

The “Well-Connected” Endocrinologist: A Case Study of the Implementation and Integration of Multiple Software Technologies

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Objective: To review the benefits and pitfalls of implementation and integration of key technologies essential to today’s practicing endocrinologist.

Case Presentation: In March 2003, our 2-physician endocrinology practice with 2 offices purchased an electronic medical record (EMR) system integrated with an office management system (Alteer Office). Over a period of 6 months, paper medical records were eliminated. This step allowed us to add a nurse-practitioner without hiring additional staff or leasing more space. Both photocopy and standard fax machines have been replaced by scanners and electronic fax, which route all documents to patients’ records. Consultation notes are always sent to referring physicians the same day the patient is seen.

A Telehealth device (which transmits blood glucose data from patients’ homes to our office) coupled with a diabetes registry (iMetrikus MediCompass) was implemented to enable us to reduce both the office time needed for uploading of blood glucose data and the resources required to manage patient telephone calls between visits. A side benefit is that the registry helps us to recruit for clinical trials and will help us to document our quality of care to qualify for economic incentives for the upcoming “Pay for Performance” initiatives.

Information for patient care is obtained from MEDLINE (PubMed). Drug information is available on a handheld device (Epocrates on Palm). Patient information is printed from the American Association of Clinical Endocrinologists, the Endocrine Society, and other sources and is indexed by links on our website (both staff personnel and patients have the same view). Document imaging software (ScanSoft PaperPort) allows us to eliminate paper for diverse nonclinical functions, such as study protocols, insurance explanation of benefits, contracts, and vendor bills. We have even replaced our answering service with an on-line alternative (PerfectServe).

Instant messaging (Yahoo!) for non-confidential logistical queries (for example, “Could you have the hospital send the new patient’s laboratory results?”) has dramatically accelerated work flow (confidential messaging is part of the EMR). Patients can send us secure messages via our website (Medem). These different technologies are all used in concert with standard e-mail.

Discussion: The introduction of new technology imposes an initial stress on an organization. No one vendor provides everything necessary for the practice of endocrinology. Therefore, careful thought about how different software can be used together is critical.

A careful, deliberate, and scheduled installation is essential. Implementation of too few or too many features at one time can create unnecessary stress. In our setting, training was nontrivial but was a key factor to success. Our staff would not be willing to return to standard technology.

Conclusion: The practice of endocrinology has been dramatically enhanced over the past few years by advances in computer technology. Endocrinologists who adopt technology appropriately will realize many tangible benefits.

Source:

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