



ALDRIDGE

ALDRIDGE HEALTH

Tweaking Practice Partner to Improve Your Workflow

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Introduction – Don Stewart, MD

- Family Doc DonS@SDALC.org
- Practice Partner user since 2001, Presenter since 2002
- Over 20 of my old Power Point Presentations available at:
<http://SDALC.org/Physicians%Only/Practice%Partner%Resources/PracticePartnerResources.htm>
- Worked part time for McKesson doing template design and post-implementation training for several years
- Solo micropractice in my home for last 9 years, Direct Primary care last two years. Retiring end of this year.



Agenda -- How to be More Efficient

- Will not discuss Meaningful Use, MACRA, or any other government programs, since I no longer participate with insurance
- Will discuss Ancillary Programs that work well with Practice Partner, and when I say “Practice Partner,” I mean all of the programs based on the Practice Partner medical record system.
- Will discuss how to make your templates more user-friendly, including use of conditional logic, label markers, quick text, font selection
- Will try to include examples at the end of this slide deck that I may not have time to demonstrate today.

Other Resources for Practice Partner



Other Resources For Practice Partner

- Besides the link to some of my presentations I posted in the introduction slide, EMR Village, [Http://EMRVillage.com](http://EMRVillage.com), is the largest collection of files and resources available for Practice Partner. Run by Tripp Bradd, MD. Anyone who wants to use PP efficiently should investigate this site, including the Forum and the File Sharing site.
- The PPUDListServ@GoogleGroups.com, also run by Tripp Bradd gives daily communication and problem-solving with many other users

Other Resources for Practice Partner

- PPRNet is an independent primary care research network that was originally limited to Practice Partner Users. In operation for over 20 years now, they offer valuable services in terms of quality improvement, CME, and they are a resource for regulatory compliance with quality reporting. Yearly meetings offer an excellent forum for PP users to share tips and tricks. Also have a listserv which can be helpful in sorting out issues related to improving quality of care with Practice Partner use.
- <http://academicdepartments.musc.edu/pprnet>

Ancillary Programs

How to add in what was left out of Practice Partner

Ancillary Programs

- **Instant Medical History** integrates very well with Practice Partner, doing an automated pre-visit interview that is very sophisticated, and can be extensively customized for your practice. Numerous presentations are available on it. Visit Primetime Medical Software at <http://medicalhistory.com>
- **FinePrint** is the ultimate Printer Utility, which allows you to print on a saved letterhead, to preview a print job to delete unwanted pages, to rearrange pages, to print multiple pages on a single sheet of paper, and to do lots of other magic with your printer and fax machine. <http://fineprint.com>

Ancillary Programs

- **pdfFactory**, also published by the FinePrint people, is a very powerful PDF writer that integrates well with FinePrint
- **Zetafax** is a fax server software used by many PP users that is multi-featured. <http://www.equisys.com>
- **Able Fax Tif View** is a tif (fax) file viewer that is very powerful and allows you to annotate, delete, and type messages and to paste scanned signatures, drawings, and check marks, into received faxes without printing them out, as well as to clean up faxes before saving them. <http://www.graphicregion.com>

Ancillary Programs

- **FASText** is a product developed by a PP user and programmer, Bernard Pegis, MD, who was frustrated with the limitations of Quick Text and came up with an elegant solution that allows you to instantly search on any word or phrase stored in your quick text, to store virtually unlimited amounts of *formatted* text, and images, to have your stored phrases randomly vary their output phraseology (so your notes seem less “canned”), and even to create QT codes on the fly so your patients can load their instructions and medication lists into their smartphones from your computer screen. <http://caduceusdigital.com>

Keyboard Macro Programs

- There are countless programs that allow you to create hot keys that can paste stored text into notes and even automate functions on your computer. These two are often used with PP.
- **Macro Express** does this with a graphical user interface that is very powerful and easy to learn. <http://www.macros.com>
- **AutoHotkey** is freeware with a huge support community that uses a scripting language to automate computer functions. Robert Pierce, MD, has written multiple AHK programs that greatly enhance Practice Partner. <https://autohotkey.com>

AutoHotKey Programs by Robert Pierce (available on EMR Village File Sharing)

- **PPHelper** This is really a “must have” program for any PP user. It stores your signature code and automatically enters it when appropriate. It kills multiple annoying pop-up windows that serve no purpose. It allows you to add an autocorrect function that works in your notes while you type. It allows you to speed text editing with numerous macros, adds autosearch function to lookup windows while you type, and autocomplete in other windows. It also allows you to add a Sidebar GUI to access functions that are otherwise difficult to access while writing a note, to mention just a few of the things it can do.



