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THE OFFICE

No EMR? Try the Bird in Hand

Even if you have yet to invest in an electronic medical records system, chances are that you already have some powerful tools at your disposal to make a difference in chronic disease management.

I'm referring to your practice management billing system. Most of these systems come with the option of having a scheduling component that is often built in for free. A few years ago, my family practice colleagues and I decided to make a concerted effort to institute a reminder system for patients with chronic conditions such as diabetes, asthma and chronic obstructive pulmonary disease, and hypertension. We wanted to make sure these patients came in for visits at regular recommended intervals instead of falling through the cracks.

Although we've had an electronic medical records (EMR) system since 1991, it didn't provide an efficient means to identify a list of target patients who missed visits or who were behind on disease management or prevention.

The return was impressive. For every dollar that was spent on this reminder system, five dollars were returned in the form of collected income for our practice.

Many EMRs weren't and still are not set up to do disease management, although they desperately need to be. By comparison, our billing/scheduling system (www.athenahealth.com) could be set up for this purpose with little trouble.

Once that was in place, we started calling diabetes patients who hadn't been seen in 4 or more months to get them in for regular visits. During the visit, the EMR worked well to track patient details such as foot exams and fasting glucose checks, but the job of getting the patient to our office in the first place proved to be efficiently managed by our billing/scheduling system.

The return was impressive. Patients were called twice and then a letter was sent in the mail. For every dollar spent on this reminder system, five dollars were returned in the form of collected income for our practice.

In addition to using the system for patients with chronic conditions, we used it to remind healthy individuals to come in for their annual physical exams during the typically slow summer months. Parents were prompted to bring children in for well-child care and overdue immunizations. In the fall, others were reminded of their need to schedule an appointment for a flu shot.

If you cannot hire staff to help call patients, try paying your existing staff over-time to see how this works. If you can hire someone, it works well to bring aboard a part-time employee. Someone who is between college and medical school may be looking for research opportunities. Their remaining hours can be spent as a medical assistant.

Practices of at least five to eight physicians are ideal for this kind of effort because they have the infrastructure to support it, but a practice of any size can do this work, which improves quality as it generates income. Once a week, a physician leader needs to review the data to address any kinks in the process.

As primary care providers, we have more responsibility than ever in helping our patients manage their chronic diseases. We all have to institute ways to track these patients if we are going to decrease the prevalence of chronic diseases and the cost of care. ■

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