THE ELECTRONIC HEALTH RECORD: CAN IT ENHANCE TEACHING IN THE PRIMARY CARE SETTING?
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ARCHER FAMILY HEALTH CARE
- A Comprehensive Nurse Managed Health Center

OBJECTIVES
- Identify barriers students/preceptors face with EHR implementation and incorporation into student learning experiences.
- Identify strategies to overcome barriers to maximize student learning in the clinical setting.
- Identify functionality in an electronic health record that can facilitate learning experiences and provide safe quality care.
INTRODUCTION

- Health Information Technology for Economic and Clinical Health (HITECH) Act - February 2009
  - Authorizing the federal expenditure of $23 billion in incentive payments to providers and hospitals over a 10-year period.
  - Intent is to support clinicians and hospitals in the implementation and use of EHRs.
  - Requires clinicians to adopt the technology
  - Must show that they have put the system to "meaningful use" in their practices.
  - Electronic billing is not part of the legislation.

MEANINGFUL USE

- 15 core objectives and 5/10 chosen objectives to qualify for meaningful use.
  - Report to government to demonstrate that safe effective appropriate care is given to patients
- Many functions of EHR are embedded into system and if used will allow for meeting this criteria.
- By 2015, Medicare-eligible professionals who do not successfully demonstrate "meaningful use" will see a payment adjustment made to their Medicare reimbursement.

STUDENT/PRECEPTOR ROLE

- Student enters room, takes history of present illness, physical exam, exits, discusses care with preceptor, determines diagnosis, plan and orders.
- Preceptor goes in room, evaluates pt accordingly
- Come out of room come up with diagnosis, plan, and write orders/Rx.
- ***Documentation varies***
  - Student formulates visit note after pt leaves
  - Student writes directly in the chart, preceptor signs
  - Student writes entire note, preceptor reviews, then rewrites note in chart.
  - Not consistent even within institutions
**Barriers to EHR and Precepting**

- Communication
  - Student and patient
    - Computer dominates encounter
  - Student and preceptor
    - Student does not obtain appropriate data
    - Copy and paste may not allow student to recognize relevant data elements and importance of items
  - No student access to EHR

**Barriers to EHR Use**

- Time
  - Lack of computer skills and technical support for preceptor creates problems when teaching students.
  - Initial decrease in productivity can cause animosity towards EHR.
  - If student collects inaccurate or incomplete data, prolongs visit time
    - Difficult to start from scratch

**Barriers to EHR Use**

- Maintaining quality care
  - Limitations to measuring outcomes initially due to incomplete data collection
  - DNP projects
  - If provider not comfortable with system, functionality not used appropriately
    - Student not trained to use functionality
  - Student documentation in EHR can decrease opportunity to identify how notes are constructed and what pertinent info is required for note.
STRATEGIES FOR IMPROVEMENT OF USE OF EHR

- Communication
  - Student/patient
    - Practice interactions with preceptor
    - Adjust layout of room
    - Maintain eye contact
  - Student/preceptor
    - Be sure student is aware of pertinent data points to collect in room.
    - Be sure student is aware of role within encounter
    - Mandatory training session before use
    - Consistency in charting for students

DOCTOR-PATIENT ELECTRONIC HEALTH RECORD TRIANGLE

STRATEGIES FOR IMPROVEMENT OF USE OF EHR

- Time
  - Provider needs to be well versed in functionality and workflow of EHR
  - Student needs to be aware of time constraints in room and know responsibilities before entering room.
  - EHR use improves legibility of notes, allowing for efficient review of data
STRATEGIES FOR IMPROVEMENT OF USE OF EHR

- Maintain Quality of Care
  - Be aware of functionality that assists in improving care
    - Templates (cautious use) - may assist in learning systematic approach and prompt questions
    - Prompting - health promotion services needed per age group, drug to drug interactions, allergies
    - Computerized order entry
      - Eliminates duplicate orders
    - Clinical Decision Making Tools (CDS)
  
  - Increases “just in time” learning
    - Learning occurring during real time, within the patient visit
    - Collection of items in database for quick reference guides
      - CDC guidelines - immunizations
      - ePocrates®, LexiComp®
    - Drug monographs within EHR
    - Review of documentation to determine level of visit and what components are necessary for compliance

CONCLUSION

- Preceptor MUST be knowledgeable of functionality in EHR to be able to troubleshoot immediately
- Have set training plan BEFORE student starts clinical
  - Have plan as to what student can and cannot do
  - Be consistent
- Give students usernames and passwords
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REFERENCES