

Provider's Eye-View of PDAs

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by Jill Burrington-Brown, MS, RHIA

Personal digital assistants (PDAs) are becoming a more common sight in healthcare settings, but how are providers using them? We asked three experts to describe their experiences.

- **K. Meg Morrison, MD, ABFP**, is the associate director of the Mount Carmel Family Practice Residency in Columbus, OH, and uses her PDA in the educational and clinic setting. She is also the author of the Web site www.FPHandheld.com, “The Family Physician’s Guide to Hand-held Computers.”
- **Bill Crounse, MD**, a board-certified family physician, is vice president for medical technology at the Overlake Venture Center in Bellevue, WA. He is also senior vice president, chief medical officer, and a founder of www.DoctorGoodwell.net. He is an advocate of the use of PDAs in the acute care setting.
- **Cynthia Hilterbrand, MBA, RHIA**, is director of information technology business development and planning at Integris Health in Oklahoma City, OK, also an acute care setting.

What was the first application you used?

Morrison: I first used a pharmacy program that goes online to update its pharmaceutical information and sends “doc alerts.” Doc alerts are useful for getting new information quickly, especially drug recalls.

Crounse: I experimented and used a variety of drug formulary and medical knowledge base programs.

Hilterbrand: We began by downloading the physicians’ patient listings to their PDAs.

What applications do you or your facility now use?

Morrison: I use many programs occasionally and a handful of programs almost daily. Aside from the pharmacy program, the programs I use daily include a patient-tracking software program; a general medical reference software; NIH National Heart, Lung, and Blood Institute’s ATP 3 Cholesterol Guidelines; a program for calculations such as patients’ body mass index; coding software for looking up ICD-9 codes; and an herbal reference guide for the herbal remedies my patients self-prescribe. I also like a new program that provides the information in the “Summary of Rules for Childhood Immunization” by the Immunization Action Coalition.

Crounse: Aside from the drug formulary and medical knowledge base programs I already mentioned, I also interface with our hospital information system.

Hilterbrand: We still provide [physicians’] patient lists, but also their patients’ test results. We also provide access to their Outlook/Exchange e-mail through their PDAs.

How does patient information download or transfer work in your facility?

Crounse: Two years ago, we developed a Web-enabled graphical user interface (GUI) to our core hospital information system. It allows for secure, remote access to all of our hospital information systems from any PC or PDA device on the Internet. The GUI incorporates 10 years of medical information in a chart-like format that is easy for physicians to navigate. We have also installed a wireless LAN throughout our campus.

Morrison: We aren’t yet downloading from the hospital or our practice, but I am looking forward to that.

Hilterbrand: We don’t transfer up from the physicians’ PDAs—at least not yet.

Do you transfer patient data to other physicians via your PDA?

Crounse: Some of our physicians have become very adept at “trading” information using the built-in infrared link on their PDAs.

Hilterbrand: The physicians transfer data back and forth via e-mail.

What security measures do you have in place?

Crounse: We use a secure socket layer, 128-bit encryption, and secure key log-in. Physicians with access to our information carry “key fobs” that provide a rolling, six-digit password number that renews about every 90 seconds. This, combined with their user name and PIN number, provides remote access while maintaining tight security. We are fully HIPAA compliant.

Hilterbrand: We have many security measures in place. Our privacy and security officer has been close to this project. Basically, one must enter a log-on and password to access data, so even if the PDA were left lying around somewhere, it would be difficult for someone else to get access to a patient’s information.

Morrison: I have purchased a program for extra security, with passwords.

What are the benefits of moving a practice toward PDA use?

Morrison: The time saved in having the information handy in the patient exam room is valuable. I don’t mind looking up information in front of a patient, and in fact most of my patients like that I use “technology.” Plus, I am looking forward to linking the PDA with our new office electronic medical record in the future and with our hospital-generated “rounding reports” for our inpatient service as well.

Crounse: Quality of care is the end product of knowledgeable physicians applying good information. Devices such as computers and PDAs help ensure that the information being used is accurate and timely.

Hilterbrand: The physicians like having quick access to track their patients by, no matter where they may be—even on a cruise ship!

How has using a PDA changed your practice or that of your facility?

Morrison: I’ve been able to obtain and provide information for my patients that I used to skip over before or that would have taken me a long time to find. For example, when using prescription software, I can quickly tell self-pay patients how much a prescription will cost. I can use the herbal reference guide to look up some of the contraindications, side effects, and drug interactions for the products that I am largely unfamiliar with otherwise. Each program has its area where it saves me time in finding that specific information.

Crounse: It hasn’t changed my practice. It has changed my life. I cannot imagine functioning in today’s business or medical world without one.

Hilterbrand: It continues to be exciting to see the new technologies and put them into play. I am not aware of any detriments of PDA use.

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