ELECTRONIC HEALTH RECORDS

presented by
Technology Now
Our Experience

- 4 Years with Medical Practices
- Wireless and Pen Tablet Technologies
- Practice Management Systems
- Paperless Office
- Office Workflow

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Our History

Founded by Dave Miller and Mark Kytta in 1998

First MediNotes Client in 2002

Attended all three MediNotes Reseller Conferences

Began Actively Marketing MediNotes in 2005
A Few of Our Clients Include:

- Ohio Heart Institute
- Cardiovascular Consultants
- Akron General Hospital
- Hudson Dermatology
- Wooster Orthopedic
- Orthopedic & Spine Center
- Western Reserve Physicians
- Digestive Health Consultants
- Mid Ohio Medical
- Fairlawn Family Practice
Goals of EHR

- More Complete Documentation
- Better Drug Interaction Detection
- Less Time Dealing with Pharmacies
- Minimize or Eliminate Paper
- Better Quality of Life
Goals of EHR

- Better Off Hour Care
- Mobility of Patient Records
- Improved Office Workflow
- Ability to See More Patients
- Lower Costs
EHR Truths

- EHRs Are An Immerging Technology
- Many Of The Products Are Not Mature
- EHRs Require Some Customization of Content
- EHRs Typically Require Some Typing or Dictation
- You Can’t Template Everything
EHR Truths

Handwriting Recognition Isn’t Very Fast

Training Staff Is Biggest Challenge To Overcome

EHRs Should Not Slow Down Your Practice If Implemented Correctly
MediNotes Charting Plus

MediNotes Started In 1995

10 Years Of Product Development And Track Record

Template Based Product Allows For Flexibility

CEO, Don Schoen, on the executive board of the Electronic Health Records Vendor Association (EHRVA)
MediNotes Charting Plus

Years Ahead Of Most Other EHR Vendors In Product Development

MediNotes Has Proven To Us To Be A Reliable And Scalable Product

Over 8000 Users

Integrate with Over 40 Practice Management Systems

Commitment To Ongoing Product Development
MediNotes e

Next Version Of Charting Plus

MediNotes e Includes The Following Enhancements:

- Completely Rewritten in C++
- Integrated Workflow And Ability To Track Patients Through The Practice
- ePrescribing
- Better Drug Interaction Module
Advantages of Template Based Notes

Template Based Notes Allow For Flexibility And Customization

Content Can Be Changed On The Fly

Templates Can Easily Be Modified

Custom Content Can Be Easily Developed
Advantages of Template Based Notes

Prescription Options Can Be Embedded In Templates

Graphic Objects Make Data Entry Easier

Annotator Function Allows For Drawings To Be Embedded Into Notes

Customize Notes to Doctor’s Style and Office Workflow
Advantages of Template Based Notes

You Can Easily See What The Finished Note Will Look Like

**Black Text** - This is simply text which has been hard-coded into the template.

**Blue Text** - This is a default value for a pop-up window.

**Red Text** - This is an optional pop-up window that can be clicked if needed.

**Green Text** - This signifies that the user has activated the dialog and made a change
Advantages of Template Based Notes

**Chief Complaint:** This 41-year-old female presents today complaining of a burn injury.

**Allergies:** No known medical allergies.

**Medication History:** None.

**Past Medical History:** Past medical history is unremarkable.

**Past Surgical History:** No previous surgeries.

**Family History:** Unremarkable.

**Social History:** Patient denies illegal drug use, Patient denies STD history, Patient denies alcohol use, Patient denies tobacco use.

**Review of Systems:** Unremarkable with exception of chief complaint.

**Physical Exam:** (Examination), Vital signs: Patient in a 41-year-old female who appears pleasant, in no apparent distress, her general appearance, well developed, well nourished and with good attention to hygiene and body habits.

**Mood & affect:** Exam reveals no significant change in mood and affect.

**Exam:** reveals no abnormalities. Skin inspection - 12 sites. Skin inspection, Eczema & aphthous ulcer, Hair, Scalp, Skin coloration, Ulcer, Lags-retro-auricular, Oral mucosa, Nasal mucosa, Lymph nodes, Wood's lamp.

