

# Optimizing InDxLogic

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**Malinda Waters, Training and Implementation Specialist**

**Pediatric Healthcare Alliance, Tampa, Florida**

October 15-16, 2010  
JW Marriott, Orlando, Florida



# Who are we?



Pediatric Health Care Alliance, P.A.

Your Child's Medical Home™

- Private Pediatrics Practice
- 14 sites in Florida
- 50 providers
- Open 7 days a week
- Centricity EMR since 2006
- 13 indexers *before* InDxLogic



# InDxLogic Best Performer



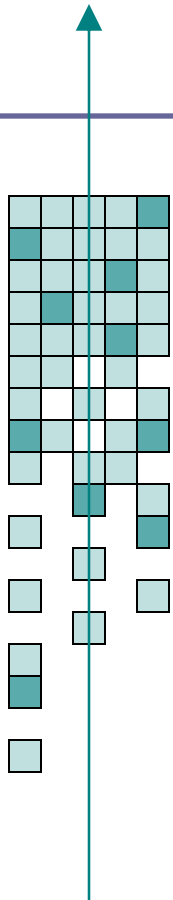
**Pediatric Health Care Alliance, P.A.**

Your Child's Medical Home™

	<u>National Avg</u>	<u>Best Performer (PHCA)</u>
Document match rate	79.38%	89.62%
Patient match rate	68.96%	84.63%
Patient and Document match rate	59.65%	80.16%
Number of documents (5 months)		160,432



# Document Workflows Impact Patient Care



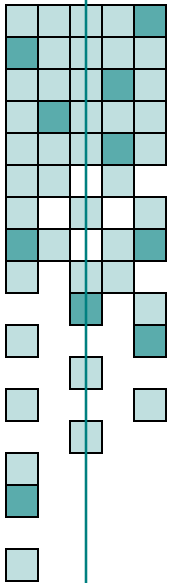
*We believe that document management is important, should be timely and assist the provider in the care of the patient in meaningful ways*





Pediatric Health Care Alliance, P.A.

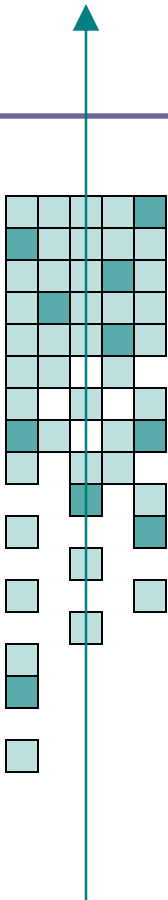
Your Child's Medical Home™



Centricity Healthcare  
User Group

Optimizing InDxLogic

# Document Workflows Impact Patient Care



Centricity Physician Office - Malinda Waters @ Pediatric Health Care Alliance, P.A. (cpoemr) - 8/11/2010 4:06 PM - [Chart]

Go Actions Options Help  
 Desktop Chart Appts Reg Reports LinkLogic New View Print Help EXIT

**KALEIGH SZEWCZYK** 3 Years & 2 Months 01d Female (DOB: 05/14/2007)  
 Ins: MAINECAR (02001) Group: Home: (207)784-7388 Work: (207)795-0111 Pt's Cell: 725-3333

Find Pt. Protocols Graph Handouts Update Phone Nt. Refills Edit Sign Append Route Organize

Summary Problems Medications Alerts Flowsheet Orders Documents

Document View: All  Group By Date

	Date	Summary	Provider	Location	Status
0	10/14/2009 12:0	Lab Rpt: Baycare Lab Report	Alex N Anton, MD	Site 12	Signed
0	06/17/2010 12:0	Progress: VIS Sheet	Sara Ansari, DO	Site 1	Signed
0	08/27/2009 12:0	Cons Rpt: Pediatric Cardiology Associates	James R Lane, MD	Site 34	Signed
0	08/14/2009 2:11	Cons Rpt: Pediatric Cardiology Associates	Jay M Harvey, MD	Site 34	Signed
0	08/10/2009 12:0	Cons Rpt: Pediatric Cardiology Associates	James R Lane, MD	Site 34	Signed
0	08/05/2009 12:0	Cons Rpt: Pediatric Cardiology Associates	James R Lane, MD	Site 34	Signed
0	04/01/2010 12:0	Insurance: Insurance Card and Photo ID	Sara Ansari, DO	Site 12	Signed
0	02/16/2009 12:0	Misc: vis sign	Jay M Harvey, MD	Site 34	Signed

