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Documentation with EHR—Easier, Faster, Better?

Part II

By Nataliya V. Schetchikova, PhD

In the current health care climate, it's not uncommon for doctors to be forced to see more patients to sustain their income. Some are looking for shortcuts to make the documentation process faster and turn to electronic health records (EHR) systems. Even though these systems can help streamline operations and speed up data processing, doctors shouldn't rely exclusively on EHR.

"Chiropractors are really attracted to forms [and templates]," says Steven Baker, DC, DABFP, DABCO, president of the American Board of Forensic Professionals and an investigator for the Arizona state board. "Remember that the form is there to help you through the thought process, not to guide the treatment," he adds. "The key is to have your thought process set to the point of automatically thinking, 'subjective, objective, assessment, plan (SOAP).'"

Documentation: Think Specifics

Properly documented notes are specific to the patient encounter. "Write down the specifics of treatment," says Dr. Baker, a member of ACA's Subcommittee for Ethical Practice who has been in practice in Tucson, Ariz., for the past 25 years. "Some

doctors write, 'CTL—cervical, thoracic, lumbar.' But what did you adjust? The entire region? One or two segments? This is necessary not only for continuity of care but also for medico-legal reasons. For example, you adjusted L1, but later you get accused of herniating a disc at L5. You can prove that you didn't do it, with proper documentation," he adds.

On follow-up visits, doctors often omit the most significant changes since the last visit, and they shouldn't, says Dr. Baker. "Ask the patient, 'How did you tolerate the last treatment? Is there anything new or different?' Quite often the patient will say, 'I was quite sore.' So what do you do? Do you change the treatment? Give them certain advice about what to do at home?" he asks.

Make sure that each patient record has a beginning and end—and that a patient

is formally discharged, says Leo Bronston, DC, MAppSc, chairman of ACA's Integrated Practice Committee and a member of ACA's EHR Task Force, who is in the final stages of developing his own chiropractic-specific EHR system, called BackChart™. "Discharge can be done administratively, for example, when patients fail to come back." Timely completion of documentation is also important, adds Dr. Bronston. "Have some rules in place—that each record must be completed within so many hours," he says.

Laurie Douglass-Wilson, ACA vice president of insurance relations, agrees. "Doctors should be sure they are in adherence to their state scope-of-practice regulations regarding timeliness of documentation. For medico-legal purposes, this issue can be significant. If a doctor documents basic details incorrectly because he

or she confused one patient with another, the patient can make the case that appropriate treatment may not have been performed," she says.

For those using paper records, Cynthia Vaughn, DC, chair of ACA's Clinical Documentation Committee, recommends including standard, universally accepted medical abbreviations, such as "b.i.d." for "twice a day" or "LLE" for "left lower extremity" to speed up the documentation process—and reminds doctors about the importance of quantifying patients' responses when recording outcomes. "We often see vague terms, such as 'same,' 'better,' or 'worse.' They need to be better quantified, such as 10 percent better or 10 degrees better," she says.

Andrew Slavik, DC, ACA consultant for clinical and liaison services, who has been performing documentation peer review for the past several years, recommends that DCs pay special attention to properly documenting treatment goals and plans. For example, he says, when using modalities, indicate where and for how long the modalities were performed. Documentation of therapeutic exercise and extremity manipulations also needs to include "what treatment or exercise was performed, the rationale behind the procedure and the therapeutic goals," he says.

In terms of treatment goals, Leanne N. Cupon, DC, DABFP, DACRB, past president of the College of Forensic Sciences and first president of the ACA Council on Forensic Sciences, recommends that DCs focus on "function, function, function."

"Patients gauge the severity of their conditions by the limitations they have on everyday activities. Insurance entities are evaluating the effectiveness of our treatment plans on the improvement of patient activity level."

