

Tripler Army Medical Center

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www.tamc.amedd.army.mil; TAMCPublicAffairsOffice@amedd.army.mil

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Tripler's Family Medicine Clinic transitions to new electronic health records system

Hawaii's Army medical facilities begin phasing in CHCS II

by Les Ozawa

Tripler Army Medical Center Public Affairs Office

HONOLULU— Since mid-May, Tripler Army Medical Center's healthcare providers have been among the first in Hawaii to transition to the Department of Defense's new Composite Health Care System II (CHCS II). The Pacific region follows the continental United States and Europe in phasing in this new, global electronic health record system that will eventually replace the original CHCS which has been used since the early 1990s.

Tripler's Family Medicine Clinic, which sees more than 700 patients a week, was one of the first Tripler clinics to transition to the new system. All Tripler outpatient clinics are expected to be using CHCS II by the end of this year.

"I started training on CHCS II on May 17," said Maj. (Dr.) Thomas Hustead, chief of the Family Medicine Clinic. As one of the clinic's designated "super users," Hustead, along with a nurse and a clerk, completed a full week of clinical systems training.

The three now oversee the use of CHCS II by the clinic's 50 other staff members. As super users, the three also help the rest of the staff use CHCS II after they complete their half-day or one-day classroom training.

Hustead found the software itself wasn't difficult to learn. "In the classroom, you think, 'That's not too bad.' But when you actually have to do it yourself, to push buttons and click things yourself, you find it takes time to work your way through the different issues."

The CHCS II implementation team had anticipated that healthcare providers would need additional time when first using the software. Clinic appointment times were scaled back, so that when clinic staffers resumed their work at their clinics, they were allotted more time per patient. A return to pre-CHCS II clinic times may take four to eight weeks, depending on the clinic.

Tripler's CHCS II implementation team is also stationing Unysis CHCS II contract personnel in the hallways of clinics during their initial implementation phase. Clinic staff can quickly call on them, to help them click through various menus and sub-menus of the Windows-based software. Unlike the first CHCS, which was designed around a text-based program, CHCS II allows users to use a computer mouse to open, drag, and close multiple windows of health information on their computer monitors.

"I think the process is going really well," Hustead said. "The expectation is that in six to eight weeks, a provider will be able to get back to a 20-minute appointment schedule." Having started initially with 60-minute appointments, Hustead has worked his way down to 30-minute appointments.

"The ultimate goal is to have the encounter documented in the computer before the patient leaves the clinic," said Hustead. He concedes that may be a challenge. It takes time to examine and talk to a patient, to diagnose various health problems, as well as to advise the patient what to do. To also document that encounter into CHCS II, as well as order lab tests and prescriptions, set up an assessment plan, and chart the patient's progress may take more than 20 minutes.

Hustead noted, however, that the CHCS II software has certain features that will make it easier for healthcare providers to review and enter health information on patients they have seen several times. "If I'm seeing a patient for diabetes, high cholesterol or high blood pressure, I can write all that stuff in the notes. The next time he comes in, I can copy that note and change whatever I need to, since the last time I've seen him. In some ways, it may be quicker and more beneficial."

Like many doctors, Hustead used to handwrite all of his patient notes. "That's another huge

advantage of CHCS II,” he said. “Now you have to type it in, and there is no question what was written and how it was documented.”

Hustead found a big difference between CHCS I and CHCS II. CHCS I is used mostly to document orders to the pharmacy and the laboratories, with some information on what other doctors were consulted for a patient’s problems.

“The biggest thing with CHCS II is that, not only can you track everything you did in CHCS I, you can also write your notes in it as well,” said the physician. “It also actually codes the notes. In the past, we would have to write our notes and go back and physically code the notes.”

Coding, while not familiar to most patients, is an important part of how Tripler is reimbursed for certain healthcare services it provides. A patient’s visit to a doctor can be broken down into various healthcare services and procedures. Each service a doctor or healthcare staff performs must be properly documented, so it can be assigned the appropriate service code. Insurance companies, including Medicare, use these codes to pay doctors and clinics for their services.

Hustead, an eight-year veteran of the Army healthcare system, recognizes that it will take time for the 3,000 Tripler staff to become experts in using the system. But he is optimistic about the future.

“I’m pro-CHCS II,” said Hustead. “I think in a year, we’ll say, ‘I don’t know how we did without it. Look what it’s doing for us.’”

“What I like most about CHCS II is that when a patient comes in, I’ve got his chart,” he said. “I won’t have to worry about patient charts being held in different clinics, or because my patient saw a different provider a week ago, his chart hasn’t been turned back in yet. That’s the biggest benefit for the patient, as well as the provider.”

by Les Ozawa

Old way meets the new way. With a well-handled patient folder on his desk, Maj. (Dr.) Thomas Hustead, chief of Tripler Army Medical Center’s Family Medicine Clinic, speaks to his patient, John

Cutting (Col., U.S. Army, retired), while referring to medical information displayed on a computer screen. Cutting, a former Tripler physician who retired from the Army in 1995, is impressed with CHCS II. "It's valuable to the practitioner. He doesn't have to hunt for things in pages and pages of charts to identify what he needs. He can get that in a couple of clicks and, bingo, it's there. I think it's going to be great."

by Les Ozawa

While Rebecca Nielson reassures her 13-month old son, Van, Maj. (Dr.) Thomas Husted, chief of Tripler Army Medical Center's Family Medicine Clinic, listens to his breathing during a routine examination. Using software loaded on his computer, Husted can now quickly and permanently store his findings for that day in world-wide electronic health record. In the future, such records will be available for study by a physician at any military medical facility in the world, wherever the Nielsons may be stationed in the future.