

Learn This: Physicians, Smartphones and mHealth

For the organized and busy professional on the go, the smartphone has quickly become a necessity on par with a person's house keys, wallet, or purse. The past five years have vaulted the smartphone from status symbol to must-have business tool by bringing data and communication capabilities from your office to the palm of your hand. With decision making and communication tools always at the ready, you can be productive from anywhere you are, and you are freed up to bring information to clients, meetings, and conferences without the hindrance of a laptop.

Physicians, practitioners and forward thinking healthcare organizations are leading the charge to embrace mobile health, often called **mHealth**, or the practice of patient care supported by mobile devices. A survey conducted at the physician online and mobile community [QuantiaMD](#) in May of 2011 found 83% of physicians reported using at least one mobile device and 25% used both a phone and a tablet. Of the 17% surveyed who did not use a mobile device, 44% planned on purchasing a mobile device sometime in 2011. Physicians surveyed reported their top uses for mobile devices as :

- looking up drug treatments and reference material (69%)
- learning about new treatments & clinical research (42%)
- helping me choose treatment paths for patients (40%)
- helping me diagnose patients (39%)
- helping me educate patients (27%)
- making decisions about ordering labs or imaging tests (26%), and
- accessing patient information and records (20%)

Why is mHealth such a big deal?

The reason the healthcare industry is moving so quickly to adopt **mHealth** practices: changing legislative, demographic and financial conditions are forcing providers and care organizations to seek efficiencies and cost-savings from technology. Many physicians purchased their mobile device not imagining it as a clinical tool, only to discover possible uses in patient care after adoption. Moreover, since mobile devices are built on platforms that allow for the development and distribution of healthcare-specific applications (apps) that support clinical practice, software companies are able to quickly respond to physician demand for new and better solutions.

Applications can vary widely in quality, application, and cost, but are generally easy to acquire, test and adopt. Reference works like Daviss Drug Guide ([iOS](#) / [Android](#)), Tabers Medical Dictionary ([iOS](#) / [Android](#)) and Netters Atlas of Human Anatomy ([iOS](#) / [Android](#)) are available in searchable, easy-to-use digital versions. Tablets, with larger, shareable screens provide even better opportunities in patient education and imaging diagnostics – without having to drag (or roll) a laptop into a care setting, and without the barrier of a screen that separates provider and patient.

mHealth and EHRs

Even bigger opportunities are possible when mobile devices are tied into Electronic Health Records (EHRs) to give providers access to their patients history at a glance. With the HITECH provisions of the ARRA or Stimulus Act, healthcare organizations have incentives to adopt EHRs that fulfill meaningful use requirements in the next five years. While current adoption of EHR technology is only at around 20 to 25%, healthcare analysts David C. Kibbe, MD, MBA and Brian Klepper, PHD writing for [Kaiser Health News](#) predict that 2011

and possibly 2012 will find providers cleaning house to prepare for EHR adoption or upgrade, while some organizations will stay on the sidelines to avoid high switching costs from legacy electronic and paper systems .

The potential for care is enormous however, as mobile access to patient data in a secure setting would mean dramatic efficiencies for providers who normally have to rely on either a stationary computer or a retrieved paper record. Mobile patient data would also allow for easier compliance with hospital treatment protocols via alerts, and for consultation amongst physicians outside of their immediate location, as well as ePrescribing to cut down on time, resources, and fraud. Concerns about security, liability and reimbursement are still important issues for vendors, providers and patients but the demand for a more flexible and efficient healthcare system is driving software companies to offer more powerful and interoperable products that meet these issues head on.

Providers arent alone in pushing **mHealth** forward. Today's patient wants to be more informed about their care and the options they are presented with medically and financially. The same streamlined access to information that is winning over large numbers of caregivers is empowering patients to make healthier choices in their lifestyles, and a better decisions navigating the healthcare system. According to the [Pew Internet and American Life Project](#), nearly three quarters of American users (or roughly 59% of the entire US population) have used the Internet to research health information .

