the nurses or they are trying to tell me something about the patient and we are writing things down on a little scrap of paper or may be jotting it into the chart or perhaps the chart is not seen. Can you communicate with your staff in your office using this EMR tool?

DR. LARRY KOSINSKI:

EMR is one of the biggest strengths as in communications. The person you need to communicate the most with is yourself though. When I perform a procedure or when I see a patient in the office, I need to prompt myself to remember to do certain things. For instance, if I perform a colonoscopy lets say and I remove a polyp, a pathology report is going to be generated on that, I need to communicate with myself that a path report is hanging out there on this patient. So what our system does, our system automatically generates a message in our inbox that that pathology report is sitting out there. When the report arrives, the receptionist would then change that message that's in my box from results sent to results available. So now I know that the report is there, I can then using a series of dropdowns decide what I want to do with that patient, whether I want to bring the patient back in 3 years or 5 years. I can even send the letter to the primary care doctor from the EMR and without me having to make the phone call at all, I can direct the type of conversation that my nursing staff has with my patient. Of course, there are many cases where we have to speak with the patient directly, but the EMR allows you to improve the communications and to make sure you do not forget that you ordered a CAT scan on the patient. You ordered some other type of imaging study, the EMR generates that prompt in your inbox as soon as you generate the order. It's very useful.

DR. MARK DELEGGE:

If you are just tuning in, you are listening to GI Insights on ReachMD XM157, the channel for medical professionals. I am your host, Dr. Mark Delegge, and joining me today to discuss turning data into intelligence with electronic information systems or the EMR is Dr. Larry Kosinski, Managing Partner of Alegent Gastroenterology in Alegent, Illinois.

Larry, another thing and you alluded to this as the fact that communication with other physicians is very important. I cannot tell you how many times things get missed or mis-communicated. If I am hearing you right, EMR allows you to communicate more effectively with other physicians.

DR. LARRY KOSINSKI:

It definitely does. If I see a patient in the office as I am putting in my bill, my electronic bill at the end of the service, when I save that bill, it automatically notes the fact that I have performed a consultation lets say, well you cannot bill for a consultation today unless you send an accompanying letter to the primary care doctor, you cannot just fax your office note to the PCP, you have to have a letter attached to it in order to bill for a consultation, so the software realizes that you just performed a consultation. It knows who the primary care doctor is because that's already on the bill and so a window pops up and says do you want to send a letter to the primary care doctor and when you say yes, it will automatically place your impression and plan in the letter so that the PCP gets direct communications. By the time the patient is getting into the car to leave the office, the primary care doctor already has a copy of your office note and an accompanying

letter. This is essential today. The primary care doctors demand this, specifically many of them are practice carriers also require this degree of communications. So that every time you see another physician's patient, that physician should be receiving some type of referral letter.

DR. MARK DELEGGE:

Larry, I have also heard that we are being asked by our mother organizations like the AGA and some insurance cares and frankly Medicare to do a lot of practice performance improvement and I know for GI re-certification on the boards, that's an important topic. So, if I have this EMR system and I wanted to do practice performance improvement, could I do it?

DR. LARRY KOSINSKI:

Yes, and in fact, we do this all the time. In order to maintain our accreditation, we have the performance improvement studies; we usually perform 3 or 4 of them per year.

AUDIO CUTOFF