

PHYSICAL THERAPY GOES PAPERLESS

Advanced Therapy & Sports Medicine (ATSM), an outpatient facility with 3 physical therapists, 3 physical therapist assistants and two front office staff was started in May 2005. Prior to May 2005 we had worked for a national company for 10 years and had ownership of the practice the prior 12 years accumulating a storage unit full of patient charts. An early strategic goal for ATSM was to be totally paperless with patient documentation. It seemed like a daunting task. However, as we went to work, we met this goal in December 2005. We went from storage cabinets full of charts, cumbersome to manage, to a small file pocket six inches thick for 2006. This represented an entire year of patient documentation we are required to keep on site. Great partners, willing employees, and flawless technology made this journey feasible. Here is our story.

Searching for the right partners was critical. I researched the majority of documentation companies and decided on ReDoc based on price, flexibility, and that it would interface with our operating system (PTOS). We also utilize ReDoc's scheduling program. ReDoc provided the options that allowed us to become paperless. These included electronic signature, documentation storage of our signed PDF files, and the ability to scan our prescriptions and patient demographic data into Chart Sentry. Recently we implemented electronic backup storage of our patient documentation with ReDoc eBackup service by DataHEALTH. DataHEALTH is a fully accredited HIPAA security business. We also have a mirror drive in our server and backup our data on a REV disk in our office for additional security of our data. These partners set the stage for success.

We developed a streamline process when a patient is initially seen for treatment leading to signed documentation for the clinic, physicians and others as required. Our employees' commitment was critical. We started the process like most therapy offices by having the patient fill out the needed forms for treatment. The patient demographics including insurance information are added to the PTOS program and immediately exported to ReDoc. The therapist is then able to open the patient file in ReDoc and complete the evaluation. This usually will take 10 to 15 minutes since the program is user friendly. An important insight, we have decided not to use the computers in the room especially for evaluations. This is based on our personal philosophy and our patient demographics. However, a laptop could be used in the room to complete the note during the evaluation or daily treatment.

The next step is to sign the note electronically and is currently being done with an Adobe PDF file. This file is automatically transferred to Chart Sentry for storage and retrieval needs. This February, updated ReDoc software will automatically allow us to sign the notes in ReDoc, eliminating the Adobe PDF file. Our clinic sends a Plan of Care for Medicare patients to their physician for a signature. The Plan of Care from the Redoc system is produced based on the initial note. It essentially is as easy as opening the note, signing it electronically, and printing the note for the physician's signature. The system can also produce a 700/701 form following the same procedure as the Plan of Care. The final step required to finalize documentation for a new patient is to complete a Progress/Treatment note. Again the majority of information merges from the initial note. To complete the Progress/Treatment note, the interventions and exercises are added along with a few additional drop-down comments. The note is signed electronically and stored in Chart Sentry. The entire Progress/Treatment note takes only a few minutes!

When patients return for treatment we will utilize the Progress/Treatment note for documentation for their visit. The process is as simple as updating the interventions and exercises. The addition of comments, both subjective and objective, can occur as you complete the signature process. Other useful features include notes for patient no shows /cancellations, summary reports to physicians, re-evaluation notes and a discharge summary. Incidentally, the re-evaluation notes and the discharge summary are based on merged data from the initial note and comments from the Progress/Treatment notes. This makes it easy to complete these reports.

When the patient is active, we use paper documentation in a chart to follow the interventions and exercise programs. Then, when the patient is discharged the paper documentation is shredded. We find this to work best in our office; but a laptop computer could also be used to track the patients' exercises and treatment program as they progress.

Chart Sentry allows for the storage of all patient documentation and demographics. When printing insurance claims that require documentation to be sent, Chart Sentry makes this process effortless. The patient's notes (10 dates at a time) can be printed from this software that corresponds to the claims being filed. There are no files to pull or find, as all the patient information is stored on the computer. This time savings enhances our front office's work load.

Initially, words such as "borderless, seamless, or paperless" appeared overwhelming. Using four (4) different software vendors (ReDoc, PTOS, Chart Sentry, and DataHEALTH) were project concerns also. However, the systems are working exceptionally well. The communication process between vendors and a very competent "local" technology hardware and software technician were comforting. As problems arose, the vendors worked together and the issues were resolved. The overall goal, achieving a 'paperless process' seemed to evolve because our vendor partners worked well with our employees. We were committed to going

paperless; therefore, our 'project problems' were not viewed as such. Our project goals were achieved and now our storage, paper and administrative costs have been reduced. Overall, it has been a worthwhile project!

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