



Quillen Quick Notes

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Live Quillen Sites

Johnson City Family Medicine

Kingsport Family Medicine

Bristol Family Medicine

Quillen ETSU OB/GYN

Kingsport Internal Medicine

Quillen ETSU Surgery

Johnson City Internal Medicine

Quillen ETSU Pediatrics

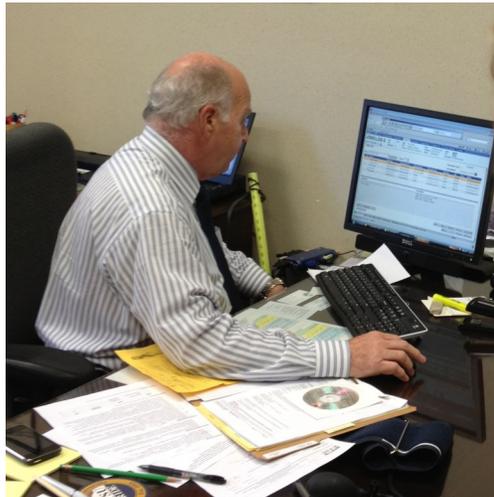
Quillen ETSU Cardiology, Endocrinology, & Gastroenterology

Quillen ETSU Psychiatry

Quillen Osteoporosis Center

Osteoporosis is Live !

Dr. Ronald C. Hamdy, Chair of Geriatrics and Center Physician, is internationally known in the osteoporosis field. He has published four books, over 200 articles in various medical journals, and numerous chapters in medical texts. Trained at the University of London, he was recruited by ETSU in 1985 to build a division of Geriatric Medicine; he has served as Quillen Chair of Geriatrics since.



Dr. Hamdy using the EHR System

Dr. Hamdy and his staff have worked hard, along with the EHR Team, to implement the EHR into their clinic. The process began in September, but because of important changes that needed to be made, the complete Go-Live was postponed until October.

We are pleased to say that the ETSU

Osteoporosis Center has now fully implemented the Electronic Health Record.



Gina Flack entering data into the EHR

Congratulations everyone for accomplishing this difficult feat. As many other Quillen ETSU practice sites well know, the EHR has a life-altering affect on the way a physician practice operates. It may not be easy, but it is something all will eventually have to do. Because of dedicated physicians like Dr. Hamdy, we are ahead of many other organizations.



October EHR Challenge Winner

Last month's challenge asked:

"Create a list of all the things you LOVE about Allscripts."

We received excellent submissions, and the winning submission belongs to **Dr. Jeffrey Summers** of Kingsport Internal Medicine.



Dr. Summers

Dr. Summers' Response:

- One record—no longer separate records in different departments
- Many people can simultaneously review a record
- Color ultrasound images in the record by import
- Less misfiling
- No more Post-It notes
- Easier to update problem list
- Easier to update med list
- Portability of info—can check chart when called about a patient at home or from ER
- No lost charts
- It has encouraged better billing practices
- Better documentation of communication with patients
- Better documentation of communication with staff
- Ability to have lab results automatically sent to another provider inside or outside
- E-Prescribing
- No Meaningful Use penalties
- Easier to track Rx refills
- Automated reminders
- Easier to check patient future appointments
- Provider schedules four-panel screen lets me track flow of my resident clinics
- Ability to launch/access Up-To-Date, ePocrates, WebMD, TN CSMD, QCOM Medical Library, etc. from within the program
- Ability to evaluate residents in New Innovations from within the program
- Ability to find a patient by date-of-birth
- More space in the office (no charts!)

November Challenge

Question: When sending a note, referral, question, etc. to an INTERNAL provider, how should it be sent?

TASK your answer to the **Allscripts Help Team**.

Visit the QETSU EHR Website

Quillen Physicians EHR

Home Training Manuals EHR How-To Documents Videos Useful Links User Forum In the News Blog Photos

The Quillen Physicians EHR website is a tremendous resource at your fingertips. You can easily access the Training Manuals, How-To Documents, Training Videos, and more.

This link takes you to the website:

<http://quillenphysiciansehr.weebly.com/>

From the Developer Zone

Unresolved Active Problems

What appears to be wrong with the Active Problem list below?



