

## Unit 2: "Under the Hood"

### Component 7 – Working with HIT Systems

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## Unit 2 Objectives

- Identify the health IT functions that support a generic *ambulatory* patient care process.
- Identify the health IT functions that support a generic *inpatient* care process.



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## Inpatient VS Ambulatory

- How do they differ?
  - Inpatient 4 phases
    - Initial evaluation
    - Ongoing Management
    - Pre-discharge
    - Discharge
  - Ambulatory
    - Episodic
    - Coordination across providers and locations
    - Monitoring/treatment chronic & acute



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## Supporting Care Processes with HIT

- Facilitate filtering, organizing, & access
  - Thoroughness and currency imperative
- Reviewing & Documenting
- Planning
- “Doing” - ordering
- Educating



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## Supporting Care Processes with HIT

- Communicating
  - High risk, high stress
  - Teams – working independently but with constant information exchange
  - Moving patients, moving providers, rapidly changing situations



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## Inpatient Processes

1. Register
2. Review Patient Info
3. Talk, Observe, Examine
4. Document
  - \*H&P, PMH, Signs/Symptoms, etc.
5. Take Actions “Orders”
  - \*Meds, Labs, Procedures, Consults, Admit, Next Appt.
6. Discharge
7. Patient Education (could occur anywhere in the process)
8. Health Data Reporting
9. Link to Reimbursement



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## Ambulatory Processes

- Check –in
  - Verify Appointment; Update Info; Pull Medical Record
- Move to exam room
  - Vital Signs; Review Reason for Visit; Document
  - Examination; Discussion of Findings; Plan; Order; Documents
- Check-out
  - Schedule appointment
  - Payment
- After the fact
  - Complete Documentation/Dictate
  - Code Visit & File Insurance Claim



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## What is Different?

- Access to systems & data
- Challenges of geography
- Very low penetration of EHRs in Ambulatory
  - DesRoches, 2008, JAMA –
    - 4% fully functional; 13% basic system
- Patient Load
- Episode of Care
- Coordination, Communication, Consultation



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This completes unit 2a

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