Leanne N. Cupon, DC, DABFP, DACRB
Past president of the College of Forensic Sciences
and of the ACA Council on Forensic Sciences

"When we hope to improve a patient's quality of life, it's best to think in terms of activities the patient would like to do, but can't. The primary goal of treatment is to resume those activities," she says. "Patients gauge the severity of their con-

ditions by the limitations they have on everyday activities. Insurance entities are evaluating the effectiveness of our treatment plans on the improvement of patient activity level."

The next step is to set and record realistic long- and short-term goals for the patient. "It is extremely helpful to understand not only what activities are painful or limited, but also how difficult,

how important and how often the activity is required to be performed," says Dr. Cupon, who currently serves on ACA's Clinical Documentation Committee. "For example, someone with low-back pain who identifies sitting as limited and pain-

ful and works in a sedentary office environment will place greater importance on this function as compared to those with a similar complaint but who work at a job where they stand all day," she says.

Choosing an EHR System

A good EHR system can help the clinician focus on the specifics of the patient visit—it "provides a road map to documenting the patient interview, physical examination, analysis of studies, differential diagnosis and final diagnosis," says Dr. Cupon.

Yet, especially for those who have been using paper records for quite some time, it may be "cumbersome to make a transition to EHR," says John Ventura, DC, co-owner of an orthopedic/sports practice in Rochester, N.Y., a member of ACA's Performance Measures Work Group, assistant clinical professor at New York Chiropractic College and clinical instructor in family medicine at the University of Rochester School of Medicine.

With many software systems on the market, Dr. Ventura recommends that DCs choose one that allows them to keep

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Choosing an EHR System

To make the process of selecting an EHR package easier for you, *ACA News* reached out to manufacturers of chiropractic EHR systems. Read what makes their products different from the competition.

Choosing an EHR System I Advantage/EHR™ by Compulink www.compulinkadvantage.com

- Offered as part of Compulink's Chiropractic Advantage™ integrated practice management and EHR system.
- ONC-ATCB Certified 2011/2012 Complete EHR (meets all of the meaningful use criteria required to qualify for the incentives).
- Includes money-back EHR success guarantee.
- Fully user customizable, including databases, screens, patient correspondence, reports and business rules.
- Includes chiropractic exam templates, which can be easily customized to meet the DC's specific needs.
- Fully integrated PQRI coding assistance and automated compliance reporting.
- Smart Functions feature allows DCs to document faster and more accurately by auto-populating documentation and diagnosis fields based on their own criteria.
- Supports voice, touch screen, tablet and iPad™ data entry.
- Integrated Patient Web Portal.
- Free online training and outstanding technical support.
- Company has delivered practice management software for 26 years and has 15+ years experience implementing EHR software.
- Affordable—12-month deferred payment plan available.
- View a free demonstration at www.compulinkadvantage.com/freeACAdemo.

Choosing an EHR System I Chart Talk® by Mighty Oak www.charttalk.net

- Has received ONC-ATCB 2011/2012 Modular EHR Certification for Stage 1 meaningful use measures required to qualify for funding under the American Recovery and Reinvestment Act.
- Fully integrated with Dragon Medical®, voice recognition software.
- Chart Talk is the only chiropractic EHR system that is totally hands free, achieving a high degree of accuracy and high speed.
- Includes integrated scheduler, patient education, Medicare assistance and interface to billing.
- Integrated smart commands and ability to import digital X-rays.
- Chart Talk for Meaningful Use 1.0, which meets the requirements for EHR Modular Certification, is documentation software designed to provide the fastest, most accurate voice interface possible.
- Mighty Oak (formerly JR Consulting) has been offering software to health care providers, including doctors of chiropractic, for more than a decade.
- The company has built a reputation for providing creative and timely customer support.
- View a free demonstration at www.charttalk.net/demo/index.php.

as much of the existing workflow as possible. “The more the system can be customized to the way you currently keep records, the happier you will be,” he says.