AutoHotKey Programs by Robert Pierce (available on EMR Village File Sharing)

- **PPCalcodes** this program allows you to embed markers in your templates and quick texts that when double clicked will run math, date, risk calculations, data conversions, and other operations, using JavaScript or AHK scripting. Parameters are fed into the scripts using letter codes, lab values, and clinical elements. Robert included a large number of useful calculations in the program, and you can modify the source code to add other calculations and functions.

Screen Capture/OCR Utilities

- Unless your organization routinely does Optical Character Recognition on all scanned documents, you probably have documents in your chart that have been scanned and PLINKED. It is very convenient to be able to select a portion of scanned text, and do OCR on it, so you can paste this into your note. ABBYY Screenshot Reader does this very efficiently and reliably. <https://www.abbyy.com/screenshot-reader/>
- For capturing data from a lab table, CE table, or flowsheet in PP, Screen OCR works well. <http://www.screenocr.com/screen-capture.htm>

Moving on to Template Design

More on the ancillary programs and their integration later. . .

Stewart's Rules of Template Design

- Keep the number of basic templates (which are templates you use to start a note) to the absolute minimum
- Your basic templates should be “Super Templates,” which allow you to add the documentation for any problem on the fly, which present you with age and sex and chronic illness appropriate choices, and which allow you to bring in previously saved illness, symptom, and exam data for the patient.
- If you do this, you will only need to modify a couple of templates when you decide to add a procedure or approach to your practice.

Stewart's Rules of Template Design

- Make your templates aware of any chronic diseases your patient has by saving this information in clinical elements and by using conditional logic to present the disease choices to you as you work the template.
- Save discrete bits of data on chronic illness as clinical elements, or you can save a narrative history as named notes in the Past Medical History or Social History stacks of notes.
- Make your default documentation reflect what you *usually do* during you exams.

Stewart's Rules of Template Design

- For parts of the exam you might not do very often, have your template prompt/remind you with normal/abnormal values (for example range of motion on ortho exams) and remind you of significance of findings (for example, nerve roots related to reflex and strength findings).
- Your basic templates should be able to document all illnesses you routinely see, all basic and specialty exams you routinely do, and all procedures, orders, and patient education you routinely do.

Stewart's Rules of Template Design

- In my own practice, I use only 2 basic templates
- One is my basic SOAP visit note, which brings in only minimal content until I click on a quick text or double click on a PPCalcode Template marker. I open this note with the keyboard macro “..sop”
- The other is my Comprehensive Exam template, which brings in all of the history sections of the chart by default, and includes all parts of the exam I would routinely do during a Comprehensive Exam. I open this with the macro “..hnp”

Some Template Examples

Problem List Issues

Major Problems									
Other Problems									
Procedures									
Diagnoses									
Risks									
Hospitalizations									
Not Performed									
Prob Rec.									
	Status	Major Problem	ICD-10 Code	Note	Provider	Lifecycle	Date	Date Last	Date Res
1	Active	CARDIOVASCULAR DISEASE, UNSPECIFIED	I25.10	CABG x 3 1993, MA and complex angioplasty 199	DTS		01/09/01		
1a	Active	UNSPECIFIED ESSENTIAL HYPERTENSION	I10		DTS		10/14/14		
1b	Active	MIXED HYPERLIPIDEMIA	E78.2	elevated Lp(a)	DTS		10/14/14		
1c	Active	PERIPHERAL VASCULAR DISEASE, UNSPEC	I73.9	carotids 1998, 2001. Claudication	DTS		01/09/01		
1d	Active	FAMILY HISTORY OF OTHER CARDIOVASCUL	Z82.49		DTS		01/05/04		
2	Active	DIABETES 2	E11.9		DTS		12/30/09		
3	Active	PERSONAL HISTORY OF COLONIC POLYPS	Z86.010	Tubular adenoma scope due 2013	DTS		03/13/06		
4	Active	ESOPHAGEAL REFLUX	K21.9		DTS		10/14/14		
6	Active	UNSPECIFIED TESTICULAR DYSFUNCTION	E29.9	not interested in treatment	DTS		01/28/06		
7	Active	PANIC DISORDER	F41.0		DTS		01/09/01		
8	Active	UNSPECIFIED GLAUCOMA	H40.9		DTS		01/09/01		
9	Active	OTHER AND UNSPECIFIED ALCOHOL DEPEND	F10.20	Inpatient 1983, Relapse treated 2009	DTS	Resolved	02/04/07		
10	Active	MALAISE AND FATIGU	R53.81		DTS		07/30/08		
25	Active	OBESITY, UNSPECIFIED	E66.9		DTS		12/03/09	09/04/14	
26	Active	GOUT, UNSPECIFIED	M10.9		DTS		10/14/14		
27	Active	CKD STAGE III			DTS		09/09/15		
28	Active	BENIGN PROSTATIC HYPERTROPHY WITHOUT	N40.0		DTS		06/15/16		