Problem	Notes	Labs	Procedures	Imaging	Chart
Active Problems					
Type					
Chronic					
<input type="checkbox"/>	Allergic Rhinitis 477.9				
<input type="checkbox"/>	Amenorrhea 626.0				
<input type="checkbox"/>	Asthma 493.90				
<input type="checkbox"/>	Candida Albicans Vulvovaginitis 112.1				
<input type="checkbox"/>	Chlamydial Infections 079.98				
<input type="checkbox"/>	Esophageal Reflux 530.81				
<input type="checkbox"/>	Fearful Medical Condition Not Demonstrated V65.5				
<input type="checkbox"/>	Gynecologic Services: Contraceptive General Counseling V25.09				
<input type="checkbox"/>	Hypertension 401.9				
<input type="checkbox"/>	Nasal Passage Blockage (Stuffiness) 478.19				
<input type="checkbox"/>	Nausea With Vomiting 787.01				
<input type="checkbox"/>	Normal Examination V70.0				
<input type="checkbox"/>	Normal Pregnancy Incidental Pregnancy State V22.2				
<input type="checkbox"/>	Postpartum Exam V24.2				
<input type="checkbox"/>	Pregnancy-induced Hypertension 642.90				
<input type="checkbox"/>	Supervision Of Normal Pregnancy V22.1				
<input type="checkbox"/>	Vaginal Itching Or Burning 625.8				
Acute					
<input type="checkbox"/>	Acute Otitis Externa 380.10				
<input type="checkbox"/>	Acute Otitis Media 382.9				
Health Maintenance/Risks					
<input type="checkbox"/>	Health Maintenance				

Pregnant twice?

Postpartum Exam?

This is an actual patient in one of our clinics, and we had to figure out what was going on. Here is what we learned:

- The patient had been pregnant and delivered—hence Pregnancy #1 and Postpartum Exam.
- The patient had become pregnant a second time—so someone decided to add a second instance of Pregnancy.

- View
- View in New Window
- Edit
- Annotate
- Change Type to
- Secondary to
- Transition to
- Assess
- Resolve**
- Resolve and Assess
- Resolve and Suppress
- Resolve/Assess/Suppress
- Resolve and Include in Active
- Change Status to

Sometimes Active Problems should be resolved. Pregnancy is a good example. To resolve any Active Problem, simply right-click on the problem name, and select **Resolve** from the drop-down list. Then **Commit**.

Did you know you can set Active Problems to resolve themselves after a given period of time?

- Right-click on the Active Problem from the ACI screen.
- Select **Edit Favorite Defaults**
- Select the desired setting.
- **OK**

This Active Problem of Pregnancy will now auto-resolve itself in ten months, and drop off the list.

Favorite Default Settings: Supervision Of Normal Pregnan... X

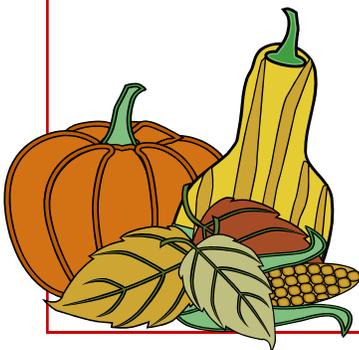
ICD-9: V22.1

Type: Chronic Acute Health Maint.

Specialty Priority: Yes No

Auto Resolve in: 10 Months

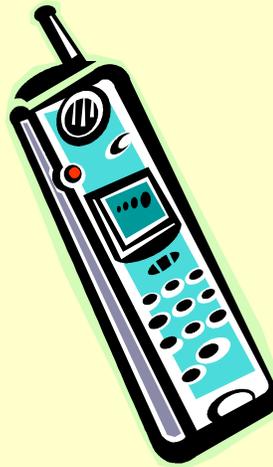
OK Cancel



Welcome to the Team!

The next time you call the help desk, you may be greeted by one of our new student workers — Andrew Flanagan and Courtney Holloway. Andrew is a Senior at ETSU, majoring in Chemistry.

Courtney, a Freshman at ETSU, is currently a psychology major. With the Helpdesk receiving up to 800 calls a month, both have been a tremendous help!



The Help Desk is available Monday through Friday from **7:30 am to 6:00 pm**.

When contacting the **Help Desk**, consider the nature of support needed.

If the need is **URGENT** (i.e. inability to log in, inability to document), CALL 423-282-6122 (option 1).



helpdesk

If your question is not urgent, select from the following:

- ◆ Send us a **Task** by tasking ALLSCRIPTS HELP TEAM.
- ◆ Send us an e-mail: EHRhelp@qetsu.org
- ◆ Open a helpdesk ticket: Click on the **QITS Help Desk** icon.



