Digitizing Peer Review

Using the EHR for Chart Review

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Agenda

Background Information

- History/Vitals
- Problems/Goals
- Implementation
- Lessons Learned/Process Improvements
- Current State/Feedback/Analysis
- Questions and Answers

Vitals – About SCHC

TOP 1% OF COMMUNITY HEALTH CENTERS IN THE UNITED STATES!

Located in Redding, CA Shasta County 1992

ACGME Teaching Health Center

   Primary Care Residency/NP/PA Fellowship

40K Unduplicated Patients/Year   ¼ of Shasta County

93% of Patients live below Federal Poverty Lines

Homeless, Behavioral Health, Dental, Specialty, Ryan White, Specialty Care

Innovation Hub – Center of Care Innovations

PCMH Level 3 Certified in All Sites

2015 HRSA OSV   19/19 score

Mission and Staff

Shasta Community Health Center's mission is to provide quality health care services to the medically underserved populations we serve and to improve the overall health of our community.

Shasta CHC – Teaching Health Center Video

The Paper Process

- Lack of engagement
- Time consuming
- Low volume
- Infrequent results
- Often difficult to assess care with just one note

Goals

- Stay in line with Quarterly schedule
- Improve data collection
- Increase engagement
- Decrease "burden"
- Provide "longitudinal" look

	Excellent	Good	Adequate	Poor	Very Poor	Unable to Judge or N/A	Average Score
Reviewee	CURRENT n=4	CURRENT n=1	CURRENT n=0	CURRENT n=0	CURRENT n=0	CURRENT n=0	CURRENT n=5 Avg=3.80
	CUM n=30	CUM n=12	CUM n=2	CUM n=0	CUM n=0	CUM n=0	CUM n=44 Avg=3.64
	SCHC ALL n=174 30.57%	SCHC ALL n=303 53.25%	SCHC ALL n=82 14.41%	SCHC ALL n=10 1.75%	SCHC ALL n=0 0.00%	SCHC ALL n=0	SCHC ALL n=569 Avg=3.13

Cumulative Reviewer Assessments for Q10 by Rendering Provider (Full-time)
Q10: Overall Quality of Care
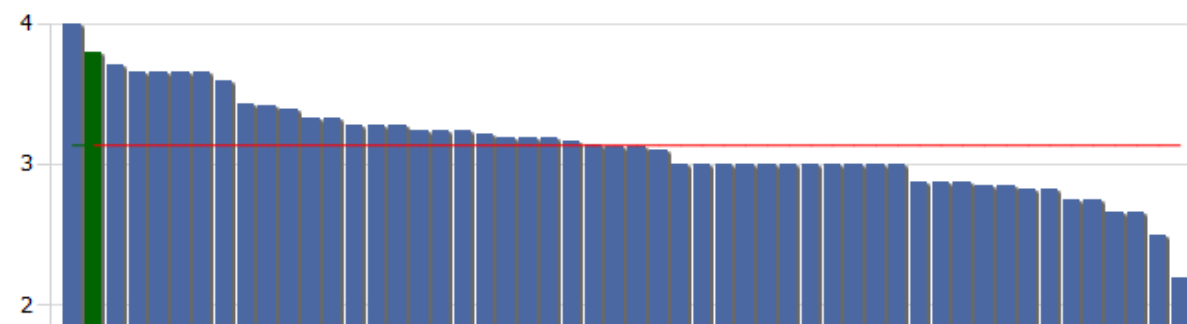
Some Considerations

