

Electronic health records essays example

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- Definition of EHR

It is vital and relevant in the present times to understand what exactly is EHR? One definition is that “ Electronic health records or EHR is the managing of patient care electronically by utilizing a whole range of data capture and retrieval methods. This, in turn, supports patient review, encounter, and follow up. It is possible to move all of the patient information accession to records in multiple locations, without the involvement of patient charts, by using the electronic environments for data retrieval and documentation”.

- Components of an EHR

For incentive payments, it is essential that an EHR system comprises several components or parts so that it can be federally certified. Depending on the vendor, for an enterprise inpatient EHR, a number of components may be present and the complexity involved in divisions may be high.

Let us consider a non-enterprise ambulatory EHR here. The modules in such a system include the Practices Management System or PMS, online Patient portal or PP, and Electronic Health Record or HER (eHIS, 2014).

2. 1PMS Module

The PMS module is inclusive of:

- finance and administrative information, inclusive of patient health insurance and demographic information;
- appointments scheduling;
- billing.

The billing component is also inclusive of the ancillary billing functions. The ancillary billing functions are the determination of patient co-pays and

eligibility for health insurance. The PMS component is also responsible for generating the documentation for insurance purposes for referrals to specialists and also for studies regarding diagnosis.

2. 2EHR Module

The EHR module is inclusive of:

- the medical records of the patient, which consists of all the information normally found in the patient chart;
- a CDS or clinical diagnosis support system, which suggests the best treatment options for the patient;
- a drug prescription component that generates e prescriptions, mentions drug-drug interactions, calculates drug dosages, and depicts the formulary states of a specific drug to the insurance payer.
- An interface that contains a patient portal that can be accessed through the Internet.
- An interface for the purpose of applying for diagnosis studies and obtain results, in turn, for documentation.
- An interface for applying for imaging studies and viewing the results upon receiving them;

2. 3Patient Portal

The Patient Portal helps to offer online services to patients and comes into great relevance in the Meaningful Use Stage 2 as compared to the Meaningful Use Stage 1. It allows patients to:

- request an appointment schedule;
- receive the resulting appointment schedule;
- request refills of prescriptions;

- access health information of the patient although what can be accessed is restricted by the physician;
- obtain a summary of a visit to the physician;
- obtain information pertaining to education of the patient;
- access two-way communications between the provider and the patient on medical problems;
- complete information in forms pertaining to medical history, demographic data, and consent prior to visit. These are incorporated into the patient's medical record.

Additional services may be given by EHR vendors. They are the generation of automated telephone calls, generation of automated written instructions, and the implementation of voice recognition software and provision of applications that can be used on mobile phones.

- Overview of Clinical Quality Measures

Providers need to utilize the EHR in order to track quality of care for patients. They must subsequently report clinical quality measures to CMS.

- MU Calculation

The output data from EHR is used to report clinical quality measures (CQMs) to CMS during the attestation period. First, providers are required to attest a YES to the measure they will be submitting in order to reach the objective. Then they will submit output from RevolutionaryEHR. The numerator, denominator, and exclusions for each of the CQMs must be reported.

- Meaningful Use Discussion

The PORI codes that indicate the level of quality of care for each patient during each visit must be reported to the CMS. This system, now called

PQRS, is a system that involves the submission of patient care information which is not possible when the doctor submits CPT and ICD-9 codes alone.

When the doctor enters patient information in the EHR, CQM gets automatically calculated. The CMS believes that the CQM reporting system will be very effective due to this automation (revolutionEHR, 2014).

The providers have the choice of deciding which of the CQMs they would be measured against. Three CQM measures should be chosen from a total of six CQMs.

Here, we will consider the case of optometrists and the relevant CQM measures with which they must comply. They are: Hypertension: measurement of blood pressure; assessment of tobacco use and cessation advice; Adult weight screening and follow-up. The alternatives are: Childhood weight assessment and counseling, Influenza immunization, and Childhood immunization status.

- Example of Calculations of Measures for EHR

The calculations of the Core and Alternative Sets are given below:

a) BMI aged over 65

Denominator:

- 1 approved encounter

Numerator

- BMI is between 22 and 30

1b) BMI aged 18 to 64

Denominator:

- 1 approved encounter
- Age 18 to 64 at the start of the report period

Numerator

- BMI is between 18.5 and 25

2) Hypertension

Denominator:

- 2 approved encounters during the period of report
- Age \geq 18 at the start of the period of report
- a diagnosis of Hypertension

Numerator

- Recorded BP

3a) Tobacco Use

Denominator:

- Either 2 approved encounters
- Indication of Tobacco Use

3b) Tobacco Cessation Denominators:

- Either 2 approved encounters
- Age \geq 18 at the start of the report period
- Indication of Tobacco Use

4) Influenza Immunization for patients 50+ years old (only for physicians giving immunizations)

Denominator: always 0

Numerator: always 0

5) Child Weight Assessment and Counseling (only for primary care physicians and OB/GIN)

Denominator: always 0

Numerator: always 0

6) Childhood Immunization Status (only for physicians giving immunizations)

Denominator: always 0

Numerator: always 0

- Benefits of EHR

Digital technology has been changing the world dramatically. Medicine is one area where there is huge amount of information to be dealt with. EHR or electronic health records help to facilitate the seamless flow of information within a health care set up thus, allowing for better patient care.

Benefits of EHR can be listed below:

- Improvement of convenience and quality of patient care;
- Obtain more patient participation in the care;
- Obtain higher accuracy of diagnoses;
- Obtain improvement in care coordination;
- Obtain increased cost savings and practice efficiencies.

References

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