

Electronic Health Record: Consensus Statement Survey





EHR Consensus Statement Survey Results

What:

- Participants took a 18-question online survey

Participants:

- 27 individuals responded the survey

Purpose:

- To gather feedback from representatives from key organizations to discuss the Electronic Health Record Consensus Statement and possible priorities for supporting colorectal cancer screening and removing health disparities

SECTION I

RECOMMENDATIONS FOR WORKING WITH VENDORS

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Is there anything missing from this list?

Balance EHR functionality and provider/staff workflows. Who should enter information? ``

Provide additional access to expertise during training, including refresher training

Order fecal tests in bulk; offer direct interfaces with external labs to provide results/billing

System-generated reports should make it easy for care managers and others to identify patients with gaps



Is there anything missing from this list?

Order the testing; make spreadsheets and reports case-manager friendly

Address ICD 10 coding to remedy family/personal history functionality; improve documentation for surgical histories; distinguish between 1st and 2nd degree relatives

Incorporate referral tracking

Ability to document provision of FIT/FOBT test kits to monitor completion



Is there anything missing from this list?

Allow for cross populating screening intervals based on colonoscopy results

Add option for providers to enter reasons that screening tests may not be indicated; patient preferences

Create registries

Explicitly link the documentation message to develop appropriate reports on the backend.



Is there anything missing from this list?

Structure EHR data fields so they a) are searchable and b) generate a report to track cancer screening performance

Add periodic prompts to update family history, and FOBT/FIT returns

Develop a single CRC screening indicator that is transferred to the dashboard from annual stool testing or colonoscopy fields



Is there anything missing from this list?

Improve presentation of cancer screening tests; add summary page that includes all types of cancer screening data such as reports, scans, and images, by test type

Extend summary page/dashboard beyond cancer screening to enhance appeal to vendors and PCPs



Is there anything missing from this list?

Provide a more concrete design standard for documenting prior colonoscopies

Clarify who is developing the alert rules; determine who will receive alerts; review effect on “alert fatigue”

Investigate viability for training costs



Of the items in the list, which are not feasible, practical, or controversial?

General burden for providers; time consuming

Remove training and refresher training requirement to cut down on requests

Review the feasibility of entering in old colonoscopy in one or two clicks

May be difficult/time consuming to capture family history in EHR



Of the items in the list, which are not feasible, practical, or controversial?

Prioritize listed items due to varied difficulty and varied benefit; impractical to devote attention to everything

Locally modifiable systems is something already supported by EHR vendors

Alert fatigue

Improved training at onset of EHR may be difficult/unreasonable objective

Section a) lacks structured results.



Of the items in the list, which are not feasible, practical, or controversial?

Change family history section description to emphasize alerts and flagging of significant history; many EHRs already incorporate family history; free text of family history section poses problems

Refresher training may be of less importance; with improved initial training comes reduced turnover

Modifying EHR systems to an extreme makes info exchange challenging; if kept, elaborate and clarify



What advice do you have on working with vendors?

Focus on ease of use; reducing number of clicks to enter/review data

Work on the demand side of the equation; get end users engaged

Develop collaborative user groups with vendors and methods to rapidly spread best practices

Engage with vendors that may already be working on these issues; emphasize collaboration rather than correction



What advice do you have on working with vendors?

Prioritize interactions with vendors on actions that will yield greatest benefit

NCCRT meeting about EHR will help to develop vendor strategy

Develop standards that EHR vendors are required to meet

Close loop functionality



What advice do you have on working with vendors?

Make claims data bi-directional with insurers

Build better reporting into EHR

Align clinical enhancements with other disease states

Vendors should hear the request from GI and related societies



What advice do you have on working with vendors?

Offer more guidance to vendors on the patient side

Consider detailed and practical design; empathy for overburdened PCPs

Find external funding for training

Highlight the potential EHRs have to get vendors onboard



What advice do you have on working with vendors?

Develop expert-decision support through algorithms to help vendors create universal decision support

Send delegates to vendor user group meetings to initiate change

Provide examples for an editable cancer screening summary and an optimal family history section

Provide vendors with standardized workflows based on evidence-based practices and screening guidelines

Make it easy to transfer documents and information from system to system so patient record is portable



What advice do you have on working with vendors?

