

Building Effective and Efficient EHR Protocols

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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.

Disclaimer

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

Developing protocols is like learning to run.

Do you want to run a 5K or a marathon?



Make your protocols pop

- Use of memory features

ell - TLC

Diagnoses

Child health medical examination
notes

Dietary management education, guidance, and counseling
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: pr

Exercises education, guidance, and counseling
notes
 Add to Problem List Onset: mm/dd/yy Problem Note: pr

add diagnosis
notes

Lab

Hemoglobin (In Office)

Lipid Panel (In Office)

Medical Test

Make your protocols pop

- Last answer feature

notes

Rescue Medication/Bronchodilator (Medication name, delivery method)

Last Answer 10/31/2013: "Albuterol MDI" [Seth D Kaplan, MD.]

Albuterol MDI

Frequency of use

Last Answer 10/31/2013: "needed it once in the past 2 months" [Seth D Kaplan, MD.]

4 times in last month

Used prior to exercise?

Last Answer 10/31/2013: "not regularly" [Seth D Kaplan, MD.]

not regularly

Controller Medication (year round or intermittent use?)

Last Answer 10/31/2013: "intermittent - but needs it for sports seasons" [Seth D Kaplan, MD.]

year round

Inhaled Corticosteroid (Medication, Strength, Dose)

Previous Next Billed Sign Close Save Save + Exit

Logged In: seth

start PCC EHR 10:03AM

Make your protocols pop

- Include PCMH/MU elements from the beginning.

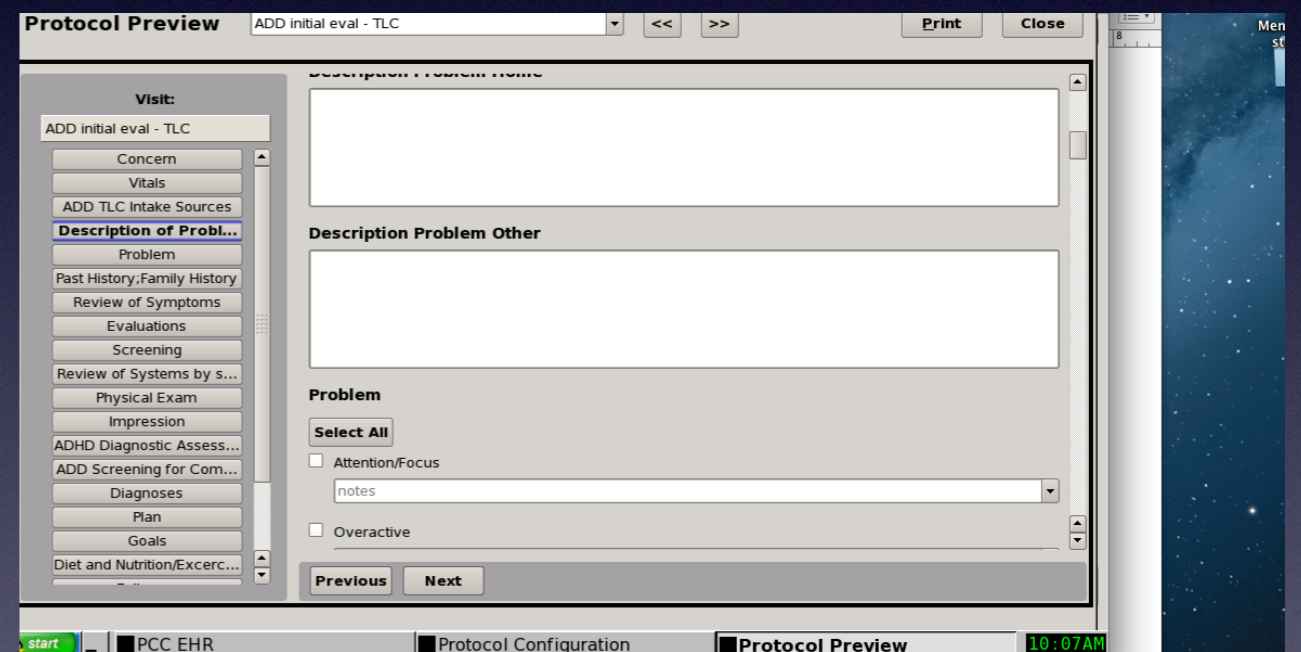
The image shows a screenshot of a medical form with a list of items, each preceded by a checkbox and followed by a text box labeled 'notes'. The items are:

- Previsit Questionnaire reviewed
- Child has special health care needs
- Concerns and questions (notes below)
- Follow-up on previous concerns (notes below)
- Interval History (Changes? notes below)
- Medication Record (reviewed and updated)
- OTC meds/herbal meds/CAM used (notes below)
- Newborn Screening Results Normal

At the top left of the form, there is a button labeled 'Select All'. The background of the form is light gray, and the text is in a dark gray font.