**Lab Results:** [Labs], KOH prep, Gram stain, Trich strip. More diagnostic and lab results

**Impression:** (Assessment), Burns 1st degree. More diagnoses

**Plan:** (Plan), Bacterial culture, Fungal culture. Excisional biopsy. More lab orders. Patch test. Barrow's wet dressing. I discussed the diagnosis, prognosis and treatment alternatives with Jane. The patient was educated regarding local wound care, signs and symptoms of infection, and was advised to have their tetanus status brought up to date. Diagnostic and lab orders, More procedures, Counseling, Coordination of care, More plans, Scheduling

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CHARTING PLUS MODULES

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MediNotes Synchronization

- Main Database (Network Server)
- Cloned Database (Remote Client)

Data Exchange

Network Clients

Laptop
Remote Server
Offsite Storage

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Practice Panorama

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Practice Desktop

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Security Manager
Pen Tablet Technology

Pros

– Allow For Input Via Handwriting Recognition
– Good For Doctors Who Struggle With Traditional Keyboard & Mouse
– Portable And Can Be Taken Anywhere
Pen Tablet Technology

Cons

- Typically Expensive To Implement
- Battery Life And Charging Issues
- Fast Processor Tablets Can Be Heavy
- Lighter Tablets Trade Performance for Weight
- They Can Be Difficult To Use While Standing
MediNotes Hardware

MediNotes Is Designed To Run On:

Desktop Computers

Laptops

Thin Clients

Pen Tablets

PDAs Not Supported

Current PDA Technologies Lack The Processor Speed To Effectively Run an EHR
Thin Client Technology

Thin Client Technology Utilizes Windows CE or XPe
The Terminal Acts as a Screen, Keyboard, and Mouse
Programs Run On Central Server
Thin Client Technology

Pros

Easy To Deploy

Low Cost

Purchase 3-5 Thin Clients For the Cost Of One Tablet

Cheaper To Maintain Because Of Central Management
Thin Client Technology

Cons

- Typically Require Fixed Installation In Exam Rooms
- Require Larger More Expensive Server To Run Sessions
- Good Solution For Remote Branch Offices
- Good Solution For Allowing Third Party Access (Billing Services, etc)
Wireless

Pros

Can Be More Cost Effective Than Hard Wiring

More Mobility Throughout Office
Wireless

Cons

Can Sometimes Be More Expensive Than Hard Wiring

Slower Than A Hard Wired Network

Security Concerns

Must Be Properly Designed And Implemented To Work Well
PLANNING AND IMPLEMENTATION
Implement Smart

- Plan To Use Both Paper and Electronic Systems During Transition
- Understand Your New EHR and How It Works
- Understand Your Office
- Develop New Work Flows
- Determine “Work Arouunds” In Advance
- Don’t Over Complicate The Transition
Small Practice (1-3 Practioners)

- Train Practitioners
- Develop Templates
- Train Staff
- Go Live

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Larger Practices (4 or More Practioners)

- Automate Document Intake
- Train Practioners
- Develop Templates
- Implement EHR
- Implement Interface with Billing System

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Risk Mitigation – Paper Office

Develop Plan and Scheduled Dates For Going Electronic
- Phone Notes
- Prescription Refills
- Labs
- Scanning Incoming Referrals
- Fax Outgoing Referrals
- Notes
- Implementing Billing Interfaces

The Fallback Plan for Each Step Is Always The Existing Paper Workflow
Risk Mitigation (EHR Office)

(Re)Design Office Work Flow

Role Play Encounters With Staff

Know Your EHR and Templates

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Work Flow Design

- Work Flow Committee (Larger Practices)
- Document Current Work Flow Processes
- Design EHR Work Flows
- Develop Dates for Implementing EHR Work Flows
- Develop Roll Back Strategies
Phasing Out Paper Charts

Scan Newer Patients and Patients With Smaller Charts First

Consider Keeping Larger & More Complicated Charts Paper

Segregate Active Charts From Inactive As Pulled

Segregate and Store Inactive Charts
Work Flow Work Aroun ds

Phone Notes

Patient Refills

Referral Letters

Prescriptions

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Note Taking Work Flow

Staff Completes
Practitioner Approves

Staff Takes Vitals/Chief Complaint
Practitioner Completes & Approves

Staff Vitals/Chief Complaint
Practitioner Starts
Staff Completes
Practitioner Approves

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