

# Increasing Workflow Efficiency and PCMH Compliance via EMR

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## Introduction

- Engineer turned medical student
- ChemWare
  - Laboratory Information Management System
  - Implementations
- Providers wasting admin time with EMR struggles
- Fighting with EMR instead of being aided by it







# Background

- Primary Care Medical Home (PCMH)
  - Making primary care into "what patients want it to be"
- Joint Commission
  - Accrediting NPO
  - Licensure and Medicaid Reimbursement
- Federally Qualified Health Center (FQHC)
  - Public Health Service Act, Section 330
    - Underserved population
    - Sliding fee scale
    - Comprehensive services
    - Quality assurance program
    - Governing board of directors







# Methodology

- PCMH Compliance
  - Chronic Disease Tracking
  - Screening Alerts
  - Goal Tracking
  - Diagnostic Imaging Tracking
- Workflow
  - Auto Texting Diabetics
  - Patient Portal
  - Harris Health Consent Form
  - Smartlink Macros
  - Autoemailing Reports
  - Homelessness
  - Healow
- EBO Tables
- Houston Medical Imaging







#### Results

- PCMH Compliance
  - Chronic Disease Tracking accomplished
  - Screening Alerts accomplished
  - Goal Tracking require customization (\$\$\$)
  - Diagnostic Imaging Tracking accomplished
- Workflow
  - Auto Texting Diabetics abandoned
  - Patient Portal requires further configuration
  - Harris Health Consent Form accomplished
  - Smartlink Macros accomplished
  - Autoemailing Reports accomplished
  - Homelessness accomplished
  - Healow abandoned, not useful or practical
- EBO Tables requires Report Studio training
- Houston Medical Imaging require customization (\$\$\$)







## Discussion

- PCMH Compliance just scratching the surface
- Workflow numerous issues, varying degrees of complexity
- EBO Tables need to train the right person
- Future Work:
  - Legibility of Diagnostic Imaging
  - Recruiting for IT
  - Custom Reports







## Recommendations

• 0.5 FTE

- Requirements Analysis
- \$\$\$ towards bulk services
- System Administrator







## Conclusion

- My impact on the clinic
  - Saved man hours
  - Increased patient compliance
  - Increased screening reminders
- Clinic's impact on me
  - Bridging technology and medicine
  - Understanding admin burdens







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