- The default problem list screen is not too bad, and should be maintained to aid in Order Entry and Health Maintenance

Problem List Issues

However,
when
brought into
a note, the
Standard
Problem List
is a mess,
and is not
helpful at all

MAJOR PROBLEMS:

«DEL» «*NoMajProb»

CARDIOVASCULAR DISEASE, UNSPECIFIED (ICD10 = I25.10 / ICD9 = 429.2 / SNOMED = 49601007) CABG x 3 1993, MA and complex angioplasty 1996, stent 2007
UNSPECIFIED ESSENTIAL HYPERTENSION (ICD10 = I10 / ICD9 = 401.9 / SNOMED = 59621000)
MIXED HYPERLIPIDEMIA (ICD10 = E78.2 / ICD9 = 272.2 / SNOMED = 267434003) elevated Lp(a)
PERIPHERAL VASCULAR DISEASE, UNSPECIFIED (ICD10 = I73.9 / ICD9 = 443.9 / SNOMED = 400047006) carotids 1998, 2001. Claudication
FAMILY HISTORY OF OTHER CARDIOVASCULAR DISEASES (ICD10 = Z82.49 / ICD9 = V17.49 / SNOMED = 266894000)
DIABETES 2 (ICD10 = E11.9 / ICD9 = 250.00 / SNOMED = 313436004)
PERSONAL HISTORY OF COLONIC POLYPS (ICD10 = Z86.010 / ICD9 = V12.72 / SNOMED = 428283002) Tubular adenoma scope due 2013
ESOPHAGEAL REFLUX (ICD10 = K21.9 / ICD9 = 530.81 / SNOMED = 235595009)
UNSPECIFIED TESTICULAR DYSFUNCTION (ICD10 = E29.9 / ICD9 = 257.9 / SNOMED = 73820008) not interested in treatment
PANIC DISORDER (ICD10 = F41.0 / ICD9 = 300.01 / SNOMED = 56576003)
UNSPECIFIED GLAUCOMA (ICD10 = H40.9 / ICD9 = 365.9 / SNOMED = 23986001)
OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE, UNS ... (ICD10 = F10.20 / ICD9 = 303.90 / SNOMED = 66590003) Inpatient 1983, Relapse treated 2009
MALAISE AND FATIGUE (ICD10 = R53.81 / ICD9 = 780.79 / SNOMED = 271795006)
OBESITY, UNSPECIFIED (ICD10 = E66.9 / ICD9 = 278.00 / SNOMED = 414916001)
GOUT, UNSPECIFIED (ICD10 = M10.9 / ICD9 = 274.9 / SNOMED = 90560007)
CKD STAGE III (ICD9 = 585.3)
BENIGN PROSTATIC HYPERTROPHY WITHOUT URINARY ... (ICD10 = N40.0 / ICD9 = 600.00 / SNOMED = 254902007)

Problem List Issues

I solve this problem by maintaining a secondary problem list, filed under Past Medical History with a title Master Problem List. I find this much more useful within a note.

.IPH: Master Problem List

Updated: 2/25/2015

Cardiovascular Disease - s/p CABG x 3 1993, angioplasty 1996, stent 2007

- Hypertension
- Hyperlipidemia elevated Lp(a)
- PVD carotids 1998, 2001, claudication
- FH ASCVD

CKD III with significant acute renal failure s/p vascular procedures 2015, treated RAS
AODM diet controlled

Gastrointestinal Problems

- Hx colon polyps - tubular adenoma, scope due 2013
- GERD

Glaucoma

Gout

Mental Health

- Panic disorder
- Alcoholic in remission

Episodic Malaise and Fatigue, which he attributes to statin use

GenitoUrinary

- Hypogonadism - not interested in treatment
- BPH

Awareness of Chronic Disease - Template

- Chronic illnesses are identified with CEs
- The section in red shows me at a glance which Chronic Illnesses the patient has
- The section in black updates any illnesses not yet entered
- The final quick text, <<*Edit Chronic Problems>> brings up an edit function

- Problem List:

«DEL» «*NoMajProb»

.IPH: Master Problem List

«** Chronic Problems: || IF CE<DxIFG> = "Y" {IFG} IF CE<DxDM1> = "Y" {DM1} IF CE<DxDM2> = "Y" {DM2} IF CE<DxHL> = "Y" {HL} IF CE<DxHTN> = "Y" {HTN} IF CE<DxAF> = "Y" {AF} IF CE<DxLVH> = "Y" {LVH} IF CE<DxCAD> = "Y" {CAD} IF CE<DxCVD> = "Y" {CVD} IF CE<DxPVD> = "Y" {PVD} IF CE<DxHF> = "Y" {HF} IF CE<DxCOPD> = "Y" {COPD} IF CE<DxCKD> = "Y" {CKD} || **...»

