



Memorial Sloan Kettering
Cancer Center

Navigating the EMR:

Balancing Optimal Care and Virtual Physician Accessibility

Thomas Barber, M.D.
barbert@mskcc.org



Conflicts of Interest

- None



This is so boring – why should I care?

- One EMR intervention:
 - Practice went from 30% OR time to 50%
 - Patient satisfaction improved by 10 points
 - Better patient information capture for research
 - More accurate surgical procedural booking
 - Smoother OR days
 - Better connection to patients post operatively
 - Improved documentation
 - More accurate billing
 - Decrease denials of surgical cases for preauthorization



Elements of a Good EMR

- Documentation
 - Office
 - Hospital
 - Operating Room
- Surgical Booking
- Pre-Authorization
- Messaging
- Video Visits
- Scheduling
 - Office
 - OR
- Billing
 - Office
 - Surgical

The screenshot displays an EMR interface for a patient named Northstar, Ian, Male, 9 y.o., 01/31/2003. The patient is currently in a 'Charging' status, indicated by a red arrow pointing to the 'Charging' label in the left-hand navigation pane. The main content area shows a 'Detailed Vitals' section with various fields for recording vital signs. A red arrow points to the 'Weight' field, which is currently set to '1' 9\".

BP Location	Right arm	Left arm	Right leg	Left leg	Other (Comment)
BP Method	Machine	Manual	Doppler	Other (Comment)	
BP CUFF SIZE	Neonate	Infant	Child	Child Long	Small adult
Patient Position	Lying	Sitting	Standing		
Heart Rate					
Heart Rate Source	Monitor	Apical	Right	Left	Brachial
Temp					
Temp Source	Oral	Tympanic	Rectal	Axillary	Temporal
Weight					
Height					
Waist Circumference					
Chest Circumference					
Arm Circumference					
Peak Flow					
Pain Scale	Zero-0-No pain	One- 1	Two- 2	Three- 3	



Office Documentation

- Optimized for billing
 - Covers all elements for 99204 for billing
- Patient safety
 - Automatically pulls in key lab/clinical values
 - HgA1C
 - BMI
 - Etc
- Research
 - Templated questions to allow easy access later
 - BMI/function/pain
- Ease of use
 - Standard Format
 - Includes all elements your practice needs



OR Documentation

- Brief Op Note
 - Pulls from booking
 - Allows correction for what was actually done
 - Templated for blood loss, anesthesia, etc
- OpNote
 - Pulls from brief OpNote
 - Templated with CLEAR documentation
 - Determines final billing so critical!
 - Supports overturning denials



Time Estimates: One Day to save time for 10 years

- Documentation:
 - Clinic Consult Note: 1 hour
 - Brief Op Note: 15 minutes
 - Op Note (multiple): 3 hours
- Surgical Booking
 - Checking CPT codes: 1 hour
 - Changing booking names/CPT Codes: 3 hours
 - Correct times/booking understanding: 1 hour
- Messaging templates
 - Pre Op – 15 minutes
 - Post op check – 15 minutes
 - Check in – 15 minutes



Denials 2021-2: 7 physician orthopedic practice

Denial Type					
Rejection Type	MRN Count	Prime Denial Count	Line Item Balance At Ti..	Overturn \$ Rat	
(DOC) MEDICAL DOCUMENTATION	202	554	\$3,437K	92%	
(AZN) AUTHORIZATION	51	97	\$624K	41%	
(BUN) BUNDLING	110	153	\$544K	54%	
(B99) MISCELLANEOUS REJECTION	10	41	\$338K	100%	
(ELI) ELIGIBILITY	23	52	\$331K	90%	
(COD) CODING	33	52	\$327K	71%	
(NCS) NOT COVERED SERVICES	60	91	\$303K	54%	
(DUP) DUPLICATE	50	144	\$96K	35%	
(TMF) TIMELY FILING	12	23	\$77K		
(MXB) MAX BENEFITS	8	16	\$57K	77%	
(PRO) PROVIDER	5	6	\$13K	90%	
(CRE) CREDENTIALING	1	1	\$2K		
Grand Total	431	1,230	\$6,149K	78%	



