

REPORT FROM THE FIELD:

Tips for Integrating Patient Education Materials into an Electronic Health Record

Health care organizations across the country are scrambling to meet the government's outlined requirements for Meaningful Use of electronic health records. Hanging in the balance are not only the promised payments to help defray the costs of an EHR system, but also the actual goals of the program: **effective use of health information technology to improve health outcomes for patients.**

To meet both the spirit and the letter of the law, many health care organizations are looking to different vendors to supply different features necessary to achieve Meaningful Use. This is especially true when it comes to features designed to encourage patient engagement.

"I think the answer to much of the engagement [question] is going to not come from the EMR vendors. It's going to come from entrepreneurs and people who understand the issues," says Steve Wilkins, health care consultant based in San Jose, CA.

In the case of patient education materials, the purpose of the Meaningful Use requirements for visit summaries and patient-specific education resources is not to generate paper that ends up in the circular file. It is to empower individuals to become partners in their own care. And that takes clear, accurate and practical patient education materials.

The purpose for Meaningful Use requirements is to **empower individuals** to become partners in their own care.

Dealing with multiple vendors to integrate quality patient education materials into an electronic health record system can add some extra steps to the process, but health care organizations report that the end-result is well worth the effort.

Here are some tips from hospitals and health systems that have already been down this road:

Get the right people involved in decision making: Decisions that originate at the top — or in the information technology department — are more difficult to implement than those made in concert with the clinicians and patients on the front lines. This may complicate the decision-making process, but the time spent upfront will pay off down the line. A review of studies that evaluated satisfaction with health IT applications designed to increase patient-centered care found (not surprisingly) that clinicians and patients who were satisfied with the system rated it more highly and felt it improved communication between clinician and patient.

One way to ensure that clinicians and patients like the system? Involve them in the decision-making process. Some hospitals and health systems hold focus groups for patients to talk about how they like to receive health information. Clinicians, too, should be represented on the decision-making team.

Banner Health has 23 acute-care facilities in 7 states. Integrating patient education into Banner's EHR system (Cerner) across all of these facilities required a lot of advance planning. Banner brought together members of three departments to represent the patients (patient education), clinicians (clinical informatics) and technical (information technology) points of view. Working together, these three departments were able to plan the implementation and tackle the challenges that came up along the way.



Choose flexible vendors with a history of working together: There's no reason to be afraid of working with multiple vendors — as long as you choose ones that have a history of working well together. Richard Westgate, MSN, RN, director of the Emergency Department at Williamson Medical Center in Franklin, TN, says that integrating Krames StayWell patient education content into his hospital's MEDITECH system was “easy to implement.”

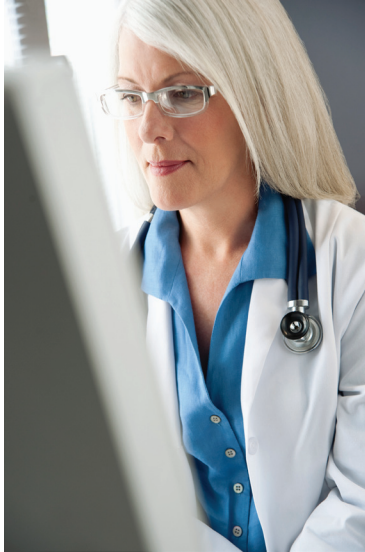
Theresa Lindahl, Banner Lead for Patient Education, says good working relationships among Banner and their two vendors — Krames StayWell (patient education content provider) and Cerner (EHR supplier) — was key to their successful implementation. “Once we all started understanding that it was important for the three [organizations] to work together, it happened very easily.”

Stage your implementation, if possible: Even with cooperative players, it helps to stage the implementation to avoid overwhelming any of the affected departments. At Essentia Health, a rural health system of 18 hospitals and 68 clinics spread over 50,000 square miles of 4 states, the process started with the Epic Encompass electronic health record several years ago. About three years later,

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the health system introduced its patient portal, MyHealth. The next step was to integrate Krames StayWell patient education materials into the Epic system in May 2012. Essentia's latest step is integrating their custom documents into the integrated system.

“We're working on putting our own documents into Krames, then exporting them into Encompass,” says Lisa Sanders, MS, Patient Education Specialist. “The great thing is that Krames has been really receptive to feedback and working with us.”



Banner has taken a slightly different path to integration. The health system has been using Krames' On-Demand patient education system since 2002. In 2007, the system transitioned to Cerner's EHR system, and ran that side-by-side with Krames StayWell's program. However, in their quest to achieve Meaningful Use, the health system added the Krames StayWell information directly into the EHR in August 2011.

A staged implementation lets staff get used to each segment of the system without getting too overwhelmed. Sanders says even a small part of the system — like the way clinicians search for relevant documents — requires adjustment time, even if the new system is actually more efficient than the previous one. “They were kind of used to the way they searched before,” she said. “They each had their own department [listing of documents] and they had to scroll down.” Now, with the Krames StayWell system, they can still scroll, but they also search more efficiently by keyword. Getting staff to use this feature required giving them tips on what keywords to use.

In another case, clinicians had to get used to a new way of printing out exercise instructions for patients. “It meets best practice standards to have the exercise and the instructions integrated,” she adds, pointing out that once the providers got used to it, they “are using it and finding it helpful.”

Face challenges as a team: Even the best systems have glitches along the way. And the best way to meet those challenges is for all departments and all vendors to work together towards a solution — and to be willing to develop work-arounds in the meantime. For example, at Banner, some of the health system's custom documents ended up being too large to work with within the EHR. This took some coordination among the EHR vendor, the patient education vendor and the health system to work out the kinks in the system. Having detailed graphics seemed important to conveying meaning and directions to patients, but it also slowed down the EHR — and the discharge process — when the documents took too long to upload or print.

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The solution has taken some time and cooperation to work out. “We have recognized that we have to be careful when we're customizing so that we don't overdo or overwork the whole technology component,” Lindahl says. “We've very sensitive to the size of the documents that we upload.” In the meantime, the IT department is looking into how to modify the system to accommodate larger files. Krames StayWell and Cerner have also worked with Banner IT staff to address the issue. In the meantime, the vendors worked together to put “placeholders” in the system so that clinicians can easily record when a pre-printed version of that document is handed to the patient.

Get patients into the act: If increasing patient engagement is the goal of integrating patient education into the EHR, then it makes sense to involve patients in the process — or at least let them know what's happening. This is especially true when implementing a portal at the same time, since patients have to take the lead on using it.

Practices and hospitals can use a variety of methods to get the message across: flyers, posters, newsletter articles, direct mail. But what seems to work best is the personal touch, especially from the clinicians themselves.

“The answer to how we can improve [portal usage] is to actually get the doctor to recommend and give the patient a way to find the information he doesn’t have time to talk about,” says Steve Wilkins. He suggests clinicians say to patients something like, “I know we don’t always have a lot of time together, and I know you’re interested in knowing as much as you can [about your condition]. So even though we can’t talk about it face-to-face, you can read your patient summary, or you can go online — and here is the [website] you can go to. This information has been approved by me.”



Although clinicians may not have the time to actually show the patient the portal or the health information website, a medical assistant or even front office staff can take on this task. They can walk the patient through the enrollment and log-on process and review some basic operations so that they’re ready to get up and running when they get home.

Keep making improvements to the system: Like everything else in health care, integration of patient education into the EHR is an ongoing project. New patients bring new concerns and evolving practices and policies necessitate frequent updates and revisions. By staying responsive to patients’, providers’ and other staff’s suggestions, health care organizations can continually improve the system’s reliability, confidentiality and ease of use.

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