



Outpatient Case Study: Improving Quality & Care Gap Closure Through Primary Care Rooming Redesign

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Our Footprint

- Mercy Health is a Catholic healthcare ministry serving Ohio and Kentucky.
- Mercy Health is one ministry serving seven regions in Ohio and Kentucky, pursuing one Mission to improve the health of our communities, emphasizing people who are poor and under-served. Together, our passion is to make lives better and make healthcare easier.



Our Impact

Communities We Serve

- Mercy Health — Cincinnati
- Mercy Health — Kentucky
- Mercy Health — Lima
- Mercy Health — Lorain
- Mercy Health — Springfield
- Mercy Health — Toledo
- Mercy Health — Youngstown


Serving Through Our Partners

- Akron — Summa Health

Facts & Stats

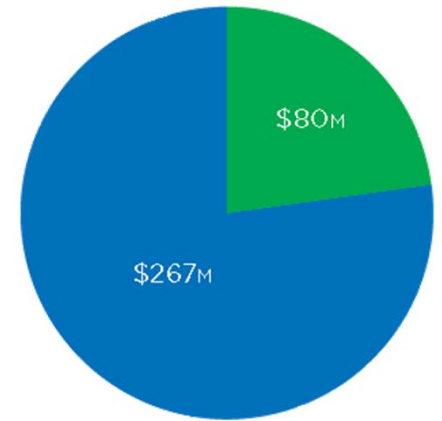
- Nearly 500 Places to Receive Care
- 23 Hospitals
- 7 Senior Health and Housing Facilities
- 7 Home Health Agencies
- Over 33,500 Employees
- 1,300 Employed Providers
- \$10.1 Billion/Year in Economic Impact in Ohio

In 2017:

- 6.8 Million Patient Encounters
 - \$6.8 Billion Total Assets
 - \$4.7 Billion in Net Operating Revenue
- 

Our Mission in Action

Investing over \$1 million a day



- In 2017, Mercy Health invested \$384 million to benefit the communities where we provide care, most of it targeted to help people who are poor and under-served.
 - \$267 million directly benefited the poor and under-served
 - \$80 million went to benefit the broader community

CarePATH Overview



CarePATH is Mercy Health's branding of Epic Systems EHR

CarePATH is a comprehensive, safety-oriented, patient-centered clinical information system using Epic information technology.

The "PATH" in CarePATH is:

Patient-centered **A**ccess to **T**eam-based **H**ealthcare

Informatics Governance Structure



- Build is governed by the clinically led CarePATH Informatics Committees
- Recommendations for system changes come from the end users and are vetted with the respective system committees
- Inpatient Informatics is co-chaired by two providers (medical and surgical) and two nurse leaders
- Ambulatory Informatics is co-chaired by both providers and a RN
- Currently have 15 certified Physician Builders, including two from our Connect partner and three working to certify

Recent Accolades

2018 HIMSS Davies Award Recipient

HIMSS Stage 7 Certifications

- All Mercy Ambulatory Practices
- 7 Acute Care facilities

Most Wired Advanced Winner

System Uptime Recognition from Epic

Epic Summa Cum Laude for Honor Roll



Outpatient Case Study:

Improving Quality & Care Gap Closure
Through Primary Care Rooming Redesign




Primary Care Rooming - Problem

- Ever-increasing list of responsibilities/tasks needing completion within Primary Care
 - Much of this landing on the shoulders of Rooming staff
- Crucial tasks being missed
 - Data Capture incomplete / quality measures not being met
 - Annual screenings being missed
 - Low care gap closure rate



Primary Care Rooming – Opportunity/Goals

- Streamline and standardize Primary Care Rooming workflow
 - Across entire system, employed and affiliate offices
 - Easily identify tasks needing completion
 - Blood Pressure Recheck
 - Depression and Fall Risk screenings
 - Height and weight documentation
 - Smoking status and counseling documentation
 - Reviewing allergies and medications
 - Increase care gap closure
 - A1C, Breast Cancer Screening, Colorectal Cancer Screening, Pneumococcal Vaccine
 - Make Rooming workflow more efficient to not add extra time
- 


Primary Care Rooming – Project Timeline

2017

- Jan-Feb: Information Gathering
- March: Redesign of User Interface for Rooming Staff
Regular Workgroup meetings
- April User Acceptance Testing
Training
Pilot
- May Go-Live
- September Post-live Enhancements



