

CASE STUDY

PEDIATRIC AND ADOLESCENT CARE OF SILVER SPRING Maryland

Much of the literature on the move to electronic health records has focused on long-term, bottom-line savings and improved efficiency and workflow. While those goals remain at the core of most implementations, the impact on patient care should also be carefully considered when moving to an EHR, with an analysis of how electronic charting and patient follow up will impact the quality of care. The transition process from paper to electronic patient charts can be difficult for doctors and staff. In 2004, Pediatric and Adolescent Care of Silver Spring overcame the challenges most often faced by practices making the transition by ensuring staff preparedness.

Pediatric and Adolescent Care of Silver Spring found itself in a quandary three years ago. The four-physician practice was drowning in a sea of paper charts. The growing number of charts, combined with new HIPAA regulations governing how paper records were to be stored, left the suburban Washington, D.C. group with a stark choice: either call in contractors to build an entirely new room in the office to hold the charts, or call in a healthcare information technology specialist and go digital, moving the charts to electronic format.

Pediatric and Adolescent Care chose the latter.

Now, more than 18 months after they began implementing the solution — an EHR from Chartcare, with support and service from Physician's Computer Company (PCC) which was the longtime supplier of the group's practice management software — nearly 5,000 charts have been digitized, the result of hours of diligent work by the practice staff themselves.

Rather than turn the entire practice to the EHR at once, the physicians decided to gradually shift their patients to the new system. Immediately after the system went live in November, it was just children and adolescents coming in

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for annual physicals whose records were moved. Before those appointments, a doctor would review the chart, flagging items to be scanned into the system. After about a year, the practice began doing the same for children who came in for sick visits.

Other elements of the changeover were simpler. Because the practice management software from PCC had recorded vaccination information for payment, it was simple to port that information to the clinical application.



Dr. Robin Witkin is happy to see her chart room empty. Nearly 5,000 patient charts have been digitized by the practice since implementing an electronic health record in 2004. In merging to an EHR, Pediatric and Adolescent care of Silver Spring has enjoyed improved documentation, easier access to clinical data and new triage stations where paper charts once consumed valuable space.

Dr. Robin Witkin was not the member of the practice who pushed for the digitization of the records — that was her colleague, Dr. Jeff Bernstein. She said she was scared, worried that the system would rely on a computer-savvy user, rather than user-friendly computers.

The practice had searched for a medical record solution years ago, ultimately abandoning their search because of the challenge of finding a system that treated pediatric patients as children, rather than small adults. “There was nothing for pediatrics. Nothing was functional enough,” said Dr. Witkin. “Kids grow. Kids get vaccinated. The technology then didn’t give us the tools to manage that.”

But after close to two years of use, those fears were put to rest.

Chart information is now far easier to access, with information a click away, rather than requiring a laborious search through thousands of folders.

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Robin Witkin, M.D.

Documentation has also improved. Dr. Witkin said that the system makes the process of entering notes from nurses or parents simple, and e-mail and other computerized reminders means that nothing falls through the cracks. “It’s helped with documentation,” she said. “The notes are now much more thorough.”

Instant access from any wired computer means that charts that are not fully updated immediately after a visit can be completed at home. “If I don’t have time to document something, I have a way of noting that or sending an e-mail,” said Dr. Witkin. “I can come home, put my kids to bed and then work on my charts.”

Still, Dr. Witkin said that the system hasn’t had an impact on workflow — positive or negative. Though charting-related delays have been eliminated, time with patients has remained constant. “I thought this would somehow make me faster. But patient flow hasn’t changed, and I am not seeing more patients.”

Instead, she said, the children are getting better care, thanks to more complete chart documentation, without affecting the doctor-patient relationship.



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