Joseph Morelli, DC, in Waipahu, Hawaii, who serves on ACA’s Board of Governors and is a member of ACA’s EHR Task Force, favors the newest cloud-based technology, which allows doctors to instantly access their data through a high-speed secure Internet connection without hosting large computer networks in the office. “Your data are all backed up continuously—you don’t have to worry about it,” he says. (Editor’s Note: To learn more about cloud technology, read the Dec. 2010 *ACA News*, Pages 16-17.)

Dr. Morelli also prefers modular EHR programs, allowing doctors to purchase a basic package and add applications depending on their preferences and needs. “I’ve purchased very expensive programs—they do everything, but I don’t use two-thirds of all the bells and whistles. Modular programs are a smarter way to go,” he says.

Dr. Morelli recommends, however, that DCs start with a complete, integrated system that includes scheduling, billing and documentation in one package. “This cuts out the need for multiple products that may not work well together. This also lessens the learning curve since the different modules tend to

follow the same formatting and user interfacing,” he adds.

Of course, for those DCs who are planning to take advantage of the Medicare EHR incentive program, it’s key to choose a system that has been certified for meaningful use. A list of systems that have been tested and certified under the Temporary Certification Program by the Office of the National Coordinator (ONC) for Health Information Technology is available on <http://onc-chpl.force.com/ehrcert>, says Kara Webb, ACA director of federal and regulatory affairs.

Just pay attention to what exactly has been certified—the complete EHR program or a particular module, says Dr. Morelli. “Some programs have obtained certifications, but they are modular, so only one of the modules is certified, but not all. That can make a difference. A part of the program may never be certified,” he adds.

“Products certified as ‘EHR modules,’ used in and of themselves, would *not* allow a DC to qualify for the EHR incentives,” says Mary Ann Fitzhugh, vice president of marketing for Compulink Business Systems, Inc., a provider of EHR software. “The DC would need to combine these products with other ONC-certified EHR modules to produce the necessary summaries and report on all of the quality measures required to demonstrate meaningful use and to earn the Medicare/Medicaid incentives.” A “complete EHR” meets all of the mandatory certification criteria and allows the DC to report on all of the quality measures required to demonstrate meaningful use and to earn the incentives, she adds.

Warren T. Jahn, DC, MPS, educational liaison to the ACA Council on Forensic Sciences, also stresses the importance of certification specifically for the EHR program under the HITECH Act. “Many vendors marketing to doctors of chiropractic have enjoyed significant market share in the past from a practice management perspective but simply will not be

Choosing an EHR System I Documentor by EON Systems www.eonsystems.net

- It can create the exact note the doctors want without compromising what they want to say.
- Can communicate directly with billing to eliminate the double work or errors of adding patients, services and diagnosis.
- Can communicate directly with a complete document storage program that allows faxing, e-mailing, scanning of documents, and storage of pictures and X-rays.
- Designed for a tablet PC but can also work on touch screens or any other Windows-based computer.
- Allows you to see what you are writing while you are writing it, yet only be on one screen.
- Includes more than 100 different documents, i.e., SOAP notes, narratives, exams, letters, HIPAA documents and more.
- For an online demonstration, go to www.eonsystems.net.
- Provides a consultant to train clients to create the exact set of notes they want.
- Is on track for certification for meaningful use.
- EON Systems has been in the business of creating software for DCs for more than 22 years.

able to attain certification for their systems. Even if the company is 'working on it,' it may be so far behind the certified systems out there that it will impact your ability to meet meaningful use criteria," he says.

To avoid being overwhelmed with selecting an EHR system, consider a few companies with successful track records—and work with qualified EHR consultants who can help you choose the right system, says Dr. Cupon. "Find qualified consultants who have a broad understanding of the industry. It is also a good idea to ask the consultant about any [potential] conflicts of interest."

Wayne Bennett, DC, a member of ACA's Clinical Documentation Committee who practices in Prescott, Ariz., recommends that DCs talk to the colleagues they trust about their experiences—and, from there, "develop a set of questions before you begin to talk to the vendors. Decide what you want in advance, and interview them," he says.