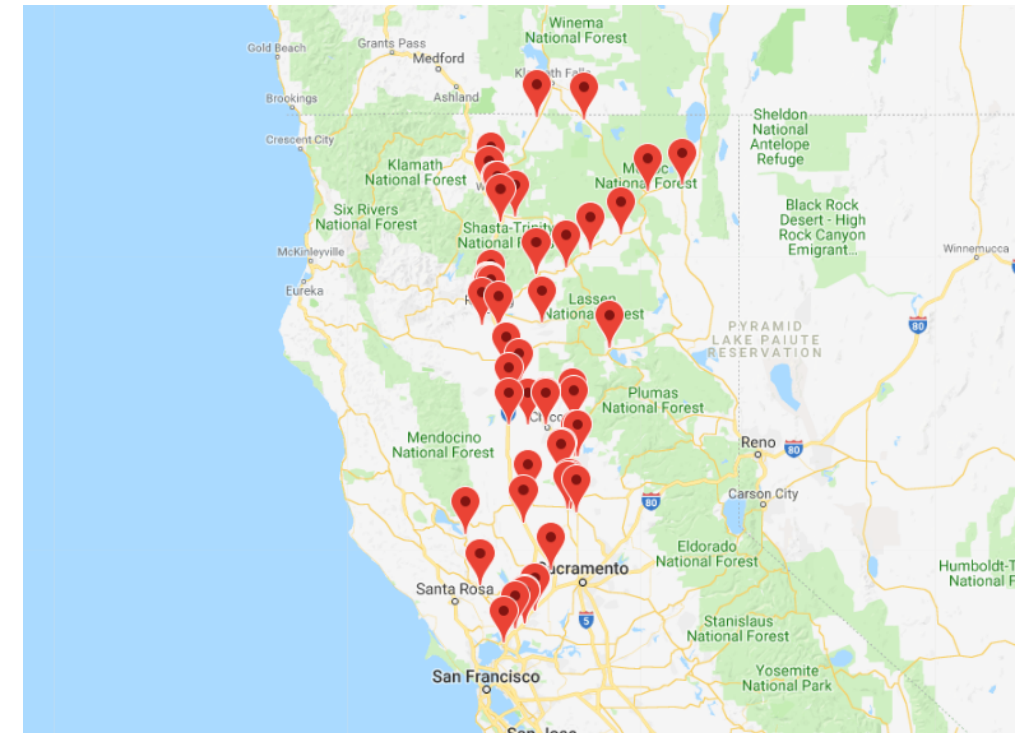- Sharing more data than ever
- Our data has "legs" (ED, PH, Pharmacy, HIE)
- Coordination of care increasingly important
- Process becomes transparent
- Implied bias?

Regional HIE efforts

- SacValley MedShare
- 17+ Live Data Contributors
- 460K/880K lives in Service Area
- EDIE/VA/Public Health

The Survey Itself

Questions

- Identify the Correct Encounter

- Identify the Correct Type of Visit

- The System highlights/selects the encounter for the end-user t make things easier

Chart Review Perspective: *Imagine you are suddenly asked to take over care for this patient.*

For Chronic Illness or Well Care/Preventive Health: Consider each one of the patient's complaints or problems and evaluate the extent to which pertinent assessments have been performed and documented.

For Minor or Acute Illness: You arrive just in time to make diagnoses and initiate treatment based on the assessment data already collected. Evaluate the extent to which pertinent assessments have been performed and documented.

* 1. **Encounter to Review:**
{{ custom.ENCPROV }}, {{ custom.ENCDATE }} at {{ custom.ENCTIME }}

Please make sure you have the right encounter selected. You may need to scroll to find it.

☐ Yes, I double-checked and have the right encounter.

2. Is this a visit for a chronic illness, a minor or acute illness, or well care/preventive health?

○ Chronic

○ Minor/Acute

○ Well care/Preventive health

Comments

Questions (Continued)

- Evaluate the Chronic Problem List
- Evaluate the Completeness and accuracy of the Medication List

Excellent= all the data you need for the diagnosis and treatment have been gathered.
Adequate= evaluation is minimally acceptable and would allow you to make the most important decisions.
Very Poor= you would need to start over evaluating this patient.

* 3. The chronic problem list is complete and informative in regards to providing on going treatment.

○ Excellent   ○ Poor
○ Good   ○ Very Poor
○ Adequate   ○ Not Needed/Not Done

Comments
[   ]

Excellent - No unresolved acute medications (Abx), all medications assigned ICD-10 codes
Good - No unresolved acute medications (Abx), most medications assigned ICD-10 codes
Average - No unresolved acute medications (Abx), few medications assigned ICD-10 codes
Poor - At least one unresolved acute medication (Abx), no ICD-10 codes assigned
Very Poor - Several unresolved acute medications, no ICD-10 codes assigned

* 4. Completeness and accuracy of the medication list.

