LOYOLA UNIVERSITY CHICAGO HEALTH SCIENCES DIVISION

WHERE THE RUBBER MEETS THE ROAD:

EMR optimization for Collaborative Practice; Chronic Disease Management and Medicaid ACE

> Julia Havey MSN, RN, CCM Fran Vlasses PhD, RN, ANEF, FAAN October 1, 2015



HEALTH SCIENCES DIVISION



INSTITUTE FOR TRANSFORMATIVE INTERPROFESSIONAL EDUCATION

OBJECTIVES

- Discuss specific components of the EMR to support an interdisciplinary model of care framework that optimizes team performance and efficient use of the EMR.
- Identify the processes of interdisciplinary collaboration towards an optimized EMR focusing on creative use of existing tools, optimized workflows and a group vision of documentation of patient care pathways to fill the gaps created by traditional EMR functionality in order to reach population health goals.

I-CARE PATH GRANT* (HRSA)

Create a patient-centered, nurse-led interprofessional model of care at a Family Medicine Clinic and a School Based Health Center; and include IPECP experiences for interprofessional students.



*Interprofessional Collaborative Redesign and Evaluation for Population Access to Health. The I-Care Path project is supported by a Health Resources and Services Administration Cooperative Agreement Award No. UD7HP26040: LOYOLA UNIVERSITY.

CURRENT STRUCTURE: GETTING THE WORK DONE!



Weekly Work Group: Care Coordinator Team

LOYOLA UNIVERSITY CHICAGO

IV. INFORMATION SYSTEMS AND ORGANIZATIONAL FOG

Patient Centered Medical Home

What data? Where is it? Who can access it? Return data to team for decision making?

0

V. OUTCOMES³

- Population Metrics
- Staff/Provider Response
- Health System Response
- Health Promotion to Meet Community Needs
- Patient Response



VISIT NAVIGATOR ACTIVITIES

Two New Activities

- Risk Scoring
- Health Assessment

8/11/2014 visit with	Phy	ysician, Notes Combined, MD for Office Visit ?	Resize
🥻 Images 🔝 Quest	tion	naires 🔄 Admin 😫 Benefits Inguiry 🎁 References 🖄 Scans 🗸 📣 Open Orders 🍏 Print A <u>V</u> S 🖉 <u>P</u> review AVS 🎒 Media Manager	More
Rooming	_		k to open
Reason for Visit Vitals	9 9	None	
Allergies	<u>s</u>		k to open owsheets
Verify Rx Benefits	2		
Med Disclaimer	S.	None Taken Other Vitals	
Med Disp Hx Home Medications	8	OB/Gyn status Never reviewed reviewed:	
Encounter Questio	-	Tobacco	
	21	Smoking status: Never Assessed	
myLoyola Sign-up	м	Smokeless status: Unknown	
Charting		Reviewed: Never reviewed	
History	9	Z Allergies/Contraindications clic	k to open
Nursing Notes H & P Notes	č.	ß Show: □ Deleted □	Expired
	S S	No Known Allergies Never Updated (History)	
Immuno HX	6	No Allergies on File	
Risk Scoring Health Assessment	Si Si	Mark as Reviewed Unable to Assess Mark as Reviewed	
Diagnosis/Orders		Verify Pharmacy Benefits	∱ ♣
-	<u>s</u>	? No pharmacy benefits eligibility data found for this visit.	

