

EMRs to Facilitate Glaucoma Management

Technology can help us to communicate with primary health providers to coordinate care.

BY GEORGE SHAFRANOV, MD

As glaucoma specialists, we are frequently asked by colleagues to provide an opinion on the management of high IOP without significant optic nerve damage or vice versa, among other scenarios.

By sharing the results of our examination with a referring doctor and/or the patient's primary care provider (PCP), we can help optimize patients' care by educating referring doctors and PCPs about glaucoma management and the side effects of medications. In the past, we dictated and mailed most such reports. Today, electronic medical record (EMR) systems can quickly generate consultation letters, but effective communication using this technology takes some work on our part.

TOO MUCH INFORMATION

The problem with EMR reports is that, as a default, they generate more information than the reader has the time or desire to read. Alternatively, the software may cram the patient's full medical history, list of medications, and our findings onto 1 page, making it difficult for the reader to find what he or she is seeking.

Most EMR systems allow users to customize the template for reports, and the time this effort requires is warranted. After all, if we are providing a report, we want its contents to be communicated effectively. I recommend describing the diagnosis and plan for management early in the letter, because that is the information of greatest interest to referring doctors and PCPs. We can also format the report to show important information in bold and italics and eliminate information the referring doctor and PCP may already have (such as medical history and list of medications). With most EMR systems, it is easy to generate a summary of IOP measurements as a table or graph. If the information may help the referring doctor or PCP to understand our medical decisions, we can attach the table as a separate page.

ELECTRONIC FAXES

Not all referring doctors use an EMR system. When referred patients arrive in our offices, the doctor's notes and visual fields may still be in the mail. When our staff

calls the referring doctor's office, the result is often the faxing of the missing documents. Electronic faxing allows the exportation of PDF attachments into an EMR system. With this technology, we may be able to view the information on the computer screen while we are still in the room with the patient. EMR software automatically encrypts a PDF attachment for transmission and decodes it as a PDF file when it arrives on the recipient's computer.

I find that faxing reports, and sometimes chart notes, provides for an efficient workflow. I have been using NextGen EMR (NextGen Healthcare Information Systems, Inc.) for the past 6 years, but many excellent alternatives are available. Electronic faxing also allows me to transmit information on medication to a pharmacy or other location, including the referring doctor's office. In addition, EMR systems permit me to customize and easily fax forms for scheduling surgery to PCPs, surgery centers, and hospitals. The EMR system automatically fills in the patient's information.

After the installation of appropriate modules and the customization of templates, the cost of sending letters, chart notes, test results, lists of medications, and other reports generated by an EMR system to referring doctors, PCPs, and pharmacies is minimal.

CONCLUSION

Sometimes, a phone call to the referring doctor to discuss the results of a consultation may suffice in terms of compliance with insurance regulations. A written report is still worthwhile in those cases, however, because it serves as a reminder to them and to us of our long-term strategy for the patient. Making our letters short and simple will enhance communications with the referring doctor and PCP, likely increasing referrals. ■

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