Doc ID: 70 Properties: Consultation Report at Site 34 on 08/27/2009 12:00 AM by James R Lane, MD

3033 Ridgeline Blvd.  
 Tarpon Springs, FL 34689  
 RE: SZEWCZYK, KALEIGH DOB: 5/14/2007  
 DOS: 8/27/2009  
 Dear Dr. Harvey: |  
 We had the opportunity to see Kaleigh in our clinic today. She is a 2-year-old girl who underwent a Fontan procedure recently by Dr. Paul Chai at St. Joseph's Hospital. She has been in good health because she developed a pericardial effusion after surgery, and we have been treating her with cruiere. ince her last visi on August 14th, her mother reports that she has been asymptomatic, growing, gaining weight, playing all of the time, in a very good mood. She is still receiving Lasix once a day and she was found with no effusion on echocardiogram last time.  
 INTERVAL HISTORY: No ER visits, no hospitalizations.  
 FAMILY HISTORY: Family history is unchanged from previous visit on August 14th  
 SOCIAL HISTORY: She is still living with her parents and her brother.

For Help, press F1 LinkLogic: Jobs = 1207; Errors = 1 NUM



# Objectives

- **Introduction**

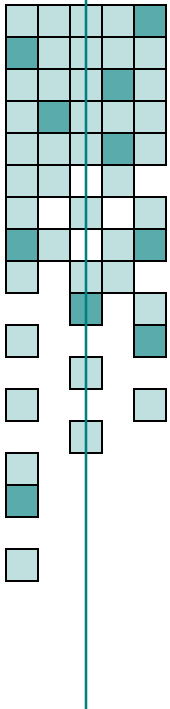
- What is InDxLogic ?
- Why did we decide to use InDxLogic ?

- **Our methods**

- Before/After Workflow changes
- Policy creation and Administrative oversight
- Key considerations

- **Our results**

- Organizational Benefits



# What is InDxLogic?

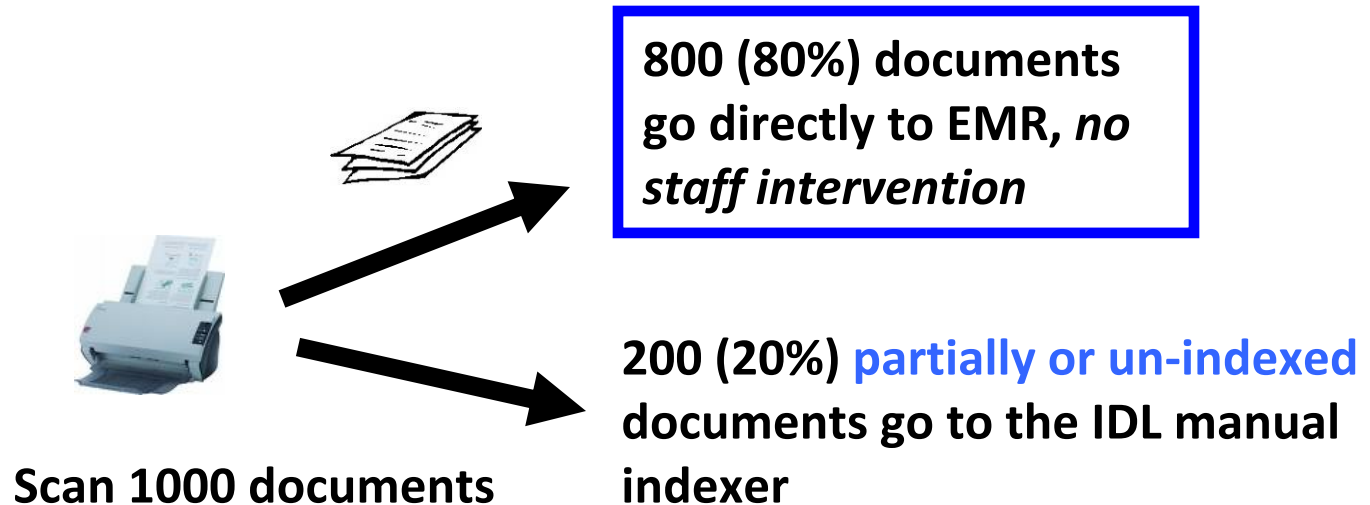
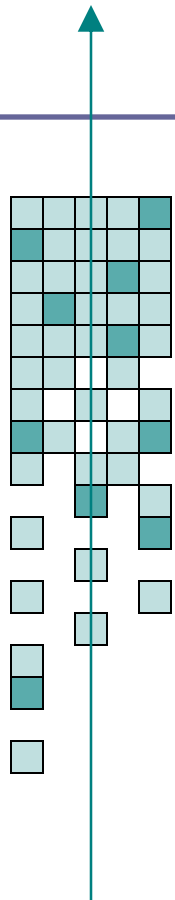
## *Automated Import of Scanned Documents*