As both patients and providers become more accustomed to having their health decisions supported by mobile data, secure sharing of clinical, audio, and video data between patients and their caregivers will empower the healthcare system to tackle more of its challenges with technology.

For Physicians: Starting with mHealth

If you don't have a smartphone, check out this [article](#) for recommendations. The same article includes advice on free and paid apps that any smartphone user will find helpful.

For medical-specific apps, start with the Big Boys:

- **Medscape** ([iOS](#) / [Android](#)) is a product of WebMD, and features full, free access to drug, diseases, protocol, CME and hospital directory information.
- **Epocrates** ([iOS](#) / [Android](#)) is a free drug reference app that also has a premium subscription feature for more in-depth info, as well as paid versions of the app for specialties and comprehensive drug interactions.
- **UpToDate** ([iOS](#), unreleased) is a web-based service for physician reference and evidence based treatment options as well as CME for clinicians that is planning on releasing an iPhone app sometime this month. Check out [their site](#) to stay tuned for the apps release.

The ability to download apps (the Market for [Android devices](#) or App Store for [iPhone](#) and [iPad](#)) is built right into the device so users can quickly search for and install software without touching a desktop or laptop. These apps are a great way to get started using your device for mHealth applications, and both can be on your device within minutes of finishing this article.

Six Reasons Why Your Doctor's Office Doesn't Call You Back and a Few Solutions



Patients want to know why they can't get a return call from their doctor's office – here are six reasons why the calls have increased and physician offices are having trouble meeting the needs of their patients.

1. **Medication questions and requests for a prescriptions change.** The average number of retail prescriptions per capita increased from 10.1 in 1999 to 12.6 in 2009. (Kaiser Family Foundation calculations using data from IMS Health, <http://www.imshealth.com>.) Because it is not easy to access prescription cost by payer in the exam room, medical practices get lots of callbacks from patients asking to change their prescriptions once they arrive at the pharmacy and find out how much the prescription costs. Related issue: Many national-chain pharmacies have electronic systems that **automatically request a new prescription** when the patient is out of refills. Also related: **Patients calling to ask for additional medication samples.**
2. Patients are delaying coming to the physician's office by **calling the practice with questions.** Patients want to forestall paying their co-pay or their high-deductible by getting their care questions answered without coming to the doctor's office.
3. **Patients call back with questions** about what they heard or didn't hear in the exam room. They may not remember what the physician told them, they may not have understood the medical jargon, or they may have a

hearing problem and were not comfortable asking the physician to repeat something.

4. **Impatience:** we live in an instant gratification world and **patient expectations are not aligned** with what physician offices can realistically provide.
5. **Some patients will not leave voice mail messages** and will call back multiple times until they get a live human being or will punch in options until they find someone to answer the phone.
6. **Physician offices are often understaffed.** Physicians find it untenable to add more staff to do more tasks for less money or no money at all.

And here are some possible solutions:

1. **Have formularies for all major health plans on hand in the exam room.** These could be paper lists, or electronic lists for the tablet or smartphone. (Note: Epocrates currently has a deal with Walgreen's to support their discount program on the smartphone.) Don't underestimate the patient satisfaction and reduction in callbacks for sending the patient out of the exam room with the right prescription. Automatic refills are not an appropriate function of pharmacies. Physicians should provide samples (check the formulary!) and a prescription to get filled if the samples do the job. If a patient can't afford the brand name prescription, a prescription assistance program is the next step.
2. **Patients need to be advised appropriately when they need to see the physician and when they don't.** Good triage nurses can be worth their weight in gold, but you can hold the costs down by hiring a triage nurse or several to work from their homes taking calls from your patients. The nurse will need to have access to your practice management system to schedule appointments and to document the conversation if the patient is given advice.