After-Hours Support is very limited. If you have an urgent need, you may send an e-mail with a return phone number to EHRhelp@qetsu.org. Should a member of the EHR Support Team be available, someone will get back in touch with you as soon as possible. **Please note that messages left on voice-mail after hours will not reach us until the next work day.**

Calling the Help Desk Number (282-6122)

- **Option 1:** All Allscripts EHR Issues
- **Option 2:** Family Medicine Hardware/IT Issues
- **Option 3:** MEAC Clinic Hardware/IT Issues
- **Option 4:** Experior Issues (Rhonda/Regina)

How to Manually Result Labs

When a lab ordered by a provider results back on paper, it is often preferable to enter the results into the system manually rather than simply scanning the paper results. This is especially true when providers have a large volume of patients who have blood work drawn outside of our system. In the example below, a CBC was result back on paper. These values can be added as structured data rather than a scanned document.

AUG. 18. 2011 3:05PM INTERNAL MED OF KPT NO. 922 P. 2

Mountain States Health Alliance

Mountain States Health Alliance
400 North State of Franklin Rd.
Johnson City, TN 37604-4994
(423)431-1352

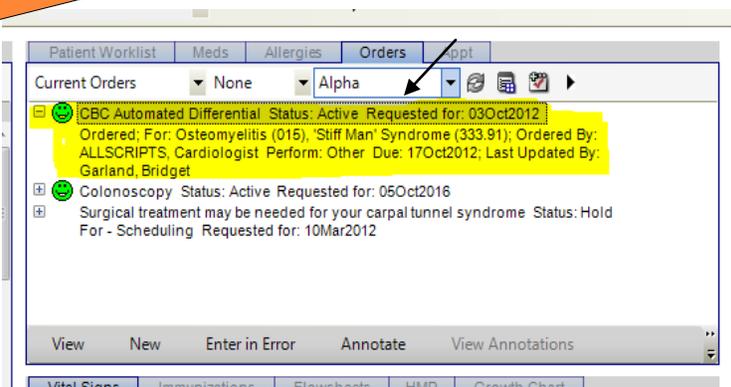
SYNERGY
Laboratories

ACCESSION	REPORT STATUS	Page #1 1		ORDER NUMBER	PHYSICIAN
	Final				
CLINICAL INFORMATION					
PATIENT (423)282-4487	SEX	DOB	AGE	PATIENT ID	
5	Female		58 Years		
PATIENT ADDRESS				ACCOUNT:	
DATE OF SPECIMEN	DATE RECEIVED	DATE REPORTED		ACCOUNT NUMBER:	
08/18/2011 09:23	08/18/2011 11:03	08/18/2011 12:01			
TEST	RESULT	ABNORMAL LIMITS	LAB		

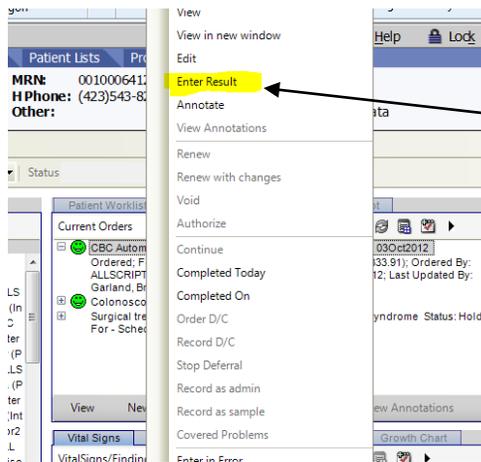
AST	20	14-34 U/L
CBC With Platelet and Differential		
WBC	5.8	4.0-9.2 K/uL
RBC	4.21	3.90-5.10 M/uL
HGB	13.1	12.4-15.2 g/dL
HCT	39.0	36.0-46.0 %
MCV	92.8	80.0-100.0 fL
MCH	31.2	26.0-34.0 pg
MCHC	33.6	30.0-36.0 g/dL
RDW	13.1	12.0-15.0 %
MPV	9.6	7.4-10.4 fL
Platelet Count	233	150-450 K/uL
Neutrophils	64	45-75 %
Lymphocytes	24	20-50 %
Monocytes		0-8 %
Eosinophils	3	0-5 %
Basophils	0	0-2 %
Absolute Neutrophils (including precursors)	3.7	1.5-7.0 K/uL
Absolute Lymphocytes	1.4	0.8-4.0 K/uL
Absolute Monocytes	0.5	0.0-0.9 K/uL
Absolute Eosinophils	0.1	0.0-0.6 K/uL
Absolute Basophils	0.0	0.0-0.2 K/uL

STEP ONE

Find the order under the Orders tab on the Clinical Desktop.

