Healthcare Information Technology

...patient's deserve the highest quality care

Dr. Jim Morrow Morrow Family Medicine Cumming, Georgia

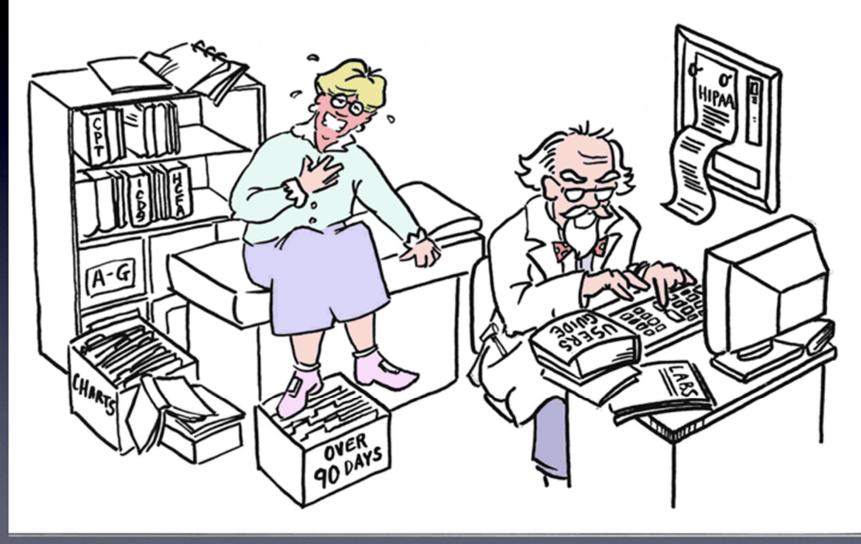
Being Proactive

Skate to where the puck is going,

not to where it is.

Wayne Gretsky

Yes, yes Mrs. Jones... we'll talk about your chest pain in a minute! Right now, I'm trying to remember my password.



To go from this...

PATIENT NAME		ALLERGIES	MEDS:
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To this...

Weston R Black 06/23/2004 3:19 PM Location: NFFM - Cumming Patient ID: TESTER DOB: 05/25/1969 Divorced/ Swahili/ Hispanic Male History of Present Illness (Vicki Dummett; 06/23/2004 5:20 PM) Patient's words: cough x 3 days The patient is a 35 year old male who presents for a follow up visit for MRI OF LUMBAR SPINE (72148). Additional complaint: Cough The onset of the cough has been acute and has been occurring in a persistent pattern for 3 days. The course has been increasing. The cough is characterized as dry. The amount of sputum produced is scanty. The cough occurs mainly at night. The symptoms are aggravated by supine posture. The symptoms have been associated with headache, hoarseness, runny nose, sore throat and wheezing, while the symptoms have not been associated with chest pain, fever or hemoptysis. Allergies (Vicki Dummett; 06/23/2004 3:30 PM) Keflex. Anaphylaxis Penicillins. Angioedema, Anaphylaxis Past Medical History (Vicki Dummett; 06/23/2004 4:25 PM) Mastectomy, Total Family History (Vicki Dummett; 06/23/2004 3:31 PM) Father, CAD older sister. NIDDM Previous Next Close Email... Change Print...

And from this...

MEDI	CAL CENTER	HOSPITAL
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Or this...

Combin 4 mps GP

To this...



North Fulton Family Medicine, P.C. NFFM – Johns Creek 4235 Johns Creek Parkway Suwanee, GA 30024

Thomas E. Bat, M.D. James R. Morrow Jr., M.D. Michelle R. Jenkins, M.D. Mark A. McElhannon, M.D.

Terence L. Moraczewski, M.D. Saju I. Mathew, M.D. David Hall, M.D. MarVetta Scott, M.D.

NAME: Weston R. Black AGE: 35 years

ADDRESS: 123 Any Street, Dallas, TX DATE: 4/12/2005

Rx:

LIPITOR, 10MG (PO Tab)

#30 Tab 1 Tab, PO, qd

REFILL: x2 TIME(S)

James R Morrow, M.D.

SIGNATURE ELECTRONICALLY GENERATED/PASSWORD ENCODED

What Is e-Prescribing?



Process by which physicians use a computer to enter, modify, review and communicate drug prescriptions

Why e-Prescribe?

