



GOING BEYOND IMPLEMENTATION

USING OUR EMR TO IMPROVE CARE

OPEN DOOR FAMILY MEDICAL CENTERS, INC.

Daren Wu, MD – CMO

CHCANYS October 27, 2008



Who We Are...

- Founded in 1972 in the basement of an Ossining Church
- 4 Primary care sites – Ossining, Port Chester, Mt Kisco, Sleepy Hollow
- 4 School-Based sites – all in the Port Chester School District



We are made up of...

- 20 Primary Care Clinicians
- 30+ Clinicians in Behavioral Health, Dentistry, Optometry, Women's Health, Podiatry, Nutrition, Dermatology, Surgery

Seeing...

- 30,000 patients
- in 100,000 medical visits, and
- 60,000 non-medical visits



Our Approach to Implementation –

“Close your eyes, take a deep breath, and jump in!
If you’re not dead on impact, you’ve succeeded.”

“That which does not kill you, makes you stronger.”



Our Approach to Implementation –

October '06	Chose eClinicalWorks (eCW)
December '06	Board approval for funding of eCW
Jan-March '07	Customization, shaking in our pants
April '07	Went live – all sites – with PM portion
May '07	Went live – all sites – with EMR portion
June-August '07	PDSA (aka Damage Control)
Sept '07 to present	...EMR BLISS!!



The Immediate Gains

- No more lost charts
- Staff freed up to help in more clinical support
- Faster response to patients needs
- Better care coordination
- Easier tracking of operational data
- Improved coding
- Enhanced revenue

Admin
Practice

Resource Sche...

AAA,ERROR

Anderson MD,...

Arraiano PA,Ni...

Caamano PA,Leo

Capodilupo LC...

Carlsen NP,Eile...

Recalls

Referrals

Messages
Documents
Billing

Office

P

Facility

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Br

eClinicalWorks Viewer

Timestamp: 2008-10-14 @ 19:57:18 EDT

PROVIDER PRODUCTIVITY REPORT (Fri, 1 Aug 2008 to Sun, 31 Aug 2008)

PROVIDER	STD WORKING HOURS	WORKED HOURS	% HOURS WORKED	APPTS BOOKED	APPTS SEEN	UNIQUE PATIENTS SEEN	APPTS CANCELLED	NO SHOW %	PROD RATE	APPTS <=15MINS	APPTS >15MINS
Cohen MD,Asaf	88.0	118.25	134.38	590	443	391	45	24.92	3.75	413	30
Wu MD,Daren	80.25	73.25	91.28	344	275	269	19	20.06	3.75	256	25
Carlsen NP,Eileen	0.0	26.0	NA	128	96	94	8	25.0	3.69	88	8
Rai MD,Samantha	5.0	38.50	770.0	179	136	169	11	24.02	3.53	118	18

ORGANIZATIONAL SUMMARY

Total Standard Hours	173.25
Total Worked Hours	256.0
Total Appointments Booked	1241
Total Appointments Seen	950
Total Appointments Cancelled	83
Total Appointments <= 15	875
Total Appointments > 15	81
Average No Show %	23.5
Average Productivity Rate	3.68

[Return To Main](#)

Print

500

view Progress Notes

Check In/Out

Billing Data

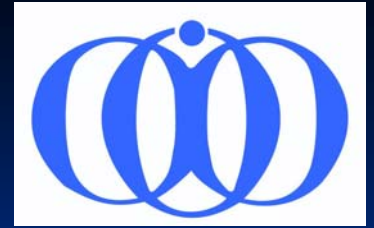
Refresh

View Orders

Lock Progress Notes

eClniForms

Encounters : 6



Clinical Decision Support Systems (CDSS)

- **Clinical Decision Support Systems** are embedded or readily-accessible computer programs which are designed to assist clinicians with decision making tasks.