Work with multiple vendors to encourage some competition; make it scalable and usable through cloud

Present concrete use-cases and identify specific goals

SECTION II

RECOMMENDATIONS FOR NCCRT/NACHC

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Is there anything missing from this list?

Get CHC end-users of these systems to put pressure on EHR vendors

Define PCAs as mechanisms to spread best practices into all states; communicating importance of CHC management

Mention best practices manual; sharing best practices, both from operations and policy perspectives

Run and scale QI projects to move needle (e.g., NACHC, Million Hearts)



Is there anything missing from this list?

Highlight linkages between broad EHR/QI steps providers need to take to remain viable in business; highlight CRC-specific things necessary to achieve CRC goals

Create reporting standards within EHR

Engage and educate clinicians to use provided information

Include language about external reporting/sharing data



Is there anything missing from this list?

Set up mentoring connections between CHCs and model super users or other high-performing CHCs; identify champions

Encourage national benchmarking

Target insurance company risk contracts and accountable care organizations to include CRC measures

Have HCCNs facilitate the goals; invest in HCCNs to reach all CHCs in their network



Of the items in the list, which are not feasible, practical, or controversial?

Monthly reports (too frequent; excessive)

Secure funding (seems vague without providing how-to)

All are a stretch (unsure how to implement)

All are important, but due to resource scarcity, should be prioritize



What advice do you have on how to promote these directions?

Provide extra funding for administrative personnel

Develop model best practices

Plan seems overly optimistic; step back and prioritize

Present goals to CHC leadership group; generate support for CHCs

Improving patient awareness/demand



What advice do you have on how to promote these directions?

Need to establish compelling business case with follow-through support

Rate vendors on ability to meet reporting criteria

Use NCCRT meeting about EHR to develop promotional strategy

Develop a thorough understanding of the factors that influence various CHC leadership to tailor approach

Include other major stakeholders, including NCQA



What advice do you have on how to promote these directions?

Promote success of high performers

Ensure reports are meaningful to the recipient

Develop local champions

Reward (financially or through recognition) the CHCs who do this the best



What advice do you have on how to promote these directions?

Encourage quality improvement committees

Measure alignment

Call on people involved in EHR implementation at hospitals

Recognize that the ACA will enable many of these patients to move to other systems; patient record portability is important; make it scalable

SECTION III

RECOMMENDATION FOR EHR TRAINING AND SUPPORT

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Is there anything missing from this list?

Establish funding

Find out if vendors already have resources to address some of these issues (e.g., troubleshooting FAQ section on website)

SWAT teams and consultants to design and test; plan to start small to show early successes



Is there anything missing from this list?

Add mechanisms to enable CHCs to accelerate sharing/learning on QI in general and QI for screening.

Create must-have workflow elements; leverage voicemail, texting, emailing

EMR vendors should create resources to allow other organizations to provide EMR-specific training.

Focus more on follow-up training and less on intense initial training



Is there anything missing from this list?

Create super-users

Ensure models as applicable for sharing across organizations



Of the items in the list, which are not feasible, practical, or controversial?

Define who will do it and how it will be paid for

Need to prioritize and focus on highest yield/lowest resource activities

Training material would need to be constantly updated

Standard or best practice workflows need to be vetted by multidisciplinary sources



Of the items in the list, which are not feasible, practical, or controversial?

Workflows that ensure that materials are given to the patient are more important than patient education material itself

PCAs may not have enough resources or sufficient technical expertise to help



What is the best way to make this training and support happen?

Have HRSA tie funding to quality initiatives

Work through NACHC; engage vendors

Ask for it as high up in the CHC structure as possible; make it part of the negotiation of EHR contracts

Generate a consensus among CRCs to submit to vendors



What is the best way to make this training and support happen?

Prioritize by health centers; counsel health centers on different stages of change; have realistic expectations

Determine who would do each of these things; business case for that entity to do them

Facilitate user groups, discussion threads, and use the HCNNY-type organization to coordinate/disseminate

Use NCCRT/EHR meeting to develop training/support strategy



What is the best way to make this training and support happen?

