

CHAPTER: 09

STUDY ON AN OUTPATIENT ELECTRONIC MEDICAL RECORD ADOPTION MODEL (O EMRAM) RESONATING X EMR SOFTWARE

Nupur Kapoor

Student, IIHMR University

Dr. P.R. Sodani

Professor, IIHMR University

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INTRODUCTION

In the historical context of the U.S. healthcare system, providers traditionally relied on paper records for documenting and delivering patient care due to their ease, simplicity, low cost for utilization, and widespread acceptance. However, as technology has advanced over time, paper records have shown drawbacks. Accessibility and availability of paper records are limited to one person at a time. The voluminous nature of paper records requires significant storage space, and their practicality is limited, leading to segmentation with multiple volumes of bound books. Moreover, paper records lack the qualification for checks by decision tools due to their storage in inaccessible formats. These paper-based records have been identified as obstacles to providing clinical decision support for physicians. The regular use of Electronic Medical Records (EMRs) brings advantages to healthcare provider organizations, such as improved quality of patient care, safety, efficiency, and enhanced accessibility for education and research. The implementation of specific policies can hasten the adoption of EMRs in the U.S [1]. HIMSS North America, boasting 64,000 individual members, 640 corporate members, and over 450 non-profit organizations, collaborates with numerous volunteers to enhance the quality, cost-effectiveness, access, and value of healthcare through Information Technology [2]. While the specific details of Meaningful Use Stage 3 are not yet finalized, its objectives include simplifying the program, promoting interoperability between electronic health records, and improving patient outcomes. According to the current timeline, providers have the option to begin Stage 3 Meaningful Use in 2017, but it is not mandatory until 2018 [3].

RESEARCH QUESTIONS

1. What was Outpatient Electronic Medical Record Adoption Model for US Healthcare?
2. How was Hospital X compliant with respect to the Eight EMRAM Stages?

RESEARCH OBJECTIVES

1. To study the compliance requirements of Outpatient Electronic Medical Record in Eight stages.
2. To understand an EMR Software resonating with Outpatient EMR Adoption model stages.
3. To assess the existing O EMRAM stage of X Hospital and provide suggestion for up gradation from existing stage.

RESEARCH METHODOLOGY

The study employed purposive sampling and mapping to identify clinics in location A that utilize Electronic Medical Record (EMR) Software, specifically focusing on those with an average outpatient visit of 50 patients per day. Excluded from the study were facilities using multiple EMR types or specialty clinics. The data collection process involved the review of secondary data and the utilization of a checklist. The choice of a cross-sectional study design was based on the preparation of the checklist through a thorough review of the existing literature.

RESULTS & DISCUSSION

The CPOE compliance percentage for a four-month period in the clinic was 66%, which did not meet the required threshold of 95% for an outpatient setting. Structured documentation, which should be more than 20% for the inpatient department, lacked reported data for outpatients. Although Health Information Exchange is feasible with various vendors, specific percentage information was not available. Disaster recovery and Business Continuity plans were in place, and the system governance was deemed efficient. Patient care witnessed improvements through the use of X software's patient health assessment format and physician login.

CONCLUSION

In conclusion, Electronic Medical Records offer numerous benefits, especially in the primary care of patients. The standardization of Electronic Medical Records in EMRs is expected to become the norm for healthcare providers. However, the recommendations presented in this paper could expedite the adoption of X EMR software and assist the facility in realizing advantages, such as common national standards for clinical data and achieving Meaningful Use Stage 1 and Stage 2 Objectives. As demonstrated by the study, X software is effective in reaching the seventh stage of the Outpatient Electronic Medical Record Adoption Model. The responsibility now lies with healthcare facilities and providers to meet the necessary prerequisites and advance their facilities and services to stage 7. This transformation has the potential to positively impact the entire population and yield favorable effects on a significant portion of the federal healthcare budget. It is essential for the government to take action and facilitate the establishment of a public-private partnership to promote the adoption of electronic medical records in primary care, particularly in outpatient settings.

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