Clinical Decision Support Systems (CDSS)

A “systems” approach to influence busy clinicians to deliver comprehensive quality care. It encourages them to provide more preventive care as well as better chronic care, using reminders and aids to facilitate the practice of medicine.

eClinicalWorks (Wu MD,Daren)

File Patient Schedule EMR Billing Reports Fax Tools Lock Workstation Help

 eClinicalWorks 7.0



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Billing

Progress Notes

TEMPLATES T, 38 Y, M Sel Info Hub

 114 turnpike road
Westborough, MA
H:508-836-2700
DOB:01/01/1970

Allergies
Billing Alert

Appt(L): 05/16/01
PCP: Willis MD,

Ins: Self Pay
Acc Bal: \$0.00
Guar: TEMPLATES
Gr Bal: \$0.00

CLICK TO EDIT

SECURE NOTES

ADV DIRECTIVE

Medical Summary | Alerts | Labs | DI | Growth Chart | Immunization | Encounters | Patient Docs | Flowsheets | Notes

Rel Style Default Encounters << 01/12/2001 -Well chi >>

Address: 114 turnpike road, Suite 204, Westborough, MA-01581
Lab Req No: 8663.18378 **Chart No:** 8663
Provider: Sam Willis, M.D. **Encounter Date:** 01/12/2001

Subjective:
Chief Complaint(s):
Well child 5-6 yrs.
HPI:
Well baby/Toddler visit
Language/Cognitive __. Social development __. Gross motor development __.
Fine motor __. Diet and Milk intake __. Health maintenance
Concerns __.
Current Medication:
Medical History:
Allergies:
ROS:
Objective:
Vitals:
Examination:

social smile
enjoys regarding environn
.
6-9 MONTHS:
responds to name
enjoys social play
.
12 MONTHS:
*indicates wants
separation anxiety

Overview History Alerts UpToDate

Advance Directive

Problem List

Current Medications

5%

Allergies

Immunization

zzzINFLUENZA 02/01/2007
zzzINFLUENZA 10/28/2004
zzzINFLUENZA 10/26/2004
zzzINFLUENZA 02/20/2006
zzzINFLUENZA 03/17/2006
zzzINFLUENZA 11/21/2006
z PPD do not use lab 01/05/2005
z PPD do not use lab 05/20/2004
z PPD do not use lab 08/31/2004
z PPD do not use lab 09/01/2004
z PPD do not use lab 08/06/2004

Print Fax Record Lock

Details Scan Templates Claim Letters Ink

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8:08 PM



ImageBar

- feet dorsum
- back view_whole body
- Eyes
- face front view

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Admin

Practice

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Rel

Style Default

Encounters

01/01/2001 -Well bab

Phone: 508-836-2700 **Primary Insurance:**
Address: 114 turnpike road, Suite 204, Westborough, MA-01581
Lab Req No: 8663.659627 **Chart No:** 8663
Provider: Sam Willis, M.D. **Encounter Date:** 01/01/2001

Subjective:

Chief Complaint(s):

Here for a well visit and for autism screening.

HPI:

Well baby/Toddler visit

Language/Cognitive __. Social development __. Gross motor development __.
Fine motor __. Diet and Milk intake __.

Autism screen - Parental questions

1) Does your child ever PRETEND or MAKE-BELIEVE? __. 2) Does your child use
an index finger to indicate interest? __.

Autism screen - Provider questions

3) Point at something and say "Look!": __. 4) Say to child "Point to the
light": __. 5) Give child something to use (stethoscope, cellphone, book __.High Risk for Autism: "No" answers for questions 1, 2, 3, 4, and 5. Refer to
EI.

Medium Risk for Autism: "No" answers for questions 2 and 5. Refer to EI.

Low Risk for Autism: "No" answers to any one of the above - reassess in 1
month.

Overview History Alerts UpToDate

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5%

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Immunization

zzzINFLUENZA	02/01/2007
zzzINFLUENZA	10/28/2004
zzzINFLUENZA	10/26/2004
zzzINFLUENZA	02/20/2006
zzzINFLUENZA	03/17/2006
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z PPD do not use lab	01/05/2005
z PPD do not use lab	05/20/2004
z PPD do not use lab	08/31/2004
z PPD do not use lab	09/01/2004
z PPD do not use lab	08/06/2004

Print

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Lock

Details

Scan

Templates

Claim

Letters

Ink

eClinicalWorks (Wu MD,Daren)

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Rel Style Default Encounters << 03/23/2001 -Well bab >>

Treatment:
Procedures:
Immunizations:
DTaP-HEP B-IPV (Pediarix) : 0.5 ml.
Hib Vaccine : 0.5 ml.
PCV /Prevnar (PED<5) : 0.5 ml.
ROTAVIRUS : 2 ml.
Diagnostic Imaging:
Lab Reports:
Next Appointment:
At 9 mo for well baby

Billing Information:
Visit Code:
Procedure Codes:
90669 PCV /Prevnar (PED<5).
90723 DTaP-HEP B-IPV (Pediarix).
90680 ROTAVIRUS.
90647 Hib vaccine, PRP-T.
90471 Admin of vaccine Single.
90472 Admin of vaccine (ea additional).
90472 Admin of vaccine (ea additional).
90473 ADM IMM ORAL/NASAL.