- 4 out of 5 patients who visit a physician leave with at least one prescription
- ► 65% of the U.S. population (91% of Medicare patients) use a prescription medication each year
- Over 4 billion prescriptions are dispensed each year

Why e-Prescribe?

Prescribing process is error prone

Adverse drug events (ADE)

- 4th leading cause of death
- Costs as much as \$136 billion each year

7,000 deaths a year attributed to prescription error

- Illegible handwriting
- Wrong dosage
- Missed drug-drug or drug-allergy interactions

Medication errors account for 1 out of 131 ambulatory care deaths

Interoperability

Receive reports

securely

electronically

legibly, and

much more quickly from area hospitals.

Current State of Prescribing

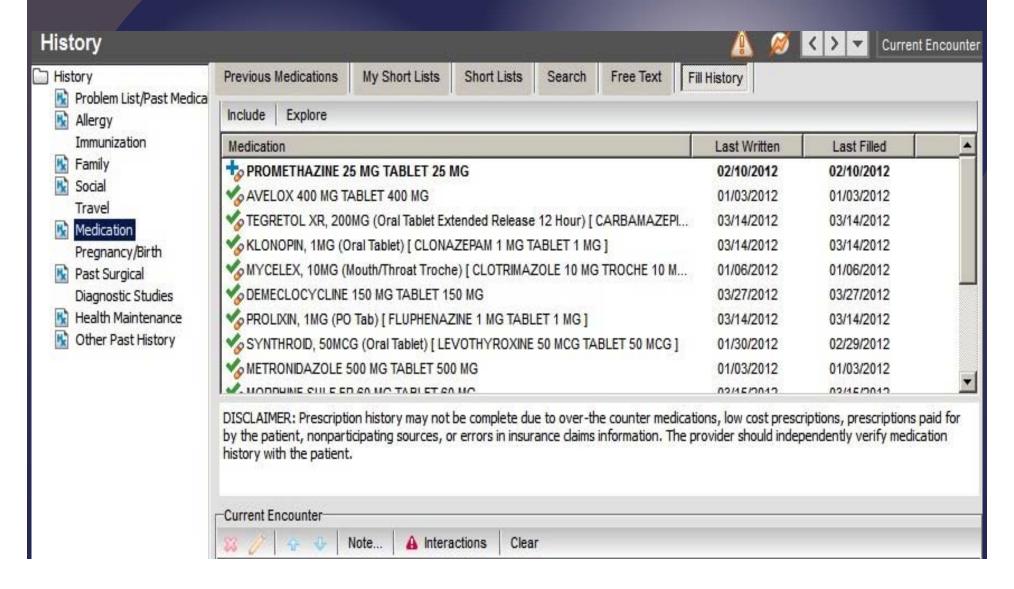
Poor compliance

Approximately 20% of prescriptions are never filled

Cost of poor compliance estimated between \$100 billion and \$150 billion annually

Benefits for Physicians

Prescription History



Benefits for Physicians

Fill History

Medications Filled PROMETHAZINE 25 MG TABLET 25 MG AVELOX 400 MG TABLET 400 MG TEGRETOL XR, 200MG (Oral Tablet Extended Release 12 Hour) [CARBA... KLONOPIN, 1MG (Oral Tablet) [CLONAZEPAM 1 MG TABLET 1 MG] MYCELEX, 10MG (Mouth/Throat Troche) [CLOTRIMAZOLE 10 MG TROCH... DEMECLOCYCLINE 150 MG TABLET 150 MG PROLIXIN, 1MG (PO Tab) [FLUPHENAZINE 1 MG TABLET 1 MG] SYNTHROID, 50MCG (Oral Tablet) [LEVOTHYROXINE 50 MCG TABLET 50... METRONIDAZOLE 500 MG TABLET 500 MG MORPHINE SULF ER 60 MG TABLET 60 MG MORPHINE SULFATE IR 30 MG TAB 30 MG OXYBUTYNIN 5 MG TABLET 5 MG TEMAZEPAM 22.5 MG CAPSULE 22.5 MG TERAZOSIN 1 MG CAPSULE 1 MG TRAZODONE 150 MG TABLET 150 MG

Fill History Details					
Expand View					
Date Written	Date Filled	Quantity	Days Supply		
03/14/2012	03/14/2012	150	30		
02/13/2012	02/13/2012	150	30		
01/11/2012	01/11/2012	150	30		

