THE FUTURE OF ELECTRONIC HEALTH RECORDS

Consider this scenario:
A digital scribe listens in on patient visits, its algorithm boiling down complex interactions into a concise progress note, no additional documentation required from the doctor.

An artificial intelligence assistant synthesizes data from a patient's electronic file with medical literature to offer physicians options for optimal care, based on the latest clinical evidence.

Patients use their smartphones to assemble an array of health care apps, uniquely tailored to them, that can communicate relevant information back to their providers.

Sound like an impossible dream?
Dean Lloyd Minor MD, believes it's within reach.

Awaiting an elegant technology fix is an alluring prospect. However, in reality, technology is only one piece of a large and complex puzzle that we must solve in order to arrive at our vision for EHRs by 2028.

Over the past decade, as electronic records replaced paper files across the country, providers have encountered a number of headaches integrating the new systems into patient care. A recent Stanford Medicine survey conducted by The Harris Poll details the continuing frustration of primary care doctors across the country — an angst which Stanford professor Abraham Verghese, MD, captures in a New York Times Magazine article quoted by the white paper:

“EHRs may soon serve as the backbone of an information revolution in healthcare…”

Culprits include an array of challenges, ranging from inadequate training to billing inefficiencies, a lack of common technology standards to business incentives discouraging communication among a patient’s providers.

Although EHRs have many problems, there are reasons to believe that they will eventually start living up to their promise. With some changes in technology, regulations and attention to training, EHRs may soon serve as the backbone of an information revolution in health care, one that will transform health care the way digital technologies are changing banking, finance, transportation, navigation, internet search, retail, and other industries. So doctor - hang in there.

For an e version of the Stanford White paper click here or go to: https://scopeblog.stanford.edu/2018/09/18/a-roadmap-for-the-future-of-electronic-health-records/

Credit: Stanford Scopeblog
2019 IS APPROACHING - UPDATE PM APPOINTMENT BOOK!

**Practice Administrators** and those with calendar access don’t forget to update your Appointment Book in Practice Management.

Access the Scheduling Admin from either the Admin drop down menu or select the Scheduling Admin Icon in the Appointment Book.

Select the weekly template for each resource in your practice. Use the slide the bar to change the year from 2018 to 2019.

After selecting the resource template you can set the “year” in by clicking on the year at the top.

*You can highlight the year or each month at a time if your schedule is different from month to month and you created different templates to be applied.

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**PACIS TIPS AND TRICKS - THE COPY DX/AP HISTORY BUTTON**

The copy Dx/AP History button enables you to quickly copy the previous patient assessments and plans.

- Click on SOAP
- Scroll to the Assessment/Plan panel
- Click Dx/AP History
- Highlight the Assessment and Plan you want to copy
- Click on copy Dx/AP
- Click close
WORKING ON THANKSGIVING:
WHAT’S IT LIKE FOR DOCTORS AND HEALTHCARE PROFESSIONALS

When you think of the doctors who have to work on Thanksgiving, you might expect to find a group of disgruntled professionals bemoaning the fact that they have to work a holiday. You would be surprised to find quite the opposite. Physicians who have to work the Thanksgiving holiday find that it can bring into sharp focus the things that they have to be thankful for.

Dr. Carlos Sanchez, Emergency Department Medical Director at Providence Portland Medical Center in Oregon says it’s actually “one of the most fun days to work” because the patient volume is usually low during the day. The 25 clinical staff members create their own Thanksgiving Day feast as each brings something for the giant potluck spread.

It’s the early evening and night shifts that tend to get the most common Thanksgiving Day health problems like abdominal and chest pain, upset stomachs, and unfortunately, congestive heart failure. People with diabetes and high blood pressure show up as well because they have exacerbated their conditions by eating too much salt and sugar.

Then there are the knife injuries suffered during the traditional carving of the turkey. Fingers and hands are cut in ways that result in minor to serious injuries depending upon the size, and the sharpness, of the blade.

The downside of working on Thanksgiving Day, but also the one that results in reflections of thankfulness, is treating those suffering from mental illness and depression that come to the emergency room.

Holidays can worsen those conditions for those without families, in grief, or suffering from dual diagnoses like substance abuse. Seeing those who are suffering can quite quickly put one’s own fortunes into sharp focus.

Dr. Todd Fijewski is president of the Pennsylvania College of Emergency Physicians and a practicing physician in Pittsburgh. He says “Yes, there are quite a few family activities that we miss, but it’s worse to be the patient sick in a hospital on a holiday instead of being home and healthy with family.”