Overview History Alerts UpToDate

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5%

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Immunization

zzzINFLUENZA	02/01/2007
zzzINFLUENZA	10/28/2004
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z PPD do not use lab	05/20/2004
z PPD do not use lab	08/31/2004
z PPD do not use lab	09/01/2004
z PPD do not use lab	08/06/2004
z PPD do not use lab	08/15/2000

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File

Patient

Schedule

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Rel

Style Default

Encounters << 01/01/2001 -Asthma C >>

Provider: Sam Willis, M.D. Encounter Date: 01/01/2001

Subjective:
Chief Complaint(s):
Asthma Assessment.
HPI:
Asthma
Severity Assessment Underlying Severity assessment: Unchanged. Current Asthma Control Asthma Control: Needs evaluation. # Acute and or ER Visits in past 6 months: Total 0. Asthma Action Plan Current date.
Current Medication:
Medical History:
Allergies:
ROS:
Objective:
Vitals:
Examination:
Assessment:

Overview

History

Alerts

UpToDate

Advance Directive

Problem List

Current Medications

5%

Allergies

Immunization

zzzINFLUENZA 02/01/2007

zzzINFLUENZA 10/28/2004

zzzINFLUENZA 10/26/2004

zzzINFLUENZA 02/20/2006

zzzINFLUENZA 03/17/2006

zzzINFLUENZA 11/21/2006

z PPD do not use lab 01/05/2005

z PPD do not use lab 05/20/2004

z PPD do not use lab 08/31/2004

z PPD do not use lab 09/01/2004

z PPD do not use lab 08/06/2004

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Templates

Claim

Letters

Ink

ImageBar

feet dorsum

back view_whole body

Eyes

face front view

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Admin Practice

Progress Notes

TEMPLATES T, 38 Y, M Sel Info Hub

114 turnpike road Allergies Appt(L): 05/16/01 Ins: Self Pay CLICK TO EDIT SECURE NOTES ADV DIRECTIVE

HPI Notes

Free-form Structured

Current Asthma

Notes

Name Asthma C Delimiter , Clear Spell chk

Well Controlled
Symptoms: <+2xwk
Night awake <1xmo
Impact - None
B2 use <2xd/wk
Exacerb 0-1x/yr

Not Well Controlled
Symptoms: >2d/wk
Night awake: >1xmo
Impact: Some limits
B2 use: >2d/w
Exacerb: 2-3x/yr

Very Poorly Controlled

Custom OK Cancel

Custom OK Cancel

Objective:
Vitals:
Examination:
Assessment:

Night Awakenings > 1x mo
Short Acting Beta use > 2 c
Interference with Normal A

z PPD do not use lab 02/01/2007
z PPD do not use lab 10/28/2004
z PPD do not use lab 10/26/2004
z PPD do not use lab 02/20/2006
z PPD do not use lab 03/17/2006
z PPD do not use lab 11/21/2006
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z PPD do not use lab 08/06/2004

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- + Allergy Forms
- + Cancer & Dermatology
- + Cardio Forms
- Custom Forms

Asthma Action Plan - Cu

Saved Custom Forms

- + Gastro
- + General
- + IVF
- + Neurology
- + Optal
- + Others
- + Pediatric
- + Surgery Forms
- + Vasectomy

OPEN DOOR
FAMILY MEDICAL CENTERS

Practice Name Goes Here

ASTHMA ACTION PLANAfter hours Emergency Ph
(972)377-9Patient's Name TEMPLATES T DOB 01/01/1970 Date of this plan 10/14/2008

Treatment goal: To keep as free of asthma symptoms as possible Personal Best Peak Flow: _____