|| IF CE<DxIFG> = "" {CE: DxIFG: N «*DxIFG_Y»} ||

|| IF CE<DxDM1> = "" {CE: DxDM1: N «*DxDM1_Y»} ||

|| IF CE<DxDM2> = "" {CE: DxDM2: N «*DxDM2_Y»} ||

|| IF CE<DxHL> = "" {CE: DxHL: N «*DxHL_Y»} ||

|| IF CE<DxHTN> = "" {CE: DxHTN: N «*DxHTN_Y»} ||

|| IF CE<DxAF> = "" {CE: DxAF: N «*DxAF_Y»} ||

|| IF CE<DxLVH> = "" {CE: DxLVH: N «*DxLVH_Y»} ||

|| IF CE<DxCAD> = "" {CE: DxCAD: N «*DxCAD_Y»} ||

|| IF CE<DxCVD> = "" {CE: DxCVD: N «*DxCVD_Y»} ||

|| IF CE<DxPVD> = "" {CE: DxPVD: N «*DxPVD_Y»} ||

|| IF CE<DxHF> = "" {CE: DxHF: N «*DxHF_Y»} ||

|| IF CE<DxCOPD> = "" {CE: DxCOPD: N «*DxCOPD_Y»} ||

|| IF CE<DxCKD> = "" {CE: DxCKD: N «*DxCKD_Y»} ||

«*Edit ChronicProblems»

Awareness of Chronic Disease in Note

- The single line in red on the right shows the chronic problems saved as CEs
- Since CKD is missing, I will click the <<*Edit Chronic Problems>> QT

Updated: 2/25/2015

Cardiovascular Disease - s/p CABG x 3 1993, angioplasty 1996, stent 2007

- Hypertension
- Hyperlipidemia elevated Lp(a)
- PVD carotids 1998, 2001, claudication
- FH ASCVD

CKD III with significant acute renal failure s/p vascular procedures 2015, treated RAS
AODM diet controlled

Gastrointestinal Problems

- Hx colon polyps - tubular adenoma, scope due 2013
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Glaucoma

Gout

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- Panic disorder
- Alcoholic in remission

Episodic Malaise and Fatigue, which he attributes to statin use

GenitoUrinary

- Hypogonadism - not interested in treatment
- BPH

«** Chronic Problems: IFG DM2 HL HTN CAD CVD PVD **...» |

«*Edit ChronicProblems»



Awareness of Chronic Disease

- Clicking the <<*Edit Chronic Problems>> QT brings up the following:
- I now click <<*Edit DxCKD>> and then <<*yes>>

<<* Chronic Problems: IFG DM2 HL HTN CAD CVD PVD **...>>

DxIFG: Y [«DEL»](#) [«*Edit DxIFG»](#)
DxDM1: N [«DEL»](#) [«*Edit DxDM1»](#)
DxDM2: Y [«DEL»](#) [«*Edit DxDM2»](#)
DxHL: Y [«DEL»](#) [«*Edit DxHL»](#)
DxHTN: Y [«DEL»](#) [«*Edit DxHTN»](#)
DxAF: N [«DEL»](#) [«*Edit DxAF»](#)
DxLVH: N [«DEL»](#) [«*Edit DxLVH»](#)
DxCAD: Y [«DEL»](#) [«*Edit DxCAD»](#)
DxCVD: Y [«DEL»](#) [«*Edit DxCVD»](#)
DxPVD: Y [«DEL»](#) [«*Edit DxPVD»](#)
DxHF: N [«DEL»](#) [«*Edit DxHF»](#)
DxCOPD: N [«DEL»](#) [«*Edit DxCOPD»](#)
DxCKD: N [«DEL»](#) [«*Edit DxCKD»](#)



Awareness of Chronic Disease

- And so, the CE:
DxCKD is
updated to “Y”
- If I don’t like how
this looks in my
note, I can
highlight the
entire block, and
set the font size
to 1 point.