1. You scan a document
2. InDxLogic analyzes it
3. The document, OCR text and data flows into the EMR like a lab interface

***Once you teach InDxLogic what you want, you don't need to review and index that document any more***



# Why Use InDxLogic?



# Why Use InDxLogic?



*“the preview feature of InDxLogic saves providers precious time, as they no longer have to click the paperclip to preview the document”* Karalee Kulek-Luzey, MD - PHCA Medical Director

**Document preview improves provider experience**

# Improved Provider Experience

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Desktop Chart Appts Reg Reports

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Find Pt. Protocols Graph Handouts Update Phone Nt.

Summary Problems Medications All

Document View: All

Doc ID	Date
70	10/14/2
69	06/17/2
68	08/27/2
67	07/14/2
66	07/02/2
65	04/31/2
64	02/16/2

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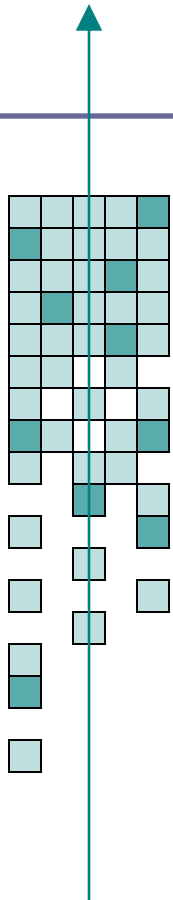
# Step 1 – Realized we had a problem

- Backlog of scanning at our sites, sometimes up to a week
- Issues with consistency and quality because there were so many indexers
- Wanted the quality we get from our lab interfaces

***Document indexing was costing PHCA a lot of staff resources***



## Step 2 – Leadership Role

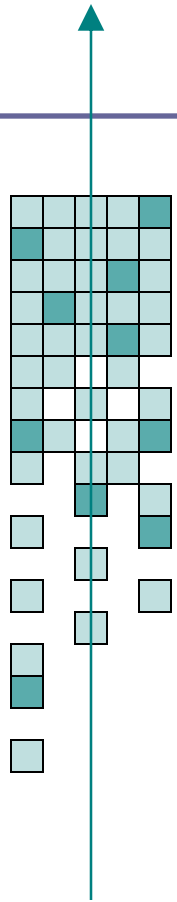


*“I quickly understood that every week that we delayed the implementation of InDxLogic, would result in our spending in excess of \$5,000 per week in unnecessary staff costs,”* said **Debra Shaw, Chief Operating Officer for PHA**, who is responsible for the MED3000 decision to implement InDxLogic in 2009.