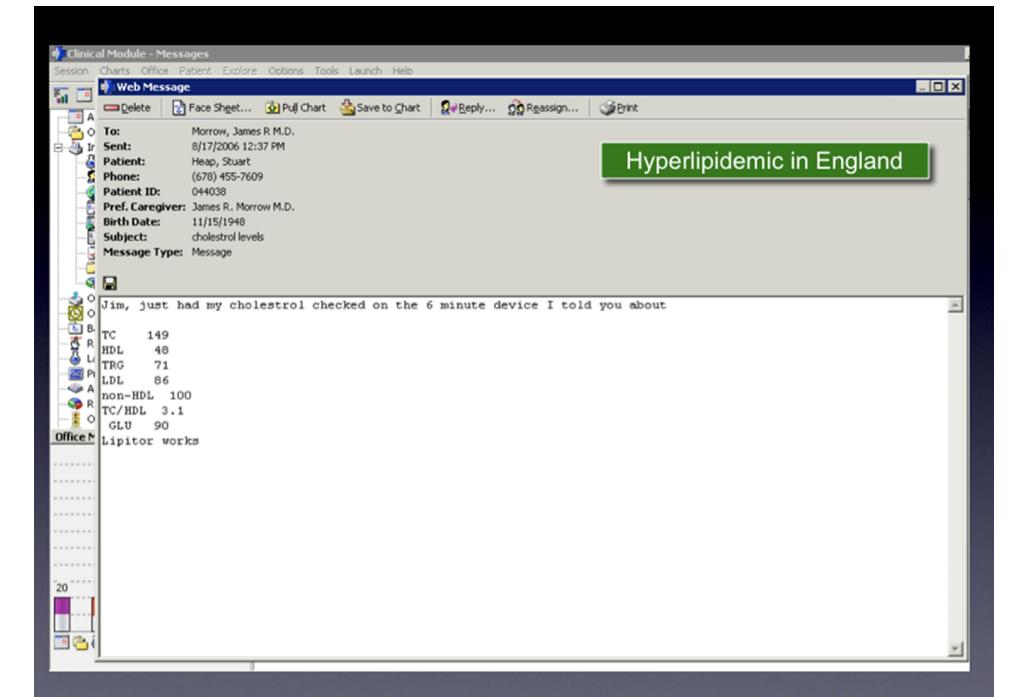
The IOM Reports

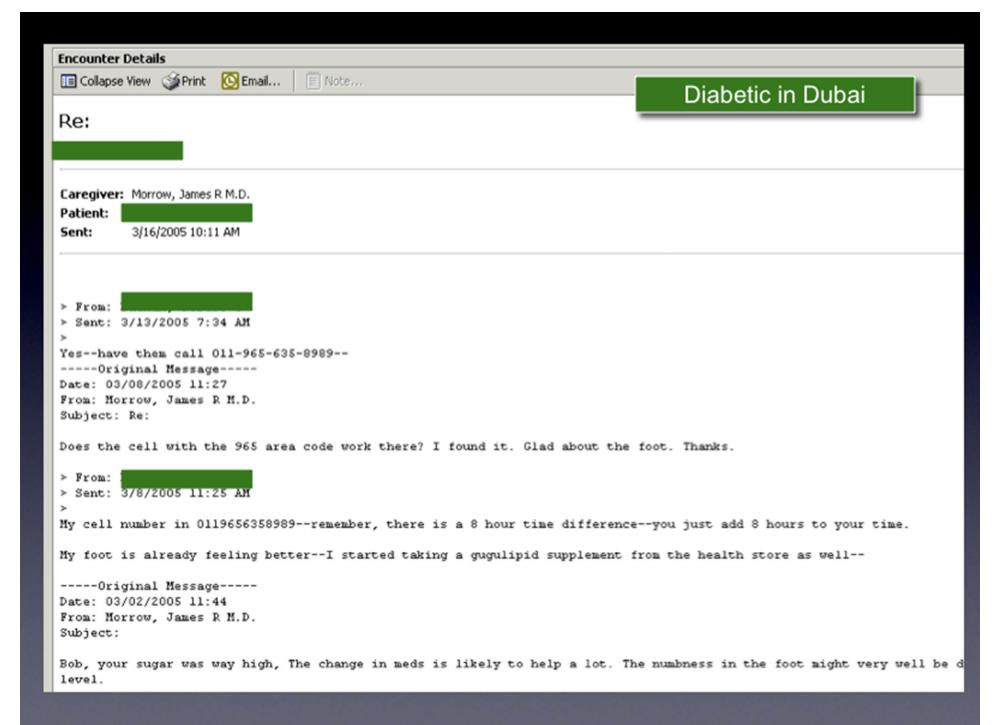
40,000 to 98,000 Americans die yearly from preventable medical errors in hospitals