DxIFG: Y [«DEL»](#) [«*Edit DxIFG»](#)
DxDM1: N [«DEL»](#) [«*Edit DxDM1»](#)
DxDM2: Y [«DEL»](#) [«*Edit DxDM2»](#)
DxHL: Y [«DEL»](#) [«*Edit DxHL»](#)
DxHTN: Y [«DEL»](#) [«*Edit DxHTN»](#)
DxAF: N [«DEL»](#) [«*Edit DxAF»](#)
DxLVH: N [«DEL»](#) [«*Edit DxLVH»](#)
DxCAD: Y [«DEL»](#) [«*Edit DxCAD»](#)
DxCVD: Y [«DEL»](#) [«*Edit DxCVD»](#)
DxPVD: Y [«DEL»](#) [«*Edit DxPVD»](#)
DxHF: N [«DEL»](#) [«*Edit DxHF»](#)
DxCOPD: N [«DEL»](#) [«*Edit DxCOPD»](#)
DxCKD: N [«DEL»](#) [«DEL»](#)
.CE: DxCKD: [«DEL»](#) Y [«*No-»](#)|

The Super Template and Recursive Quick Text

«DEL» «*SeesTheseSpecialists»

and presents today with the following issues or concerns:

«DEL» «*NeedRefil» «f/u» «cc...» «cc:system...» ±C1±.

«*NextProblem»

Recursive Quick Text

QuickText Maintenance

☒ Regular ☐ DOT Code ☐ Letter Code

Edit QuickText

Provider:

QuickText name:

Problem: «*FUof...»«S-...»
 ↑
«*NextProblem»

<<*Fuof...>> Brings up Chronic Disease Quick Texts

Insert Quick Text

Prov	Text
	«*» SUBJECTIVE: «*» «*NewOnset»«*Follow*Up»/
ADD	SUBJECTIVE: «*NewOnset»«*Follow*Up»/ IF
ANTICOAGULATION	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
ANXIETY	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
«*» AODM «*» IF CE<DxDM2> = 'Y' {DM2} ELSE {IF CE<DxDM1>	
ASTHMA	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
ATRIAL FIBRILLATION	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
BACK PAIN	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
CHRONIC RENAL DISEASE: CLINICALELEMENT<Renal_Status>	
CONGESTIVE HEART FAILURE	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
COPD	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
METABOLIC SYNDROME X 277.7	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
GERD	SUBJECTIVE: «*NewOnset»«*Follow*Up»/
HYPERTENSION	SUBJECTIVE: «*NewOnset»«*Follow*Up»/

Insert Vertical Insert Cancel

Awareness of Chronic Disease in Templates and Quick Text

The next few slides give you some ideas of how to use conditional logic and clinical elements or lab values to customize your templates. We will not go over them in detail, but they are presented so you can examine them later, if you wish.

Awareness of Chronic Disease in QT - 1

«** AODM **»||IF CE<DxDM2> = "Y" {DM2} ELSE {IF CE<DxDM1> = "Y" {DM1} ELSE {IF CE<DxIFG> = "Y" {Pre-Diabetes}} IF CE<DxHL> = "Y" {: HL} IF CE<DxHTN> = "Y" {: HTN}|| SUBJECTIVE: Follow-up
||IF CE<DxIFG> <> "N" {Diabetes Dx date:«DEL» CE<Dx Date Diabetes> «*Edit_Dx_Date_Diabetes»

Recent diabetic education: «DEL»CE<Edu Date Diabetes> «*Edit_Edu_Date_Diabetes»

Endocrinologist: CE<Consultant-Endo> «*EditEndocrinologist»

Frequency of HGM: «DEL»CE<HGM_Frequency> «*Edit_HGM_Frequency»

LAB<Home FBS> «*EditHomeFBS»

LAB<2HourPPGlucose> «*Edit2HrPPGlucose»

Date of last eye exam:«DEL» CE<Last Eye Exam Date> «*EditLastEyeExam»

Eye Professional:«DEL» CE<Consultant-Opth> «*EditOphthalmologist»

Retinopathy: «DEL» CE<Retinopathy> «*EditRetinopathy»

«REQ» «*DiabROS»}||

Awareness of Chronic Disease in QT - 2

||IF LAB<Insulin Start Date> <> "" {«REQ»}|| «*insulin»

HTN Dx Date:«DEL» ||CE<HTN Dx Date>|| «*EditHTNDxDate»

Frequency of home BP checks:«DEL» ||CE<Checks BP?> || «*EditChecks BP?»

Home BP readings:«DEL» ||CE<Home BP Readings>|| «*EditHomeBPRreadings»

Medication Compliance:«DEL» ||CE<Medication Compliance>|| «*Edit MedComp»

«REQ»«*CardiacData»

Patient taking aspirin:«DEL» ||CE<Takes Aspirin?>|| «*EditTakesAspirin?»

Recent Lab Tests:

«REQ»«*CVLabs»

«** today"s labs: **»«*DiabLabs»

||IF PAT_SEX = "male" {He} ELSE {She}|| denies chest pain with exercise, claudication, or TIA.