**InDxLogic is a financial opportunity**



# Step 2 – Leadership Role



**Increase Match Rate**  **Decrease Cost**



# Step 2 – Leadership Role

## EMR Team

- Rapid EMR Committee approval
- Rapid time and budget allocation
- Quickly moved forward with ***strong support*** from the administrative team

Executive leadership and buy in necessary



# Step 2 – Leadership Role

## EMR Team

- Able to describe the document imaging workflow in detail
- Had management's support to make changes to simplify the document imaging workflow

**InDxLogic project leader identified early**



# Clinical Workflow Changes: **Before**

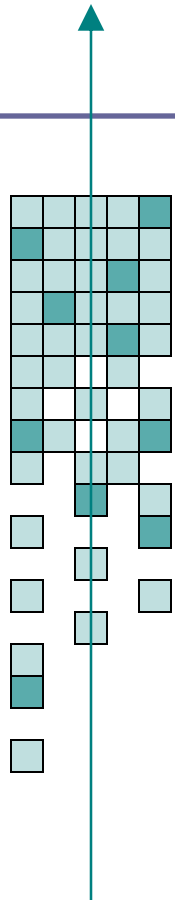
## Incoming records, daily mail, fax reports, etc

- Scanned every day by the front desk at the clinic site
- Manually indexed
- Sent to the provider unsigned

*If “they had time”*



# Clinical Workflow Changes: **Before**



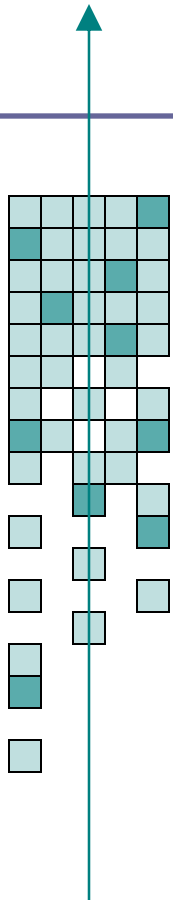
**Paper from the office visits** -(VIS sheets, Parent questionnaires on Lead, Autism, etc.)

- Scanned by the staff at the clinic site
- Manually indexed
- Sent to the chart signed

*When “they had time”*



# The Big Picture: PHA **Before** InDxLogic



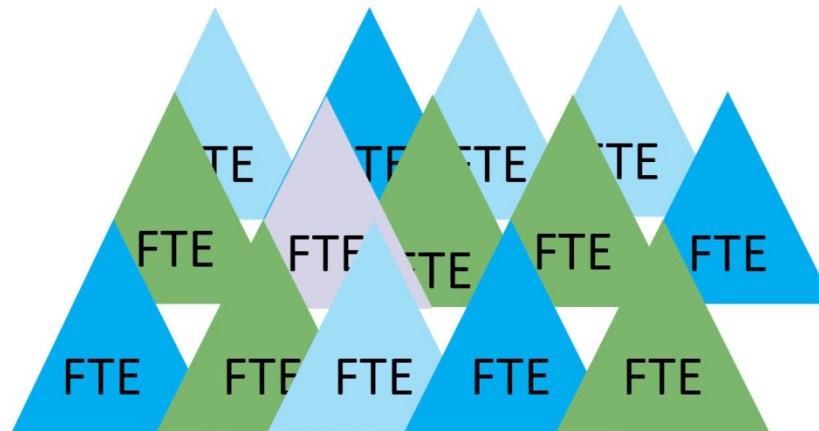
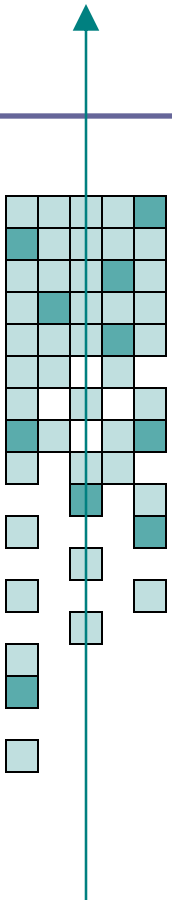
Scan 1000 documents



