



## **MOIS: Helping a Rural Doc Move Forward.**

I work in solo practice in a remote Aboriginal community. I have minimal support staff and the nursing staff turn-over every two to three weeks. At times, there is no administrative support available, and I am on my own. I provide service to two different communities. In addition to seeing patients in the clinic, I see many on home visits, as well as at the local schools. Typically there are no booked appointments, only drop-in visits. At times this can lead to chaos in the clinic, where I will be booking in patients, drawing blood and rushing it to the plane, suturing a patient's face, answering the phone, and faxing referral letters, all within a 10 minute period.

When I was researching electronic medical record (EMR) systems, there were several features I knew I wanted. I wanted a reliable system that would simplify my life by allowing me to carry my charts with me so I could review and create new patient notes when I saw a patient on a home visit or when I was stopped by a patient on my way to work. I also wanted to easily interface with Worksafe BC. I wanted to be able to complete flowsheets on patients with chronic diseases, with the ability to upload information to the BC Chronic Disease Management Toolkit. Most importantly, I wanted a system that was designed to work in a private practice environment to make my job easier and improve the care I was able to provide.

I had the opportunity of working with several different EMRs during my training as well as the five years I have been in practice. My most recent exposure to an EMR was a system that was powerful but clearly not designed by a clinician. It was cumbersome and required many steps and mouse clicks to navigate between different areas of patient charts. The program required scanning a lot of clinical data, and most information was stored in the chart as images.

In contrast to my experience with other EMR programs, setup of the MOIS program was easy. I contacted the team at AIHS and they loaded the software onto my terminal remotely. I have never required an in-person meeting with the AIHS team. When I have questions, I contact a team member, typically Jason or Alyssa, and he/she quickly helps me solve my problem. With the EMR I used in my previous office, we had an office team member dedicated to interacting with the EMR software maker for the frequent issues we experienced. This was a time-consuming task. With MOIS, I am easily able to manage my chart system on my own. For example, I back up my own data, a task that takes about one minute per day for multiple backups.

MOIS offers all the features I was looking for. I am able to carry my entire chart system with me. This facilitates care, whether I am at the bedside in an elders home, in a clinic in another community, or when I complete group visits in other locations. This allows me to document patient encounters in real time, without missing documentation or billing opportunities. Creating referral letters is straightforward

Jeff Beselt, MD, CCFP, MSP 27993  
Kwadacha Clinic  
Fort Ware, BC, VOJ 3B0  
Tel. 250.471.2003; Fax. 250.471.2301



and efficient; I am easily able to create referral letters during the course of the patient encounter. This saves me from having to go back to charts at the end of my workday.

I have found MOIS to be extremely fast. When I navigate between different portions of patient charts, or between charts, the screen refreshes immediately. Adding patients to my daysheet is simple and quick. Navigation within the program can be done by mouse clicks, but there are also keyboard shortcuts to navigate to every portion of the program. This allows me to quickly move through the chart, while continuing to make eye contact with patients.

Creating and maintaining chronic disease management flowsheets is easy and painless. The flowsheets are laid out in a logical manner and I am able to enter the data during a patient encounter. The simple creation of reminders also helps me to remember which flowsheets I need to complete on certain patients.

I am also able to easily search my chart database in order to complete contact tracing, or chart audits for chronic diseases. For example, when I had several new cases of HIV, I was able to quickly review testing results for the entire community during the timeline I entered. This allowed me to target and offer testing to patients who had not been tested within the time frames I specified. Similarly, with diabetes I am easily able to search my chart database to allow me to call in patients who have not recently been seen.

MOIS has the option to print labels, thereby simplifying the process of requisition completion, or completion of phlebotomies or pap smears. MOIS also allows for quick completion of private bills to patients or companies. (Including Worksafe BC)

Through using MOIS, I have streamlined my practice. I have been able to improve not only the care that I provide, but also my chart documentation and my capacity to access patient information when I need it. MOIS is a simple, but highly capable system that requires very little oversight and management.

In summary, working in solo practice in a remote Aboriginal village has its challenges. I have found MOIS extremely helpful for three reasons. MOIS saves me time. MOIS helps me improve patient care. MOIS helps me increase my earnings.

I look forward to maximizing my use of all the features of the program in the future.

Sincerely,

Jeff Beselt