### Best Practices for EMR Utilization in Medical Offices

This tool was created for the Regional Extension Center and its members, by the EHR Mastery, Practice Optimization and Workflow Efficiency and Redesign (EMPOWER) subgroup of the Physicians Health IT Advisory Group, under the leadership of Mark Jacobs, MD, Michael Coffey, MD, Lloyd Fisher, MD and Thomas Rosenfeld, MD.

*See grayed boxes for more information.*

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**1. Practice Staff Data Input Requirements**

#### Front Office

**Appointment Scheduling**
- New/Changed/Canceled
- Reason for Appointment
- Proper Time Allocation

**Prior to Appointment**
- Send patient Medical History Form
- Send patient lab slip pre physical exam using EMR order sets based on age and gender.
- Waiting room kiosks for patient information entry

**Check In**
- Arrival/No Show
- Capture Demographics*
- Required Billing Info./3rd Party Payer Info.
- Scan Insurance Card (new patient or changed coverage)
- Co-pay
- Check Insurance Eligibility
- Patient Photo
- Pharmacy Information
- Primary Care and Referring Physician Information

**Check Out**
- Follow Up Appointment
- Complete Pending Orders
- Visit Summary (Meaningful Use)*
- Patient education (Meaningful Use)*

#### Medical Assistant

**Primary Inputs**
- Chief Complaint
- Medication List
- Allergies
- Medical & Surgical History
- Risk Factors
- Immunization History
- Routine Health Maintenance History
- Vital Signs*
- Alert that Patient is Roomed

**Secondary Inputs**
- Prior lab, x-ray, consultation, hospitalization and ER visit results
- Populate flow sheets
- Question patient regarding medication and record results in eRX module for refills.
- Enter CPT codes for lab, immunization, procedures performed during visit.

**Provider**

- Data entry may be performed via keyboard, mouse and/or recognition, at time of visit.
- Document history, physical, diagnosis, assessment and care plan.
- Update medication list, allergies and problem list.
- Perform CPT coding and complete billing information for patient encounter.
- Order follow up visit and identify needed testing prior to visit.
- Complete and lock notes at end of each clinical session

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**2. EMR Tasks NOT Unique to Clinical/Administrative Staff**

#### Electronic Interoffice Messaging

- Create telephone encounters for each patient interaction
- Information is routed or delegated in accordance with job descriptions and protocols.
- Lab and x-ray results reviewed daily by providers, with time stamped comments and follow up work delegated to staff.
- Telephone encounters for lab, x-ray and medical orders are time stamped and documented.
- Telephone refill requests loaded into eRx module by staff for physicians to review and complete.

#### Office Reports/Logs

- Routinely preformed by non-physician staff.
  - Review fax log to view “failures” and take appropriate corrective action.
  - Review eRx log to view “failures” and take appropriate corrective action.
  - Run "outstanding" electronic lab, radiology and procedure orders for reconciliation. Contact patient for compliance.
  - Run "outstanding" referrals reconciliation.

#### Miscellaneous Staff Tasks

- Send fax of same to consultants and other providers.
- Use above noted information to satisfy medical information requests via form completion.
- Generate letters (template)
- Referrals

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**3. Patient Portal**

- Medicare and Medicaid EHR Incentive programs will provide incentive payment to eligible professionals and hospitals, and critical access hospitals, as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.