○ Excellent   ○ Poor
○ Good   ○ Very Poor
○ Adequate   ○ Not needed/Not Done

Comments
[   ]

Questions

- Assess Functional Status
- Evaluate Physical Exam

* **5. Assessment by clinician of functional status and psychosocial situation.**

- ○ Excellent
- ○ Good
- ○ Adequate

- ○ Poor
- ○ Very Poor
- ○ Not Needed/Not Done

Comments

* **6. Physical examination.**

- ○ Excellent
- ○ Good
- ○ Adequate

- ○ Poor
- ○ Very Poor
- ○ Not needed/Not done

Comments

Questions

- Lab selection and timing

- Diagnosis, Integration of Clinical Information

7. Laboratory testing: selection and timing of tests

○ Excellent   ○ Poor

○ Good   ○ Very poor

○ Adequate   ○ Not needed/Not done

Comments

Excellent: all important diagnoses are mentioned.

Adequate: minimally acceptable, because although some significant diagnoses are missing, the most important are mentioned.

Very poor: important errors in diagnosis

8. Clinician's development of appropriate diagnoses and problem list, and integration of clinical information.

○ Excellent   ○ Poor

○ Good   ○ Very Poor

○ Adequate   ○ Not needed/Not done

Comments

Questions

o Development/Execution of Treatment plans

Excellent: ideal treatment.
Adequate: minimally acceptable because important treatments given, although some significant treatments are omitted.
Very poor: wrong treatments are given or important correct treatments are omitted, such that the probability of a good outcome is substantially reduced.

* 9. Development and execution of treatment plans.

○ Excellent   ○ Poor

○ Good   ○ Very Poor

○ Adequate   ○ Not needed/Not done

Comments

Questions

- Communication, Education and Access to Care
- Clinician/Patient
- Clinician/Consultants

* 10. Between primary clinicians and this patient.

○ Excellent   ○ Poor
○ Good   ○ Very Poor
○ Adequate   ○ Unable to Judge or N/A

Comments

[   ]

* 11. Between other providers (e.g., consultants) and this patient.

○ Excellent   ○ Poor
○ Good   ○ Very Poor
○ Adequate   ○ Unable to Judge or N/A

Comments

[   ]

Questions

- Overall Quality/Coordination

- Dental? Integrated Behavioral Health? Specialty Consults?

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*12. According to the definitions above, how would you rate the overall quality of the education provided to the patient and family by primary clinicians and by consultants (physician and non-physician)?

○ Excellent   ○ Poor

○ Good   ○ Very Poor

○ Adequate   ○ Unable to Judge or N/A

Comments

[   ]

Overall Quality of Care

*13. Considering everything you know about this patient, how would you rate the overall quality of care delivered to this patient during the period of care you reviewed?

○ Excellent Care   ○ Below Average Care

○ Good Care   ○ Poor Care

○ Average Care

Comments

[   ]

Some early changes….

- Eliminated a question that asked "Would you recommend this provider for a family member?"