Dr. Bennett adds that DCs should also distinguish between two types of EHR systems—software that has been designed specifically for a chiropractic office and software that is universal to all health care providers and includes chiropractic applications. "There are assets and liabilities on both sides," he says.

"General medical-oriented EHRs do not have chiropractic-specific alerts and reminders built in, nor do they have screens with information specific to chi-

Choosing an EHR System | eConnect from Future Health Inc.

www.FHeConnect.com/1008

- Eliminates the complexity of traditional EHR/practice management software.
- Built with the latest technology to be easy to learn, use and expand to grow with your practice.
- Free base software includes integrated scheduling, documentation, EHR, billing and patient education.
- Completely customizable with affordable apps and app packages for efficiency, specialties and techniques.
- Guaranteed EHR/ARRA Certification App to help you collect up to \$44,000.
- EHR/ARRA Certification App makes it easy to demonstrate meaningful use.
- eConnect uses secure Amazon servers for data storage, security and backup.
- Amazon servers eliminate the expense of an in-office server and IT help.
- Access your data by laptop, desktop, touchscreen or tablet—even from home.
- Future Health has provided DCs with practice management software since 2004.
- Sign up for a live demo: www.futurehealthsoftware.com/econnect_webinar.pdf.
- For fastest service, call (888) 434-7347.
- Official ACA partner—offers discounts for ACA members.

ropractic, so DCs cannot expect the same level of efficiency," says Steven Kraus, DC, DIBCN, CCSP, a member of ACA's EHR Task Force and founder and chairman of Future Health Inc., a leading provider of chiropractic-specific EHR/practice management software and an ACA partner.

It's also important to a doctor to be comfortable with the design and layout of the system, says Richard Cole, DC, DACNB, FIACN, DAAPM, FICC(H), a member of ACA's EHR Task Force who has been in practice in Bartlett, Tenn., for 30 years and who has served as a Tennessee licensing board member. "Most vendors will allow you to test-drive their

system in a Webinar—or you can go to trade shows and play with the system."

While test-driving the system, review the software's processes, says Dr. Bronston. "Ask yourself: 'Does it make sense? Is it a good workflow for my office? Does it provide me with quality assurance so I better manage my patient care?'" he says.

In addition, Dr. Ventura suggests paying attention to the software's ability to:

- Allow for multiple data-entry methods—type, touch (point and click) and talk.
- Create templates. For example, he says, "the examination for someone with back pain and sciatica is pretty similar. If the software has a template for the exam, you can default all the findings in the template to normal. You take the history, then click on the template and add the findings that are abnormal."
- Search for specific data, and track outcomes. "If you are monitoring a patient's function, for example, during the first, sixth, and 12th visit, you should be able to track that."
- Upload and store images—photos, X-rays, MRIs.
- Identify red flags and prompt you. "Some systems won't even allow you to go into the record unless you click on 'aware of red flag presence,'" Dr. Ventura says.

Choosing an EHR System | eNoteFile

www.enotefile.com

- eNoteFile automates clinical note taking and filing systems. It also allows for easier filling out of forms and real-time communication of investigations, referrals or customized marketing information.
- Clinicians can search, back up and remotely access their notes—either offline for enhanced mobility, or online using securely encrypted and password-protected connections.
- Users can draw, handwrite, convert to text, type or dictate their notes. They can import and use their own familiar templates or customize default ones.
- The software is scalable. eNoteFile leverages the new world of best-practice cloud computing to complement a locally run PC software application.
- eNoteFile's software-plus-services model combines traditional software speed and accessibility with remote services to provide a consistent and seamlessly integrated user experience across multiple users and locations.
- eNoteFile allows for real-time synchronization, collaboration, encryption, automatic offsite backup and secure remote access from multiple sites to reduce filing and storage demands.