Booking & Preauthorization

12000037	NEGATIVE PRESSURE WOUND THERAPY	97605	NEGATIVE PRESSURE WOUND THERAPY DME </= 50 SQ CM
		97606	NEGATIVE PRESSURE WOUND THERAPY DME >50 SQ CM
12000444	ORIF, FRACTURE, PELVIS	27197	CLSD TX PELVIC RING FX W/O MANIPULATION
		27198	CLSD TX PELVIC RING FX W/MANIPULATION W/ANES
		27226	OPEN TREATMENT, POSTERIOR/ANTERIOR ACETABULAR WALL FX, W/INT FIXATION
12000656	ORIF, FRACTURE, HUMERUS	23615	OPEN TREATMENT, PROXIMAL HUMERAL FX, W/WO INT/EXT FIXATION/TUBEROSITY REPAIR
		23630	OPEN TREATMENT, GREATER HUMERAL TUBEROSITY FX W/WO INT/EXT FIXATION
		24515	OPEN TREATMENT, HUMERAL SHAFT FX W/PLATE/SCREWS, W/WO CERCLAGE
		24546	OPEN TREATMENT, HUMERAL SUPRACONDYLAR/TRANSCONDYLAR FX; W/INTERCONDYLAR EXTENSION



Covid Changes: Surgery Practice in a Cancer Center

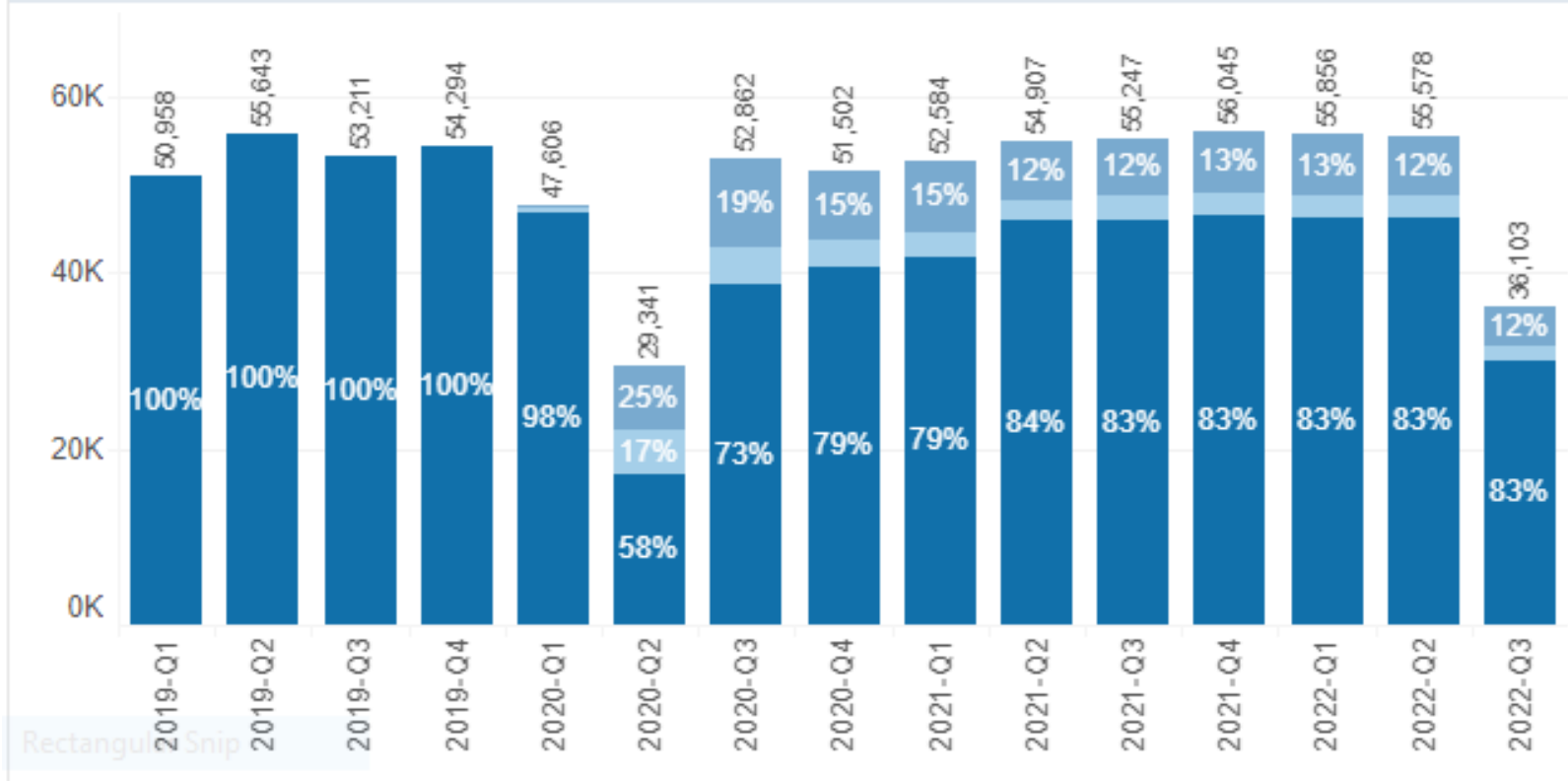
Telemedicine

71,836

Telephone

29,735

Volume for each selected activity by Use Start/End Date



Messaging to patients

- Kaiser Colorado 1998 - Nurse accepts messages then sends only some to doctors
 - Failed, increased work without perceived improvement
- CyberKaiser 1999 then to EPIC in 2002
 - All messages go to doctor directly
 - 90% of messages appropriate for the doctor
 - Increased work for MD until 1/3 of their practice was signed up for CyberKaiser – then less work
 - Increased % of time in OR for surgeons
- Total Joint Practice Trial
 - 20% reduction in visits, 10 point increase in patient satisfaction, increased % of patients getting follow up