- Added comment boxes to **all** questions

- Added rubric for medication question

- Force comment if a score of poor is given

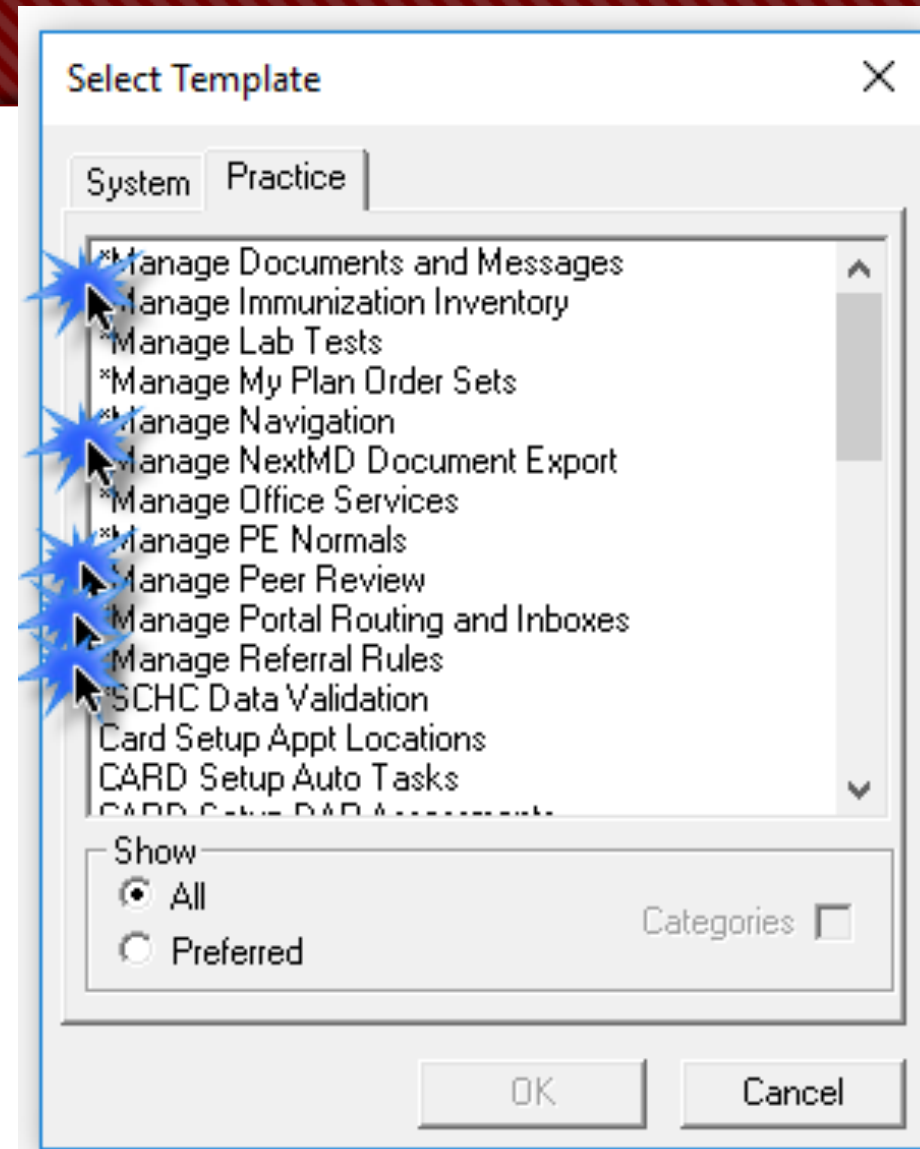- Other than that, no substantive changes to the process.

The Process/Tools

- NextGen EHR platform
- System Practice Templates for Configuration
- SQL Server Reporting Services (Enterprise)
- SQL Jobs
- Survey Monkey (Premier Plan)
- STATA analysis tool
- Peer Review Committee
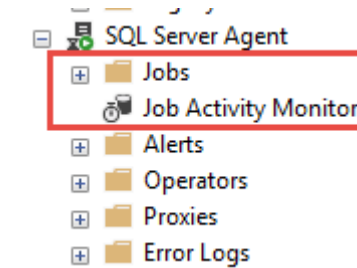
System Practice Templates

- Designed to give clients real-time control over template features and processes

- Part of the core software design

- System allows for creative additional functionality

- Benefits/Liabilities

- We have vigorously exploited this tremendous opportunity

Select Template

System | Practice

- *Manage Documents and Messages
- *Manage Immunization Inventory
- *Manage Lab Tests
- *Manage My Plan Order Sets
- *Manage Navigation
- *Manage NextMD Document Export
- *Manage Office Services
- *Manage PE Normals
- *Manage Peer Review
- *Manage Portal Routing and Inboxes
- *Manage Referral Rules
- *SCHC Data Validation
- Card Setup Appt Locations
- CARD Setup Auto Tasks
- CARD Setup DAR Assessment

Show
- ⦿ All
- ○ Preferred

Categories ☐

OK | Cancel

Manage Peer Review Template

- 3 Panels for 3 Processes to control:
  - Who will be reviewed?
  - Which charts should be selected/Removed?
  - Who will do the reviewing?

Peer Review

Providers to Review

Filter: [   ]

▶	Ahlers II MD Gordon	FT
▶	Ascherman FNP Harold	PT
▶	Avila NP Andrea	FT
▶	Baldwin NP Erin	FEL
▶	Bosworth MD Jeffrey	FT
▶	Botcharnikova PA Larissa	FT
▶	Bratton-Sandoval PA-C Dorothy	FT
▶	Brom PsyD Amy	FT
▶	Carter MD Kelly Duane	FT
▶	Charles NP Ursline	FEL
▶	Choudhry MD Sara	FT
▶	Cooper PA-C Elisabeth	FT
▶	Crume DC Brian	PT
▶	Curran MD Jesse	RES
▶	Davainis MD Paul	FT
▶	Dugan MD Sean	FT
▶	Fagan PA-C Trisha J	FT
▶	Featherstone DO Bryan	PT
▶	Freeberg DO Adam	FT
▶	Gamboe PA-C Robert	FT
▶	Greenberg MD Greg	PT
▶	Grover DO Rhett	FT
▶	Hans DO Madhupreet	RES
▶	Hawley DPM Mitchell	PT
▶	Johnson MD Paul	FT
▶	Knickerbocker DO Pamela	FT
▶	Krishna MD Vasanthi	FT
▶	Lode MD George J	FT
▶	Luo MD Alan	FT
▶	Lupeika MD Debra	FT

69
178

Who will review?