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Choosing an EHR System I**E-Z BIS Electronic Health Records**

www.ezbis.com

- E-Z BIS software is totally integrated and is designed so that health records, billing, collections and scheduling all work together seamlessly.
- Designed from the ground up as a chiropractic-specific health records system.
- Modular system for complete flexibility.
- E-Z BIS EHR maintains and reports complete patient health information: patient and family health histories, examination test results, X-ray observations, outcomes assessment, treatment plans, progress notes and more.
- Offered either as locally-installed software license purchase, or as a cloud-based subscription service.
- Allows DCs to record health information in real time, as they are treating the patients, by use of touch-screen computers, iPads or tablet PCs.
- Is on track for 2011 EHR certification for meaningful use.
- Has been providing chiropractic-specific software for 31 years.
- Offers free demo CDs or Web demos. Call (800) 445-7816 or visit www.ezbis.com.

Choosing an EHR System I**RAPID EHR by ACOM Health**

www.acomhealth.com

- RAPID EHR has achieved ONC-ATCB 2011/2012 EHR Modular Certification. Complete EHR Certification test pending at press time.
- RAPID EHR comes with a money-back guarantee of certification.
- EHR Stimulus resource center: www.acomhealth.com/ARRA_EHR_Stimulus/.
- RAPID EHR is a key component of the RAPID integrated clinical/practice management solution, delivering an efficient, paper-free practice that expedites coding, billing and collections.
- RAPID's Provider Dashboard delivers a personalized and customizable snapshot of up-to-the-minute diagnostic and outcomes information.
- RAPID chiropractic software was designed by chiropractors to serve the unique needs of chiropractors in an efficient, largely hands-free electronic workflow environment.
- ACOM Health is a division of ACOM Solutions Inc., a company with more than 27 years of software development experience.
- Financing available for all; no credit check required.
- Training and implementation services provided by chiropractors.

Learn More About Documentation

Attend the ACA 2011 Coding and Documentation teleseminar series beginning February 8. For more details, turn to Page 35 or visit www.acatoday.org/education.

For Medicare documentation, take ACA's free CEU-bearing Webinar, available at www.acatoday.mycourse.com.

In addition, Dr. Cupon recommends the following resources:

- Yeomans SG. *The Clinical Application of Outcomes Assessment*, Stanford CT, Appleton & Lange, 2000. Available through www.yeomansdc.com.
- ACA's *Clinical Documentation Manual*, available at www.acatoday.org/store. The third edition is expected to be published in 2011; watch ACA publications for more information.

- Back up data daily—on the hard drive or virtually.
- Provide sufficient training and support. “Can the company get back to you on the same day if you have a question?” he asks.

Be sure to include your staff in testing the software. After all, they will be working with it, as well, adds Dr. Ventura.

Change Is Hard

With many advantages to using EHR, converting to an EHR system takes time and effort, agree those who have done it. Yet with the world quickly becoming digitized—and while the government is encouraging EHR conversion through incentives—now may be the time to do it, experts say.

“We’ll see a mandated migration to EHR,” predicts Dr. Bennett. “We can view this as a traumatic event or be proactive, embrace it and turn it into a good thing. It really depends on the attitude of the doctor,” he says.

Luckily, says Dr. Morelli, help is available. “Most programs come with built-in video tutorials—you can go online and see quick vignettes that demonstrate how the systems operate,” he says.

In addition, Dr. Morelli recommends that doctors avoid the hassle of converting all of their patient records into EHR. “Start new patients in the EHR system, and transfer active patients one by one. This saves you money and headaches,” he says.

For those who have been used to paper, there will be a bit of a culture change, says Dr. Kraus. “But once the doctors get through the first 30 to 90 days, they’ll wonder why they waited so long to make the conversion,” he adds.

“For anyone considering implementing EHR, I’d like to say, ‘Pain is inevitable; suffering is optional,’” says Dr. Ventura. “It’s going to hurt, but whether you consider it suffering is your choice.” ■

For more information on EHR, go to www.acatoday.org/EHR.

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