RISK SCORING

📝 Risk Scoring		Ť	4
Time taken: 1306 8/13/20	14 Values By	Show: Row Info Last Fi	iled
	oring		
		Click the "New Health New Health Assessment" Assessment" button to open form	
Claims-based Risk Score		Care Coordinator Risk -3.00 Assessment	
		Click the "Override" button to modify Override	
Encounter-based Risk Score		Risk Level Override Low Medium High	

ADULT AND PEDIATRIC HEALTH ASSESSMENTS

In general, how would you describe your health?	Excellent Very Good Fair Poor
Does your health now limit you in doing moderate work around the house like vacuuming, sweeping floors, or carrying in groceries?	Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do
Does your health now limit you in doing heavy work around the house like scrubbing floors, or lifting or moving heavy furniture?	Not at all Very little Somewhat Quite a lot Cannot do
In the past 7 days, my worries overwhelmed me	Never Rarely Sometimes Often Always
In the past 7 days, I felt like a failure	Never Rarely Sometimes Often Always
In the past 7 days, I felt unhappy	Never Rarely Sometimes Often Always

🕜 Pediatric Health Assessment		
Time taken: 1609 🕔 8/14/2014 📰 Values By		Show: Row Ir
In the past 7 days, I could walk up stairs without holding on to anything	With no trouble With a little trouble With some trouble With a lot of trouble Not able to do	
In the past 7 days, I have been physically able to do the activities I enjoy most	With no trouble With a little trouble With some trouble With a lot of trouble Not able to do	
In the past 7 days, I could do sports and exercise that other kids my age do	With no trouble With a little trouble With some trouble With a lot of trouble Not able to do	
In the past 7 days, I felt worried	Never Almost never Sometimes Often Almost always	
In the past 7 days, I felt sad.	Never Almost never Sometimes Often Almost always	
In the past 7 days, it was hard for me to have fun	Never Almost Never Sometimes Often Almost always	

REVIEW FLOWSHEETS

	Flowsheet Report	
SnapShot	Select Flowsheets to View	
Chart Review	PEDIATRIC HEALTH ASSESSMENT [313]	
Results Review		
Flowsheets		
Problem List	Pediatric Health Assessment	8/19/2014
	Walk Up Stairs	With no trouble
Health Maintena	Physically able to do activities	With a little trouble
History	Sports and exercise other kids my age do	With no trouble
Letters	Worries	Sometimes
	Sad	Sometimes
Demographics	Hard for me to have fun	Sometimes
PACS	I felt that everything in my life went wrong	Sometimes
Cardiographics	Too tired to enjoy the things I like to do	Sometimes
Gararegraphics	Too tired to keep up with schoolwork	Sometimes
Forms	Got tired easily	Sometimes
Immunizations	Accepted by other kids	Sometimes
	Other kids wanted to be friends	Sometimes
Patient Education	Hard for me to pay attention with pain	Sometimes
	Trouble sleeping when I had pain	Sometimes
Medications		

SNAPSHOT – CHANGES VISIBLE TO ALL TEAM MEMBERS

- Risk Scoring
- Care Team

						?			
				Report	: SnapShot	P B			
	👰 Risk Review	S							
Works at 1ST CONG CHURCH	HRA Score Risk Level Overr	ide	<u>8/13/14</u> -1 Medium	<u>8/11/14</u> -3 Medium					
	Hospital Medications	ations			<u>Outpatient</u>	Medications			
Chronic	No current Hos	ns/Inject	ions S						
⊰ [⊙] Hold ⊙ Soon ⊠ Due ⊮ OLate	Influenza Vacci Pneumococca Valent			ld 🕐 Soon	🗵 Due 🧐 Late	Influenza Vaccine 3 & Above Pneumococcal Vaccine 13-			
Last Communication	Specialty C		Торіс	Due	Last Communication	Valent			
		۲	Ca Screening: Colonoscopy,every 10 Years,routine	1/2/2006		Specialty Comments	ur en e ciette	Edit Show All	Report
			Hiv Screen	8/15/2015		No comments regarding yo	ur specialty		
		-	Adult Vaccine: Influenza	9/1/2014		Communication Summ	arv		
			Ca Screening: Mammogram, Annual	2/5/2015		Referring Provider	J		
			Ca Screening: Pap Smear,every 5 Years	5/6/2019		No referring provider set			
			Chol Screening: Every 5 Years	8/13/2019		PCPs		Туре	
			Ca Screening: Hpv Screening 5 Year	8/13/2019		Veselik, Keith, MD		General	
			Adult Vaccine: Tetanus(Td)	8/13/2024		Other Patient Care Team M	embers	Relationship	
			Booster,every 10 Yr			Daniels, Deborah, RN		Care Coordinator	
			Ny Last Outpatient Progress Note			Visit Treatment Team		Relationship	
		Yo	u have written no Outpatient Progress No	tes for this pa	atient	None			

