

Treatment Chart: A Roadmap from Paper to Electronic Charting (All)

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Other sessions discuss how to set up and use the ViewPoint Treatment Chart. In this class, we will focus on the reasons why and the process by which a practice should move from paper to electronic charts. You will leave with a practical understanding of the benefits of electronic charting, as well as what to do-and not do-to ensure a successful transition.

Office Checklist

- Determine benefits of electronic charting for your office
- Determine hardware needs if any
- Have organizational staff meeting to discuss and design your treatment chart styles and treatment plan
- Load the Treatment Chart module
- Convert necessary information from paper charts
- Opening day!

Class Outline

- Brief overview of the benefits of electronic treatment charting
- Determining hardware needs
- Preliminary Planning
 - Designing a chart that works for your office
 - Developing a schedule to implement electronic charting by your target date
 - Deciding what information to convert, how best to convert it and who will be responsible for typing or scanning in the information
- Day one-what to expect
- Questions and Conclusion

HANDOUT #1

ORGANIZATIONAL STAFF MEETING FOR ELECTRONIC TREATMENT CHARTING

SUPPLIES FOR MEETING:

- ❑ **Several examples of your present charts**
- ❑ **Hopefully, some examples from other offices already using electronic charting**
- ❑ **An easel with blank paper (a lot of paper!!)**
- ❑ **Colored Markers**
- ❑ **Pencils**
- ❑ **Very large eraser**
- ❑ **Coffee and donuts**

Target Date for Start of Electronic Treatment Charting:

Target Date to Discontinue Using Old Treatment Charts:

1. Do we hope to eliminate the need for paper charts altogether which will require scanning all correspondences and forms? What storage space will be needed on the computer to do this for all patients?
2. What are the things in our present charting system that we want to keep?
3. What, if any, are the things we'd like to add to our existing charting system?
4. What are the things that we want to track for each appointment?
5. What styles do we need (see Handout #2)? (Suggestion: use one page on an easel per style) Frequently the styles will match your existing Treatment Phases. What colors do we want for each style?
6. Define columns needed for each style (see Handout #4). What type column do we want it to be (see Handout #2)? What colors do we want for each style?
7. Determine width needed for each column. If a style or column design no longer meets your needs you can simply inactivate the style and create a new one. (Comment: The more consistency there is in columns from one style to another the easier it will be to read the Treatment Chart. Example: If you are going to have an x-ray column in most styles, try to have that line up from one style to the next.)
8. What sections do we want in Treatment Plan (see Handout #3)?
9. How long do we want to pull charts after the conversion? How long will we continue to print buck/routing slips?

HANDOUT #2- VIEWPOINT EXAMPLES OF STYLES AND COLUMN TYPES

Pre Treatment	Date	ID#	Treatment Provided (Pre-Treatm						XRY	PRC	WK	LTR	FEE	VIEW			
	09/28/2001	04	Ex, Photo, Pan						Pan	000	00	DX		F/A;Wa			
Phase One	Date	ID#	OH	HG	CO	ELA	UW	LW	Treatment Provided (Ph One)		XRY	PRC	WK	LTR	FEE	VIEW	
	09/28/2001	04	F			D/C	16S		Adj: write tx notes here			ADJ	06				
Phase Two/ Full Treatment	Date	ID#	OH	HG	CO	ELA	UW	LW	Treatment Provided		XRY	PRC	WK	LTR	FEE	VIEW	
	09/28/2001	04		G	G	SH4	B		Tx notes go here		CPH	BNU	04	EXT			
Retention	Date	ID#	Treatment Provided (Retention)									XRY	PRC	WK	LTR	FEE	VIEW
	09/28/2001	DR	Photo/Ret Ck										DLA	6M	DE...		

COLUMN TYPES

- o Date: Inserts system date
- o List only: Allows you to pick from a list only but does not allow you to type in a customized entry.
- o Type only: Allows you to type in an entry but there is no list to choose from.
- o List and type: Allows you to choose from a list or type a customized response.
- o Appointment Procedures list: Brings up your current appointment procedure list to choose the next appointment from.

HANDOUT #3- TREATMENT PLAN

EXAMPLE OF TREATMENT PLAN

TREATMENT PLAN CATEGORIES

Each patient's Treatment Plan allows you to enter information from as many different categories as you set up. A patient can have more than one Treatment Plan (i.e. Phase One and Phase Two)

Treatment information from the Findings page of the patient record can be imported for faster Treatment Plan entry. Expanding your use of Diagnostic Findings prior to implementing Electronic Treatment Chart will make the transition even smoother.