- We cannot expect all providers in our practice to participate

- Telemedicine, Specialists, Moonlighters, Per Diem etc.

- Most of the reviewing is done by FT/PT staff

- Requires Coordination/Process with HR to add/remove users

- Employee Number Field/Sys Admin is leveraged for categorization.

What charts should we use?

Used to remove confidential charts

VIP – Board Members, Senior Leadership, etc

Schedule

- Each provider/reviewer gets one task sent every Monday.

- They can open it and complete it whenever they like so long as all Peer Review tasks are done prior to the end of each quarter.

- We track for compliance and the CMO receives a quarterly report.

- Reports are usually emailed to providers and medical directors within two weeks after the end of the quarter.

| Appointments | Provider Approval Queue | Patient Portal |

!	☑ Due Date ▽ P Subject	Description
⚙ ☐	10/16/2018 B Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:09/18} Refill Request: To be Dispen
⚙ ☐	10/15/2018 P Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:03/18} Refill Request: To be Disper
⚙ ☐	10/15/2018 F Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:08/18} Refill Request: To be Dispen
⚙ ☐	10/15/2018 M Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:06/18} Refill Request: To be Disper
⚙ ☐	10/15/2018 N Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:08/17} Refill Request: To be Disper
⚙ ☐	10/15/2018 A Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:09/18} Refill Request: To be Disper
⚙ ☐	10/15/2018 K Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:08/18} Refill Request: To be Disper
⚙ ☐	10/15/2018 B Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:09/18} Refill Request: To be Dispen
! ⚙ ☐	10/15/2018 W RE:	If you started pt on Chantix, you need to have a follow-up schedule
⚙ ☐	10/15/2018 J Gamboe PA-C, Robert	[PCC: Gamboe PA-C, Robert] {LV:10/18} Refill Request: To be Disper
⚙ ☐	10/15/2018 R Peer Review	Please review the attached chart for the 09/26/2018 encounter and
⚙ ☐	10/14/2018 Unmatched Refill Reqs	Failed to Match SureScripts Request

RES Residency

NonClinical, Staff

Weight

Allergies 0   Problems 2   Diagnoses 13   Medications 2

Address:

MRN:

Email Address: **declined**

Pref. Language: **Spanish**

Pharmacy: **Rite Aid - Cypress...**

Contact:

NextMD: **No**

Gender Identity:

!Alerts

UpToDate   Patient Info   Note to Self   ❖ Sticky Note   ❖ Referring Provider   ◆ HIPAA   ❖ Adv...

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https://www.surveymonkey.com/r/7B3HLC6?ENCNBR=5373706&REVCOI

Search...

⭐ 🌐 CareAlign Suite - Charles ...   G Google   e Steering Committee Lead...

Home ▾   🏠 ▾   📧 ▾   🖨 ▾   Page ▾   Safety ▾   Tools ▾   ❓ ▾

Shasta Community Health Center
a california *health⁺* center

Peer Review

Chart Review Perspective: *Imagine you are suddenly asked to take over care for this patient.*

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For Minor or Acute Illness: You arrive just in time to make diagnoses and initiate treatment based on the assessment data already collected. Evaluate the extent to which pertinent assessments have been performed and documented.