NEW PROBLEMS ADDED BY CARE COORDINATOR

- Health Care Home, Active Care Coordination
- Nursing Home Resident, if applicable

🕜 Problem List	
Search for new item + Add	
Diagnosis	s
▷ Nursing home resident	🍋 Edit Overview 🗧
Poverview Berkshire.	
▷ Health care home, active care coordination	💠 Create Overview 🗧
Mark as <u>R</u> eviewed Never Reviewed	
Close F9	

🔇 Significant History/Details 5	PCN
Smoking: Never Smoker	PEANUTS
Smokeless Tobacco: Unknown	SULFA ANTIBIOTICS
Alcohol: No	Last Reviewed by Physician, Notes Combined, MD on 8/13/2014 at 1:57 PM: Mark as Reviewed
1 open order	
	D Medications 5
Problem List 🐐 🌑 🎕 Chronic	Hospital Medications Outpatient Medications
Hospital	No current Hospital Medications
Nursing home resident	
Health care home, active care coordination	📌 Immunizations/Injections 5
Health Maintenance Science Science Hold O Soon Due CLate	Influenza Vaccine 3 & Above 8/13/2014
Health Maintenance 🗧 🕹 🖓 Hold 🕐 Soon 🗷 Due 崎 Late	Pneumococcal Vaccine 13- 8/13/2014
Tonio Duo Last	Valent

DISEASE MANAGEMENT TOOLS

Currently available review flowsheets with recommended data capture for diabetes, HTN, cardiac disease, etc.

Select Flowsheets to View			More data	may exist fo	or flowsheet									
DIABETES PATIENT REPORT CARD [127]													
					-	-			-	-	-	-	-	
DIABETES PATIENT REPORT CARD	Latest Ref Rng	7/27/2013	8/7/2013	8/12/2013	8/24/2013	8/25/2013	8/30/2013	8/31/2013	9/5/2013	9/10/2013	9/18/2013	9/25/2013	10/3/2013	10/9/2013
SYSTOLIC				121			104	144	112	132	122	120	142	110
DIASTOLIC				56			59	60	70	58	70	70	72	70
WEIGHT			215.2			208.11				215			215	
BMI			26.9		26.01					26.87			26.87	
Hemoglobin AIC	4.0 - 6.0 %	8.2 (H)												
HDL Cholesterol (HDLC)	>39 MG/DL	31 (L)												
LDL Cholesterol (LDLC)	<100 MG/DL	55												
Triglyceride (TRIG)	<150 MG/DL	67												
Microalbumin/Creat (alb)	<19 MG/L	52.8 (H)												

Select Flowsheets to View			🗸 Mo	ore data may	exist for flo	wsheet														
WELLNESS BENEFIT [126]																			Loa	ad <u>M</u> ore
Wellness Benefit	Latest Ref Rng	10/9/2013	10/3/2013	9/25/2013	9/18/2013	9/10/2013	9/5/2013	8/31/2013	8/30/2013	8/29/2013	8/28/2013	8/27/2013	8/26/2013	8/25/2013	8/25/2013	8/24/2013	8/24/2013	8/12/2013	8/8/201	8/7/20
HEIGHT			6' 3"			6' 3"		6' 3"							6' 3"					
WEIGHT			215 lbs			215 lbs									208 lbs 2 oz					215 lb
BMI			26.87			26.87											26.01			26.9
SYSTOLIC BP		110	142	120	122	132	112	144	104									121		
DIASTOLIC BP		70	72	70	70	58	70	60	59									56		
PULSE		76	82	72				72	73									83		
CHOLESTEROL	<200 MG/DL																			
HDL CHOLESTEROL	>39 MG/DL																			
LDL CHOLESTEROL	<100 MG/DL																			
TRIGLYCERIDE	<150 MG/DL																			
GLUCOSE BLOOD SUGAR	70 - 100 MG/DI									152 (H)	166 (H)	188 (H)	90	391 (H)		364 (H)		131 (H)	88	

