Collaboration Saves Time

Philip A. Bain, MD, FACP

ABSTRACT

Caring for patients today is very complicated and involves many clinical and administrative tasks. Clinicians are often asked to fill out a wide variety of forms, including forms that verify that the patient's clinical status is stable. Currently, these forms are filled out manually by the clinician or staff. Clinicians who use electronic medical records (EMRs) have the potential for significant time savings if the EMR can be used to eliminate manually loading data already housed in the EMR.

This article describes how collaboration between a government agency and a medical group that uses the Epic EMR resulted in an electronic version of a commonly used form. Once implemented, this form resulted in a significant time savings for the clinician. It is hoped that this project will serve as a template for future similar projects that could result in more efficient use of clinician and office staff's time.

INTRODUCTION

Patient care today is very complex. Clinicians perform a wide variety of administrative tasks such as filling many types of paperwork, which may include Family Medical Leave Act forms, insurance forms, nursing home forms, and forms certifying stability of medical conditions requested by agencies such as the Department of Transportation (DOT). Non-clinical clerical tasks can consume a substantial amount of a clinician's time, especially in primary care. This clerical aspect of the clinician's time is unreimbursed, adds tremendously to the workload and frustration of clinicians, and is a significant component of the "hassle factor" that many professionals claim is driving physicians away from practice. Any significant improvement in physician workflow is likely to lead to improved clinician efficiency and satisfaction. This brief report documents an example of a collaborative effort between a government agency (Department of Transportation) and a health care system (Dean Health System) using an electronic medical record (created by Epic Systems). This project produced a more efficient workflow that saves the clinician time and creates an electronic version of a necessary document for the Department of Transportation (DOT). Hopefully, this example can be a template for a wide variety of forms that are currently in use.

Patients with certain medical conditions such as epilepsy are required to have periodic evaluations to confirm their condition is stable and they remain safe to drive a vehicle. The DOT typically sends a form (#3644) to the patient, who presents it to his or her health care professional for completion. The form is 4 pages and consists of a number of sections containing questions specific to different medical conditions such as diabetes, chronic obstructive pulmonary disease, and epilepsy. Because it encompasses a wide variety of conditions, many primary care and subspecialty clinicians use it. The clinician or staff manually enters the demographic information. The clinician then answers a series of questions pertinent to the patient's condition. Once completed, the health care professional gives the form to the patient, who sends it to the DOT.

This project began after one of the neurologists in Dean Health System (Dean) pointed out that this form typically took 6-7 minutes for him and his staff to complete. Because of his specialty interest in epilepsy, he estimated that he had to complete this form 15-20 times each week. He submitted his request to streamline this process to the chair of Dean's Clinical Decision Support Group (CDSG). The CDSG develops electronic medical record (EMR) based tools for use by clinicians at the point of care. The CDSG chair contacted the supervisor of the DOT Medical Review Section. The super-

Author Affiliation: Dean Health System, Madison, Wis.
Corresponding Author: Philip A. Bain, MD, FACP, Dean Health System, 1821 S. Stoughton Rd, Madison WI, 53716; phone 608.260.6488; fax 608.260.6457; e-mail philip.bain@deancare.com.

visor reported that their department is often frustrated by the number of forms they have to return because of illegible handwriting or because they were not complete, and she enthusiastically agreed to work together to develop an electronic version of the form.

PROJECT

The EMR team at Dean built an electronic version of the form. They estimated it took approximately 70 hours of build time, but admitted that a significant portion of time spent was because this type of project had not been completed before. They were confident that subsequent projects would not be as time consuming. Demographic data already contained in the patient EMR was able to be populated into the form electronically. Questions required of the clinician were formatted so that questions answered routinely in a specific way would be answered automatically, but could be changed. All but 2 questions were able to be answered automatically; these were often the only questions that were not frequently answered in a predictable manner.

The neurologist who initially made the request conducted a pilot test using the form for 2 weeks. The form previously took 6-7 minutes to complete. After the new process was in place, it took 30-45 seconds. The DOT personnel reviewed the completed forms and were satisfied that the electronic form fulfilled their requirements.

The CDSG released the piloted form for general use at Dean on July 1, 2008. Shortly after release, a clinic optometrist asked if the CDSG could make similar changes for a commonly used form in optometry. The new form took about 5 hours to build and is now in use.

CONCLUSION

This project illustrates how a workflow process was improved and streamlined through collaboration between a government agency (DOT) and a health care system (Dean) using an electronic medical record. The government agency benefits by receiving a complete and legible form. The clinician and health care system benefit by decreased time necessary to complete the form and decreased amount of rework involved in reviewing an illegible or incomplete document. The patient benefits as well. Specifically in this case, patients benefited by being able to resume or continue driving in a timely manner because the health care professional completes the form correctly at the time of the office visit.

In one survey, 13% of Wisconsin clinicians in the ambulatory setting currently use fully-functioning EMRs and 41% use partially-functioning EMRs.[1] Health care analysts expect this number will increase exponentially in the next few years. Proponents of EMRs argue that they improve safety, enhance efficiency, and save money. This brief report describes how organizations can collaborate and produce a significantly improved workflow. Hopefully, this success story can be the springboard for a wide variety of similar projects that will benefit many organizations, clinicians, and patients in Wisconsin.

REFERENCES

1. Wisconsin Governor's eHealth Care Quality and Patient Safety Board. *Wisconsin Ambulatory Health Information Technology (HIT) Survey 2006-2007*; 2007. http://ehealth-board.dhfs.wisconsin.gov/reports/physofficesurvey.pdf Accessed December 11, 2008.

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