Surrogate EHR Environment (SEE) Tool

Mike Tushan, Project Manager
John Baker, Software Architect
Lantana Consulting Group

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Long Term and Post Acute Care
LTPAC HIT
Health IT Summit ■ ahima.org/ltpacsummit

#LTPAC13

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LTPAC: Left out of the party

- Meaningful Use creates incentives for acute care and eligible providers to adopt electronic health records and to share information

- LTPAC patients and providers interact with both groups, share the care of a patient population with heavy need of coordination

- Are not part of today's exchange networks

Tooling for LTPAC providers

- Simple editor for clinical documents
  - Access, import, capture, and send patient health information
  - Generates an LTPAC Summary document
    - Start with imported note or blank template
    - Add/change data and narrative
  - Uses Health Level Seven Clinical Document Architecture (HL7 CDA), the standard required by Meaningful Use for exchange documents
- Accessible and usable
  - Requires Internet access and Web browser
  - Simple user interface, short learning curve
  - Integrates into your workflow

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View, filter, and search for documents

Import data from CCD documents

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Add/Edit patient demographics, vitals

Add free text narrative to any section

Connecting LTPAC: Incremental Approach

1. Get the data flowing, get the data flowing, get the data flowing.
2. Incrementally add structure, where cost effective to do so.

Quality Reporting

Decision Support

Clinical Applications

Meaningful Use!
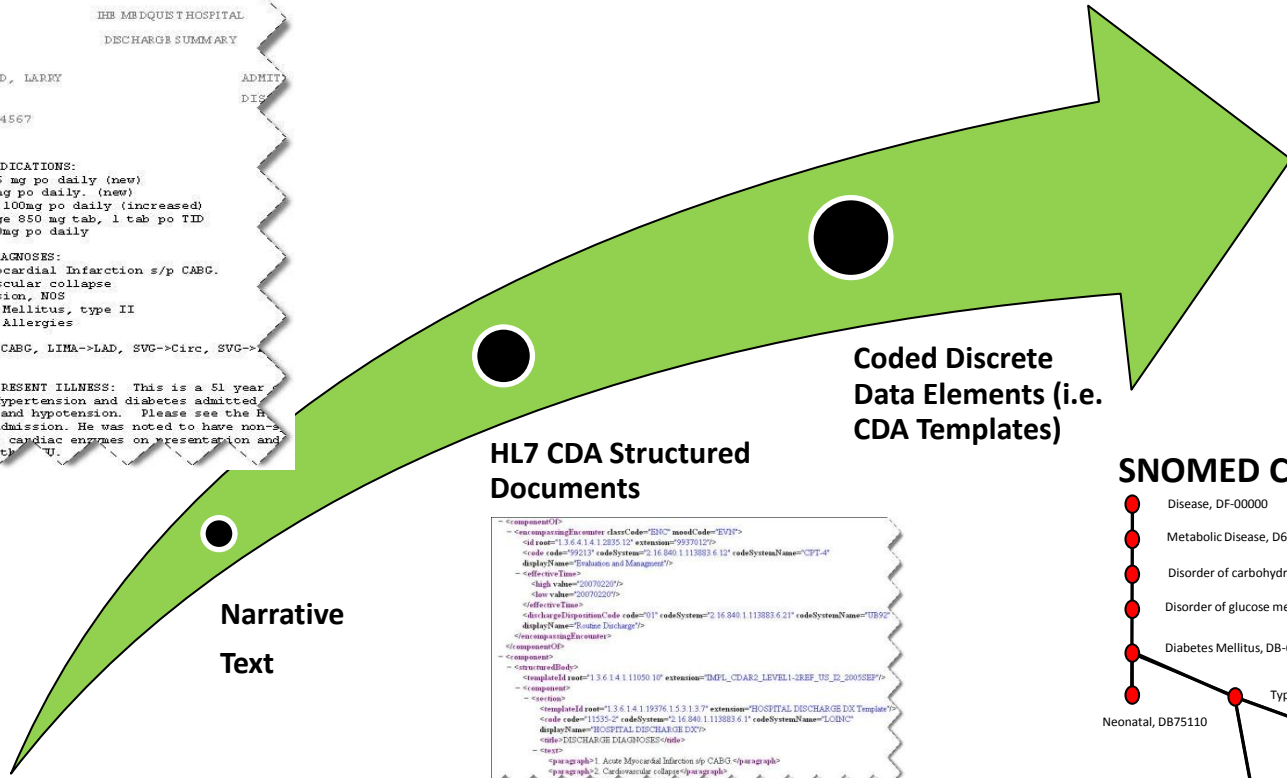
IHB MBDQUIST HOSPITAL
DISCHARGE SUMMARY

PATIENT: DOGOOD, LARRY   ADMIT
MR#: A1234567   DIS
ACCOUNT #: 1234567

DISCHARGE MEDICATIONS:
1. ECASA 325 mg po daily (new)
2. Zocor 40mg po daily. (new)
3. Atenolol 100mg po daily (increased)
4. Glucophage 850 mg tab, 1 tab po TID
5. Zyrtec 10mg po daily

DISCHARGE DIAGNOSES:
1. Acute Myocardial Infarction s/p CABG.
2. Cardiovascular collapse
3. Hypertension, NOS
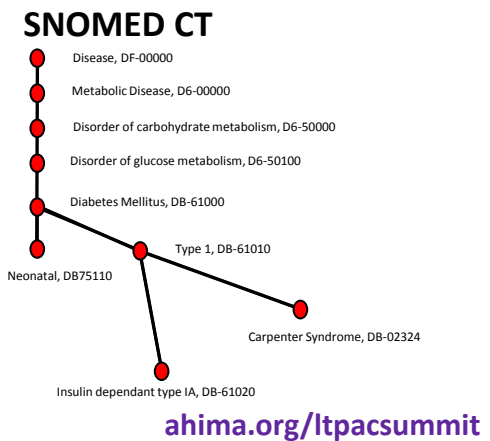4. Diabetes Mellitus, type II
5. Seasonal Allergies

PROCEDURE: CABG, LIMA->LAD, SVG->Circ, SVG->
2/26/07.

HISTORY OF PRESENT ILLNESS: This is a 51 year
history of Hypertension and diabetes admitted
chest pain, and hypotension. Please see the H
details of admission. He was noted to have non-s
and positive cardiac enzymes on presentation and
admitted to the ICU.

Narrative Text

HL7 CDA Structured Documents

Coded Discrete Data Elements (i.e. CDA Templates)

SNOMED CT

Disease, DF-00000

Metabolic Disease, D6-00000

Disorder of carbohydrate metabolism, D6-50000

Disorder of glucose metabolism, D6-50100

Diabetes Mellitus, DB-61000

Type 1, DB-61010

Neonatal, DB75110

Carpenter Syndrome, DB-02324

Insulin dependant type IA, DB-61020

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SEE Tool connects LTPAC

- Available under open source and commercial license
- information@lantanagroup.com

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