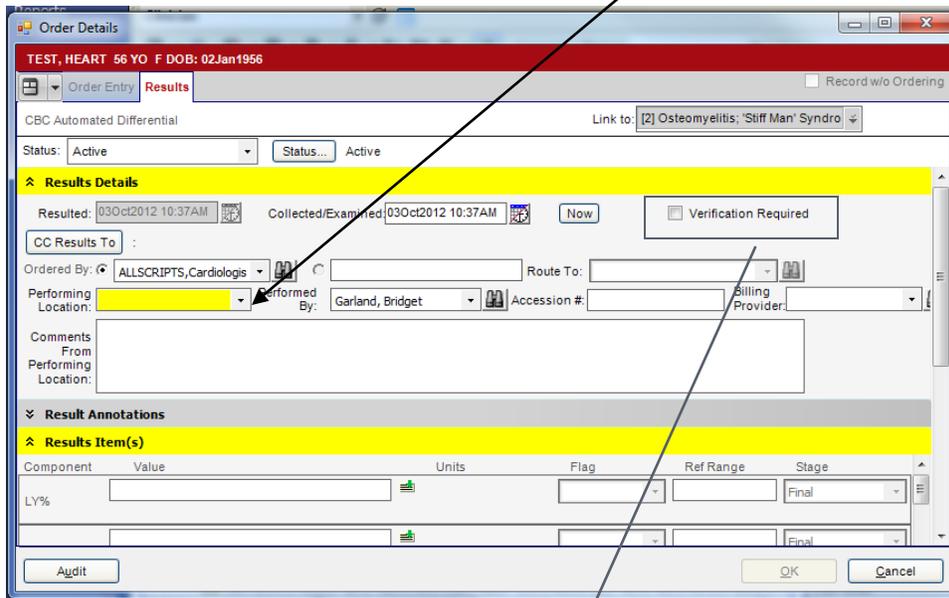


How to Manually Result Labs (continued)

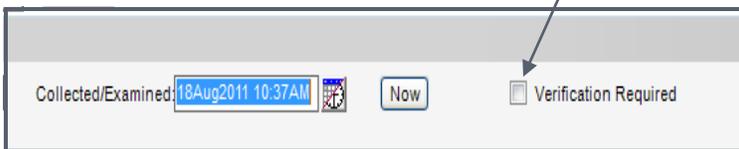


STEP TWO

Right click on the order and choose **“Enter Result.”** The Order Details Screen will then pop up. Within this screen, you will need to enter information into the required fields, including **“Performing Location”** and **“Result Values.”** If the exact performing location is not listed, select **“Other.”**



STEP THREE



Although not required fields, the Collected/Examined date and the **“Verification Required”** box should also be entered/checked. Checking this box will require the Ordering Provider to verify the lab in his/her worklist.

Component	Value	Units	Flag	Ref Range	Stage
LY%					Final
GR%					Final
MO%					Final
LY#	14				Final
GR#					Final
MO#	9		Abn H		Final
WBC					Final
RBC	4.21				Final

Also **consider flagging abnormal values** based on the information supplied in the paper copy.

Click OK, then Commit.

Are you a Meaningful User?

Improving Patient Care

We admit it...for some providers, it may take a little extra time to see a patient using EHR.

Just the other day, one of our physicians

quoted a random stat about how much more time it was taking him now to do what he used to do when he was on paper. That may be true, but EHR is still a work in progress, and what should the ultimate goal be? Improved patient care, right?

The PATIENT is who matters.

Patient care is why the federal government is investing up to \$29 billion in the Meaningful Use incentive program, but EHR users, understandably so, want to know if it's working.

One recent study released in the *Journal of General Internal Medicine* (J Gen Intern Med, Pub. Online Oct. 3, 2011 DOI: 10.1007/s11606-012-2237-8) set out to gather data on ambulatory quality in community-based settings using EHR.