Personal asthma triggers:

- ☐ Cats ☐ Dogs ☐ Molds ☐ Dust/Dust Mites ☐ Fumes ☐ Cold Air
☐ Humidity ☐ Respiratory Infection ☐ Pollen ☐ Smoke ☐ Exercise ☐ Other _____

Usual asthma symptoms: _____

ZONE

GREEN	Signs & Symptoms	Medication	How Much?	How Often?
	1) You feel good	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2) You have no wheezing, no cough	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3) You have no asthma symptoms	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4) Your peak flow is > _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

YELLOW	Signs & Symptoms	Medication	How Much?	How Often?
	1) You have a cold.	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2) Have mild wheeze, tightness or cough.	Add _____	<input type="text"/>	<input type="text"/>
	3) You have _____	Rescue inhaler/neb <input type="text"/>	<input type="text"/>	<input type="text"/>
	4) Your peak flow is _____	inhaled steroid <input type="text"/>	<input type="text"/>	<input type="text"/>
If symptoms are not improved in <u>3-4</u> days, contact our office				

RED	Signs & Symptoms	Medication	How Much?	How Often?
	1) You feel very tight*	<input type="text"/>	<input type="text"/>	<input type="text"/>

Print Preview...

Print...

Fax

Save

Modify

Close

Save As Template

Load From Template

Load From Previous Form



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ADV DIRECTIVE

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Rel Style Default Encounters << >>

Provider: Sam Willis, M.D. **Encounter Date:** 01/01/2001

Chief Complaint(s):

HIV CT Short version

Would you like an HIV test today? Yes. Was Form A given to patient? Yes.
Was Form B signed by patient? Yes. Was HIV test ordered for patient? Yes.

Current Medication:

Medical History:

Allergies:

Surgical History:

Hospitalization:

Family History:

Print Fax Record Lock Details Scan Templates Claim Letters Ink



Practice

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mano PÅ,Leo

en NP, Eileen

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en MD,Asaf

registry

eferrals

essages

Documents

Billing

Vitals

BP(mm Hg)

1 2 3 4 5
6 7 8 9 0
. C / Bkspc

Delete Default

142/80

< Prev Next >

Apply Cancel

Current Date	Last Period	Control:	mammogram	OB History	Date	children, %	Surgical	Hospital	Family	Social History	ROS:
10/05/2007	dpena	2	97.9				110/70				
09/15/2007											
09/14/2007		0/10	98.4				110/64				
08/27/2007											
08/27/2007	adejesus pc	1	97.3 O	59.0	160.0	106/68					
08/09/2007											
08/09/2007	s.alvarez	3/7	97.1	59in	158lbs	120/70					
08/06/2007											

Objectives:

Vitals: ☐ ROS ☐ Vitals Taken ☐ Growth Charts ☐ Graph ☐ Capture Vitals ☐ Ht/Wt ☐ Physical Exam

Assessment:

Assessment: ⚠

Menopause, menopausal - 627.2

Print

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Templates

Claim

Letters

Ink

Order Sets

Rx

☐

Name

Strength

Take

Frequency

Duration

Refills

Route

Formulation

Dispense

Date

Status

☐

hydrochlorothiazide

25 mg

1 tab
(s)

once a day

30 day
(s)

orally

tablet

30

09/30/2008

Ordered

Order

Labs

☐

Description

Date

Status

☐

-CBC With
Differential/Platelet

09/30/2008

Ordered

☐

-Lipid Panel

09/30/2008

Ordered

☐

-CMET Comp. Metabolic
Panel (14)

09/30/2008

Ordered

Order

Diagnostic Imaging

☐

Description

Date

Status

☐

* ECG without ECW
interface

09/30/2008

Ordered

Order

Procedures

☐

Description

Date

Status

Order

Immunizations

☐

Name

Dose

Date

Status

Order

Smart Forms

☒

BMI

☒

Tobacco Control

Appointments

☐

Follow-Up
In:

Stage I return in 3 months

☐

Follow-Up
In:

Nutritionist ASAP Dash Diet

☐

Follow-Up
In:

Advocate Lifestyle modification ASAP

Order

Referrals

Order

start

14

4 W

2 I

e...

Po...

Mi...

2 M

e...

Mi...

3:34

