

Communicating and Computing in the Exam Room

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Learning Goals:

1. Describe 2 new tools for using PC's in exam rooms
2. Describe 2 ways to improve systems around PC's in exam rooms
3. Describe the usefulness of visit summaries

Computing In the Examination Room

Communication Enhances Healthcare by improving health outcomes, patient adherence to therapy, patient and physician satisfaction, and reducing risk of lawsuits.

An analysis of the depositions of patients suing their doctors for malpractice revealed that in 71% of cases, patients reported a poor relationship as the reason for bringing a lawsuit --Beckman, 1994
To improve communication, CONNECT, COLLABORATE, CLOSE.

CONNECT: Establish a connection with the patient that will promote open and effective communication.



Greeting

- Greet the patient by name
- Introduce yourself while making eye contact
- Introduce the computer to the patient

We have the computer in the room so you and I can get the information we need to make decisions together about your healthcare.

- Acknowledge pt's companions negotiate confidentiality
I see your mother has joined you for the visit today. Most of my patients prefer that I not share private information on the computer screen without their permission. How does that work for you?

Verify Information

- Position the screen for patient viewing
- Reference electronic information
- Verify the patient's reason for visit and build agenda

In only 43 of 302 clinical encounters, did doctors explain their use of the computer in the exam rooms. Afterwards, patients who received no explanation frequently reported thinking that their doctor had been doing work unrelated to their clinical visit. --Als, 1997

Arrange the exam room so that the screen, the patient, and you form a triangle. This way it can be easier to maintain eye contact, which should occur at least a couple times per minute during the encounter --Frankel, 2005

Use Electronic Data:

Use data from the computer to let patient know that you know them, such as: Recent visits, Prescriptions, Social history and Upcoming appointments.

COLLABORATE: Structure the visit to include the patient as an active participant in the agenda setting, events and decisions that occur during their time with you.



Make Bridging Statements:

- Verbalize what you are doing

I'm looking up the record of your blood pressure to see how the medication has affected it.

- Ask permission to write as you talk

If its okay with you, I'll make some notes as we talk so I can be sure to remember important points

- Avoid complaining in front the of patient.

The good news is we have this computer system to help us. The bad news is sometimes we have to give it time to think.

Share data

- Invite the patient to view info on screen

In interviews of patients whose doctor used the computer in the exam room, none of the patients who were able to watch the screen felt disturbed by it. In contrast, patients who felt disturbed by the computer attributed it to being "kept out."

- Invite the patient's thoughts on what you view

Let's look at this screen to see how your blood sugars have been since you've lost weight. I'm interested in what you make of it.

Share decisions: Use information on screen to share decisions with the patient regarding Pharmacy choices and Treatment options.

As I enter your heartburn prescription, I see that we have a couple of choices. Would you prefer A or B?

CLOSE: End the visit so that the patient has a clear understanding of any decisions and is confident that his/her needs have been, or will be met



Review the visit with the patient:

- Summarize patient concerns,
- Review plans
- Solicit patient feedback
- Answer remaining questions

Secure the Computer: You are logging off for their privacy:

I'm logging off now and securing the computer so your clinical information remains private.

Say Goodbye: Turn your body to face the patient, Explain to the patient what to do next, Say goodbye, person-to-person.



Exam Room PC Step-by-Step

CURRENTLY:

I do not use the PC...

I MIGHT CONSIDER:

Reviewing clinic notes, labs, meds, XR in room
Showing graphs of lab, BP, or weight to patient

I only look-up items...

Creating or renewing prescriptions
Writing lab, XR orders for common illnesses

I place orders / Rx...

Create and use templates for 1-2 common dis.
Type "scratch paper" notes for cleanup later

I write parts of a note...

Touch typing lessons dramatically improve ease of using any electronic record.



Dictate IN EXAM ROOM to save time, and connect with the patient

Dragon Speech Recognition IN EXAM ROOM eliminates dictation costs

Further customize templates for efficiency

Print "assessment/plan" or a visit summary note for the patient at end of visit.

Finish billing as patient leaves, completely done with visit before leaving exam room!

System and Workflow Tips:

How can we maximize the effectiveness of the MD, patient and computer in the examination room?

Physician extenders

The **Medical Assistant** at UCH currently captures: CC, allergies, smoking, pain, fall risk, vital signs

MA could: perform medication reconciliation, limited HPI, guideline-driven labs, vaccinations, screenings, referrals

RN could: adjust hypertension, cholesterol, diabetes, warfarin medications, provide education

Leaving for MD: review work of team, evaluate new symptoms, answer complex questions

References:

Als A. The desktop computer as a magic box: patterns of behaviour connected with the desktop computer, GPs' and patients' perspectives. *Family Practice*. 1997;14:17-23.

Beckman H, Markakis K et al. The doctor-patient relationships and malpractice: lessons from plaintiff depositions. *Arch. Int. Med*. 1994;154:1365-70.

Frankel R et al. Effects of Exam-room computing on Clinician-Patient Communication. *J Gen Intern Med* 2005;20:677-682.

Note Structure Tips

Traditional **SOAP** notes (subjective, objective, assessment, plan) do not translate well to electronic media. "Assessment and plan" may be on screen 5 of 5, for every note you read.



APSO notes update the format (assessment, plan, subjective, objective) of a traditional SOAP note, by displaying most pertinent information at the beginning of the note, as "clinically relevant" miniature note inside the larger billing document.

- + Less scrolling to get to conclusion of a clinic note
- + Since it is at top of note, quicker to review many notes
- + Less likely to miss critical information
- + Easy to print a partly completed note for patient
- Does not mirror physician reasoning
- May cause confusion among readers initially
- May contribute to sloppier documentation

Visit Summary: See attachment.

Summary of Techniques to: Connect, Collaborate, Close

Check the techniques you do now.

Circle 2 techniques to experiment with when you return to your practice.

CONNECT

- Greet the patient first, person-to-person.
- Introduce yourself while making eye contact.
- Introduce the computer to the patient.
- Acknowledge patient's companions to negotiate confidentiality.
- Position the screen for patient viewing.
- Reference electronic information.
- Verify the patient's reason for visit and build agenda.

COLLABORATE

- Use data from electronic information to let the patient know you know them.
- Verbalize what you are doing on the computer.
- Ask the patient's permission to write notes as you talk.
- Avoid complaints about the computer in front of the patient.
- Invite the patient to view information on screen.
- Invite the patient's thoughts on the electronic information you view.
- Use the information on the screen as an opportunity to share decisions with the patient, e.g. pharmacy choices.

CLOSE

- Review the visit with the patient.
- Tell the patient you are logging off and securing the computer for their privacy.
- Inform the patient of the next steps and explain to the patient what to do next.
- Say goodbye, person-to-person.

NOTE STRUCTURE:

- APSO notes or Visit Summary to improve usefulness for doctor and patient

SYSTEM and WORKFLOW

- Physician Extender to reduce workload in exam room