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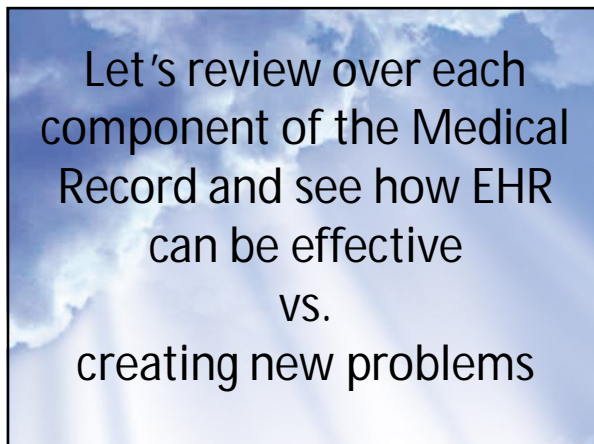
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THE  
MEDICAL RECORDS  
PROCESS  
BEGINS AT  
PATIENT CHECK-IN

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PATIENT CHECK-IN  
CAN COMPLETE  
MOST OF THE  
FORMS  
REQUIREMENTS

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*PATIENT INFO*  
*CONSENT TO TREAT*  
*RELEASE OF INFORMATION*  
*MEDICARE LIFETIME*  
*HIPAA NOTICE RECEIPT*  
*MEDICAL HISTORY*

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The Office Practice/Clinic personnel at: \_\_\_\_\_ Are Hereby authorized to administer any medical, diagnostic or therapeutic treatment as may be deemed necessary or advisable. I have the right to consent or refuse consent to any proposed procedure or therapeutic course absent emergency or extraordinary circumstances.




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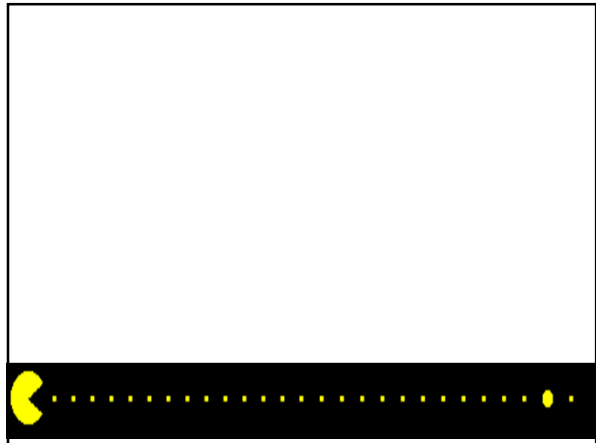
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I REQUEST PAYMENT OF AUTHORIZED MEDICARE BENEFITS ON MY BEHALF FOR ANY SERVICES FURNISHED ME BY \_\_\_\_\_. I AUTHORIZE ANY HOLDER OF MEDICAL & OTHER INFORMATION ABOUT ME TO RELEASE TO MEDICARE AND ITS AGENTS ANY INFORMATION NEEDED TO DETERMINE THESE BENEFITS OR BENEFITS FOR RELATED SERVICES.

DATE \_\_\_\_\_ PT. SIGNATURE \_\_\_\_\_

This comes from: [www.cms.hhs.gov/manuals](http://www.cms.hhs.gov/manuals)  
Pub. 100-4, Chapter 1, Section 50.1.2:

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Patient information should be one area that most EHR programs are similar.

Make sure you have ethnicity due to some NHSC reporting requirements.

Also should have a field for MSP.

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Insurance Card - Consent to Treat?  
M/C Lifetime Signature Form? ABN?  
HIPAA Notice Receipt? Pain forms?  
Medical History? PT. Home records?  
EPSDT? Immunization records?  
OB/GYN forms? Phone Memos?  
Work Release? Work. Comp?  
SCANNED DOCUMENTS or.....?

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Write down all the special forms of your particular practice and be sure to take this into consideration when you decide:

How much memory do I need?  
How easy will this be to access?  
Type of scanning equipment?  
Transition staff requirements?

