Purpose of Today’s Webinar

• Introduce the new eClinicalWorks Best Practices Workflow and Documentation Guide
• Review lessons learned in guide development
• Review EHR best practices to improve clinical workflow around CRC screening
• Hear real-life perspective of FQHC putting the guidance into practice
• Q&A
EHR Best Practices Workflow Guide: eClinicalWorks

Guidance on:
- Supporting CRC screening
- Documenting family history
- How and where to enter orders
- Generating referrals
- Entering test results
- Creating insurance claims

nccrt.org/about/provider-education/ehr-best-practice-workflow-and-guide-eclinicalworks/
Presenters:

Mary Doroshenk, MA (Moderator)
Director, National Colorectal Cancer Roundtable

Sandy Cafarchio
Executive Director, Health Center Network of New York

Michelle Tropper, MPH
Clinical Quality Improvement Coordinator, Health Center Network of New York

Carla Henke, MD
Chief Medical Officer, Community of Hope
EHR Best Practices Guide:
What we know and what we don’t know

National Colorectal Cancer Roundtable
May 5, 2016

Sandy Cafarchio  Michelle Tropper, MPH  Carla Henke, MD
Executive Director  CQI Coordinator  Chief Medical Officer
Health Center Network of New York  Community of Hope
Colorectal Cancer Screening

I have to convince the patients they need it…try to help them pay for it…look for transportation assistance if necessary…nag them to be sure they get it done…follow-up to be sure I receive the results…

AND YOU’RE WORRIED ABOUT HOW I DOCUMENT IT?!
EHR Best Practice Workflow & Documentation Guide

- Key Features:
  - Process flows for FIT/FOBT and Colonoscopy Screening and follow-up
  - Documenting follow-up outreach for incomplete tests
  - Notifying patients of test results
  - Documenting family history
FIT/FOBT Workflow – Goals

- Track and measure:
  - Cards distributed and returned
  - Tests done for average risk CRC Screening
  - Follow-up/communication with patients to return cards
  - Follow-up/communication with patients on test results

- Associate Lab Order with ICD-10 code

- Ensure appropriate billing for test (if billing)

- Document Test Results

- Generate Referral for follow-up colonoscopy if test result is positive
FIT/FOBT Workflow - Challenges

Billing in eCW (may vary in other EMRs)

Procedure codes (CPTs) can be tied to orders, users prompted upon order to include CPT.

⇒ No such prompt exists when entering results or indicating receipt of samples (necessary for FOBT/FIT). Some centers billing “accidentally” upon order due to CPT linkage, others not billing at all due to complexity.

⇒ Recommended Workflow offers options for current and future orders that address this issue.
Future Orders
Advantages:
- Promotes tracking of outstanding tests
  - “Current” vs. “Future”
- Allows CPT code to be linked to order
  - Automatic billing once the order is made “Current”
Disadvantages:
- Orders can’t be transmitted while in Future status
Colonoscopy Workflow - Goals

- Track and measure:
  - Tests done for average risk CRC Screening
  - Tests done as follow-up to positive FOBT
  - Tests done for high-risk patients
  - Follow-up/communication with patients to make appointment with specialist
  - Follow-up/communication with patients on test results

- Document Test Results
- Document Follow-up
Colonoscopy Workflow - Challenges

- **Reason for colonoscopy referrals**
  - Educate that for the centers’ purpose, ICD-10 Code is a *reason* code, not a *billing diagnosis code* (GI is responsible for billing).
  - Workflow recommends associating referral with ICD code.

- **Date test was performed**
  - Order date commonly used as the date the test was performed, which often is the date the patient was referred.
  - Workflow recommends including date test was performed in the DI Order.

- **Colonoscopy results - inconsistent capture**
  - Patient usually gets results from specialist after colonoscopy.
  - Need to determine lines of responsibility for patients co-managed by specialist.
Colonoscopy Workflow – DI Order & Colonoscopy Referral

- Associate with ICD-10 Code
- Record date test was performed
- Document follow-up attempts with Structured Data
Colonoscopy Workflow – Documenting Results

- Date test was performed
- Date results were received
- Positive or Abnormal – High Priority
- Positive for polyps – Abnormal
- Create patient specific alert for more frequent screening
- Positive for cancer – Positive or Cancer
- Add diagnosis to Problem List
- Referral to oncologist
Tracking, Follow-up & Closing the Loop Challenges

- **Automated messaging**
  - Task lists for referrals and orders are available. Letters, *automated messaging* (SMS, phone, portal) can be used.
  - No clear best practice; challenging to design efficient workflow utilizing the right fields to support automated messaging.
  - Workflow recommends using Structured Data in Referral to document follow-up.
Referral Tracking
**Closing the Loop – Structured Data**

- **Was appointment made?**
  - Yes: Attempt to contact patient and specialist 3 times to confirm patient went to appointment.
  - No: Document follow-up attempts from pending file in structured data tab in referral window.

- **Structured Data**
  - Notes from the follow-up attempts can be entered in the notes field for each of the structured data questions.
  - When creating the follow-up call questions in the structured tab, choose the first date option from the drop-down menu.