1000 documents need to be manually indexed and imported into the EMR

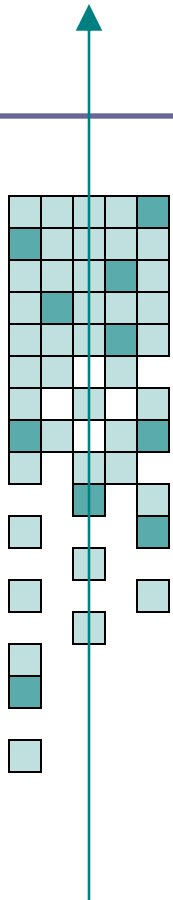
**Constant backlog impacts patient care**

# The Big Picture: PHA Before InDxLogic



**Manual indexing is inherently inefficient**

# Clinical Workflow Changes: **After**



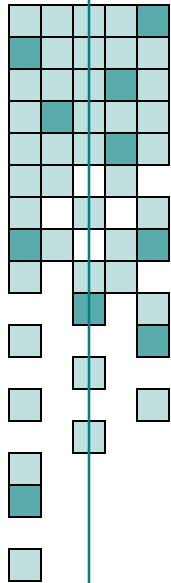
- Mail signed by the provider prior to scanning when we first started. Front desk scans.
- Paper from the office visits are scanned by clinical staff right away
- Indexing is done centrally

**Clinic staff verifies that the document is on the chart before shredding the paper.**





# The Big Picture: PHA After InDxLogic



Scan 1000 documents



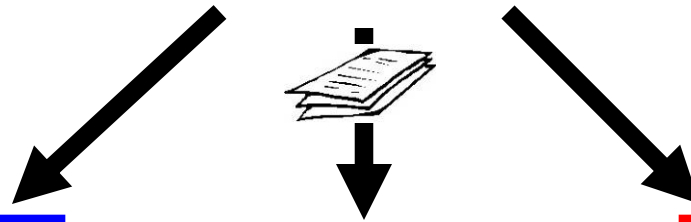
800 (80%) documents go directly to EMR, no staff intervention

200 (20%) **partially or un-indexed** documents go to the IDL manual indexer



# The Big Picture: PHA After InDxLogic

200 (20%) **partially or un-indexed** documents go to the IDL manual indexer

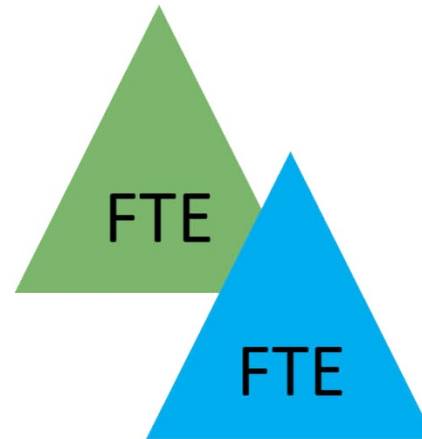
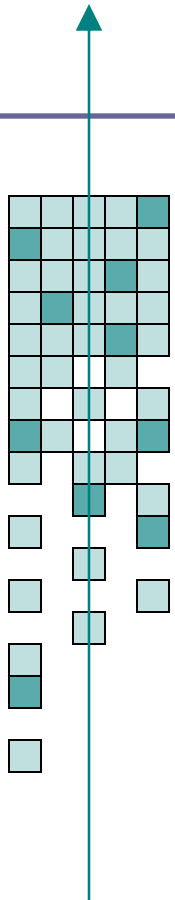


**46 (4.6%) documents:**  
-**match for name**  
-no match for document type

**90 (9.0%) documents:**  
-**match for document type**  
- No match for name

**64 (6.4%) documents:**  
-No match for document type  
-No match for name

# The Big Picture: PHA After InDxLogic



**Fewer staff, better quality, no backlog**

## Step 3- Policy changes

- Questionnaires and other paper documents must be printed from the EMR so they have the patient identifiers on them
- *If document not scanned correctly it was sent back to the staff person to rescan*
- All scanned documents come in as automatically signed

***Administrative authority made this work***



# Create and print internal forms from Centricity

**Pediatric Health Care Alliance, P.A.**  
4033 Tampa Road Suite 101 Oldsmar, FL 34677  
(813) 854-2003 Fax: (813) 855-2367

August 11, 2010  
Page 1

**Patient Name: MADISEN WATERS**  
**Date of Birth: 10/10/2008**



## M-CHAT AUTISM CHECKLIST

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (you've seen it once or twice), please answer as if the child does not do it.