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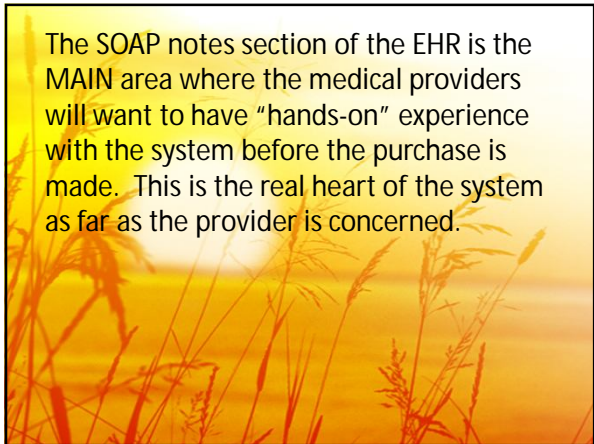
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*What method  
of patient  
check-in  
do you use ?*

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Sample check-in Form: Today's Date: \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
1. Has your insurance, Medicare or Medicaid changed since your last visit at this clinic?  
Yes \_\_\_ No \_\_\_  
2. Is today's visit the result of an accident? Yes \_\_\_ No \_\_\_  
3. Will today's visit result in a Workman's Compensation claim being filed on your behalf?  
Yes \_\_\_ No \_\_\_

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***EHR Specific:***  
Will the system allow for a space to document Medicare Secondary Payer (MSP) questions asked and verified, with this space retaining the response for past encounter dates, yet having the same field available for new verification on each new encounter?

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Can patient sign-in be done electronically with a signature "pad" at the reception desk, with this sign-in method to include the patient "writing" in their name, complete address, phone number & possibly answering three MSP questions:  
  
(Unless the system has the ability to meet this compliance requirement via another method).

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Is there a mechanism in the system to document review of the chart by the supervision physician when the PA/NP/CNM is the medical provider?

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In the RX section of the SOAP note, is it possible to have a REPORTABLE field whereby the provider can enter the LOT NUMBER of a sample medication given to the patient while at the clinic. It is also important to be able to run a report showing all sample medications provided to patients, by patient name, date, dosage drug name and lot number.

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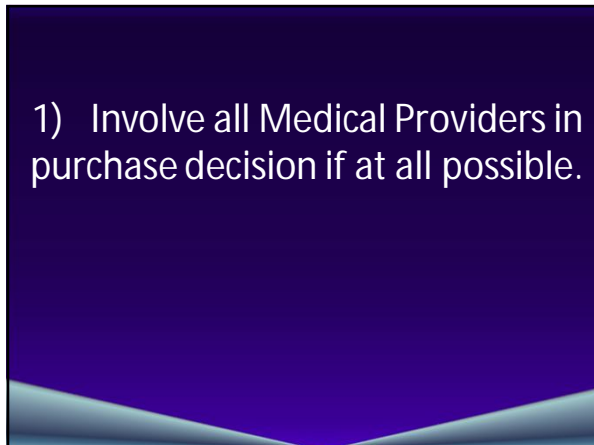
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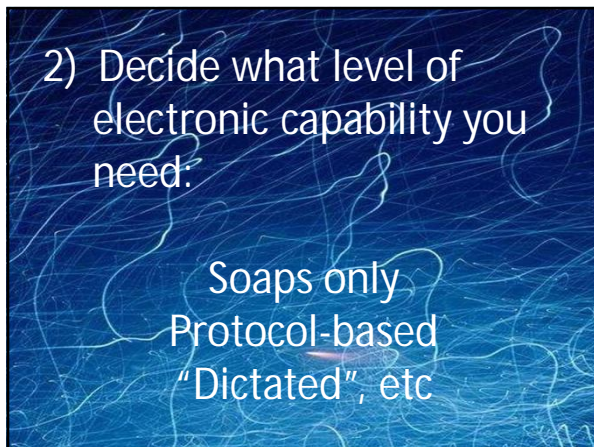
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3) Who has final say in:  
how much of existing chart  
will be scanned;  
when will scanning occur;  
will health history be scanned  
or a new one entered into  
what will become part of  
the data base  
(important for QA and  
potential grant opportunities)

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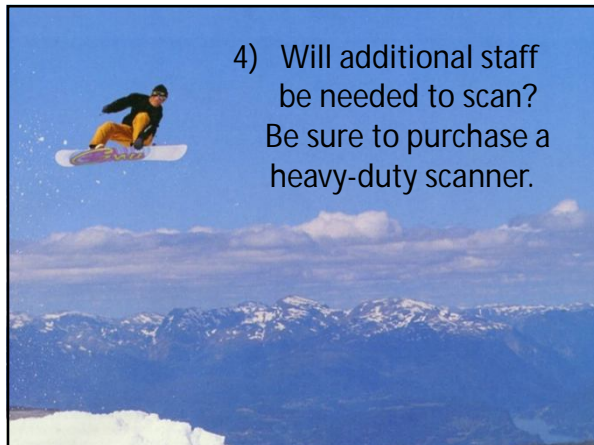
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4) Will additional staff  
be needed to scan?  
Be sure to purchase a  
heavy-duty scanner.