«REQ» «*HabitEntr»

«REQ» «*HCMEntry»

«REQ» «*Diabetes_2»

Awareness of Chronic Disease in QT - 3

Diabetes Concerns: «DEL» ||CLINICALELEMENT<Diabetes Concerns>|| «*DelLine» «*EditDiabetesConcerns»

Self Management Goal: «DEL» ||CLINICALELEMENT<Self Management Goal>[-Date]|| «*DelLine» «*EditSM_Goal»

Self Management Specifics: «DEL» ||CLINICALELEMENT<Self Management Specifics>[-Date]|| «*DelLine» «*EditSM_Specifics»

Self Management Start Time: «DEL» ||CLINICALELEMENT<Self Management Start Time>[-Date]|| «*DelLine» «*EditSM_StartTime»

Self Management Importance: «DEL» ||CLINICALELEMENT<Self Management Importance>[-Date]|| «*DelLine» «*EditSM_Importance»

Self Management Confidence: «DEL» ||CLINICALELEMENT<Self Management Confidence>[-Date]|| «*DelLine» «*EditSM_Confidence»

Awareness of Chronic Disease in Exam

VASCULAR: Radial pulses were normal. || IF
LAB<DiabetesDxDate> <> "" {«REQ» «*FootPulses»} ELSE {
«*FootPulses»} || «*DelLine»

|| IF LAB<DiabetesDxDate> <> "" {«REQ» «*Sensation»

.L: LastFootExam: «DEL»«*X»} ELSE { «*Sensation»} ||

(The above code makes the foot pulse and foot sensation exam required if the patient has diabetes)

Awareness of Chronic Disease in Exam, Other Opportunities

- Making examination of neck veins for distention, lungs for rales, and LEs for edema required in patients with heart failure
- Offering quick text and CEs in exam template to document presence or absence of skin and tendon xanthomas and eyelid xanthelasmas in patients with hyperlipidemia, and to encourage checking pulses and listening for bruits
- Documenting the PMI in patients with LVH
- Prompting for AP diameter and fingernail clubbing in patients with COPD

Making Exam Templates Helpful – Shoulder Exam Example

R shoulder: There are «no» palpable bony deformities. There is «no» pain with palpation over the AC joint. There is «no» pain with palpation over the biceps tendons. Active ROM is «*full» «*Limited_ROM_Shoulder». Passive ROM was «*full» «*Limited_ROM_Shoulder».
«*Drop_Test» «*Shoulder_Exam_L»



The above is a typical shoulder exam template. It makes it easy for me to document what I typically do in a shoulder exam, and is called as a quick text from my standard exam quick test. When I click on the <<*Limited_ROM_Shoulder>> marker, however, I get the following:

Making Exam Templates Helpful – Shoulder Exam Example

R shoulder: There are «no» palpable bony deformities. There is «no» pain with palpation over the AC joint. There is «no» pain with palpation over the biceps tendons. Active ROM is «*full» limited to «*full» «** <180° **»° abduction, «*full» «** <55° **»° internal rotation, «*full» «** <40° **»° external rotation, «*full» «** <90° **»° flexion, and «*full» «** <45° **»° extension.. Passive ROM was «*full» «*Limited_ROM_Shoulder». «*Drop_Test» «*Shoulder_Exam_L»

After clicking on the <<*Limited_ROM_Shoulder>> marker, I can document the various types of ROM I check, and each one has a “reminder” label, which I create with two asterisks at the beginning and end (<<** *reminder text* **>>) that reminds me what the normal ROM is.

Saving Exam Findings as Clinical Elements


The next few slides show how to save previous exam findings to pre-populate the next exam.

Saving Exam Elements as CEs - from My Standard Exam Template

```
- DESCRIPTION: ||CE<*General_Appearance>IF  
CE<*General_Appearance> <> "" {, }CE<*General_Distress>IF  
CE<*General_Distress> <> "" {,  
>CLINICALELEMENT<*General_Mobility>||.«*Edit  
Description»«*DelLine»
```

- I save “DESCRIPTION” information in 3 CEs, named General_Appearance, General_Distress, and General_Mobility. There is some conditional logic in the above that puts in commas in the appropriate places, if they are needed. The next slide shows how this looks in the note.