		YES
1.	Does your child ever seem oversensitive to noise? (e.g. plugging ears)	
2.	Does your child make unusual finger movements near his/her face?	
3.	Have you ever wondered if your child is deaf?	
4.	Does your child sometimes stare at nothing or wander with no purpose?	
5.	Does your child have any unusual movements?	

**Pertinent identifiers on all internally generated forms**



## Step 3- Policy changes

Staff at each site empowered to suggest workflow changes that affect IDL automation

- *Create coversheets printed from Centricity*
- *Create new internal forms from Centricity*
- Immediate staff feedback is KEY to success

Directives to our staff impact document  
“indexability”



# Immediate Staff Feedback

- Clinic Staff watching for the document
- Indexing Staff constantly checking
- Providers if they notice a problem

*This is how we maintain our 80%+ match rate!*

**End user feedback improves process**



## Step 3- Policy changes

- Documents go to the provider who had the most recent appointment with the patient.
- Staff know that they must follow the policies consistently for the project to succeed
- Policy enforcement

**Leverage appointment arrival in the practice management system**



# Step 4 – Making it work

## Setup, setup, setup!!

- Give staff time to do proper setup
- Educate staff to understand how IDL works

*Be open to workflow changes*



# Step 4 – Making it work

## Identify the IDL Indexer

- Understands IDL basic and advanced mapping
- Critical thinker, problem solver
- Team player
- Clinical orientation

*It took us a few tries to find the right person!*



# Step 4 – Making it work

## Identify the IDL Indexer



***Team work!***



# Step 4 – Making it work

## Learning the tools

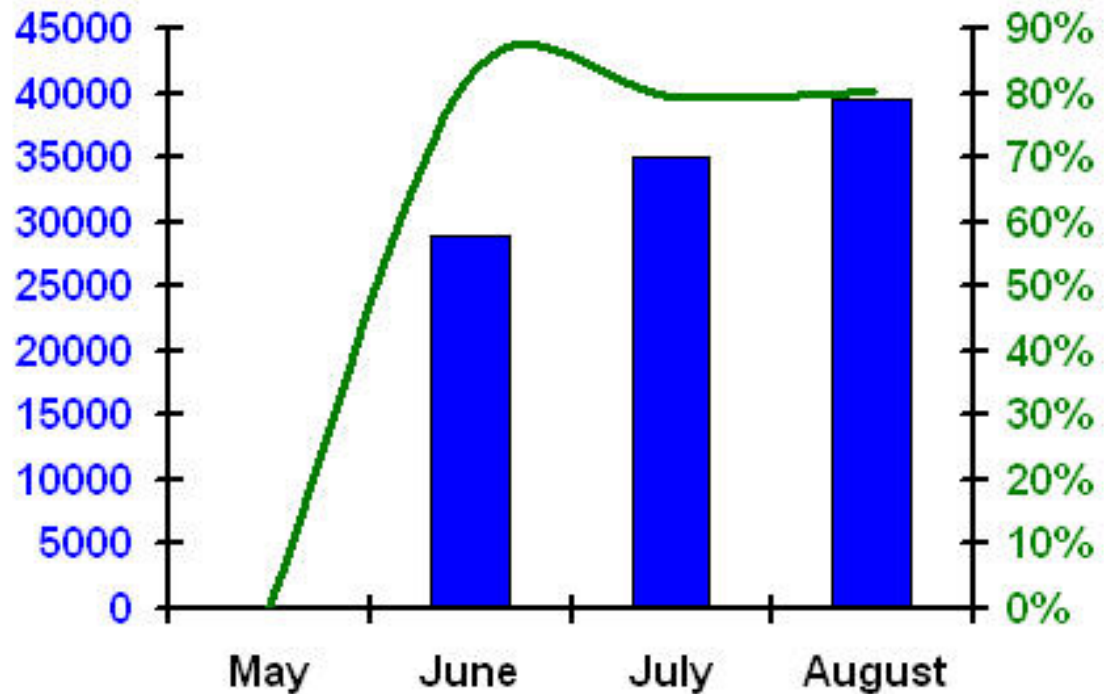
- InDxLogic taught our team about the tools
- We educated our staff
- Our team customized the system to work for us
  - *we tweaked where we needed to!*