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5) How will the EHR be supported in  
future years? If you change to another  
system a few years later, how will the  
data in the "old" EHR system be  
accessed and retained? Remember  
the requirement to keep all medical  
records at least (6) years!



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6) Will the clinic need a "bridge" from their existing management system into the new EHR for patient demographics, or will you enter all new data (usually the better choice since it means correcting possible bad data).



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1. Organizational readiness assessment
2. Clinician involvement
3. Define clinic's EHR requirements
4. System design
5. Vendor research & selection
6. Testing
7. Training and execution
8. Implementation & go-live support
9. Ongoing maintenance and support

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### Business Alignment:

Do EHR initiatives align with the business priorities of the organization?

Have you solidified the executive ownership for the project?

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**Organizational Capacity:**

Does the organization have the capacity (staffing, focus, change tolerance) to implement EHR System?

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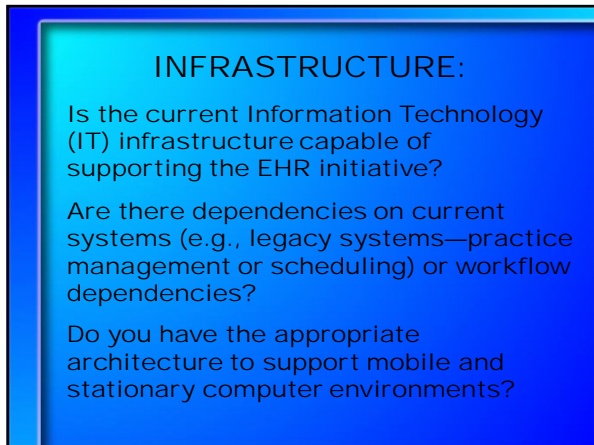
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**INFRASTRUCTURE:**

Is the current Information Technology (IT) infrastructure capable of supporting the EHR initiative?

Are there dependencies on current systems (e.g., legacy systems—practice management or scheduling) or workflow dependencies?

Do you have the appropriate architecture to support mobile and stationary computer environments?

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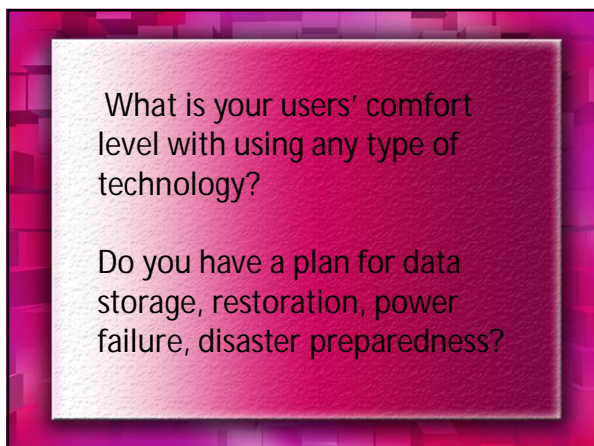
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What is your users' comfort level with using any type of technology?

Do you have a plan for data storage, restoration, power failure, disaster preparedness?

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Do you have some processes that need to be fixed prior to EMR implementation?

Practice Analysis to make sure you are in compliance with all the RHC regs BEFORE you implement EHR.