Other physicians enjoy working holidays because inevitably joyful things happen, like delivering babies and healing someone who is ill so they can return to their families.

It’s estimated that nearly one-quarter of Americans work on Thanksgiving, Christmas or New Year’s Day each year. The doctors among them always seem to find the silver lining.

Dr. Sudip Bose used his blog to post five reasons he is thankful to be a doctor, even when he has to work holidays. Dr. Bose is thankful for:

- The ability to help and heal
- Being supported by an amazing team of nurses, advisors, and aides
- Working in an age of breakthrough medical research and innovation to fight disease
- Having an abundance of resources available at his fingertips, online and through his medical colleagues
- Emerging technology and the lives it can save

Perhaps physicians know what Henry David Thoreau knew all along:

“I am grateful for what I am and have. My thanksgiving is perpetual.”

Credit: Board Vitals.com
Assistance with MIPS still available

Just a reminder that e2o Health is now available to offer expert MIPS guidance for the remainder of reporting year 2018 and through the IPS reporting deadline of March 2019.

30 minute quarterly calls to achieve the following objectives:

- Selection of appropriate MIPS measures specific to specialty of practice
- Coordination of MIPS HQM reports for review
- Analysis of MIPS progress, identification of obstacles and guidance for improvement

For MIPS related questions, please reach out to:
Deepthi Rajaraaman, MBBS MPH - MIPS e2o Health, Inc.
Ph.: (800) 409-009 x 210
Email: drajaraaman@e2ohealth.com

For NextGen HQM report related questions, please reach out to:
Nancy Mauge - Business Analyst
Physician Affiliates Clinical Integration Services (PACIS) -
Phone: 310 - 719-8557
Email: nmauge@healthcarepartners.com

How’s your front desk phone etiquette?

Does your receptionist have excellent telephone etiquette? It is important for the medical office staff to consistently offer a polite, consistent phone manner. When a patient calls in, the way in which the front desk personnel handles the telephone call determines how your facility is perceived. Here are a few basic tips:

Be an active listener
A technique called “active listening” is a helpful tool to ensure that understanding is complete. In this technique, the listener will rephrase the information they heard in their own words. If this information is correct, the exchange is complete, if not the sender of the information can correct any misunderstandings at this time. This exchange takes only a little more time and is an efficient tool for creating accountability because everyone involved in the exchange knows that expectations were clear and understood.

Focus on the speaker

- Act interested
- Be aware of your non-verbal communication
- Avoid talking to anyone else and try not to interrupt

Have good phone manners

Having good phone manners is a simple task. To have good phone manners simply means being professional and treating others the way you want to be treated if you were the caller. Consider these:

- Keep your mind on the issue being discussed
- Remember, some patients are nervous about seeing the doctor—be understanding of that fact

Things to Consider

Telephone etiquette is not just what you say or what you do, it is also how you say it and how you do it. Consider these the next time you talk to a patient or other customer on the telephone.

- Always thank them for calling
- Never hang up first
- When taking messages, get as much information as possible
- Stay calm and polite, even when a patient is rude to you

Credit: VeryWell.com

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Credit: VeryWell.com
REMEMBERING DR. HEMANT UPADHYAYA

Dr. Hemant Upadhyaya, a well-known pediatrician with Physician Associates and HealthCare Partners, died 9/8/2018 at age 59. Born in India, he obtained a BS degree in chemistry and then attended medical school at The Government Medical College in Surat, India. In 1982, at age 23, he moved to the US, and did a pediatrics residency at the University of Michigan.

After moving to the Pasadena area, he eventually started his own general pediatrics practice, hospitalizing at Huntington Memorial Hospital. He joined Physician Associates and then became the lead PA pediatrician.

He was active in PA/HCP and HMH medical staff committees, including credentialing, utilization management, vaccines, and pharmacy and therapeutics. Despite having increasing difficulty walking during the last years of his life, he rounded faithfully on his HMH patients, often 7 days/week, until a few weeks before his death.

A man of wide-ranging interests, Hemant enjoyed world literature, Russian history, American politics, and keeping up with who was doing what and where at PA and HCP. Possessed of a wry sense of humor, Hemant often brought a smile to the faces of family and friends.

He and his wife Gargi, a City of Hope hematologist/oncologist, had a large, beautiful home near Caltech, and they enjoyed entertaining family friends, colleagues and PA/HCP staff at their open house events.

Hemant has been described as “brilliant”, “caring”, “loyal”, “enthusiastic”, “jovial”, “witty”, and “irreverent”. A renaissance man, family man, and dedicated physician, Hemant will be missed by many in our community.