Digitizing Peer Review

Using the EHR for Chart Review
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Redding CA
Agenda

Background Information
- History/Vitals
- Problems/Goals
- Implementation
- Lessons Learned/Process Improvements
- Current State/Feedback/Analysis
- Questions and Answers
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.
The Paper Process

- Lack of engagement
- Time consuming
- Low volume
- Infrequent results
- Often difficult to assess care with just one note
- Stay in line with Quarterly schedule
- Improve data collection
- Increase engagement
- Decrease "burden"
- Provide "longitudinal" look
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 to make things easier
Questions (Continued)

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

3. The chronic problem list is complete and informative in regards to providing ongoing treatment.

- Excellent
- Good
- Adequate

Comments

4. Completeness and accuracy of the medication list.

- Excellent
- Good
- Adequate

Comments

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.

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
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
- Good
- Adequate
- Poor
- Very poor
- 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
- Good
- Adequate
- Poor
- Very Poor
- Not needed/Not done

Comments
Questions

- 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.


- Excellent
- Good
- Adequate
- Poor
- Very Poor
- Not needed/Not done

Comments

[space for text]
Questions

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

* 10. Between primary clinicians and this patient.
  - Excellent
  - Good
  - Adequate
  - Poor
  - Very Poor
  - Unable to Judge or N/A

Comments

* 11. Between other providers (e.g., consultants) and this patient.
  - Excellent
  - Good
  - Adequate
  - Poor
  - Very Poor
  - Unable to Judge or N/A

Comments
Questions

- Overall Quality/Coordination
- Dental? Integrated Behavioral Health? Specialty Consults?

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
- Good
- Adequate
- Poor
- Very Poor
- 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
- Good Care
- Average Care
- Below Average Care
- Poor 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
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?
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
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.
Peer Review

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.
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

<table>
<thead>
<tr>
<th>Medications (Active)</th>
<th>Sig Desc</th>
<th>Comment</th>
<th>Dx Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amitriptyline 25 mg tablet</td>
<td>take 1 tablet by oral route every day at bedtime</td>
<td>not taking</td>
<td></td>
</tr>
<tr>
<td>Hydroxyzine HCl 25 mg tablet</td>
<td>take 1 - 2 Tablet by oral route once as needed for sleep</td>
<td>not taking</td>
<td></td>
</tr>
<tr>
<td>Mobic 15 mg tablet</td>
<td>take 1 tablet by oral route every day</td>
<td>taking as directed</td>
<td></td>
</tr>
<tr>
<td>Norco 5 mg-325 mg tablet</td>
<td>take 1 tablet by oral route bid as needed for severe pain</td>
<td>pm use</td>
<td></td>
</tr>
<tr>
<td>Paroxetine 40 mg tablet</td>
<td>take 1 tablet by oral route every day</td>
<td>taking as directed</td>
<td></td>
</tr>
<tr>
<td>Tylenol Extra Strength 500 mg tablet</td>
<td>take 1 tablet by oral route every 4 hours as pm use needed for HA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valium 5 mg tablet</td>
<td>take 1 tablet (SMG) by ORAL route 1 times pm use every day as needed severe anxiety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results

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

<table>
<thead>
<tr>
<th>Reviewee</th>
<th>Excellent</th>
<th>Good</th>
<th>Adequate</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Not Needed/Not Done</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewee</td>
<td>CURRENT n=4</td>
<td>CURRENT n=4</td>
<td>CURRENT n=0</td>
<td>CURRENT n=2</td>
<td>CURRENT n=0</td>
<td>CURRENT n=0</td>
<td>CURRENT n=10Avg=3.00</td>
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<tr>
<td>CUM n=16</td>
<td>CUM n=15</td>
<td>CUM n=8</td>
<td>CUM n=4</td>
<td>CUM n=0</td>
<td>CUM n=0</td>
<td>CUM n=43 Avg=3.00</td>
<td></td>
</tr>
<tr>
<td>SCHC ALL n=110</td>
<td>SCHC ALL n=230</td>
<td>SCHC ALL n=57</td>
<td>SCHC ALL n=30</td>
<td>SCHC ALL n=4</td>
<td>SCHC ALL n=4</td>
<td>SCHC ALL n=457 Avg=2.50</td>
<td></td>
</tr>
</tbody>
</table>
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?