Cembali, et al JAMIA

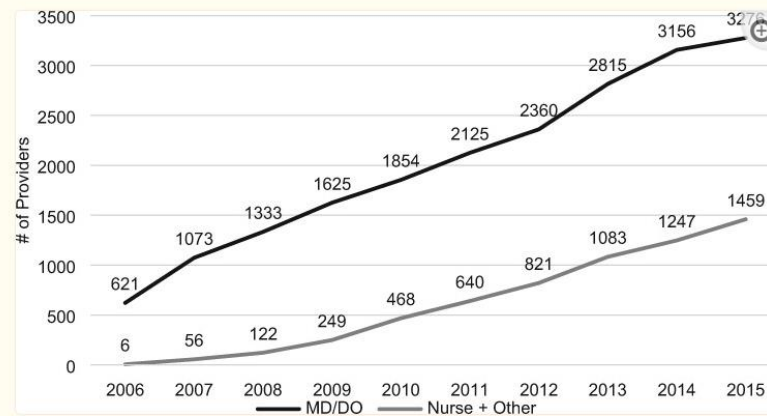
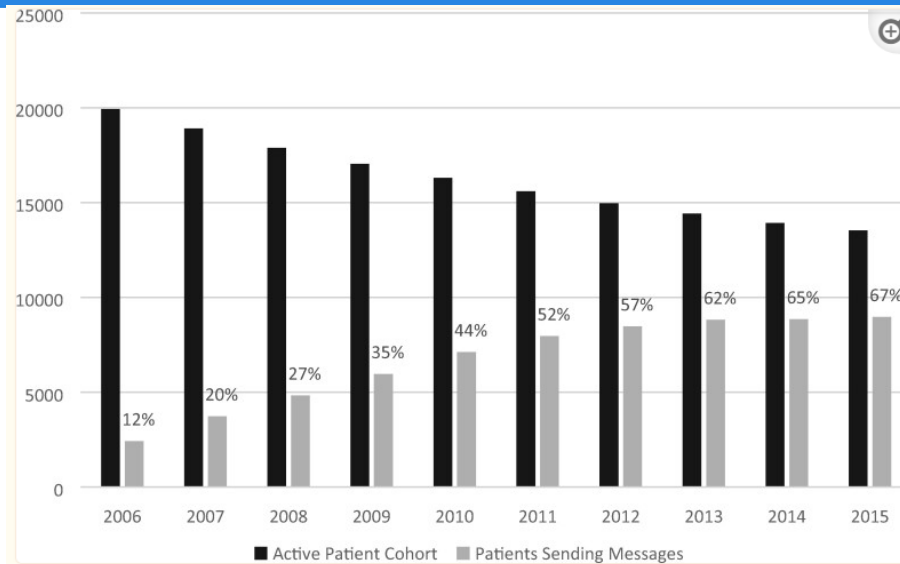


Figure 3.

Numbers of MD/DO, nurse, and other providers who engaged in at least 5 or more message threads annually, from 2006-2015. Dynamic provider denominator not available.



Telemedicine (video)

- Ideally visits should be clumped together so savings in staff and office space can be achieved
- Effective for long geographic distances
- Technical barriers since covid have dropped



Regulation/Payment for Telemedicine

- Relaxed Under Covid Emergency Declaration
 - Licensing issues in some states
 - Payment parity
 - More covered codes/services
 - No geographic payment issues (ie patient can be at home)
- What happens when emergency expires?
 - Presently rules continue for 180 days after
 - Bill in Congress to extend for two years after emergency expires
 - Future final fix would happen then



Don't be a Frustrated EMR Reluctant Adopter



Recommendations



Spend a day (or two half days) optimizing your documentation templates for the clinic and OR



Spend time looking at your procedure groupings and names – and ensure the right CPT codes are being authorized



Optimize your use of secure messaging – will reduce work and increase your OR time



Use video when you can to reduce practice expense and improve patient satisfaction





Memorial Sloan Kettering
Cancer Center

Thank you!

