EHR Software: Choosing the Perfect Fit for Podiatry

A strong commitment to a detailed software search is essential.

BY KARNA W. MORROW, CPC, RCC, CCS-P

The childhood fairy tale *Goldilocks and The Three Bears* comes to mind when anyone discusses the perfect fit. One may be too large, another too small, but the simplicity of the story offered "one" as being "just right!" How might that story line unfold if our main characters were from a small-to-medium size podiatry practice searching for the perfect electronic health record (EHR)? EPIC® may be too large, paper charts may be insufficient in today's world, but "just right", what might that look like?

A strong commitment to a software search *can* result in an EHR system that is "just right", providing the solution to meet the needs and the unique workflow requirements of the podiatrist.

The search starts with evaluating the appointment scheduling module. Look for that one-step process to confirm a patient's visits for the next weeks, month, or if required even multiple months out. The practice may still need more flexibility to accommodate the walk-in patients, the virtual patients, or the ability to recall a patient for routine follow-up visits. Will the system accommodate both needs? And when those appointments are scheduled, can you view a single day across multiple providers on the same screen?

The "just right" EHR will anticipate a provider's request to move an entire week of appointments to another provider or location or date. The Coronavirus (COVID-19) pandemic has recently demonstrated the priority to have a flexible, but automated, appointment system.

COVID-19 has clearly called out the need for specific features within an EHR. Virtual visits are but one such function and the reasons for including telehealth capabilities on the EHR search list are extensive. The delivery of healthcare is changing and adapting can benefit both the patient and the practice. The "just right" fit delivers the functionality without adding a completely separate process. Telehealth simply works in conjunction with the patient portal and continues to help bring the practice to the patient.

COVID-19 has also reinforced the need for a truly cloud-based software. Gone are the days of having the ball and chain relationship with a server that comes with expensive overhead costs. The "just right" EHR delivers unlimited accessibility to your practice and a flexible platform that can adapt to your device of choice so that documentation can be completed simultaneously with clinical care.

The patient experience is key to evaluating the fit of an EHR for podiatry. The "just right" integrated EHR will share data across the sites of service and reduce the administrative burden to both the provider and the patient. Whose family history or medication list really changes from a wound care visit Monday and the follow-up on Friday? Or the pre-operative visit to the post-operative visit? The review of systems (ROS) is clinically reviewed by each practitioner with the focus of that visit but it can be reviewed on Friday without the patient completely starting over with the clipboard and piece of paper.

Let's circle back to that clipboard and stack of papers for just a minute more. The positive patient experience includes an integrated check-in process. Many practices have not yet scanned that ream of paper into the chart when the patient is roomed, and time is wasted asking patients the same questions they just answered on paper. Some of that is the way the data is verbally "reviewed" with the patient, but during that first impression the patient needs to feel the practice staff is aware of them, their needs, and their medical history. A patient kiosk removes this pain point, saves the staff time from scanning in records, and reduces the documentation time of the providers when the HPI, ROS, PFSHx and medication list are automatically available in the EHR when they walk in the room. The display on an iPad/

Continued on page 56

> **Telehealth simply works in conjunction with the patient portal and continues to help bring the practice to the patient.**

PRACTICE MANAGEMENT

tablet can also be adapted to the visual needs of a patient v. the static option of the font of a printed page. The search for a "just right" EHR will include a search for the integrated kiosk with the ability to import key forms and eliminate the front desk clipboard.

Additionally, the kiosk check-in process has demonstrated an increase in payment collections. Staff at the front desk are frequently multitasking and do not consistently ask a patient for their co-payment or balance due on their account. Many are quick to accept the first excuse from the patient and move onto the next task. An electronic device is more persistent. The request remains on the screen until it is resolved. This sets the expectation within the practice for payment at the time of service that those notices on the wall and back of the exam room door have yet to accomplish.

It is a common complaint within clinical care circles that it takes longer to document the care of a patient than it did to evaluate the patient. The search for the "just right" EHR will remember this pain point and the solution will reduce, if not completely remove it. Look for templates that are specialty-specific and demonstrate an understanding of the nuances of your patients. Does the library include a template to easily document both the diabetic foot care and footwear with the appropriate billing to the separate DME payor? Within a designed template, look for the ability to retain the provider's style both in content and documentation process. Can you incorporate free text, drop-down, point click, by exception dictation, and even Dragon or other voice recognition workflows within the same note? Are you able to add/remove sections or even change the options within a designed picklist on the fly?

Scripting medication, especially pain medications, is a closely monitored task within any medical practice today. The physicians need to know even what the patient is reluctant to share. Many physicians view the pharmacy record as inherent in the consent to treat release, others have explicitly added the pharmacy as one the patient agrees to release information to as part of their care. This is helpful only if the EHR is integrated with a source to provide additional information to the practice at the time of the visit, specifically at the time that script is being electronically ordered. Look for the EHR that will offer a real-time search of the prescriptions written/filled for the patient. This information may just be used to confirm the dose the patient can't remember or confirm the name that neither the nurse nor the patient can pronounce. But it may be used to identify the patient filling the same

> ## The search for a "just right" EHR will include a search for the integrated kiosk with the ability to import key forms and eliminate the front desk clipboard.

or similar medications from multiple practices in the same area or avoid an otherwise unknown contraindication. Either use reduces the risk to the practice and improves the overall patient care. Treating for a positive outcome relies on accurate data. All available data should be the goal of the "just right" EHR. From a pharmacy, to a lab result of your own partner, to imaging done across town, practices today need an EHR to help them manage their patient with access to complete data.

The "just right" EHR will also help the business management side of the practice guiding the staff through the maze of reimbursement. If the services rendered are not reimbursed accurately and in a timely manner, the practice will not survive to treat the patients. It is a wicked reality. Filing an insurance claim or even being able to obtain the eligibility and authorization for the patient's insurance is essential to the financial health of a practice. Surprise statements aren't welcomed by any patient and can quickly sour their perception of the practice—despite clinical care that exceeded their expectation.

Medical necessity is the number one denial after demographic related denials. It is an obstacle in every medical practice, regardless of the specialty, to remember which of the 65,000 available ICD-10-CM codes communicate the complexity of *this* patient.

Any EHR will provide the pathway to find the 7th character when it is required, some may alert the provider that "ulcer" is not sufficient for the 15th visit, but the "just right" will offer space on the electronic superbill to remind the provider to include the common risk factors (e.g., long term use of.., non-healing wound, non-compliance due to..). Those unique codes may well be the reason for the 15th visit or repeated treatments or falling short of an expected outcome. Communicating the true clinical picture in diagnosis codes can reduce or prevent the denial, reducing rework and delayed reimbursement. As the level of service for all evaluation and management (E/M) codes can be anchored in medical decision-making beginning January 1st 2021, this feature will be beneficial to any practice.

Once upon a time the primary goal of an EHR was to improve the quality of data, and timeliness of the data available to treat the patient. Reduce the redundancy of both data and ancillary testing. Goldilocks was able to find the "just right" in each of the presented scenarios in her story. It isn't just a childhood story to expect the same outcome within your practice. **PM**

....

Karna Morrow, CPC, RCC, CCS-P, is an implementation manager for Practice EHR. She has spent nearly three decades in the industry leading electronic health record (EHR) implementations and providing consulting and training for a variety of healthcare organizations. Morrow is a frequent contributor to highly regarded industry publications and national conferences, providing insights on practice management, coding, billing and other industry-related topics. For more information about Practice EHR, please visit www.practiceehr.com or call (469) 305-7171.