

Diabetes ~ The Kidney Connection

Winter 2010

Quality Partners Of Rhode Island



- The Next Phase of Electronic Health Record Adoption: Optimization

An Interview with Dr. Martin Kerzer

Dr. Martin J. Kerzer is a family physician at Associates in Primary Care Medicine in Warwick, Rhode Island, and one of the physicians participating in Quality Partners of Rhode Island's Chronic Kidney Disease (CKD) project.

He has long been an innovator in the area of quality improvement in the ambulatory setting having joined the Rhode Island Chronic Care Collaborative in 2005. He is one of Rhode Island's most experienced primary physicians in providing evidence-based care and engaging in data-driven improvement.

We asked Dr. Kerzer to share some of his thoughts about how the implementation of an electronic health record (EHR) into his practice has supported his overriding mission to provide quality health care.

Q. How long have you had an EHR?

A. I started using an EHR in 2002 and our office has been paperless for the past five years.

Q. How long did it take to feel the EHR was incorporated into your workflow?

A. The EHR was incorporated into the patient flow within a few months of implementation and was very well received by the patients. They realized that their questions about their past care could be answered at any time, as the information now is always available. I was able to show patients their past lab results, weights, and medications on the computer.

Q. What functionality of the system do you use most frequently?

A. Although I was quite aggressive in utilizing as many of the system's functions as early as possible, we continue to expand its usage to improve efficiency and patient care. For example, the past year, we started receiving and filing faxes electronically into patients' charts. This enabled us to cut down on paper and staff time. We also now collect our patients' email addresses and notify those patients of their test results via secure email. Patients enjoy getting their results quicker and we are saving postage, stationary and staff time.

Q. Has your ability to track and treat patients with specific chronic conditions improved? If so, in what way?

A. Being able to track and treat patients with specific chronic illnesses is probably the single biggest advantage the EHR brings to a practice. I was fortunate to be part of the Diabetes Chronic Care Collaborative. Using the EHR, we were able to identify our diabetic patients, track their vital signs, labs, medications and diabetic parameters. Every time a patient with diabetes was seen we were able to utilize the Health Maintenance screen to identify what tests or procedures were due. We also set up a protocol to search the patients, and through our EHR, we send a letter reminding the patient what is due. We have since included other chronic illnesses to track including depression, hypertension and now CKD.

Q. How do you utilize your EHR to manage your patients with diabetes and CKD?

A. We recently searched our database to track all our diabetic patients to see which patients were not taking an ACE inhibitor or ARB. We are planning, in the near future, to utilize the practice guideline module of the EHR to set up and follow specific diagnosis guidelines that our practice can utilize.

Q. Has the EHR enhanced your interactions with your patients?

A. Patient care improved with our ability to access records off hours, away from the office. I remember one case when a patient was able to be discharged from the emergency room to home when I was able to access a previous EKG from home and fax it to the ER.

Q. Is there anything else you would like to share?

A. The implementation of our EHR eight years ago has been well-received by our patients and staff and has greatly contributed to improved documentation, patient care and office efficiency. I never regretted the move to an EHR and look forward to continuing to find new ways through our EHR to improve efficiency and patient care.

