

PCC Talk Outline  
Building Efficient and Effective PCC EHR Protocols

Course Description:

If you are a PCC EHR user, you've learned the basics of how to build your protocols. In this class, we'll look at ways to build them even better so that they make you more efficient and effective in your clinical work and coding. I'll demonstrate how to easily use a paper form that you love and convert it into an excellent EHR protocol. I will also look at how to design protocols that think like you so that even some of the most complex issues are easier to chart.

I. Introductions - I am not an EHR expert or PCC employee or trainer, just a doctor who likes to tinker and make technology work for me.

II. I am also a runner who started over a year ago unable to run a 5K and am now running half-marathons and possibly a marathon. If I only used the tools I was given to run, I'd never have advanced beyond a 5K. By continually tweaking and making improvements to my running style and mechanics, I've been able to run further, quicker and more efficiently. The same holds true for protocols. If you use what you get out of the box, you'll have a good system. If you customize it before you go live, you'll have a great system. But, if you never look at your protocols again and don't tweak them over time, you'll never be as efficient as you could be. So, continue to toy with them, improve them, and design new ones as the need arises, and you will reach the equivalent of running a marathon.

III. There are many features that can really make your protocols pop. These include:

A. Use of memory features

1. Useful for things you want to always include (such as notes on growth, which I put under diagnosis in Ill visits).

2. Use of the last answer feature, helpful for things that you need to record, but answers may not change. Don't abuse it so that all notes look like each other.

a) examples: asthma protocol - detailed history (essentially the asthma control test)

b) example: ADD protocol - goals section - these don't often change so can easily repeat, but can then also easily add in.

B. Include PCMH/MU elements within your protocols from the beginning, even if you are not currently planning on certification. This might include recording of Meds, OTC Meds, counseling on various topics.

C. Decide on whether you are a free texting person or a check box person. I personally like to have a lot of free texting boxes, especially in complicated protocols, but if there are required elements you need to have, include them as check boxes (I will look at example of ADD protocol). I also use an "additional notes" box at the end of every protocol for more nuanced discussions and demonstration of medical decision making. I also keep general sick visits very simple so that they are easy to record.

IV. To really make your PCC EHR work for you, make your protocols flow the way you think. If you have a paper history that you really like, make it into a protocol using a mix of elements

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A.ADHD - This is one of the longest visits I do. In our previous EHR, for an initial evaluation, I used to need an additional 20-30 minutes after the visit just to chart it. Now, I am able to chart in real time and usually only need 5 minutes at the end of the visit to tidy things up.

1. Show paper form from NICHQ
2. Gather a lot of information in advance (CHADIS, Vanderbilts)
3. Use a mix of free texting (so can describe problems at school, at home, in outside activities) and check boxes (so can meet diagnostic requirements and cover aspects of differential diagnosis in detail).
4. As you move forward, note if there are any elements you are missing (I didn't initially have a diagnosis section; I didn't have commonly used resources listed in an easily accessible way that would go to parents - now it's in the plan section, which now prints for them).
5. Many who see this ask me "Do you really do all this? It seems so long and complicated?" I really do all this! The protocol is laid out to think like I do and gather the information in the order I would typically gather it in. Sometimes I have to go back and forth a bit, but that's why I have the anchor buttons on the side.
6. Also, just because something is in a protocol doesn't mean you MUST record anything there. It is better to have the protocols be more complete to anticipate as many situations as possible than to be scrambling for how to record things.
7. This is an example of a very complicated problem for which it is completely appropriate to bill a level 5 visit. In many cases, you get to level 5 by billing for time (and I include a note about time and counseling in many protocols), but this protocol shows a way you can actually meet the coding elements to achieve a level 5 through proper documentation of history you should be taking anyway.

B.ASTHMA (if I have time) -

1. Unlike ADD, where I have separate initial and follow-up protocols, I only have one for asthma, which is very comprehensive. I will use different parts of it for different purposes.
2. Included in this protocol are an asthma action plan, which now prints and provides the very basics so that paper forms do not have to be printed (show example), as well as some decision making tools from the NHLBI guidelines. By building these into the protocol, I am better able to document my decision-making process.

C.ADD-ONS

1. I have a number of unique clinical situations for which complete protocols are not necessary. I create new ones as the need arises. For example, it's often helpful to do a very specific ROS for a given situation. Recently, I had a number of patients with lymphadenopathy and needed more than the general ROS, so I created a LN ROS (see attached). I have also created an endocrine ROS for help with managing patients with hypothyroidism and to screen for diabetes.

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2. It would also be useful to have an expanded PE for musculoskeletal problems to better document this PE for injuries where you need a more detailed joint exam, but this is something I haven't tackled yet.

V. The beauty of designing protocols for PCC EHR is that it is such a flexible process. You can use different elements to create any sort of form you want and really make the EHR think the way you do. The solutions presented today work really well for me, but may not work well for others. I used the protocols supplied by PCC to borrow elements I liked and build on ones that didn't quite work for me. A number of us share protocols with each other on a regular basis and constantly push each other to think about the best ways to do things. PCC has also provided examples of all the award winning protocols within which there are some fantastic ideas you can borrow.

Please feel free to reach out with questions. PCC makes it so easy to customize protocols so that they work for you and help you in your clinical work.

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