Saving Exam Elements as CEs - from My Standard Exam Template

- - DESCRIPTION: well developed, well nourished male, in no acute distress, ambulating without difficulty. «*Edit Description» «*DelLine»

- If the exam has changed from the previous visit, I click on the <<*Edit Description>> quick text, which deletes the Description line and brings up the following:

Saving Exam Elements as CEs

- - DESCRIPTION: well developed, well nourished male, in no acute distress, ambulating without difficulty.«DEL»

- DESCRIPTION: «*DELine»

General: well developed, well nourished male«*Edit GenDesc»

Distress: in no acute distress«*Edit GenDistress»

Mobility: ambulating without difficulty«*Edit GenMobility»



Saving Exam Elements as CEs (after clicking on edit QTs on previous slide)

- DESCRIPTION: «*DELine»

General: well developed, well nourished male «DEL»

.CE: *General_Appearance: «*WDWN» «*GenDesc...»

Distress: in no acute distress«DEL_»

.CE: *General_Distress: «*NAD» «*GenDistress...»

Mobility: ambulating without difficulty «DEL»

.CE: *General_Mobility: «*AmbulateNoDifficulty»
«*GenMobility...»

The <<*GenDesc...>> Choices

Insert Quick Text

Prov	Text
DTS	IF BODY_MASS_INDEX >= "50" {super obese} ELSE {IF BODY_MAS
DTS	well developed, well nourished IF PAT_SEX = "male" {man} ELSE {wo
DTS	frail, elderly IF PAT_SEX = "male" {man} ELSE {woman}
DTS	chronically ill appearing IF PAT_SEX = "male" {man} ELSE {woman}
DTS	acutely ill appearing IF PAT_SEX = "male" {man} ELSE {woman}
DTS	«mildly .»underweight IF PAT_SEX = "male" {man} ELSE {woman}
DTS	emaciated IF PAT_SEX = "male" {man} ELSE {woman}
DTS	confused IF PAT_SEX = "male" {man} ELSE {woman}
DTS	lethargic

[illegible]

[illegible]

So, next time we open the exam, we might get something like this:

- - DESCRIPTION: chronically ill appearing man, in obvious pain, ambulating with a walker. «*Edit Description» «*DeLine»

Pulling Additional Templates into Notes by Double Clicking

To get around the quick text character limits and formatting limits

A PPCalcodes Script to Pull a Template into Your Notes by Double Clicking

IfInstring, ptext, template

```
{  
    TemplateName := Substr(ptext, 15)  
    Sleep, 100  
    Send {F6}  
    Send %TemplateName%  
    Sleep , 100  
    Send !s  
    Send {Enter}  
    Sleep , 250  
    Send {Tab}  
    sleep , 100  
    Send {Enter}  
    return  
}
```

How to Pull a Template into Your Notes by Double Clicking – an example

- Create two templates, each listing the USPSTF over 65 Guidelines, one for males and one for females
- Use conditional logic in your master template to present the correct template marker based upon the patient's sex

```
«DEL»||IF PAT_SEX = "male" {tcalc~template:*USPSTF Male†} ELSE {tcalc~template:*USPSTF Female†}||
```

Inserting a Template by Double Clicking

This (in the green) is an example of a PPCalcodes marker embedded in my templates that allows me to pull in the current USPSTF recommendations that might apply to the male patient.

«DEL»calc~template:*USPSTF Male

FOLLOW-UP: «DEL» «F/U...»

Next Blood Due: «DEL» «*Edit_NextBloodDue» «*DELLine»

Next Visit Due: «DEL» «*Edit_NextVisitDue» «*DELLine»

Inserting a Template by Double Clicking

When double-clicked,

«DEL»calc~template:*USPSTF Male

inserts the formatted table (stored as a template) to the right into the original template ➔



USPSTF A and B Recommendations for Male Medicare Patients

Topic	Description	Grade	? For You ?
AAA Screen	1 time US screen for AAA in men 65-75 who have ever smoked	B	«yes» «no» «done»
Alcohol counseling	Behavioral counseling interventions to reduce alcohol misuse in adults	B	«yes» «no»
Aspirin to prevent CVD	Men: age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	A	«yes» «no»
BP Screening	Screening for high blood pressure in adults aged 18 and older.	A	yes - every 1 - 2 years
Cholesterol screening	For men and women of Medicare age, every 5 years	A	«yes» «no»
Colorectal cancer screening	In adults, beginning at age 50 years and continuing until age 75 years. (every 10 years for colonoscopy)	A	«yes» «no»
Depression screening	In adults when support for diagnosis, treatment, and follow-up are available	B	«yes» «no»
Diabetes screening	In adults with sustained BP greater than 135/80 (interval of every 3 years suggested)	B	«yes» «no»
Diet counseling	Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease	B	«yes» «no»
Tobacco counseling	Ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products	A	«yes» «no»
HIV / syphilis screening	The USPSTF strongly recommends that clinicians screen for (HIV) all adults at increased risk for HIV infection and screen persons at increased risk for syphilis infection.	A	«yes» «no»
Obesity screening	Screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	B	«yes» «no»
STI counselling	High-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all adults at increased risk for STIs.	B	«yes» «no»



The USPSTF Template Shown Before is Old, and Was Pulled Together Quickly for the Medicare Annual Wellness Exam

- If I had to do it today, I would track the status with Health Maintenance, and would insert the following letter code in the **? For You ?** Column.
- ||HM<HM Name>[-Status]||

Updating the History Sections of the Chart from within a Note.