**Follow-up to ensure policy adoption in the clinic workflow**



# Step 5 – Evaluate Results

## *Rapid implementation*



# Step 5 – Evaluate Results



128,602 documents  
directly into EMR  
(80% Match Rate)

Scan 160,432 documents

***Talk about rapid document turnaround  
time!***



# Step 5 – Evaluate Results

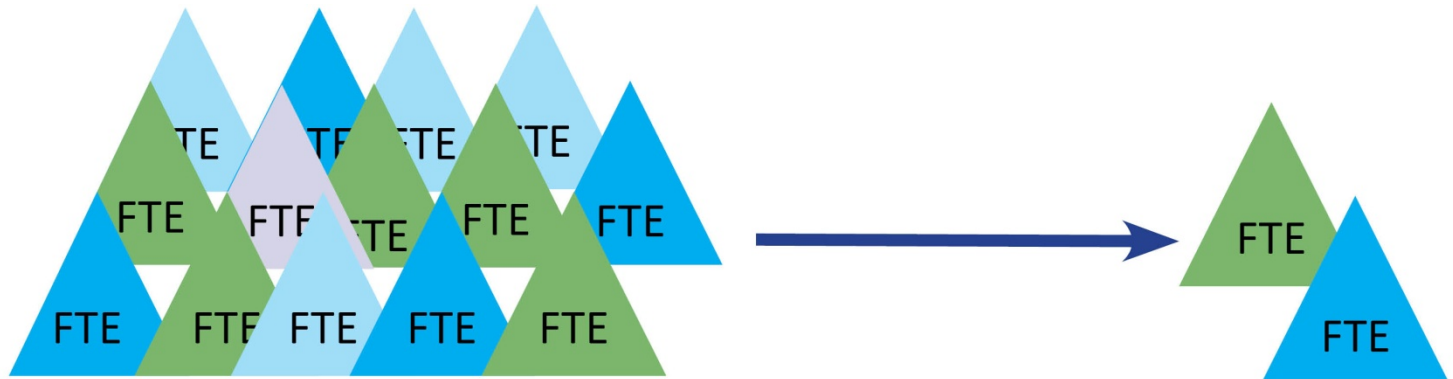
- Standardized
- Documents quickly available
- Freed up staff time!
- Greater consistency
- Providers love the OCR
- Improved quality

**Now we have a clear picture of what is happening with our documents**



# Step 5 – Evaluate Results

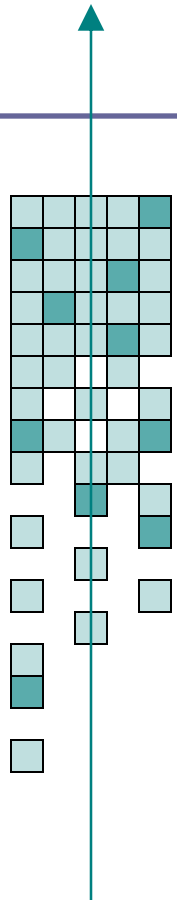
*Efficient*



Rapid reduction in Indexing Full Time Equivalents (FTE)



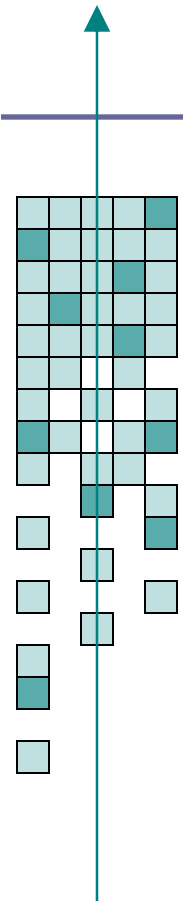
# Step 5 – Evaluate Results



Happy Management = Happy Staff!



# Optimizing InDxLogic



Questions?

