Building a Better CPR in Ambulatory Care

In implementing a computer-based patient record (CPR), an organization must address these questions: How can we integrate what the product does with our own strategic vision? And how can we justify the cost of installing a system?

While it is not widely used, the evolution of the CPR is gradually making itself felt in ambulatory care. As providers in ambulatory settings begin to ask these important questions about the CPR, HIM professionals can help provide the answers.

Benefits, Difficulties, and Climate Changes

In hospitals and other large settings, the benefits of the CPR, such as increased efficiency and improved patient care, have been widely touted. The same principles can apply to a CPR installation in an ambulatory organization as well. Groups that have implemented CPRs find that the greatest benefit comes from clinicians having immediate access to patient information, as opposed to hunting for charts or transferring them from other locations. The CPR can also help reduce paper files, smooth workflow, and produce prompts and reminders that assist doctors in giving patients the best care. Furthermore, the CPR can link physicians' offices within a system, help offices provide information to health plans, and assist in the analysis of aggregate data.

Cost is usually the reason why few CPRs are found in ambulatory care. "It's very expensive," says Lynette Kramer, RRA, a healthcare consultant with Ernst & Young. "Most physician groups don't want to spend the money on CPR software or have an existing technological infrastructure to support the CPR." This is especially true in practices with heavy penetration in managed care where profitability may decrease due to payment reductions, making it less likely, Kramer says, that organizations will spend money on information systems. Other barriers to CPR development include physician resistance, problems integrating with existing systems, and the need to integrate many kinds of information from many sources.

As hospitals, clinics, and other systems have become integrated, the need to share more information—and more kinds of information—has increased. The prevalence of integrated healthcare delivery systems and the proliferation of technologies in the marketplace have created compelling reasons for ambulatory settings to consider implementing a CPR system.

As organizations weigh the CPR's costs and benefits and move toward computerization, HIM professionals can avail themselves of opportunities to participate in the process. Here are the experiences of three HIM professionals who have contributed to a CPR implementation process.

Clara Hauke—"You Need to Be Involved"

Clara Hauke, ART, is director of medical records at the High Desert Medical Group, Lancaster, CA, a clinic that began planning a CPR implementation in 1996. It is in the process of installing a system that will provide, among other features, a problem-oriented summary that is updated at each patient visit, the capability to track annual patient tests, and the ability for providers to change prescriptions online.

Hauke says that the system will be developed gradually, and it has some limitations. Her organization, like many, had limited financial resources, so the decision was made to limit dictation. "In the planning process, it is important to take the time to look at the organization—its goals and objectives," she says. "Ours were to provide quality care with an eye to cost."

Though the implementation process is far from over, it already has made a difference in the way the clinic functions, Hauke says. "The medical record is immediately accessible to providers without trying to locate an actual chart," she says. "Information is available in a timely fashion. The provider has the ability to visualize basic information at the time of a patient visit."

Much of the success of an installation depends on how well it has been planned. For instance, while access to patient information is critical for clinicians, HIM professionals must ensure that the system is designed to provide information for other needs as well. "When the system is being designed, keep in mind all the data that you need to collect," she advises. "We have to provide information to a variety of sources—insurance companies, the Joint Commission, HEDIS. Make sure you have specifics that you can provide to administration during the decision-making process."

Information needs must be addressed early on, not after the system is already in place. To this end, HIM professionals must be part of the planning process so that their concerns are addressed. "Make sure you are involved in the process," Hauke advises. "Don't feel that you are 'butting in' where you are not supposed to be. You need to be involved because you will be answering the questions when the system is in place."

Kathy Cleary—"Right There for Them"

Six years ago, Palo Alto Medical Foundation, Palo Alto, CA, began planning a CPR system. More than a year ago, they began implementing it. For Kathy Cleary, RRA, manager of medical records services, the goal of the system is simple: Provide a flexible system that gives physicians the data when they need it. At the moment, she and her staff are cleaning up data and loading it into the new system to provide a foundation of historical patient information. "We're hoping to be right there for them [the physicians]," she says. "Ultimately, the system will contain two years of historical patient visit, lab, and radiology data."

At its completion, the system will include features such as remote access, template-driven options that allow physicians greater flexibility, and online order entry. During the planning process, Cleary's activities have included:

- redesigning templates and forms for clinician use
- redesigning policies and procedures
- determining security access for each person employed at the clinic
- cleaning up the MPI and abstracting information from the last two years for upload into the new system

Throughout the project, Cleary has had many opportunities to showcase her HIM skills, such as workflow redesign and process change, as well as her expertise in billing and reimbursement, coding, and confidentiality and security. Sharpening her understanding of technical issues has served her well, too: "Even though I can use a PC, I needed to work on technical skills to understand the components of networking issues," she says.

Lynette Kramer—"The CPR Helped Improve Their Quality of Life"

Currently Lynette Kramer, RRA, is a technology enablement consultant with Ernst & Young, but in a previous job she coordinated a managed care company's CPR development and implementation at eight ambulatory care sites in three states. She primarily was a developer, designing a product, and was also responsible for the staff supporting training needs—working with users to understand their needs, developing training materials, and answering questions.

After implementation, her organization compared outcomes data from organizations that had implemented a CPR to data from those that had not. Those that used the CPR reported patients with higher immunization rates, lower rates of hospitalization for pneumonia, and better physician compliance with plan recommendations for drug prescription. Automated reminders and prompts that CPR systems contain no doubt helped these things happen, Kramer says. "The data collected by the CPR helped target patients that needed more attention. So the CPR helped improve their quality of life and ultimately decreased costs."

For HIM professionals involved in a CPR implementation in an ambulatory setting, Kramer has these suggestions:

- Involve physicians from the beginning to ensure acceptance of the system. Identifying physician liaisons who can help introduce the system to the other doctors is helpful
- During planning, keep in mind that documentation needs of different kinds of clinicians can vary. A surgeon will document different things than a pediatrician, which will affect the way data is entered and used
- Resolve process issues that exist in your current documentation flow before attempting a new workflow involving the CPR. "Look at your manual systems," Kramer says. "If these are inefficient, you can't transfer them to the CPR and expect a payback."
- As implementation draws near, be sensitive to the anxieties physicians may have in learning to use the system. "Give them an escape hatch," Kramer says, "a way to get out of a situation when they encounter something that they don't

know how to do or get stuck."
- Give some thought to patient scheduling during the initial "go live." "If you normally have four patients appointments in an hour, consider going down to two during the initial introduction," Kramer says. "This gives physicians a chance to learn the system in a less pressured environment."

HIM professionals definitely have a role to play in CPR implementation, and the key is to refuse to be intimidated by the unknown, Kramer says. "We have some of the core skill sets already—knowledge of process and information flow, regulation, standards, and security issues," she says. "Building your technology skills is helpful. It allows you to speak more eloquently to IT people. You can take what you know and work collaboratively with them."

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Article Citation:
Zender, Anne. "Building a Better CPR in Ambulatory Care." *Journal of AHIMA* 70, no. 3 (1999): 42-43.