Thoughts on keeping your notes looking clean

Updating History Sections

Past Medical History «DEL» «*Insert Past Medical History»
Social History «DEL» «*Insert Social History» ←
Family History «DEL» «*Insert Family History»

Your standard note template to pull in the history sections might look like this. If you decided to bring in the Social history, you would click on <<*Insert Social History>> which is shown in the following slides

Edit QuickText

Provider:

QuickText name:

*INSERT SOCIAL HISTORY

ISH:

Save

Cancel

Save As

Label

EM Code

Lookup

Help

Past Medical History«[DEL](#)» «*Insert Past Medical History»

Social History «[DEL](#)» --

Updated: 7/5/2016

- * Born: Seattle, on Skid Row
- * Grew up: same
- * Lives: local since 1984 with his wife Daisey
- * School: Quacker University BS
- * Family/Marital Status Married
- * Occupation: Cartoon artist
- * Fun/Hobbies: Flshing, coin collecting, Tae Kwondo
- * Goals: retire at 65
- * Stresses: dealing with qwackers

- * Tobacco: never
 - * Alcohol: 6/wk
 - * Caffeine: lots
 - * Exercise: running
 - * Diet: never quits
- ***End SH***

|

Family History«[DEL](#)» «*Insert Family History»

Updating a history section from a note

- .IKS will bring in a note from Social History with the following format:
 - .K: Social History
 - .T: Title
 - “The content of the note”
 - .end
- It will update the SH section on saving, but will include the .K:, .T:, and .end lines in the note. This is ugly and distracting.
- You can always change the font size of the dot code lines to something very small, like 0.01, but this takes time and is a nuisance.

A Cleaner way to update the history

- You can create a template with the codes present, but very small so that they do not distract you.
- You can save formatting information in Templates, but not in Quick Text
- Unfortunately, templates will not save font sizes less than one point, though you can use invisible fonts if you really want your notes to be clean.
- PPCalcCode can be modified to bring templates into a note with a double click, as noted previously.

This Template Will Do the Same as .IKS

Note Templates: DTS

* UPDATE SOCIAL HISTORY

—
.K: Social History
.T: Social History
.ISH:
.end

Close
Newer
Older
New

Put the Dot Code Lines in 1 Point Font

Note Templates: DTS

* UPDATE SOCIAL HISTORY

ISH:

Close

Newer

Older

New

Now, when you update from your note, the note looks much better.

Social History «DEL» --

Updated: 7/5/2016

- * Born: Seattle, on Skid Row
 - * Grew up: same
 - * Lives: local since 1984 with his wife Daisey
 - * School: Quacker University BS
 - * Family/Marital Status: Married
 - * Occupation: Cartoon artist
 - * Fun/Hobbies: Fishing, coin collecting, Tae Kwondo
 - * Goals: retire at 65
 - * Stresses: dealing with qwackers
 - * Tobacco: never
 - * Alcohol: 6/wk
 - * Caffeine: lots
 - * Exercise: running
 - * Diet: never quits test 2
- ***End SH***

-

Useful AHK Macros

Useful AHK Macros – shrink selected text

;change font size of selected text to 1 (minimize)

!+m::

MouseGetPos, xpos, ypos

ControlFocus, Edit2, Practice Partner

send 1{Enter}

MouseMove, xpos, ypos

Return

Patient Records

Useful AHK Macros – bring in soap note

```
;BRING UP SOAP NOTE  
:*...sop::  
Send !it  
keywait Alt  
Send *SOAP  
sleep 500  
send {enter}  
sleep 500  
send {Enter}  
Return
```



Useful AHK Macros – past “Updated *mm/dd/yy*”

```
;Print Updated: mm/dd/yy
```

```
:*::upd::
```

```
FormatTime, varDate, , ShortDate
```

```
SendInput Updated: %varDate%
```

```
return
```



Thank You For Coming

- Remember, go to EMR Village as the ultimate resource on the use of Practice Partner
- Questions on the PPUD Listserv are usually answered quickly
- And, my website, SDALC.org, under the Physicians Only tab, there are well over 20 PP-specific power point presentations, and about a dozen additional presentations, many of which include PP information, on Macro Express and AHK use Medical Home information, and Chronic Disease Management techniques with EMR