3. **Provide patients with different modes of assimilating health information.** Some patients are recording office visits via voice or video and one of the goals of meaningful use is providing patients with an office visit summary when they exit the practice. Websites should be loaded with educational information that physicians can “prescribe” to their patients. Some physicians help to cut down on return calls and improve understanding by asking the patient how they’ll describe the visit to a family member.
4. Give patients (on the web, in the practice, on your on-hold messages) **realistic timelines for callbacks** and make it so.
5. Yes, some patients will game the system to get their needs met ahead of others. **Ask them to adhere to the practice guidelines.** There will always be some cheaters, but most patients will respect you if you respond to them when you said you would.
6. **The only answer to understaffing is technology.** Use a patient portal to allow patients to request refills, schedule appointments and chat with billing staff or nurses. Replace paper charts with EMR. Use efaxing to eliminate paper faxes. Use the cloud to store information and collaborate.

Image via Wikipedia

Digging Into the Details of “Certified EMR” & Tips For

Buying an EMR

Steps to digging under the meaning of EMR certification:



Image via Wikipedia

1. Click to see the most recent alphabetical list (by product name not company) of **all products** certified [here](#).
2. Find the **company or companies** you are using or are considering using.
3. Check that the exact name of the **product** is what you have or might purchase.
4. Check to find out if a **module or part of the product is certified or if the complete** product is certified.
5. Check to make sure the **version** of the product is the version you have or will have.

If you have questions about each company's exact criteria met, you are in luck! On the [ONC site here](#), you can click on each company's detail ("View Criteria") on the far right column labeled "Certification Status" to see what they have and don't have. Compare this to how you are anticipating using your EMR to meet meaningful use. The more check marks a company has, the better-equipped they are (and more flexible) to meet your practice needs and to qualify for the stimulus money.

The ONC site with the Certified Health IT Product List (CHPL) is Version 1.0. Version 2.0 is now being developed and will

provide the Clinical Quality Measures each product was tested on, and the capability to query and sort the data for viewing. The next version will also provide the reporting number that will be accepted by CMS for purposes of attestation under the EHR (“meaningful use”) incentives programs.

You can tell ONC what you think would be helpful in the new version by emailing your ideas to ONC.certification@hhs.gov, with “CHPL” in the subject line.

If you’d like a list of just outpatient/medical practice EMR products or just inpatient / hospital products, I’ve split the big list into two smaller printable lists here:

[Medical Practice / Outpatient](#)

[Hospital / Outpatient](#)

Tips On Buying An EMR



Remember that meeting meaningful use does not tell the whole story – if you are shopping for an EMR be prepared to go beyond a product’s certification status to consider:

- **Flexibility** – does it make the practice conform to it or can it conform to the practice? How?
- **Templates and best practices** – are you starting from scratch in developing protocols, templates and cheat sheets for your practice, or does it have a storehouse

of examples to choose from or tweak?

- **Built for the physician, or the billing office, or the nurses**, but doesn't really meet the needs of all three? Make sure the functionality is not too skewed to one user group, but if it is, it should be somewhat skewed to the provider.
- **Interface and integration with your practice management system.** Does the information flow both ways? Do you ever have to re-enter information because one side doesn't speak to the other?
- **Interface with other inside and outside systems:** Labs, imaging, hospital systems, ambulatory surgical center systems?
- **Built-in Resources:** annual upgrade of HCPCS and ICD codes, drug compendium (Epocrates), comparative effectiveness prompting?
- **Mobile applications** – EMR on your providers' phones?
- **Data entry systems** – laptops, notebooks, tablets, iPads, smartphones, voice recognition?
- **Hosting** – in your office? at the hospital? at the vendor's data center? in the cloud of your choice?
- **What's the plan for ICD-10?** Will they provide practice support and education for the change or will they just change the number of characters in the diagnosis code field?
- **Price**, including annual maintenance and additional costs for training, implementation, on-site support during go-live, and additional licenses for providers or staff.