TOOLS – OUTREACH TOOLS IN TELEPHONE ENCOUNTER

			er						_			_			_	_	
SnapShot	:	5 <u>Caller:</u> 5 Allergies:			lone lot on File				- E	Embed	ded	in cu	rrent	'telep	hone	e'	
Chart Rev	iew	Outreach Encounter		📝 Reas	on for Call									•			
Flowshee	ts	Outreach Report	S.	Reason	n for Call		Onset		e	encour	iter (sepa	rate a	activity	/ DU	tton on	
Results R	leview	Contacts	S		ch-Care Coor	dination	8/7/2014		+	he left		'roog	oon (Jutroa	ch'		
		Reason for Call							L		, use			วนแลล			
Allergies		GMH Outreach Scri					I		_ <	Scripts	avai	ilahle	or 're	aular	,,		
History		Documentation	5						- L	Jonpis	avai	labic		Syulai			
Problem L	_ist	Pt. Instructions	S						C	locum	entat	tion o	f call	conte	nt		
Demogra	nhice	Health Assessment	5						C		una			come	,,,,,		
	princs	Telephone/Refill	_														
Letters	_	Vitals	S														
Identity Ma	anager	Verify Rx Benefits	9	De	elete												
PACS		Med Disclaimer	×														
Cardiogra		LUH Outreach	1 Ca	all													
Medicatic	G 1	Type of Outread	ch (Call	D [HF 2-3	Day HF	10-14 D	ay P	N 2-3 Day	PN 10-14	4 Day	Stroke	Gene	ral	AMI 2-3 Day	AMI 10-14
Order Ent		myLoyola msg	4				Teleph										
		Routing	5				08/07/14										
Enter/Edit		Comm Manage	S.		Outreach C												
Immuniza	tions	Close Encounter		Туре	of Outreach	Call											
Doc Flows	sheets	Close Encounter	5		Outreach Cor	into											
MAR				_	Outreach Scr lew Reading	ipts											
Outreach	Encou						Teleph										
Talaabaa							08/07/14										
Telephone	e Call			GMH	Outreach C	all											
Enon	tro	i .			-	Faal	011 0	n i i									
Ench	IIS N	otes Meds L	ab	Rad	Reports	ECG	Other Ord	ers	Letters	Episodes	Media	Misc Re	eports				
14 re	cords	match filters, a	all r	ecords	loaded			F	Hide Ad	dd'l Visits							
Filte	rs:	Hide Add'l	Vis	sits													
		Date 🗸	1	Discha	rge Date	Туре	9		Depart	ment	Provi	ider			Descri	iption	
		08/19/2014				_	phone		MAYF		Ondr	o, Rn Ace	Care Co	ord RN		ach-Care Coo	rdination
						Tere	phone				0 P 1	o, 11111100	0010 000		ounce		annation