OK

0 of 13 answered
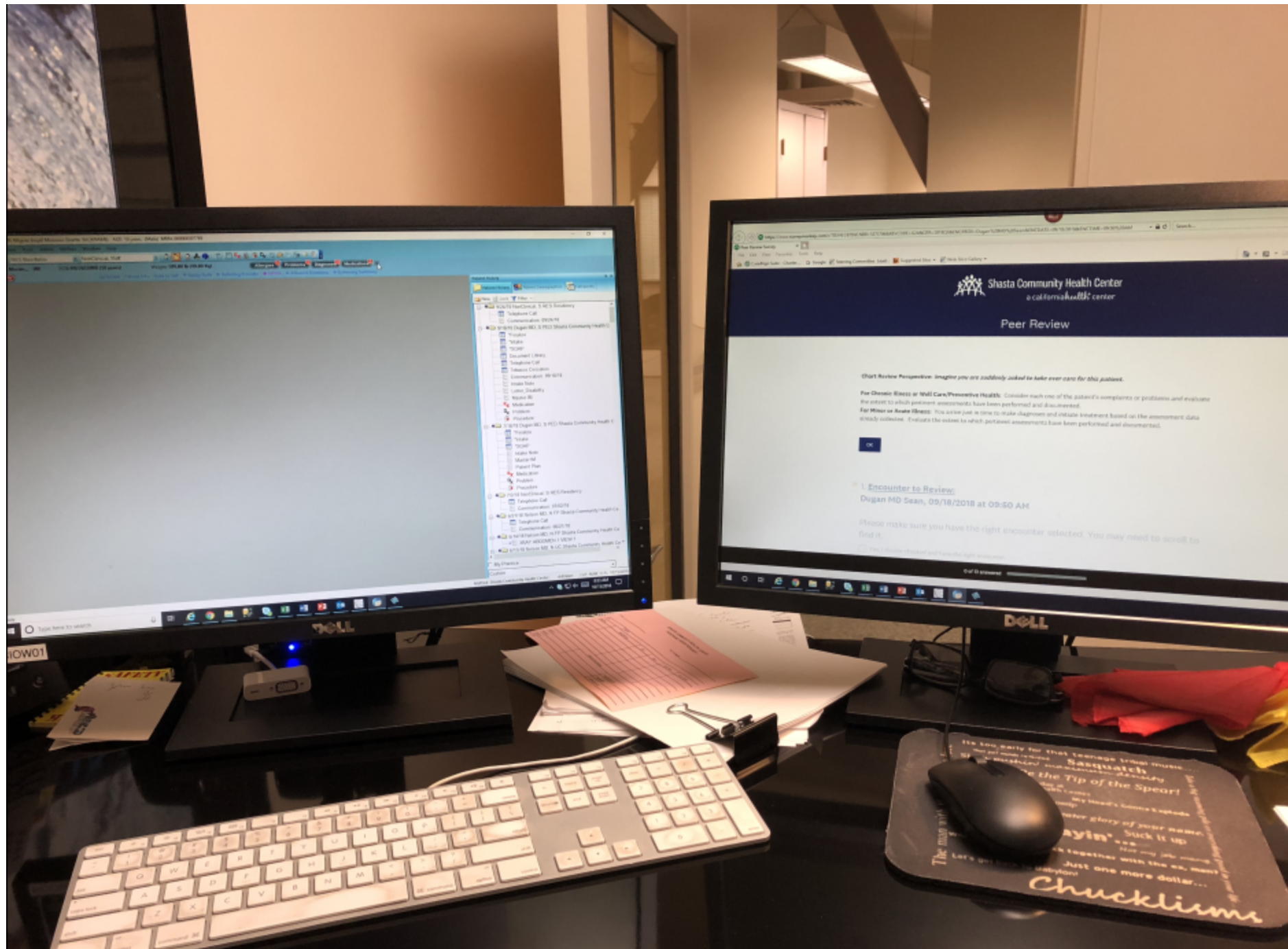
Early Lessons Learned

- This has helped us identify systemic issues in our processes. (Ex. Not taking)

- Dental integration means even more eyes on the chart than usual – mutual professional grace

- Rubrics help – changes are coming

Med Reconciliation

Poor Scripting by MA staff
   MA's can't stop meds
   Document Not taking
   No follow-up reason
   Difficult to erase
Identified as a systemic issue
   Resolved by new workflow
   Informatics built new tools

Medications *(Active)*

Medication Name	Sig Desc	Comment	Dx Code
amitriptyline 25 mg tablet	take 1 tablet by oral route every day at bedtime	not taking	
hydroxyzine HCl 25 mg tablet	take 1 - 2 Tablet by oral route once as needed for sleep	not taking	300.00
Mobic 15 mg tablet	take 1 tablet by oral route every day	taking as directed	
Norco 5 mg-325 mg tablet	take 1 tablet by oral route bid as needed for severe pain	prn use	
paroxetine 40 mg tablet	take 1 tablet by oral route every day	taking as directed	
Tylenol Extra Strength 500 mg tablet	take 1 tablet by oral route every 4 hours as needed for HA	prn use	
Valium 5 mg tablet	take 1 tablet (5MG) by ORAL route 1 times every day as needed severe anxiety	prn use	386.10