Primary Care Rooming – Planning

- Scope
 - Primary Care, Family Medicine, Internal Medicine, Geriatrics & Pediatrics Departments
 - 300+ departments, 1200+ users
 - Clinical Staff survey
 - 578 responders
 - What activities/tasks are most common and in what order?
 - What is most time consuming within Rooming workflow?
 - Series of work sessions with rooming staff and practice managers
 - Demo build / feedback / repeat
 - Involve experts from Quality Programs
 - What additional opportunities do we have to improve outcomes?
- 

Primary Care Rooming – Health IT Overview

- Consolidated behind-the-scenes system build
 - Standardization across 300 “like” departments
 - More agile for implementing future enhancements
- Completely redesigned the User Interface for Rooming staff
 - Increase Efficiency
 - Activities organized based on feedback to streamline flow through visit
 - Quick access to pertinent information to save time not digging through the Chart
- Developed new tools to improve quality / care gap closure
 - Visit Checklist prominently displayed to see what is needed/missing this visit
 - Order Set to pend orders related to closing care gaps

Primary Care Rooming – Build Consolidation

- Pre-Requisite to Project:
 - Each individual department had its own configuration record
 - Any system enhancements would have to touch 300+ records
 - Time consuming to make enhancements
 - Prone to errors if a department is missed
 - Similar departments could have slightly different build
 - Reduced from 300+ to 11 configuration records
 - Still needed to account for regional differences for placing orders/ancillary system
 - Set us up to deploy enhancements related to this project, ensure experience is consistent for training and support, and set us up to be more agile for implementing future enhancements



Primary Care Rooming – UI Redesign

BEFORE

The 'BEFORE' screenshot shows a traditional Epic EMR interface. On the left is a vertical navigation menu with icons for various functions like 'Chief Complaint', 'Vital Signs', and 'Medications'. The main content area is divided into several sections: 'Chief Complaint' with a text field, 'Recent Visits with Me' with a table of visit dates and descriptions, 'Vital Signs' with a 'New Set of Vitals' button, and 'Additional Vitals' with another 'New Reading' button. The interface is cluttered with many small buttons and text elements.

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AFTER

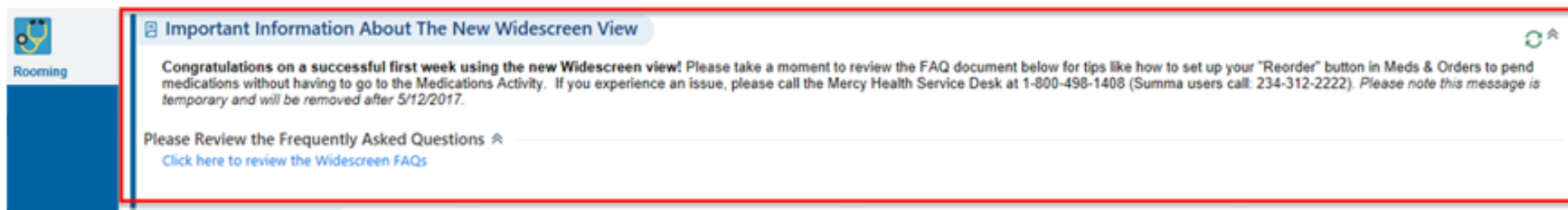
The 'AFTER' screenshot shows a redesigned Epic EMR interface. The layout is more modern and organized. A top navigation bar contains icons for 'Visit Information', 'Medications', 'Vital Signs', and 'SmartSets'. The main content area is divided into three main sections: 'Visit Information' (identical to the 'BEFORE' version), 'Reconcile Outside Info' (with a search bar and suggestions), and 'SmartSets' (with a search bar and a 'ROOMING STAFF HM SMARTSET - Please "Test" order!' suggestion). On the right side, a 'Visit Checklist' is displayed, listing items like 'Allergies need to be "Marked as Reviewed" today' and 'Medications need to be "Marked as Reviewed" today'. Below the checklist is a 'For More Information' section and a 'Health Maintenance' section with a table of pending orders.