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Vendor Selection

*Research the vendors.*

*Check references with similar sized RHCs.*

*Find technology that supports the way you function in YOUR clinic.*

*Product demos based on documented demonstration scenarios of your needs.*

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Vendor Selection

*What training on-site do they offer ? \$\$\$\$*

*Do they have additional training AFTER the sale ?*

*How long in business ?*

*Will they be "certified" by Gov't. ?*

*Support staff consistent ?*

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## Vendor Selection

Establish face-to-face communication with key vendor players

Identify all data conversion and interface requirements prior to contract execution

Review contracts from technical, medical, and legal perspectives prior to execution

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## Vendor Selection

Avoid the pitfalls of vendor negotiation process (sharing too much information with the vendor prior to negotiating the price, disclosure of total budget prior to receiving proposals, and no fault payment)

Request and read all system documentation

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## Vendor Selection

Use phased contract approach so that the vendor is held accountable for each phase of implementation; do not pay for the next phase until the goals of the previous one are met.

Closely examine ALL contract language and ensure that performance clauses contain enough incentive for the vendor to follow through.

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Develop interfaces –

If you have to type in your lab results, you are defeating the purpose of *ELECTRONIC* health record

INVOLVE your clinical users in testing

VALIDATE that the content can be easily navigated with minimal instruction

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## TRAINING

The most successful way to train clinicians is through hands-on approach, which gives them the ability to explore the system

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## TRAINING

BEFORE you develop or adopt any training materials, assess your users' comfort level with computers:

Do they have basic computing skills?

Do you need to offer computer basics?

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## TRAINING

Training materials should include a lot of screenshots of the system.

Simplify - Too many options on how to perform the same function may be overwhelming and confusing.

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## TRAINING

Be flexible and available - Train physicians based on their availability and provide a lot of one-on-one help.

Use situations from YOUR clinic as examples during training—actual patient situations.

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## TRAINING

Identify the clinic's "super-users", those that will be using the system the most, such as nurses and front desk personnel. Have these folks at the training sessions to assist users who are having difficulties.

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**TRAINING**

Do NOT "go live" in the clinic even for a "test run" without FIRST having one-on-one training with each user.

Failure to train properly will result in frustration and slower patient care which equals loss of revenue.

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**TRAINING**

Understand the need for on-going training opportunities: existing staff as well as new employees.

Do not allow updates to the system that change any methods without FIRST having staff trained in those changes.

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**MEDICAL RECORDS  
MUST BE MAINTAINED  
AT LEAST  
SIX YEARS  
FROM MAJORITY**

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Some malpractice insurance companies require you to keep all medical records for longer... Often up to (11) years. CHECK WITH YOUR MALPRACTICE CARRIER and make your clinic's policy reflect the longer retention time-frame.



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GET IT RIGHT THE FIRST TIME !



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**RISK MANAGEMENT Policies & Procedures**

Areas to consider adding to your manual include:

- a) Patient care termination
- b) Patient-provided injections
- c) Minor child/emancipated diagnosis
- d) EMR security-Med. Rec. changes
- e) Pain Management
- f) Wheelchair in the clinic

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## Policies & Procedures Risk Management

### a) Patient care termination

Provide adequate notice by registered mail  
Policy should define reasons for termination  
Letter to patient does not have to give reason(s)  
Keep copy of letter in patient's medical record  
Communicate termination to other providers

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## Policies & Procedures Risk Management

### b) Patient-provided injections

Temperature issues  
Work with local pharmacies: date/time receipt  
Decide to not do this at all or have a policy  
Refuse to administer unless policy is followed  
Can refer to certain pharmacies for injections

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## Policies & Procedures Risk Management

### c) Minor child/emancipated diagnosis

Check state regulations  
Do you require adult-guardian be present?  
Age may vary (usually 14 yrs.)  
Pregnancy & STD issues  
Front-office issues-phone calls, etc.  
Provider issues  
Insurance filing, payment, notifying Health Dept.

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**Policies & Procedures**  
**Risk Management**

**d) EMR security-Med. Rec. changes**

Basic access issues  
Security code development & safety  
Backup issues: how, when, where  
If internet-based add those issues  
Backup power options

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**Policies & Procedures**  
**Risk Management**

**e) Pain Management**

Chronic pain only  
Contracts  
Drug screening & repercussions  
(Termination and reporting to DA?)  
DX included in termination  
Family issues

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**Policies & Procedures**  
**Risk Management**

**f) Use of a Wheelchair in the clinic**

Who uses it?  
Is it only for patient's care-giver to use?  
Does staff take patient from car to chair?  
Who is liable is patient is dropped or dumped?  
Is training provided?  
Clean the chair at the carwash!  
Exposed screws? Torn seat/arms?

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**Thank  
You !**

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