

Integrating Electronic Medical Records into the Contact Center

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CHICAGO, IL – It’s been five years since we’ve talked with A.J. Melaragno. Back then he was with Evanston Northwestern Healthcare, which is now North Shore University Health System. Our last story discussed the quality assurance program in its call center and also a novel application of a program that could detect in certain circumstances if the call center representative is handling an angry or difficult caller.

Fast-forward and today Melaragno is involved in several ventures that can connect with healthcare contact centers. One of those, the Chicago-based Singola Consulting, is focused around integrating electronic medical records into the contact center. Melaragno sees the adoption of the EMR as a major advance for our healthcare system, with significant benefits for caregivers and patients. Under the old system of manual patient records, often patients could have multiple, incomplete files existing among their various providers. Not only did this deprive doctors of a comprehensive look at patients, it also made it more difficult to communicate to them information about preventive health screenings they should have. For telephone triage nurses, not having access to a comprehensive electronic medical record meant that the triage had to be done with incomplete or even non-existent patient history.

From the patient’s perspective, under the old manual system, they typically did not see their medical records so they didn’t know what was in them or even if it was all correct.

Accordingly, there seems to be considerable benefit in moving to an electronic health records system, both for care coordination and accuracy. In his work with healthcare organizations around the country helping them to integrate their EMR into the contact center the biggest misconception he has found “is that they think it’s a technology solution,” he says. “That’s important but it’s really about the patient centered EMR. For example, if I’m going to renew a prescription, there had better be a workflow and security in place to do it.”

Within the security piece of the transition to the EMR, one of the biggest changes can occur for those healthcare organizations that are creating a centralized scheduling component to create a “one number does it all” access strategy. Here, the physician office is relinquishing control over their scheduling from someone they know in their office to individuals in the contact center who they may not know or to patients themselves, who may schedule their own appointments online.

Another venture that Melaragno is involved with that may be of interest to healthcare call centers is the Green Bay, Wisconsin-based On-Site Studios TM. One of this company’s services is aiding hospitals with physician videos for their doctor directory web sites, but with an unusual twist. Rather than sending out a production team to the hospital site, the production occurs in a virtual space. Physicians can walk into a 10-foot by 12-foot on-site studio and flip a switch.

“Our producer appears on the television screen,” he says. The producer will ask six or seven questions that have been preapproved by the hospital. The video is then uploaded to the company’s editing team, which creates the profile based on hospital templates. The process, he argues, is substantially less expensive than if a production company had to be on-site.

In the first year of this venture a half dozen hospitals around the country have used the service as well as some non-hospital clients. For example, one snow blower company uses the technology for product demos for resellers. Melaragno is one of the co-founders of this venture.