Health Maintenance: Use Rooming Staff HM SmartSet to Pend Orders	Date Due
TSH testing	01/01/1980
Potassium monitoring	01/01/1980
Creatinine monitoring	01/01/1980
BNP screen	01/01/1980
DTap/Tdap/Td vaccine (1 - Tdap)	01/01/1980
Pneumococcal med risk (1 of 1 - PPSV23)	01/01/1980
Cervical cancer screen	01/01/2018
Flu vaccine (1)	01/01/2018

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Primary Care Rooming – UI Redesign

- A temporary on-screen informational/help section guided users through the transition to the new user interface design:



The screenshot shows a notification banner with a red border. On the left, there is a blue sidebar with a 'Rooming' icon and the word 'Rooming' below it. The notification banner has a title 'Important Information About The New Widescreen View' and a refresh icon in the top right corner. The main text of the notification reads: 'Congratulations on a successful first week using the new Widescreen view! Please take a moment to review the FAQ document below for tips like how to set up your "Reorder" button in Meds & Orders to pend medications without having to go to the Medications Activity. If you experience an issue, please call the Mercy Health Service Desk at 1-800-498-1408 (Summa users call: 234-312-2222). Please note this message is temporary and will be removed after 5/12/2017.' Below this text is a link: 'Please Review the Frequently Asked Questions' followed by a refresh icon, and a sub-link: 'Click here to review the Widescreen FAQs'.

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Primary Care Rooming – UI Redesign

- Based on survey results that Medication Review and pending Refills was the most time consuming, so we developed a faster workflow for pending Medication Reorders after completing Medication Review:

The screenshot displays two sections of the Epic EHR interface. The top section, 'Medication Review', shows a table of active medications with columns for 'Taking?', 'Start Date', 'End Date', and 'Provider'. The bottom section, 'Medications & Orders', shows a list of medications categorized into 'Outpatient Medications' and 'Patient-Reported'. A red box highlights the 'C' and 'v' icons in the right margin of the medication list, which are used for marking items as reviewed or pending.

Medication	Taking?	Start Date	End Date	Provider
aspirin (ASPIRIN CHILDRENS) 81 MG chewable tablet Take 1 tablet by mouth daily		11/27/17	--	Samia Eid, MD
atorvastatin (LIPITOR) 20 MG tablet Take 1 tablet by mouth daily		06/25/18	--	Claire M Kappa, MD
lisinopril (PRINIVIL/ZESTRIL) 20 MG tablet Take 1 tablet by mouth daily Notes: NOTE DOSE INCREASE!		07/10/18	--	Claire M Kappa, MD
metoprolol succinate (TOPROL XL) 100 MG extended release tablet Take 1 tablet by mouth daily		05/07/18	--	Samia Eid, MD
tadalafil (CIALIS) 5 MG tablet Take 1 tablet by mouth as needed for Erectile Dysfunction		05/07/18	--	Samia Eid, MD
zolpidem (AMBIEN) 10 MG tablet		--	--	Historical Provider, MD

Name	Dose, Frequency	Actions
aspirin (ASPIRIN CHILDRENS) 81 MG chewable tablet	81 mg, DAILY	C v
atorvastatin (LIPITOR) 20 MG tablet	20 mg, DAILY	C v
lisinopril (PRINIVIL/ZESTRIL) 20 MG tablet	20 mg, DAILY	C v
metoprolol succinate (TOPROL XL) 100 MG extended release tablet	100 mg, DAILY	C v
tadalafil (CIALIS) 5 MG tablet	5 mg, PRN	C v
zolpidem (AMBIEN) 10 MG tablet	10 mg, NIGHTLY PRN	C v

Primary Care Rooming – New Tools

The screenshot displays a software interface with a blue header bar containing 'Review' and 'Notes' tabs. Below the header, there are navigation buttons for 'Visit Checklist', 'Patient Info', and 'Visit Orders', along with search and refresh icons. A status bar indicates 'Current as of: Thu 8/16 10:25 AM. Click to refresh.' The main content area is divided into three sections: 1. 'Visit Checklist' with a list of items marked with red 'X's, including 'Elevated Blood Pressure: Repeat BP. If still abnormal notify Provider', 'Measure Weight without shoes - do not input a patient-reported weight', 'Measure Height without shoes - do not input a patient-reported height', 'Allergies need to be "Marked as Reviewed" today', 'Medications need to be "Marked as Reviewed" today', 'Fall Risk screening is DUE', 'Depression screening is DUE', and 'Patient is not MyChart Active'. 2. 'For More Information' with a link to 'Explanation of Visit Checklist Items'. 3. 'Health Maintenance: Use Rooming Staff HM SmartSet to Pend Orders' with a table of items and their due dates.

