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Improving Workflow and Maximizing Efficiency in the Clinical Space



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As the healthcare industry undergoes significant change brought on by new legislation, innovative technologies and changing patient demographics, many health systems are looking to improve workflow and more effectively move patients through the clinical space. To get a sense of how forward thinking organizations are preparing for the exam room of tomorrow, Managed Healthcare Executive sat down with Dr. Anne Eiting Klamar, president and CEO of Midmark Corporation, an Ohio-based company focused on exam and procedure room solutions.

Managed Healthcare Executive: How has the clinician exam room changed within the last 10 years?

Dr. Eiting Klamar: The Affordable Care Act has really opened the door for more technology, primarily the electronic health record, but also digital diagnostics and other ways to gather information in the exam space. The point, of course, is more efficient and effective patient care and higher quality of care with a better outcome. I think that the legislation has really forced some changes in the exam room. Increased focus is being placed on new approaches to manage diagnosis, treatment and wellness in outpatient spaces, centered entirely on the patient.

Managed Healthcare Executive: Do you find many healthcare systems give enough thought to how they are going to set up their exam rooms?

Dr. Eiting Klamar: In the past, physicians ruled the roost, so each doctor set up their exam rooms based upon their personal preferences, and they typically had the same exam spaces day after day, week after week. But now that medicine has become more flexible and exam spaces are being used more efficiently -- for example, an ENT may be working in this office in the morning and a family practice doctor may be using the same space in the afternoon, there has been a lot more thought given to standardization of settings.

When physicians and physician groups ask Midmark to take a look at the design of their outpatient spaces, we often need to explain how it makes good practical sense to have everything in the same place in every room so no one has to waste time looking for things. It depends, of course, on specialties, because different specialties need different equipment, but in every room, the syringes should be in the same place, the diagnostic products should be in the same place, the cotton balls should be in the same place, so that when the physician or the nurse comes into the exam space, everything they need for the exam is there in the same place and accessible. There is no time lost searching for needed supplies.

Managed Healthcare Executive: What is the next evolution of the exam room going to look like? What sort of changes might we see in the next 10 years?

Dr. Eiting Klamar: I think you're going to see more technology coming into the exam space. One

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of the most recent examples is the building of a scale into the table. Typically at your doctor's office, the scale is out in the hall and so, as a patient, you go out and take off your shoes and coat. And then maybe you see someone you know and start to chat for a few minutes. Each of those steps makes the patient visit that little bit longer.

Today's exam table is evolving into a clinical hub where diagnostics, patient engagement and treatment intersect. With a scale built into the exam table, the patient sits down in the exam room and their weight is taken and transferred into the electronic patient record. That also decreases the possibility of errors in both reading the scale and then transcribing it from the scale or a notepad to the patient's record.

Another major development is the evolution of consumer-focused healthcare apps. Patients now have apps and trackers such as Fitbits that measure and trend their physiologic activity and their sleep, and I think patients are going to bring more of those into the exam space. Healthcare providers are going to have to be able to deal with that. That's a pretty recent step, but one that I think will take root even more as telemedicine and telehealth become more prevalent.

Managed Healthcare Executive: There is obviously a lot of frustration among physicians regarding the inefficiency of EHRs, and now you're talking about introducing additional technology pieces into the exam space. How do you convince physicians that by bringing more technology pieces in, it's going to help in the long run with efficiency?

Dr. Eiting Klamar: My husband is a physician, and we often talk about the challenges he faces with his EHR implementation. There's a natural resistance to technology, and you hit on the truth; the latest statistic I read was that a newly installed EHR actually decreases the caregiver's efficiency by 25% initially. Some of that is made up through learning and getting used to how the EHR is set up, but a lot of what we see is that often the EHR is set up either by the developer or by IT, and doesn't really mirror the needs of the individual practice.

We worked with a healthcare system in Ohio to bring our Lean workflow principles to their office. What we found was that the way the EHR was set up, by the end of the day, each physician had about 1 hour worth of labs to go through every night and then call-backs to make if there was an abnormality. When we looked at how the labs were being routed, we found out that every lab that came in was being routed to a physician, when in reality, a normal lab doesn't need to be seen by a physician. A normal lab can be seen by a nurse or a medical assistant, so we changed their EHR such that only the abnormal labs go to the physician and the normal labs go to the medical assistant or the nurse. The physicians were delighted to find that their end of day work was decreased by a half-hour, and in some cases 45 minutes, because they were no longer having to go through all the normal labs that came in.

So I believe there are efficiencies to be gained with electronic patient records and workflow. It's messy work. It means

going into the practice. It means breaking down workflows and understanding them. It means seeing how the EHR is set up. But I think there's an opportunity to increase efficiency in how EHRs are set up and how they can be used in conjunction with the overall workflow of the exam room.

Managed Healthcare Executive: How can having the right equipment in the exam room enhance the patient/caregiver experience?

Dr. Eiting Klamar: First of all, patients are loyal to their physicians, but my experience has been when patients go into an exam space or an office building that appears outdated, there's always the question in the back of their mind of "Is the care as outdated as the equipment?" If a space looks professional and modern, it gives the patient a little bit different flavor of their experience, particularly if they're sitting in that space for a long period of time waiting for their physician.

Then there's the caregiver-patient interaction. People want to look their physicians in the eye and vice versa, so when you are able to move the patient up or down with the press of a button, you are able to get the best exam possible. There are mobile carts for a laptop or tablet that can be positioned so that the patient no longer has to experience seeing the caregiver's back while he or she is typing on a desktop computer. It's better engagement, and it's active communication.

The other thing that I think is really interesting as I look to the future of the exam space is the opportunity to bring in disease state management. For example, if you have a child that you see fairly frequently for worsening asthma, doing a spirometry test allows you to measure where that patient is from a pulmonary function perspective, but a smart diagnostic also has the capability to capture their trend so you can see whether this child's pulmonary functions are improving or worsening. I believe those sorts of diagnostics will eventually be advanced enough to conclude that, based upon this patient's trends, here are the possible treatments or behavioral changes that can be made to improve this child's asthma.

Managed Healthcare Executive: How about in the ambulatory space? What sort of workflow efficiencies may be the same, may be different, and can still be realized there?

Dr. Eiting Klamar: One thing that is fairly standard throughout other industries is filling out paperwork online and only once. Every time I go to my physician's office, I have to fill out the same sheet of paper time and time again. The opportunity for patients to go online, fill out their paperwork before they get to the office and have that information saved electronically can increase the efficiency when the patient actually gets to the door.

For more information about Midmark Corporation and the range of products and services the company provides, visit their website at www.midmark.com.