29/14 12:44 PM	10/29/2	2014	Clinical Update	Multi	idisciplina	ry Care Note	Addendum	SOC	IAL WORKER	R, OP	Social Worker
29/14 12:38 PM	10/29/2	2014	Multidisciplinary C	Mult	idisciplina	ry Care Note	Signed	OP-I	P, RN ACE CA	ARE	Registered Nu.
y V		Enc Type	Category	Status	Author	🗭 Back 🙋					
		Multidisciplinary C	U U	Signed	OP-IP, AC						
		Multidisciplinary C	. Progress Notes	Signed	OP-IP, AC		<i>I</i> OLA			Maywood,	IL 60153 TEST, ACE
		Multidisciplinary C	-	Sign at close e		ME ME	DICINE				MRN: 1851501 DOB: 1/2/1956
		Clinical Update Multidisciplinary C	Multidisciplinary Care Note . Multidisciplinary Care Note		SOCIAL V OP-IP, RN	REM. DEL We al	o treat the human spirit.*				F
		Admission (Current)		Incomplete	NATONTO						Enc. Date:10/2
		Office Visit	Progress Notes	Sign at close e		Multidisciplinary Ca	re Note Info				
		Office Visit	Patient Instructions	Signed	STIFF, PA	Author	Note St	atus Last U	pdate User	Last Update	
		Office Visit	H&P	Signed	FOY, REE	Social Worker, O	o-lp Addend	um Zzmr, (Op-Ip Dietitian	10/29/2014	12:44 PM
08/18/2014 14:38 8/	/13/2014	Office Visit	Exam Note		RN ACE C		re Note by Social W	orker, Op-Ip at 10)/29/14 1241		
8/13/14 1:40 PM 8/	/11/2014	Office Visit	H&P	Signed	PHYSICIA	Author: Social W		Service: (none)			e: Social Worker
8/13/14 1:38 PM 8/	/13/2014	Office Visit	H&P	Signed	PHYSICIA	Filed: 10/29/14 12 Status: Addendur		Note Time: 10/29	/14 1241 Ip Dietitian (Nutritionis		Multidisciplinary Care No
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MULTIDISCIPLINARY NOTE OUTLINE

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GOALS	
Diabetes A1c Level 3 - DM Well controlled A1C < 7.0 Level 4 - DM Fairly controlled A1C 7.0-8.0 Level 5 - DM Poor control	ASSESSMENT @LASTLABX(HA1C:2)@ Home FBS monitoring:@FLOW(725354,725340,725341:LAST)@ @LASTLABX(HDLD:2,LDLC:2)@ INTERVENTIONS: Patient will be compliant with daily FBS self measures
A1C 8.0-9.0 Level 6 - DM Uncontrolled A1C > 9.0 MicroAlb	PLAN: ***
Estimated Time: {:21696} HT/WT/BMI BMI (Body Mass Index) 18.5 - 24.9 BD 120(90 (cduth)	ASSESSMENT {:21202}
BP 130/80 (adult) Estimated Time: {:21696	@BMIE@ @BSAE@ INTERVENTIONS:
	PLAN: ***
Cardiac LDL <100 101<130 131<160	ASSESSMENT LDL @LASTLABX(LDL:2)@ {:21203} INTERVENTIONS:
Estimated Time: {:21696}	PLAN: ***
Anemia: Hgb 10mg/dL -12mg/dl Hct 30-36 %	ASSESSMENT Hgb level mg/d & Hct %: @LASTLABX(HCT,HGB)@ {:21205} INTERVENTIONS:
Estimated Time: {:21696}	PLAN: ***

- Measurable defined chronic disease goals of treatment are 'hard coded' in the document so no one has to spend lots of time typing
- Lab values can be 'automatically' pulled in so they don't have to be searched for
- Currently have diabetes, cardiac, obesity
- Documentation time spent on 'personalizing' the plan
- The estimated time for goals include one month, three months, ongoing

NOTE TEMPLATE

- Proof of concept with CMS dialysis plan of care
- Each discipline addends their note template
- Audit trail of each clinician
- Less typing, more synthesis
- Linking of already documented items when possible (labs, vitals, flowsheet content, etc.)

WORKFLOW

- Normal workflows for office visits
- Additional visit time with other disciplines (SW, Dietician, Care Coordinator) also documented
- Outreach telephone encounter
- Monthly Clinical Update (or Multidisciplinary) encounter and note to capture plan of care with addended note to capture synthesis of the team's strategy for this patient's care and focus

LOYOLA UNIVERSITY CHICAGO HEALTH SCIENCES DIVISION