	Date Due
TSH testing	01/01/1980
Potassium monitoring	01/01/1980
Creatinine monitoring	01/01/1980
HIV screen	01/01/1995
DTaP/Tdap/Td vaccine (1 - Tdap)	01/01/1999
Pneumococcal med risk (1 of 1 - PPSV23)	01/01/1999
Cervical cancer screen	01/01/2001
Flu vaccine (1)	07/01/2018

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- Simple yet powerful solution to improve data capture and quality measures
- Save time not searching the chart to determine what screenings are due
- Checklist rules evaluating real-time what's due for the patient during today's visit
 - Highly flexible

Primary Care Rooming – New Tools

- Current list of Visit Checklist Rules for Primary Care Rooming

Blood Pressure Recheck Rule

Weight Measurement Due Rule

Weight Measurement Due Pediatrics Rule

Height Measurement Due Rule

Height Measurement Due Pediatrics Rule

Allergies Not Reviewed This Encounter Rule

Medications Not Reviewed This Encounter Rule

Smoking Status Unknown Rule

Smokeless Tobacco Unknown Rule

Smoker Details Missing Packs per Day Rule

Smoker Details Missing Years Rule

Smoker Details Missing Quit Date Rule

Tobacco Cessation Due Rule

Tobacco History Not Reviewed Within Last Year Rule

Fall Risk Screening Due Rule

Depression Screening PHQ2 Due Rule

Depression Screening PHQ9 Due Rule

MyChart Status Inactive

MyChart Status Inactive Pediatrics Rule

Primary Care Rooming – New Tools

Review

← Visit Checklist

Current as of: Thu 8/2 12:54 AM. Click to refresh.

Visit Checklist

✔ All Visit Checklist requirements have been met

For More Information

[Explanation of Visit Checklist Items](#)

Health Maintenance: Use Rooming Staff HM SmartSet to Pend Orders

	Date Due
TSH testing	01/01/1980
Potassium monitoring	01/01/1980
Creatinine monitoring	01/01/1980
HIV screen	01/01/1995
DTaP/Tdap/Td vaccine (1 - Tdap)	01/01/1999
Pneumococcal med risk (1 of 1 - PPSV23)	01/01/1999
Cervical cancer screen	01/01/2001
Flu vaccine (1)	07/01/2018

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- Staff encouraged to work top –down through Rooming workflow and use checklist as a spot-check before handing off to provider

Primary Care Rooming – New Tools

Review

← Visit Checklist

Current as of: Tue 7/17 1:51 PM. Click to refresh.

Visit Checklist

- X Allergies need to be "Marked as Reviewed" today
- X Medications need to be "Marked as Reviewed" today
- X Smokeless Tobacco use is not documented
- X Tobacco Use: Document Counseling Given in Vitals or Social History
- X Depression screening is DUE
- X Patient is not MyChart Active

For More Information

[Explanation of Visit Checklist Items](#)

Health Maintenance Orders

TSH testing	
Potassium monitoring	01/01/1980
Creatinine monitoring	01/01/1980
HIV screen	01/01/1995
DTaP/Tdap/Td vaccine (1 - Tdap)	01/01/1999
Pneumococcal med risk (1 of 1 - PPSV23)	01/01/1999
Cervical cancer screen	01/01/2001
Flu vaccine (1)	07/01/2018

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Review

← Visit Checklist

Current as of: Tue 7/17 1:50 PM. Click to refresh.