Pay SWAT teams/advisors

Add educational efforts to clinician's workflow to the point of care/use as opposed to add-on training.

Create self-assessment modules so clinicians can gauge need for additional training

Create additional training materials that can be quickly communicated and available on accessible platform.



What is the best way to make this training and support happen?

Keep it simple enough so that formal training is not needed; work with EHR vendor to keep information relevant and receive feedback

Finding ways to reduce turnover of experts

Enthusiastic super-users

Develop and deliver through streaming video or webinar

SECTION V

RECOMMENDATIONS FOR EHR FUNCTIONALITY

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Is there anything missing from this list?

Workflows needed to vary depending on the type of FIT and where it was processed

Consolidate and organize the individual recommendations into a more concise, stakeholder-specific set

Current "reward" models favor those doing the best and reduce the incentive to share how

Create a place where CHC's can collaborate to develop and iteratively improve workflows

Everyone needs to understand the implications of putting in bad data



Of the items in the list, which are not feasible, practical, or controversial?

EMR vendors often have added costs to desirable features

Reminder systems tend to be difficult to setup and often difficult to maintain

Not sure it is realistic for organizations to give away their intellectual capital

Follow-up on referrals is challenging because of small staffs at CHCs

AGNOSTIC model workflows that reflect best practices in colorectal screening



What advice do you have on improving EHR functionality?

Many are currently extremely cumbersome to navigate

Development and use of self-assessment modules

NCCRT or NACHC set up an online site where common questions could be posted and other users can share their solutions, work-arounds

Automation for appointments with providers outside of the CHCs

Give vendors expert advice when they are creating their "model workflows" so that they reflect best evidence



What advice do you have on improving EHR functionality?

HCCNs and PCAs can advocate for the above and can recognize high performing health centers

Develop workflows around the EHR instead of vice versa

Make it simple, easy to use, scalable., and allow sharing of best practices

SECTION V

RECOMMENDATIONS FOR EHR BEST PRACTICES

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Is there anything missing from this list?

Supplemental training and shadowing of providers after they have been using the EMR for a period of time

Specify items that can be done by support staff

Ability for a provider to run a self report at the end of a clinical day is very effective in identifying

Ensure people understand the system and the local workflows is essential to success



Is there anything missing from this list?

Collect information related to overall health system impact of use of the EHR

Close the loop on referrals

View related information without having to navigate away from a window

Investments in Health Center Controlled Networks



Of the items in the list, which are not feasible, practical, or controversial?

Instead of shadowing a provider for training, it would be better to have a short on-line tutorial within the EHR experience

Mailing postcards contradicts the 2 click method of documenting referenced earlier

If there is too much automation things like people who may need more frequent screenings will fall through the cracks



What advice do you have on promoting best practices?

Limited personnel may be one of the key barriers to implementation and funding

Maybe vendors could provide information on best practices to health organizations that they can adapt

Use NACHC and support their quality center as a clearing house to coordinate with PCAs and

Use HRSA to make sure there is an easy to use support system that gets to all the CHCs in every state



What advice do you have on promoting best practices?

Challenge is to show the need to make this best practice functionality better and easier for providers to use

Develop a marketing campaign to really push these ideas

Too narrowly focused, make it generalizable to other places where CRC screening is done

Take time to train and test before launching system wide



Do you feel the focus of the statement is appropriate?

Great content in the consensus draft, need more work to make the material easier for stakeholders to digest and take action on

The focus seems rather diffuse - in some cases specific to CRC and others more general to EHR use and training

Engage ONC in some of this work

Resource constraints for the CHCs and vendors



Do you feel the focus of the statement is appropriate?

Emphasis on creating standards that all vendors can implement

A more streamlined, more prioritized tool and a specific plan for engaging vendors

Balance of specific actions that will move the needle on CRC and broader actions that deliver value to stakeholders

Need specific, meaningful steps each stakeholder group can realistically take



**Thank you for your
feedback!**