

Patient Registries Improve Quality at Modest Cost

At \$1,000 or less, a registry—instead of a costly EHR—may help keep track of chronic care patients.

BY MARY ELLEN SCHNEIDER
Senior Writer

PHILADELPHIA — A costly electronic health record system is not necessary to engage in quality improvement and participate in the growing number of pay-for-performance programs, Dr. Rodney Hornbake said at the annual meeting of the American College of Physicians.

Patient registry software is a lower-cost alternative that allows physicians to track their care of patients with chronic diseases.

"It's really an excellent starting place for quality improvement in the ambulatory setting," said Dr. Hornbake, an internist in private practice in Essex, Conn.

Patient registries are one of the best tools for physicians participating in pay-for-performance programs, Dr. Hornbake said. Many electronic health records (EHRs) may not have population-based

functionality, and therefore cannot generate simple reports on the physician's performance on certain measures. Most EHR vendors can build interfaces with patient registry software, but that's generally an added cost.

There are a number of patient registry programs available; a comprehensive program can be purchased for less than \$1,000 per provider, Dr. Hornbake said. Some are available for free. For example, he tested the Comorbid Disease Management Database (COMMAND) software in his practice. This registry system is available for free from the Mississippi Quality Improvement Organization. And technology-savvy physicians can use programs like Microsoft Access to design their own registries, he said.

Dr. Hornbake tried out COMMAND in his practice to help keep up with the pay-for-performance programs in his local market. One insurer—Anthem Health

Plans Inc. of Connecticut—has a program that offers incentives for process and outcomes measures, as well as for the use of health-related information technology, including electronic prescribing, EHRs, and patient registries. The insurer also offers incentives to physicians for generic prescribing, he said.

Dr. Hornbake said that he exported demographic information from his billing system into COMMAND and manually entered the clinical information from patient charts himself. After using the billing system to identify all of the patients who had conditions included in his registry, he had his staff put red stickers on those patient charts.

This flagged the patients for special attention from the staff, he said. For example, patients whose charts had stickers received follow-up calls if they missed an appointment. To keep the registry up to date, every 2 months the staff pulls the charts of all registry patients and Dr. Hornbake updates the system manually. He spends about 1.5 hours entering data on 125 patients, and prefers to enter the in-

formation in periodic batches because it helps him to identify any chronic disease patients who have slipped through the cracks, he said.

Even factoring in his time, Dr. Hornbake said that he saw an immediate return on investment with the patient registry system. Unlike an EHR system, he added, patient registry software tends to fit in easily with the normal workflow of the office. Physicians can also manage their patient care using a paper-based patient registry, he said, but once they begin to track 20 or more measures, it quickly becomes unworkable.

So far, Dr. Hornbake said that he has resisted purchasing an EHR system because he still can't make a financial case for the investment.

He advised physicians to buy or upgrade an EHR system based on its ability to support pay for performance and manage a population of specific patients. Many of the other selling points for an EHR system—that it will eliminate transcription, cut down on needed staff positions, and improve coding—don't hold true for all physicians, he said. ■

Redesigned Work Flow Can Save Time, Improve Your Bottom Line

BY CHRISTINA CHASE
Associate Editor

PHILADELPHIA — Office-based physicians who maximize efficiency can see more patients per day without any loss of quality—in fact, smoother work flow can actually boost patient satisfaction, Dr. Mary S. Applegate said at the annual meeting of the American College of Physicians.

Improved efficiency can have "huge financial implications." By saving 2 minutes per patient, physicians can see two more patients daily. At \$50 per patient, this amounts to \$10,000 more per year. Alternatively, doctors can choose to work a shorter day, going home about 45 minutes earlier instead of seeing those two extra patients, added Dr. Applegate, a family physician in a small group practice in rural Ohio.

One pressing reason to improve efficiency is the anticipated effect of pay for performance and other mandated initiatives. Physicians already have too much to do, and they need to find ways to protect their sanity if their workload actually escalates, she said. "In the end, we all don't want to become psych patients!"

In the past year, Dr. Applegate and her colleagues—two other physicians and two nurse-practitioners—looked critically at work flow and practice design to identify these strategies for enhancing time management:

► **Delegate all "nondoctoring" tasks.** Physicians should not spend their time on simple activities such as taking blood

pressure, administering vaccinations, handling prescription refills, and filling out forms. Midlevel providers—nurse practitioners and physician assistants—can do a lot of these tasks. Designate a "queen of forms," typically a nurse, who can fill in codes and dates; the physician may only need to sign. Save your time for diagnostic dilemmas and treatment failures, she suggested.

► **Give staff clear instructions on handling common situations.** Flowcharts

work well and can empower paraprofessionals to manage various problems and tasks without consulting physicians.

► **Cross-train your staff.** Avoid situations where only one person knows

how to do a certain task; when that person is out, work flow is disrupted. Staff members may be happier with more variety once they are comfortable with the new responsibilities, but "the transition sometimes can be difficult," Dr. Applegate noted. To ease the transition, offer incentives to staff members willing to learn new things.

► **Avoid routine phone calls.** Although you may need to return calls to other physicians personally, a staff member can call patients back on routine matters. If bad news needs to be communicated to a patient, this should be done in person.

► **Organize work space logically.** Look at how the exam rooms, equipment, and inner offices are arranged and consider whether simple changes could streamline tasks that physicians and staff perform repeatedly. Simply moving a patient scale, or buying an extra one, might save snip-

pets of time that can really add up. All exam rooms should be stocked with the same supplies and should be set up identically if possible.

► **Listen to your patients.** The patient interview will actually go faster if you do not interrupt. Patients talk for only about 60 seconds if they are not interrupted, she said. The patient feels heard, and clearer communications can lead to greater patient satisfaction. Make eye contact, sit down with the patient, and briefly touch the patient reassuringly or shake hands.

► **Avoid batching of unpleasant or difficult tasks.** Putting off work until later in the day when you're probably tired—and have forgotten some details about a patient encounter—can become "an unhealthy addiction," Dr. Applegate said. One task that physicians often batch is writing notes in patient charts. The inefficiencies can add up when errors are made and patients are dissatisfied with their care down the line.

► **Work in real time and get the job done.** This is the opposite of batching: Stay focused and complete the entire patient encounter before that patient leaves. It is fine to look up information and even dictate in the exam room with the patient present. When some tasks unavoidably accumulate, set a rule that you will stop at regular intervals (for example, every two to four patients) to catch up before taking the next patient.

► **Be a team player.** Huddle with your staff for a few minutes every morning and afternoon to set a game plan and take control of the day before it controls you. This can help prevent glitches that would eat up valuable time. "Empower the staff to help you stay on time," Dr. Applegate said.

► **Take care of yourself.** Balance work demands against personal time to avoid burnout. Physicians who neglect their

needs for downtime and recreation are less productive and efficient. In extreme cases, this can lead to financial losses and even bankruptcy, she said.

► **Embrace new technology.** Use the available tools for billing, coding, and communications. Electronic medical records are not perfect and the transition can be painful—"It's like 3 months of pure hell"—but they are becoming a necessity. The need to log lab results for pay for performance is "the single best argument for an EMR," she added.

The most important take-home message is to avoid batching difficult tasks, she emphasized. Get it done in real time. "It really does work!" ■

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