EXAMPLES OF TREATMENT PLAN CATEGORIES

1. INITIAL CONCERN
2. MEDICAL CONCERNS
3. PROBLEM LIST
4. DIAGNOSIS
5. TREATMENT PLAN
6. RETENTION
7. MISCELLANEOUS

Age: 15 yrs, 4 mos		Date printed: 10/19/01 5:34:46 PM
Start Date: 05/26/2000		Responsible Party: Mr. & Mrs. Jack Joiner
Expected Appl. Rem. Date: 05/26/2002		Dentist: Dr. Timothy Kooker
Month 17 of 24		Referrer: Dr. Timothy Kooker
<input type="text"/>		<input type="text"/>
Date	INITIAL CONCERN	
10/19/2001	Crowding	
Date	MEDICAL CONCERNS	
10/19/2001	ALLERGY TO PENICILLIN	
Date	PROBLEM LIST	
10/19/2001	previous trauma to upper centrals	
Date	DIAGNOSIS	
10/19/2001	CLASSIFICATION	
	Class II, subdivision right	
	DENTITION STAGE	
	Late mixed dentition	
	ARCH DISCREPANCIES	
	Mandibular midline shift right	
	OVERBITE	
	Moderately deep overbite	

HANDOUT #4

COLUMN CONSIDERATIONS

The following are some suggestions, thoughts and observations regarding columns and lists to consider for your office. Although this is based on having worked with numerous offices in implementing and refining electronic treatment chart, ultimately your treatment chart should be designed to match your treatment note style. These suggestions are listed in no particular order and are offered in the hope that they will be helpful in designing your office's treatment chart.

ID#/ASSISTANT: The use of a numbering system to identify the person who worked with the patient that day eliminates the possibility of having staff with the same initials. Once a number is assigned it is never "recycled" and it is important that a master list of staff name and numbers be kept. Some offices choose to use all three initials of each staff person. If you have an office where there is more than one orthodontist you may want to consider having a Doctor column to indicate the Doctor that saw the patient that day. This is **especially important** in offices with multiple Doctors where patients are routinely shared among the Orthodontists.

OH: Possible lists: an A, B, C grading system, a G, F, P (good, fair, poor) system or a numbering system. In any of these systems you may want a way of noting that OH was discussed with a parent (i.e. PC for Parent Conference).

HEADGEAR, ELASTICS or COOPERATION: Some offices like having separate columns for some or all of these and others simply include this in their daily notes. If you have a HG column you may want to consider D/C for discontinued or NT for nighttime use. For elastics you may simply want to note the type of elastics being worn in the column and put additional notes in the daily notes.

UW/LW: If you only put a wire type in the column on the day a wire is changed it makes it much easier to visually see when that change occurred. If a wire is noted for every visit, even when not changed, it is harder to see how long a particular wire has been used.

XRAY: Consider keeping your descriptions as abbreviated as possible to limit the width of the column.

WK: (number of weeks before next appointment) If your initial choices on the list correspond with the number of weeks (i.e. #1 would be 1W) entry will be faster. Typically I see 1 through 8 weeks as choices and then 3M, 6M, and 1Y. You may want the final entry to be zero, which would mean the appointment could be scheduled as soon as possible.

LTR: Having a column that indicates that a letter needs to be sent out can be helpful in tracking that information. Keep in mind that as of right now, there is no way to link this column to an auto-event that would produce that letter.

FEE: If you include a fee column you may want N/C on your list. This can clarify when a procedure is done (i.e. impressions for a retainer) and the fee is being waived. This will eliminate the possibility that another staff person will ask for payment when the patient has already been told there will be no charge.

TREATMENT PROVIDED/TODAY'S TREATMENT: The width of this column can vary depending on the Treatment Phase being written about. For example, Pre-Treatment style notes may require a wider column for more detailed notes whereas Invisalign Treatment style may have enough information in the other columns to minimize the amount of space needed.

NV/VW (Next Visit/View): Most often I have seen this column placed as the furthest column to the right hand side. This allows it to be as wide or as detailed as you need. If you are going to use this column for any notes that you might not want to have displayed on the screen you can set up your columns so that only a small section of the View column shows (just enough so that you can tell when there are additional notes. You would have to scroll over to read the notes.).

MAX RET/MAND RET: If you design a style specific to the retention phase of treatment, you may want columns that will display the current retainers being used. Again, I would recommend only putting a response in the column on the day a retainer is delivered. This will make it much faster to scan that column and see the date a patient received that retainer.

INVISALIGN COLUMNS: Some offices have found that Invisalign treatment warrants having a separate style specific to that treatment. Some columns to consider, that will minimize the detail needed in your daily notes, might include: CU (current upper aligner# being worn), CL (current lower aligner# being worn), DelU (Upper aligners delivered to patient at today's visit), DelL (Lower aligners delivered to patient at today's visit), IPR (column to notate areas where recontouring was done at today's visit)