

Tracking patients and outcomes

Have you ever lost a patient to follow-up? Have you ever wondered how that patient with carpal tunnel syndrome is doing? Have you ever worried that your patient on warfarin therapy is due for a check-up? Have you ever wondered why we still have to worry about these problems, despite living in the Information Age? If you answer “yes” to any of these questions, you have probably thought that an electronic medical record (EMR) system would answer those questions and increase the quality of care you deliver to your patients.

As PAs, we know what needs to happen in order to create positive health outcomes for each patient. We may need



more information from the patient’s file—which may be in another office of the practice—or we may just need to know if the patient’s condition has improved. Technology is an important tool at our disposal for obtaining valuable patient information. In addition, PAs can use technology to help patients take a proactive role in their health care.

The bottom line is this: if we could just use information

technology to track patient information, we could improve patient outcomes. Unfortunately, using an EMR system in a small, outpatient setting has its share of problems in terms of cost as well as the system’s ability to track patient information.

Nonclinical personnel understand that what gets measured gets done, but tracking patient outcomes should not be their responsibility. PAs should be the ones taking charge of tracking patient outcomes and the quality of care patients receive. Unfortunately, most of this information comes from external administrative databases. As clinicians, we ultimately have the responsibility to help patients improve their health—not the people who send out letters reminding us to check our diabetic patients’ microalbumin levels.

I knew this problem needed to be addressed when I saw literature that questioned the value of EMRs in outpatient settings. My thinking was heavily impacted by two publications: the Institute of Medicine’s report *Crossing the Quality Chasm: A New Health System for the 21st Century*¹ and Harvard economist David Cutler’s book *Your Money or Your Life: Strong Medicine for America’s Health*.²

I came to understand that our health care system is largely a cost-centered, not patient-centered, system that rewards volume over quality. As described in greater detail in *Crossing*

the Quality Chasm, a patient-centered system would be one that allows clinicians and patients to *share* information. Patients would have unfettered access to their clinical and medical information and could participate in making medical decisions. Sharing information with our patients is exactly how we can improve the quality of care we provide and track our patients’ outcomes in a timely manner.

Using software that is readily available for most desktop systems, I am developing an on-site database for my family practice. I will be able to view all the patient data entered at my office, but my patients will enter the majority of the information. The data will be conveniently available for review to both my patients and me. For instance, a patient would enter the results of his or her GI consult and generate a report for my review.

The on-site database program would also be able to automatically list all of a patient’s medical problems with their current status at each visit. For example, the patient with carpal tunnel syndrome would enter an update on the status of her condition. I could see that her condition is *not resolved* the next time she is examined, even if it’s for a routine BP check. The program would also routinely search the database and print a list of those patients who are due for follow-up appointments.

I envision that my patient-centered database would permit our patients to have a more active role in their health care by tracking their own medical history. The database would provide a bridge over the patient-provider health information gap that can directly impact the quality of care our patients receive. The system I am developing requires only a small amount of input from patients and may result in less clinician time spent on nonclinical tasks. All the essential patient information will be in the PA’s hands when it is needed.

We must remember that it is our responsibility and primary goal to deliver high quality care and improve our patients’ health outcomes. To accomplish this, we must have information at our fingertips. The way this can be achieved is to put our patients at the center of their care, encourage them to take ownership of their health, and enable them to share with us the information we need. **JAAPA**

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REFERENCES

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2. Cutler DM. *Your Money or Your Life: Strong Medicine for America’s Health*. New York, NY: Oxford University Press; 2005.