The study, which included 466 physicians (204 using EHR, 262 using paper) and 74,618 unique patients, compared nine measures within the group. The results showed signifi-

cantly higher quality of care for four of the measures:

1. Hemoglobin A1c testing in diabetes,
2. Breast cancer screening,
3. Chlamydia screening, and
4. Colorectal cancer screening

START HERE



When all nine measures were combined into a composite, EHR use was

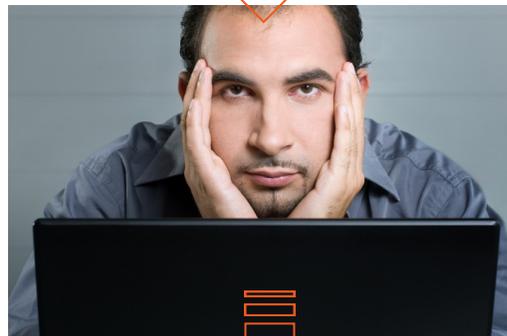
associated with higher quality of care. The authors do list several limitations, such as the inclusion of self-reported adoption of EHR in its predictor variable, as well as the small

number of pediatric measures (although consistent with the call for development of more pediatric measures).

But even with such limitations, this study is significant in that EHR now can be qualified. In this "multi-payer community with concerted efforts to support EHR implementation," EHR was found to indeed be

meaningful. If Quillen, as an organiza-

tion, can work together to improve the current system, the patient is the one who will reap the benefits.



FINISH HERE



Are you a Meaningful User?

ETSU Top Users

Family Medicine

1. Beth Anne Fox, KFM
2. Doug Rose, KFM
3. James Holt, JCFM
4. Diana Heiman, JCFM
5. Thomas Avonda, JCFM
6. John Culp, BFM
7. Fereshteh Gerayli, JCFM
8. Fred Tudiver, JCFM
9. Thomas Townsend, BFM
10. John Franko, KFM

Reporting period of
10/1 through 10/28.

MEAC

1. Parasbhai Patel, ID
2. Jonathan Moorman, ID
3. Kailash Bajaj, KIM
4. Rakesh Patel, JCIM
5. Dima Youssef, ID
6. Wael Shams, ID
7. Deidre Pierce, KIM
8. Steven Smith, CEB2
9. Jeffrey Summers, KIM
10. Bhuvana Guha, JCIM



Understanding CPOE (Computerized Physician Order Entry)

Many eligible providers (EPs) have questions concerning the first core measure of the Meaningful Use incentive program: “Use CPOE for medication orders directly entered by any licensed healthcare professional...” The measure is indeed a confusing one, with providers across the nation asking CMS about the reporting process. To better understand how our EHR system pulls data for this measure, below is an explanation of who is included in the numerator and denominator:

- Dr. Quillen has 100 patient encounters during the reporting period (including patients on his schedule, as well as patients on other schedules where he was the preceptor.)
- Out of those 100 patients, 20 have “No Reported Medications.” They are excluded from the denominator. That leaves 80 patients with active medications on their medication list (THE DENOMINATOR).
- Out of those 80 patients, Dr. Quillen prescribed a medication during the reporting period for 30 of them (THE NUMERATOR).
- The percentage then is calculated as 37.5%. Dr.

Quillen would meet the threshold (greater than 30%) for this measure. An exclusion applies to providers that write less than 100 prescriptions during the reporting period.

Because we are a multi-provider, multi-specialty group, for many physicians at ETSU, this measure will have low percentages, which is why the threshold is set at only 30%. For instance, Dr. Quillen may see several patients during the reporting period who have medications prescribed by another provider. These patients would be included in Dr. Quillen’s denominator, but not in his numerator.

So what’s the point, right?

This data is being captured for meaningful use because many **EHR systems alert CPOE users if something needs to be addressed clinically**—duplicate therapies, for instance. Using CPOE is one of the benefits of an EHR and the Meaningful Use incentive program wants to know if users are taking advantage of these clinical alerts by entering orders electronically.



QUILLEN ETSU JEOPARDY

Just in case you weren't in the studio audience (a.k.a the 2012 MEAC Fall Employee Luncheon)...

"The category is 'EHR systems that start with A'"



(left) Rusty (Monaco) and Dr. Patel (Jennifer) get ready for their Jeopardy debut.



"Yes, Alex, I am smart!"



(Above) Tracy Jones, Jennifer Logan, Rakesh Patel, Bridget Garland, Rusty Lewis, and Monaco Briggs



"Has anyone seen Chris?"

EHR ROCKZ! Debut



Above, with Dr. Jeffrey Summers; right, with Dr. Doug Rose; and below, with Dr. Demon (Patrick MacMillan)



Above, with Dr. Huffaker and Dr. Martin Olsen; below, at Dr. Hamdy's desk



(Above, Back) B-Rad, Leroy, S.J., and Psycho; (Front) Addy; Below, with Mabel Yates

