Current Issues in Health Care

Paragon
Obstetrics & Gynecology
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Presented By:
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Agenda
A. Electronic Medical Records
B. Peer Review
C. Tort Reform

Electronic Medical Records

Why?
- Better for the patient
  - Quicker access for caregivers to more information
  - Continuity of care
- More efficient
- Cost savings
- Federal incentives

Office of the National Coordinator for Health Information Technology
(part of the U.S. Department of Health and Human Services) – 2004

- Adopt EHR for most Americans by 2014
- Health Information Technology for Economic and Clinical Health Act (HITECH Act)
- Adopt EHR (electronic health records) before the end of 2015

Federal Incentives - Goal

Improve quality of care and constrain costs
How is it better for the patient?
- Immediate access to information for the caregiver
- Improved legibility
- Standardized documentation with templates
- Built in safety mechanisms
- More information for the caregiver regarding the patient

Better or Worse?

Risks and/or problems?
- Templates
- HIPAA
- Electronic guidelines/alerts = SOC?
- Inaccurate data entry
- Transition from paper to EHR
- Increased time inputting information vs patient time
- Metadata

Templates
- Sloppy or inaccurate data entry
- Cloning
- Exploding
- Surgical – "uncomplicated" version versus what actually happened

Paragon Documents
- Initial Presentation
- History
- Health Maintenance
- Review of Systems
- Vital signs and Physical Exam
- Assessment and Plan
**Exploding** notes

**Genitourinary:** Normal

- **External Gen:** External genitalia is unremarkable. Glands do appear to be normal. Perineum is unremarkable. No perianal abnormalities. Urethra meatus is normal.

- **Internal Gen:** Vaginal mucosa appears normal. Cervix normal to inspection and palpation. Uterus normal in size and position. Adnexa normal to palpation, normal in size, no masses. Rectovaginal exam showed no masses or thickening. Fecal occult blood test (FOBT) result was negative. Test administered by Kimberly While MD. Bladder is normal.

**Assessment and Plan - 1**

- **Assessment:**
  - Bedside Gynecological V/Gs (4/12)
  - Digital rectovaginal exam
  - Digital rectal exam
  - Pelvic ultrasound (U/S)
  - Pelvic exam
  - CBC
  - Hgb/Hct
  - BMP
  - Creatinine
  - Lipid profile
  - Fasting glucose
  - Cholesterol
  - Triglycerides
  - Thyroid function tests
  - Ferritin

- **Plan:**
  - Nitrofurantoin 100 mg po qid
  - Metronidazole 500 mg po qid

**Assessment and Plan - 2**

- **Diagnosis/Procedures to Be Scheduled**
  - Bedside ultrasound (U/S) of abdomen/pelvis
  - Transvaginal ultrasound
  - U/S exam, drink/diuretics

- **Instructions/Edution**
  - Breast self exam
  - Cervical examination
  - Referrals

- **Follow-up**
  - Office visit in 1 year
  - U/S exam

- **Notes:**
  - The patient was examined by Kimberly Taylor.
  - The following rooms are planned for the patient to return prior to patient leaving the office: lab draws, diagnostic orders, preop orders, and office surgery orders.
  - This document was electronically signed by

- **Provider:** Kimberly A. White MD

**Creation of new Standard of Care**

- Caregiver's "clinical judgment" versus eletronic alerts
  - Choice of clinical-decision-making tools
  - Software vendor/manufacturers as witnesses
  - Legal duty to access/review ALL of patient's past medical records

**HIPAA**

- Extending privacy requirements to business associates
- Breach notification requirements
- Patient access to their own information
- Restrictions on certain disclosures

All can lead to civil monetary penalties up to $1.5M

**Metadata**

- Date it was created
- Author
- When and whom edited it
- What edits were made
- For email, history of transmissions

ALL discoverable under the new Rules
Peer Review

Confidential by Statute
ORC § 2305.25 - Definitions - Hospital, long-term care facility...health care entity
ORC § 2305.24 - Any information, data, reports, ...made available to QA...are confidential
ORC § 2305.252 - Proceedings and records of a peer review committee - Not subject to discovery or introduction in evidence
ORC § 2305.253 - Incident Report or Risk Management Report are not subject to discovery...

Absolute slam dunk
Pretty Clear Statutes
- Umbrella of protection to information disclosed and maintained by peer review committee
- Specifically targets incident reports regarding injury suffered by patient
- End of topic/discussion - COMPLETE SHIELD?

Can we just call it "Incident Report"?
- Mere use of title "investigation report" or "incident report" is insufficient to demonstrate the reports were actual review
- Code...ed in...auto

How can I protect Myself, My Practice and My Privilege?
- Establish a Peer Review Committee
  - Create formal position
  - Establish a meeting schedule
- Create bylaws or policies THAT ARE FOLLOWED!
- Do not discuss the subject outside of the formal process
- Label all documents part of the process
- Prepared at whose direction
- Data request was made
- Label that identifies Peer Review Committee's Eyes Only
- Notes from meeting categorized/identified similarly
- Keep abreast of the current definition and requirements
- Involve legal counsel
Tort Reform - the Good News

The number of medical malpractice claims and court filings has gone down and appears to be continuing to go down.

Medical Malpractice filings in Cuyahoga County

The Bad News

The number of lawyers continues to go up.

From a Supreme Court of Ohio Oct. 30, 2009 press release:

"Nearly 1,000 Applicants Pass July 2009 Ohio Bar Exam."

QUESTIONS?

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Thank you very much!