Explanation of Visit Checklist Items

Weight: Needs to be documented every 12 months for adults and every visit if under 18 or if Medicare AWW

- RED X if weight needs to be documented

Height: Needs to be documented every 12 months for adults and every visit if under 18 or if Medicare AWW

- RED X if height needs to be documented

Blood Pressure (BP): Needs to be taken every visit

- RED X if BP needs to be repeated after patients sits quietly for 5 minutes
- If BP is recorded under parameters below the RED X will be removed from list
- Patient's last DBP > 90 or SBP > 140 (For pts >= 60 who do not have Diabetes or Chronic Kidney Disease: the SBP threshold is > 150)

Allergies: Need to be Marked as Reviewed every visit

- RED X if Allergies are not Marked as Reviewed

Medications: Need to be Marked as Reviewed every visit

- RED X if Medication list is not Marked as Reviewed

Smoking Status Documentation: Should be documented, then Marked as Reviewed

Smoking Cessation: Counseling Given should be documented at each visit if Tobacco Use

- RED X if patient is tobacco user and "Counseling Given" is not marked YES

Tobacco History Marked As Reviewed: For Current Smokers 55-80 Tobacco History should be Marked as Reviewed if Pack Years <30

- RED X if Tobacco History has not be Marked as Reviewed in last year

Depression Screening: Needs to be completed annually for patients 12 years of age or older if patient does not have diagnoses depression or bi polar, and on every Medicare Annual Wellness Visit

- RED X if no depression screening in last year

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Weight: Needs to be documented every 12 months for adults and every visit if under 18 or if Medicare AWW

- RED X if weight needs to be documented

Primary Care Rooming – New Tools

Review

← Visit Checklist **Patient Info**

Current as of: Tue 7/17 2:05 PM. Click to refresh.

Recent Vitals

	3/27/2018	5/21/2018	7/13/2018
BP:	136/74	130/78	130/78
Weight:	222 lb 9.6 oz (101 kg)	220 lb (99.8 kg)	220 lb (99.8 kg)
Height:	-	5' 8" (1.727 m)	5' 8" (1.727 m)

Recent Labs

[View Complete Flowsheet](#)

Labs	Latest Ref	Req & Units	2/20/2018	9/25/2017
POC GLUCOSE	70 - 99 mg/dl	-	-	-
A1C	4.0 - 6.0	-	-	-
A1C	4.0 - 6.0	-	-	-
CHOLESTEROL, TOTAL	0 - 199 mg/dL	145	133	-
INR	0.85 - 1.15	-	-	-

Open Standing Orders

None

Open Future Orders

None

Completed Health Maintenance

Flu vaccine	Done	9/25/2017	Imm Admin: Influenza, High Dose
	Done	9/12/2016	Imm Admin: Influenza Vaccine, unspecified formulation
Patient has more history with this topic...			
Shingles Vaccine	Done	5/25/2018	Imm Admin: Zoster Subunit (Shingrix)
	Done	5/25/2018	Imm Admin: Zoster Live (Zostavax)
Patient has more history with this topic...			
Potassium monitoring	Done	2/20/2018	COMPREHENSIVE METABOLIC PANEL
	Done	9/25/2017	COMPREHENSIVE METABOLIC PANEL
Patient has more history with this topic...			
Creatinine monitoring	Done	2/20/2018	COMPREHENSIVE METABOLIC PANEL
	Done	9/25/2017	COMPREHENSIVE METABOLIC PANEL

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Recent Outpatient Visits

4 days ago	Obstructive sleep apnea syndrome	Mercy Health Fairfield Sleep Medicine
Tiffanie R Pierce, APRN - CNP		
1 month ago	History of total knee replacement, right	Mercy Wellington Anderson Clinic
Michael T Dee, PA		
3 months ago	Benign essential HTN	Mercy Health Physicians Amberley Primary Care
Scott A Kotzin, DO		
6 months ago	Benign essential HTN	Mercy Health Physicians Amberley Primary Care
Scott A Kotzin, DO		
7 months ago	Hyperlipidemia, unspecified hyperlipidemia type	MMA Cardiology - Fairfield
David G Babbitt, MD		

Future Appointments

7/27/2018	Scott A Kotzin, DO	Mercy Health Physicians Amberley Primary Care, MMA
7/16/2019	Tiffanie R Pierce, APRN - CNP	Mercy Health Fairfield Sleep Medicine, MMA

Most Recent CSM Documentation

Attestation	Value	Time	User
	The Prescription Monitoring Report was requested today but not available.	6/6/2017 11:21 AM	Scott A Kotzin, DO

Controlled Substance Monitoring History Documentation

Office Visit from 6/6/2017 in Mercy Health Physicians Amberley Primary Care			ED from 12/10/2015 in Mercy Hospital Fairfield ED
Attestation	The Prescription Monitoring Report was requested today but not available.	---	