Equivalent to a jumbo jet crash every day

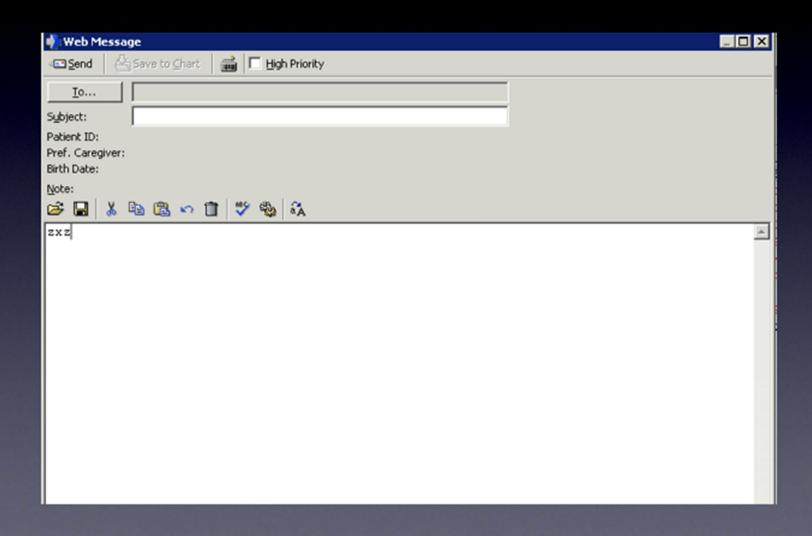
Medical errors cause more deaths than MVAs, breast cancer and AIDS



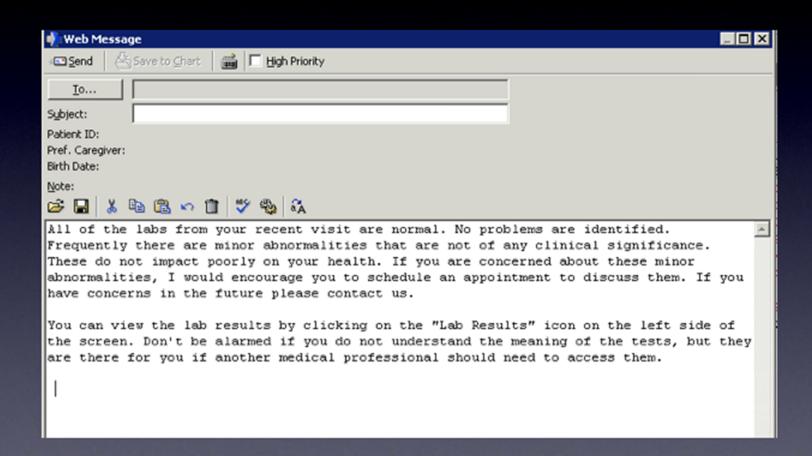


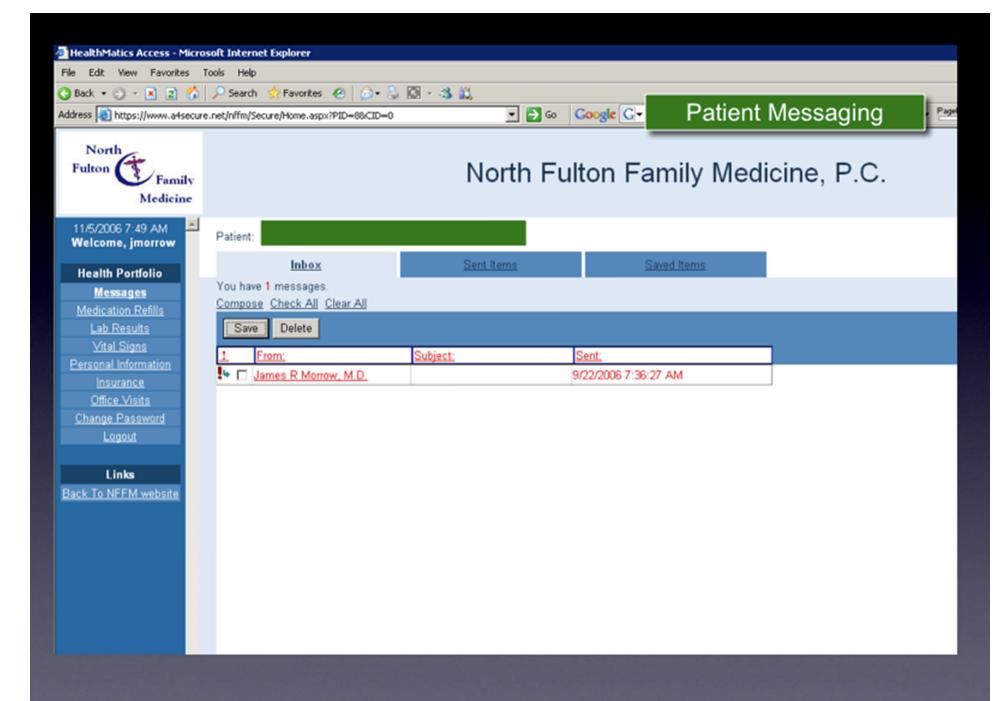


Go from this...



To this...







North Fulton Family Medicine, P.C.

Medicin	C				
11/5/2006 7:51 AM Welcome, jmorrow	^	To request refill, p	lease select medications and press the Request button.	Patient:	Medication Refills
Health Portfolio Messages Medication Refills		Medications:	☐ BIOHIST LA, 12-120MG (PO Tab SR 12HR) ☐ PROVIGIL, 200MG (PO Tab)		
Lab Results Vital Signs Personal Information Insurance					
Office Visits Change Password Logout					
Links Back To NFFM website					
		Pharmacy:	Lakeside Pharmacy, 1100 Northside Forsyth Drive, Cummi	in	
		Comments:			



11/5/2006 7:52 AM Welcome, jmorrow

Health Portfolio

Medication Refills

Lab Results

Vital Signs

Personal Information

Office Visits

Change Password

Links

Back To NFFM website

North Fulton Family Medicine, P.C.

Laboratory Data Patient:

Month(s) Range: 6

Expand All Results

Profile/Panel/Test

Review lab results

-COMPREHENSIVE METABOLIC 10/10/2006 12:00:00 AM

Profile/Panel/Test	Value	Unit	Normal Range
UREA NITROGEN (BUN)	23	mg/dL	7-25
CREATININE	1.2	mg/dL	0.5-1.4
BUN/CREATININE RATIO	19	(calc)	6-25
SODIUM	142	mmol/L	135-146
POTASSIUM	4.8	mmol/L	3.5-5.3
CHLORIDE	106	mmol/L	98-110
CARBON DIOXIDE	28	mmol/L	21-33
CALCIUM	9.3	mg/dL	8.5-10.4
PROTEIN, TOTAL	6.5	g/dL	6.0-8.3
ALBUMIN	4.3	g/dL	3.5-4.9
GLOBULIN	2.2	g/dL (calc)	2.2-4.2
ALBUMIN/GLOBULIN RATIO	2.0	(calc)	0.8-2.0
BILIRUBIN, TOTAL	0.5	mg/dL	0.2-1.5
ALKALINE PHOSPHATASE	71	U/L	20-125
AST	26	U/L	3-50
ALT	32	U/L	3-60
GLUCOSE	101	mg/dL	65-99
Comment: FASTING REFERENCE INTERVAL			
GFR ESTIMATED	>60	mL/min/1.73m2	> OR = 60

10/10/2006 12:00:00 AM TRIGLYCERIDES



North Fulton Family Medicine, P.C.

11/5/2006 7:53 AM Welcome, jmorrow

Health Portfolio

Messages Medication Refills

Lab Results

Vital Signs

Personal Information

Insurance

Office Visits

Change Password

Logout

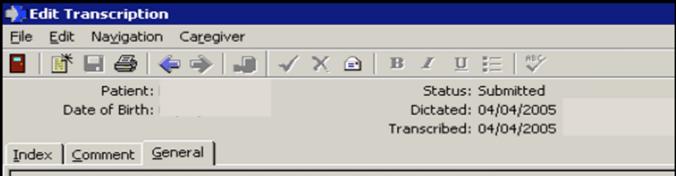
Links

Back To NFFM website

Vital Signs

Review vital signs data Patient:

Date	Temp	Pulse	Resp.	8P	Weight	Height
	*	per min.	per min.	mm Hg		
10/21/2005 08:13 AM		80	12	160/90		
08/10/2004 03:49 PM	98	80	14	120/82	228.0 lb	6'1"



CT SCAN OF THE CHEST WITH CONTRAST 04/04/05

I do not have any comparison studies.

CLINICAL HISTORY- Chest swelling and mass.

TECHNIQUE- Transaxial images are obtained through chest. The patient received 95 cc of intravenous nonionic contrast material without complications. The risks, benefits and alternative of the contrast media were discussed with the patient after which informed consent was signed. The patient was given an opportunity to ask questions.

FINDINGS- Imaging of the mediastinum fails to show any evidence of significant adenopathy. Heart, pericardium, great vessels and esophagus all appear normal. Both hila appear normal.

Imaging of the lung parenchyma show at least three nonspecific small nodules on the right. The first is in the right upper lobe peripherally and measures 5.2 mm. The second is in the right lower lobe superior segment peripherally 6.0 mm and the third is in the right middle lobe anteriorly abutting the pleura measuring 5.9 mm. All of these appear to be noncalcified. Malignancy cannot be excluded. Close interval follow-up or PET scan may be helpful. There is no evidence of pleural effusion. There is some mild atelectasis in both lower lobes posteriorly.

Tracking Tests & Procedures

Ability to monitor practice compliance

Search for labs not yet resulted or reviewed

Search for procedures not yet resulted or reviewed

Limiting Access-Securing PHI

Data is secured...

Three levels of passwords necessary to access the data

Passwords change regularly

Never a pre-determined password

Firewall/Antivirus/Backup

What Does All This HIT Do For Us and Our Patients?

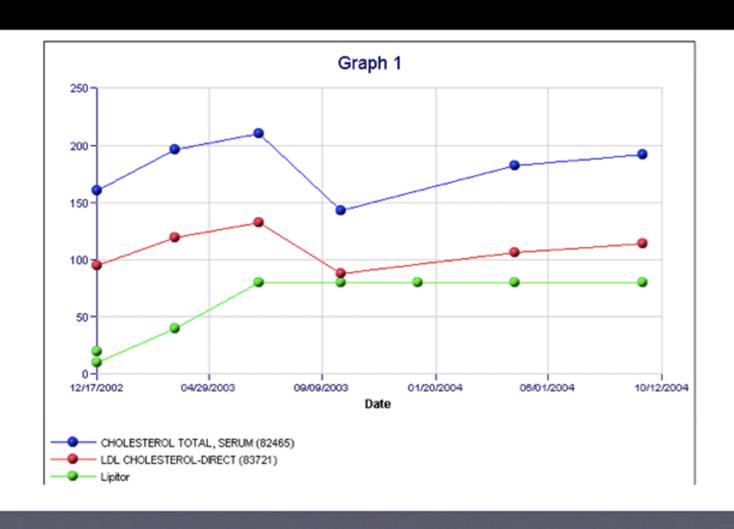
Outcomes Are The Real Rewards

We can track quality of care at an outcomes level

Track A1c's, LFT's, PT's, PSA's, cholesterol, blood pressure levels

Monitor compliance rates of routine screenings (colonoscopy, mammography, bone density, exercise stress testing, etc)

Visual Reinforcement



So, What's the Holdup?

Physician Perspectives: Recent Data

Physician Attitudes

84% agree that computers improve quality

78% think computers have beneficial effect on interactions within the health care team

Physician Perspectives: Attitudes vs. Intentions

85% believe we should computerize prescriptions, yet 49% do not intend to

89% believe we should computerize patient summaries, yet 48.5% do not intend to

83% believe we should computerize treatment records, yet 48.7% do not intend to

Top Reasons for Disconnect

Initial capital cost

Time investment

Security concerns

Maintenance costs

Biggest Reason for Disconnect

People Are Reluctant to

CHANGE!

The Hard Truth

The time has come

No more choices in the near future

Patients deserve the best care they can get

They get better care with HIT in place

Conclusion

Success depends on you

The evolution of IT and healthcare is upon us now

The return on your investment can be measured in real dollars

The ultimate ROI is job satisfaction, a sense of accomplishment, and success in today's changing world

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...patient's deserve the highest quality care

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