- **Additional notes for each attempt can be added by clicking on the notes field.**

- **Diagnosis / Reason**
  - **Visit Details**
  - **Notes**
  - **Structured Data**

- **Log**
  - **Scan**
  - **Attachments**
  - **Default for All**
  - **Clear All**
  - **Send Referral**
Provider Challenges – CRC Screening

“We are still working on the basic habit of CRC screening and have not looked separately at risk factors. Family history would be the natural next step. A history of familial polyposis would further increase the risk and importance of screening, but is generally not known within families.”
“I don’t think we can impose on clinicians or staff to get more detailed or comprehensive in the history taking and documentation. It is a setup for liability issues, too time consuming, and difficult to document and then flag as an ‘alert’ in the current EMR. I believe the best hope is in universal screening tests, made inexpensive. Our patients, for example, often do not have a good picture of two parents and their genetic history.”
“The newer the provider, the more open they are to suggestions. People like to have options [for documenting in the EHR].”
CRC Data Capture Challenges

- Growing desire to work within the EHR rather than from external registries to improve efficiency
- Years of creative workflows and poor data capture to overcome, primarily with Results documentation

Query of patients seen in August 2015 with an FOBT/FIT result on file showed only 162 of the 5,356 results (3%) were “junk results”. HUGE improvement from 3 years ago!
Family History – Cancer Goals

Key elements for minimum adequate cancer family history:

- First-degree relatives: siblings, parents, children
- Second-degree relatives: grandparents, aunts, uncles, grandchildren, nieces, nephews, half siblings
- Both maternal and paternal sides
- For each cancer case in the family establish:
  - Age at cancer diagnosis
  - Type of primary cancer

*The Journal of Clinical Oncology, 3/10/2014, Volume 32, Number 9*
Family History Challenges

- Limited views of **structured data capture**
  - Identified vendor enhancement requests.
- **Age at diagnosis** exists, but is not intuitive
  - Identified vendor enhancement requests.
- Doesn’t allow for **ICD code entry and doesn’t link to problem list**
  - Workflow recommends documenting family history of colon cancer and other risk factors for CRC in Medical History and Problem List using the ICD-10 code.
Documenting Family History

<table>
<thead>
<tr>
<th>Relation</th>
<th>Status</th>
<th>Age</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Alive</td>
<td>75</td>
<td>1980</td>
</tr>
<tr>
<td>Father</td>
<td>Alive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siblings</td>
<td>Alive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daughters</td>
<td>Alive</td>
<td>3001</td>
<td>14</td>
</tr>
<tr>
<td>Son(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paternal Grandfather</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Customize Columns

- Disorder
- Condition
- Diagnosis
- Disease
- Medical Condition
- Mental Condition
- Disorder History
- Medical History
- Mental Health History
- Disorder Information
- Medical Information
- Mental Health Information
- Disorder Description
- Medical Description
- Mental Health Description
- Disorder Notes
- Medical Notes
- Mental Health Notes
- Disorder History Notes
- Medical History Notes
- Mental Health History Notes

Hover mouse over blank space next to checkbox to get box for entering age at diagnosis.
Documenting Family History in Medical History and Problem List
CRC Screening - Exploratory Measures

Screening Colonoscopy Referrals

Screening Colonoscopy Referral to Completion Time

Adenomas detected during colonoscopy

Positive FIT/FOBT

Number of Referrals for follow up colonoscopies after positive FIT/FOBT
eCW Enhancement Requests

- **Family History**
  - Add column to capture ICD-10 code in a structured manner
  - Indicate that the box to the right of the checkbox is for age of diagnosis

- **Clinical Decision Support System (CDSS)**
  - Improve alerts to allow for more granular logic such as Colonoscopy in 10 years OR FOBT/FIT in 1 year..., OR screening in XX years if they have a diagnosis of xxx
  - At a minimum, order the colonoscopy and FOBT alerts sequential in the CDSS display

- **Results Fields**
  - Create structured results field in addition to the free-form results field available today

- **Order Screens**
  - Provide access to Dx field regardless of where launched

- **Lab Order - FIT/FOBT Results**
  - Option for CPT Code association upon result entry
Lessons Learned

- Billing with FOBT/FIT Testing
- Process for follow-up on FOBT/FIT
- Closing the Loop on Referrals for Colonoscopy
Questions?

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Questions
Join us for the following upcoming webinar

Wednesday, June 29th at 12:00 Noon EST
Guidance on implementing FIT-based screening programs

Speakers:
Durado Brooks, MD, MPH, American Cancer Society
Gloria Coronado, PhD, Kaiser Permanente Center for Health Research

Save the Date – Registration not yet opened
Acknowledgements

Thank you to the funding and partnering organizations whose support and contributions were instrumental in the development of the eClinicalWorks Best Practices Guide:

• National Association of Community Health Centers (NACHC)
• National Association of Chronic Disease Directors
• American Cancer Society
• National Colorectal Cancer Roundtable
• Health Center Network of New York member health centers

The eClinicalWorks Best Practices Guide was supported by Grant/Cooperative Agreement Number 5U58DP002759-04 from the Centers for Disease Control and Prevention (CDC). We acknowledges the contribution of the National Association of Chronic Disease Directors (NACDD) to the guide. Its contents are solely the responsibility of the authors and do not necessarily reflect the view of the CDC or NACDD.
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