Make your protocols pop

- Decide if you are a free texting person or a check box person.
- Ok to mix elements if it's helpful to you



Order Neurodevelopmental Eval

Time Spent

[Empty text box]

Additional Notes

[Empty text box]

History of Present Illness

[Empty text box]

History

Select All

Medication Record (reviewed and updated)
notes

OTC meds/herbal meds/CAM used (notes below)
notes





Moving from paper to EHR

- Make your protocols flow the way you think.
- If you have a paper history you really like, make it into a protocol using a mix of elements.

Moving from paper to EHR

- ADD Protocol - NICHQ forms

The screenshot shows a digital form titled "NICHQ Vanderbilt ADHD Primary Care Initial Evaluation Form" within a software application. The form is titled "ADHD CARING FOR CHILDREN WITH ADHD: A RESOURCE TOOLKIT FOR CLINICIANS, 2ND EDITION" and "NICHQ Vanderbilt ADHD Primary Care Initial Evaluation Form". It includes fields for Patient Name, Date of Birth, Date of Evaluation, Information From (Parent(s), Patient, Teacher, Current School/Grade), Teacher Name(s), Phone #(s), Counselor Name(s), and Phone #(s). The form is divided into sections: Chief Concerns, Significant Past Medical History (Birth history, Health history, Current medications, Stressors, Developmental/behavioral history, Family medical history, Prior ADHD diagnosis and/or treatment, School history), Review of Systems (Problems with sleep onset or maintenance, Snoring, breathing pauses during sleep, or restless sleep, Substance abuse (including cigarettes, alcohol, drugs including prescription drugs), Mood instability, Tics, Disruptive behaviors, Learning difficulties, Anxiety, Suicidal thoughts), Physical Examination (Height, Weight, BP, HEENT/NECK, CHEST/COR/LUNGS, ABD, GU, NEURO), and LAB/EVALUATIONS (Vision, Hearing). The form is labeled "ASSESSMENT AND DIAGNOSIS" and "Page 1 of 3". The software interface includes a toolbar with Markup, Rotate, and Edit buttons, and a search bar with the text "initial".

Moving from paper to EHR

- Gather information in advance
 - CHADIS, Vanderbilts
- Mix free texting and check boxes

The screenshot displays a web-based form for entering medical problems. It is organized into three main sections:

- Description Problem Home:** A list of five items: family medical history, generic note, vitals, generic check, and transition of care.
- Description Problem Other:** A list of five items: generic text edit, generic check, generic check, generic chart-wide note, and generic chart-wide note.
- Problem:** A section with a "Select All" button and three checkboxes, each followed by a dropdown menu:
 - Attention/Focus: dropdown menu contains "notes".
 - Overactive: dropdown menu contains "notes".
 - Impulsivity: dropdown menu contains "notes".

Moving from paper to EHR

- Look out for elements you may have missed
- Use anchor buttons to be able to move through protocol efficiently
- **Just because something is in a protocol does not mean that you have to use it.**
- Include elements to help you with billing

Moving from paper to EHR

- Asthma protocol - one for initial and follow-up - use different part for different purposes
- Asthma action plan which is now printable
- Build in decision-making tools from NHLBI guidelines

Assessment

Asthma: Mild intermittent (symptoms <2days/week, <2 nights/mo; FEV1>80% predicted, FEV1/FVC >85%)
notes

Asthma: Mild persistent (symptoms >2 days/week, >2 nights/mo; FEV1>80% predicted; FEV1/FVC>80%)
notes

Asthma: Moderate persistent (symptoms daily, 1 night/week; FEV1 60-80% predicted; FEV1/FVC 75-80%)
notes

Asthma: Severe persistent (daytime symptoms continuous, night time symptoms frequent; FEV1<60% predicted; FEV1/FVC<75%)
notes

Mild Intermittent Risk: 0-1 exacerbations per year requiring oral steroids
notes

Persistent Risk: greater than 2 exacerbations per year requiring oral steroids
notes

Time spent on evaluation
notes



Use of Add-On Protocols

- For unique clinical situations
- Create as the need arises
- Lymphadenopathy ROS
- Endocrine ROS
- Musculoskeletal PE

The screenshot shows a digital form for creating add-on protocols. At the top, there are three buttons labeled 'Pos', 'Neg', and 'N/A' under the heading 'Make All:'. Below this, there are eight rows, each representing a different clinical symptom. Each row has three radio buttons labeled 'Pos', 'Neg', and 'N/A' to the left of the symptom name. To the right of the symptom name is a text input field containing the word 'notes' and a dropdown arrow. The symptoms listed are: Cough, Sore Throat, Dental problems, Opsoclonus, Fever, Weight loss, Night sweats, and Arthralgia.

Make All:	Pos	Neg	N/A	Symptom	Notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cough	notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sore Throat	notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dental problems	notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opsoclonus	notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fever	notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weight loss	notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Night sweats	notes
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Arthralgia	

- PCC EHR is extremely flexible - use different elements to create any sort of form you want and make the EHR think like you do.
- Solutions presented today work great for me, but may not work for you.
- Share ideas with others and use the award winners as building blocks for you.



Getting started can feel like this

UC in Anaheim?



But with practice you will feel like this!

It was a half-marathon, but I hope to run a full marathon someday!

Questions??

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