Results

1. The chronic problem list is complete and informative in regards to providing on going treatment.

	Excellent	Good	Adequate	Poor	Very Poor	Not Needed/Not Done	Average Score

	Excellent	Good	Adequate	Poor	Very Poor	Not Needed/Not Done	Average Score
Reviewee	CURRENT n=4	CURRENT n=4	CURRENT n=0	CURRENT n=2	CURRENT n=0	CURRENT n=0	CURRENT n=10 Avg=3.00
	CUM n=16	CUM n=15	CUM n=8	CUM n=4	CUM n=0	CUM n=0	CUM n=43 Avg=3.00
	SCHC ALL n=110 24.28%	SCHC ALL n=238 52.53%	SCHC ALL n=67 14.79%	SCHC ALL n=38 8.38%	SCHC ALL n=4 0.88%	SCHC ALL n=4	SCHC ALL n=457 Avg=2.90
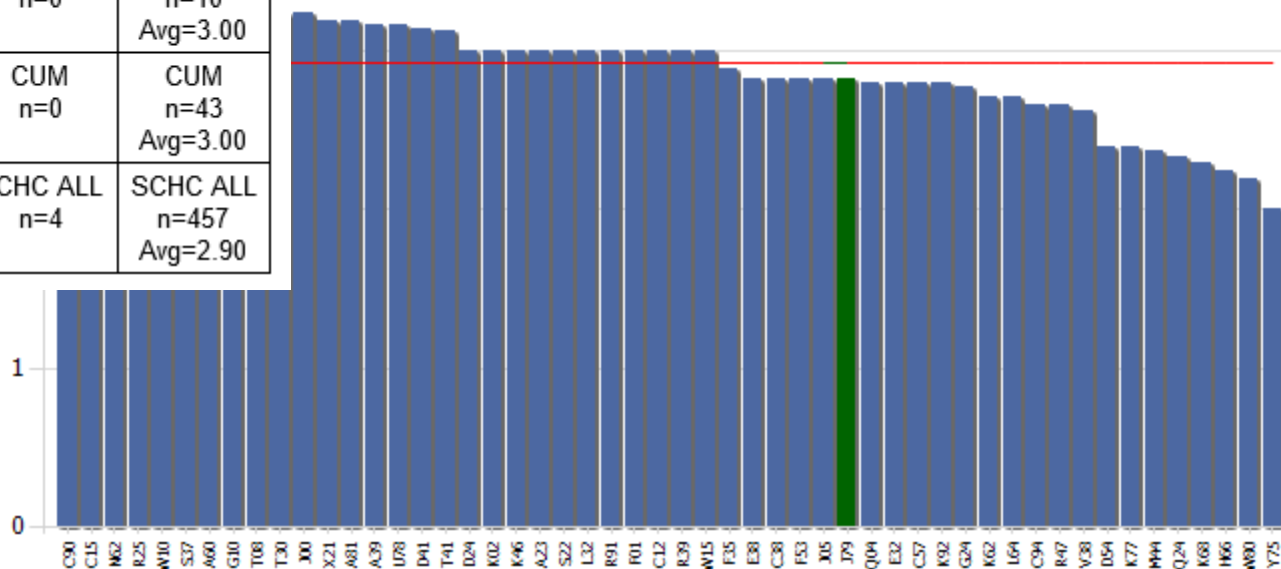
The Road ahead...

- Change is hard – questions and weighting can be compromised

- Aggregate reporting for administrative purposes/trending

- More emphasis on coordination of care

Anecdotes

- "It definitely saves time as far as the reviews. Knowing who did the encounter does influence my review a bit, even though I try not to be biased. I could usually figure out when it was redacted though anyway."

- "I think the digital chart review is an excellent system. Once I learned the system, I can quickly scan the chart looking for the pertinent information and then fill out the questionnaire. It has tremendously increased my efficiency and I think it has helped us to obtain good information in the most efficient and "pain free" way possible. I'm very thankful for it."

- "Easy and fairly efficient way to incorporate into my weekly workflow."

- "I like it, it's easier than looking at the paper charts and less wasteful."

- "Accessible, Fits into the provider's workflow, Need two screens for convenience, Great addition to our process, So glad to be rid of paper in this process."

Questions?