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Primary Care Rooming – New Tools

The screenshot displays the Epic EMR interface for a patient visit on 1/17/2018. The main content area shows various tabs like 'Visit Info', 'Rooming Questions', and 'SmartSets'. A red box highlights a suggestion in the SmartSets section: 'ROOMING STAFF HM SMARTSET - Please "Pend" orders'. A red arrow points from this suggestion to a yellow highlighted box in the 'Visit Checklist' on the right, which contains the text: 'Health Maintenance: Use Rooming Staff HM SmartSet to Pend Orders'. Below this, a table lists various health maintenance tasks with their due dates.

	Date Due
TSH testing	01/01/1980
Potassium monitoring	01/01/1980
Creatinine monitoring	01/01/1980
HIV screen	01/01/1995
DTaP/Tdap/Td vaccine (1 - Tdap)	01/01/1999
Pneumococcal med risk (1 of 1 - PPSV23)	01/01/1999
Cervical cancer screen	01/01/2001
Flu vaccine (1)	07/01/2018

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Primary Care Rooming – New Tools

ROOMING STAFF HM SMARTSET - Please "Pend" order(s) ⌵

Rooming in standards call for Medical assistants to "Pend" order(s) for preventive services and immunization care gaps identified via Health maintenance. Most orders are auto-associated with a correct diagnosis. In the cases of orders without auto-associated diagnosis, MAs should not manually add a diagnosis. Simply "Pend" the order(s).

▼ Breast Cancer Screening

- MAM Digital Screen Bilateral [IMG5204] ■
Expected: 8/16/2018, Expires: 7/17/2019, Routine, Ancillary Performed

▼ Colon Cancer Screening

To order and pend Colonoscopy, in the Additional SmartSet Orders field below:
For **NON-MEDICAID patients** - type **REF231**
The preference list search will open. Select the intended Gastroenterologist (preferably with a suffix of "CIN")

For **MEDICAID patients** - type **REF344 (Direct screening colonoscopy)**

- POCT FECAL IMMUNOCHEMICAL TEST (FIT) ■
Routine, Expected: 1 Month, Expires: 1 Year
- Point-Of-Care-Test Occult Blood (Set of 3 cards to send home with patient) ■
Routine, Expected: 1 Month, Expires: 1 Year

▼ Hemoglobin A1c

- Hemoglobin A1C ■
Expected: Today, Expires: 1 Year, Routine, Lab Collect
- POCT glycosylated hemoglobin (Hb A1C)
Routine

▼ Pneumococcal vaccine

To select the appropriate vaccine due (PCV13 vs PPSV23), check the suffix of the HM topic for Pneumococcal.

- Pneumococcal conjugate vaccine 13-valent PCV13
- Pneumococcal polysaccharide vaccine 23-valent PPSV23

Health Maintenance: Use Rooming Staff HM SmartSet to Pend Orders

	Date Due
Hepatitis C screen	05/22/1945
DTaP/Tdap/Td vaccine (1 - Tdap)	05/22/1964
Shingles Vaccine (1 of 2 - 2 Dose Series)	05/22/1995
Colon cancer screen colonoscopy	05/22/1995
Breast cancer screen	01/01/2014
A1C test (Diabetic or Prediabetic)	09/06/2015
Pneumococcal low/med risk (2 of 2 - PPSV23)	10/28/2017
Potassium monitoring	05/25/2018
Creatinine monitoring	05/25/2018
Flu vaccine (1)	09/01/2018
Lipid screen	06/18/2023

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Currently 14 Care Gap orders are included in the Order Set and are included/hidden based on appropriateness for patient and due date

Primary Care Rooming – Implementation

- User Acceptance Testing
 - Feedback from approx. 100 participants
 - Increased awareness, lowered Anxiety
 - Minor build tweaks based on feedback
 - A few issues identified and resolved prior to go-live

- Mandatory Training
 - Series of live webinars w Q&A
 - 13 webinars offered
 - 1200+ attendees
 - Recorded webinar available



Primary Care Rooming – Implementation


- Pilot

- 1 pilot site (with both Internal Medicine and Pediatrics) 2 weeks prior to go-live
- Minor issues reported and corrected before big bang

- