

## REINVENTING YOUR PRACTICE

## Doctor's Tablet PC Enhances Patient Encounters

For Dr. Rod Tanchanko's patients, his tablet PC has become as emblematic of the internist as the traditional stethoscope.

That ever-present computer is the locus of a complete electronic medical records (EMR) and practice management system, according to Dr. Tanchanko, who is in solo practice in Middletown, Del.

Tablet PCs are more portable than laptops and can even be used while standing. Each morning, Dr. Tanchanko starts the



ROD TANCHANKO, M.D.

EMR program and opens his Internet browser. Wireless access provides immediate access to patient records and other information.

"I have a folder for my most commonly used patient education materials, and there's another folder for vaccine information sheets, and another for screening forms for various conditions. We're virtually paperless. Charts, lab data, patient records ... everything is right there at my fingertips," he said in an interview. The EMR system also greatly reduces faxing and subscription fees for printed materials.

Dr. Tanchanko prints documents and patient education materials directly off the Web, from sources such as the American Academy of Family Physicians ([www.familydoctor.org](http://www.familydoctor.org)) and Medscape ([www.medscape.com](http://www.medscape.com)). "Medscape even has animations, which are a wonderful teaching tool for conditions such as disk herniation. For evidence-based and medication information, I access the American College of Physicians' Physician Information and Education Resource, or PIER, and Epocrates, which serves as backup to my EMR's e-prescribing feature," he explained.

All printed materials, including controlled prescriptions, are ready by the end of the patient's visit, Dr. Tanchanko said.

Why carry a tablet PC instead of installing computer stations in exam rooms? "The tablet PC allows better face-to-face contact with the patient, it's portable, and I don't have the expense of buying and installing desktop computers," he explained. "This system significantly reduces clutter, keeps materials up to date, boosts efficiency, and, best of all, the information is almost free. It has enhanced the visit experience for both myself and for patients."

Dr. Tanchanko is author of "An EMR Journey," an eBook now available at [www.anemrjourney.com](http://www.anemrjourney.com) that recounts his experiences with adopting an EMR system into his practice. ■

By Bruce K. Dixon, Chicago Bureau.  
Look for the next installment of this column in the March 1, 2007, issue.

## Paperless Admit Forms Increase Efficiency

If you're tired of filling out hospital admission forms by hand, Dr. Arnold Jay Simon offers a suggestion: Switch to a paperless direct admission form.

"My hospital created a paperless direct admission form for me using the Microsoft Word form field, and the form was sanctioned by the hospital executive committee," said Dr. Simon, an internist specializing in geriatrics in Palm Springs, Fla.

"The form fits perfectly into my routine

and eliminates the inefficient process of hand-copying data from computer screen onto little boxes on the old paper form, which I hated," he said in an interview.

Dr. Simon opens the form at the end of an office visit when he feels that a patient needs to be admitted to the hospital. "I can easily navigate through the form fields using the tab key to add, delete, or change small amounts of patient data." Larger entries, such as office notes and patient

medications, can be pasted into the form.

"This simple Word form has saved me the dreaded task of having to copy a long list of medications by hand onto the admission form. Using the tab keys and the cut-and-paste feature saves me a lot of time and reduces errors," he explained.

Hospital personnel and patients are happier because the information is easier to read and hospitalizations are expedited, Dr. Simon added. ■

Newly published data vs rosuvastatin

## As an adjunct to diet when diet alone is not

# What mean LDL-C reduction did and rosuvastatin did not?

- ▶ VYTORIN 10/40 mg was superior to atorvastatin 40 mg at lowering LDL-C (57% vs 48%,  $P < 0.001$ ).<sup>1</sup>
- ▶ VYTORIN 10/40 mg and 10/80 mg were both superior to atorvastatin 80 mg at lowering LDL-C (57% and 59% vs 53%, respectively,  $P < 0.001$ ).<sup>1</sup>

\*Mean percent change in LDL-C from untreated baseline in a multicenter, double-blind, randomized, active-controlled, 8-arm, parallel-group study (6 weeks of active treatment) (N=1,902). Patients with hypercholesterolemia who had not met their LDL-C goal as defined by NCEP ATP III were randomized to VYTORIN 10/10, 10/20, 10/40, or 10/80 mg or atorvastatin 10, 20, 40, or 80 mg. Mean pooled baseline LDL-C values for VYTORIN and atorvastatin were 178 mg/dL and 179 mg/dL, respectively. VYTORIN 10/10 mg reduced LDL-C by 47% from baseline vs 36% with atorvastatin 10 mg ( $P < 0.001$ ).<sup>1</sup>

- ▶ The dosage should be individualized according to baseline LDL-C level, the recommended goal of therapy, and the patient's response.

**VYTORIN is indicated as adjunctive therapy to diet** for the reduction of elevated TOTAL-C, LDL-C, Apo B, TG, and non-HDL-C, and to increase HDL-C in patients with primary (heterozygous familial and nonfamilial) hypercholesterolemia or mixed hyperlipidemia when diet alone is not enough.

**Contraindications:** hypersensitivity to any component of this medication; active liver disease; unexplained persistent elevations of serum transaminases; and women who are pregnant, nursing, or may become pregnant.

VYTORIN contains 2 active ingredients: ezetimibe and simvastatin.

No incremental benefit of VYTORIN on cardiovascular morbidity and mortality over and above that demonstrated for simvastatin has been established.

The clinical impact of comparative differences in lipid changes between products is not known.

### SELECTED CAUTIONARY INFORMATION

**Skeletal Muscle:** Myopathy sometimes takes the form of rhabdomyolysis with or without acute renal failure secondary to myoglobinuria, and rare fatalities have occurred. The risk of myopathy/rhabdomyolysis is dose related. Tell patients to promptly report muscle pain, tenderness, or weakness. Discontinue drug if myopathy is suspected or CPK levels rise markedly.

**Myopathy Caused by Drug Interactions:** Use of VYTORIN with itraconazole, ketoconazole, erythromycin, clarithromycin, telithromycin, HIV protease inhibitors, nefazodone, or large quantities of grapefruit juice (>1 quart daily) should be avoided because of the increased risk of myopathy, particularly at higher doses.

### VYTORIN vs atorvastatin<sup>1</sup>

Significantly greater LDL-C reduction\*

