



Module 10: Health Information Technology

Part 2: HIT and the Clinic

So for the second module we're going to talk about how health information technology can impact life in a clinic.

The goals of this module are to review the meaning and purpose of HIT, learn how transitioning to electronic health records can impact work in a clinic, and learn the features of electronic health records that can actually improve care.

Again, we'll review the meaning and purpose of HIT, which is to improve the efficiency and quality of care. Anything that enhances services and improves data collection like a software device or service could be considered HIT.

What is work flow? Work flow is something you'll hear a lot about in regards to electronic health records in the clinical setting. It was really something that was born in the manufacturing industry but it's used a lot in software development and clinical processes or visit types. Workflow determines the logical progression of tasks that will be performed and by whom. It's usually expressed in diagrams and can apply to many different disciplines but we're going to talk about how workflow impacts the clinical context.

A clinic can literally have hundred of different workflows ranging from front desk, intake, exam or procedure, labs, check out, every visit type and service will have a different work flow and different people will be impacted by workflow.

This is what a workflow looks like before a practice can go live on an EHR. A patient calls just simply to request a refill on their prescription or a practice receives a refill prescription fax from a pharmacy. The medical record clerk has to locate the chart, attach the request slip to the chart, deliver the chart to the provider. The provider either has to review or deny the request after they compare it to the chart. They make a notation in the chart. They sign the slip or the script. They return the chart to medical records. The clerk then has to contact the pharmacy.

This is a workflow after going live on an electronic health record. This is the workflow for the same function. The request comes right in to the provider's inbox electronically and the provider can immediately compare it to the patient's chart and electronically send the approval or denial directly to the pharmacy. Workflows like refill requests are often



condensed into fewer steps after converting to electronic health care records and this really helps make the process faster, more efficient, and more convenient for the patient.

Sounds easy, right? Going live on an electronic health record usually takes well over one year of planning and over one year of execution. Roles in a clinic will change. Staff who were previously designated to manage physical paper medical records can now be transitioned to processing refill requests like we just talked about, triaging calls, or other requests from patients and entering them into a paper record.

There are many challenges of going live on an electronic health record in a clinical setting but there's also a lot of opportunity. Many providers get frustrated by not being able to free text their notes into their charts, but by standardizing how we capture visits and services it can not only improve the quality of data but also the quality of patient care. There is also a significant upfront cost of purchasing and implementing an EHR but there's other areas of spending that are no longer needed like outsourcing for dictation. Going live will definitely impact workflow in a clinic but hopefully it also stands to improve workflow.

There's also something within electronic health records that's known as clinical decision support. There are constant increasing demands and pressures on clinicians to meet quality and organizational demands and they are always having to respond to new clinical standards all the time. You can see in the slide there is an example of an EHR with a clinical decision support panel on the right that is helping guide the clinician through screenings that the patient's vital information has triggered. Clinical decision support assists clinicians in the overall management of patient care. Visual triggers within the chart can alert clinicians that extra attention or services should be offered or applied to the patient.

One other nice thing about electronic health records is generation of patient lists. You can run lists of patients by diagnosis, demographic or condition and then really target those patients for services and care. For example, clinics can send reminders to patients over 65 to return to the clinic for physical exams and blood pressure checks. This is a good example of how HIT can be used at the clinical level to make a significant impact on population health.

To review what we talked about in this module, the purpose of HIT is to improve efficiency and quality of care. We know that transitioning to electronic health records can impact clinical workflow by changing the process of collecting information and that clinical decision support and identifying lists of patients by diagnosis or demographic can really help target outreach or improved care. That's the end of module 2.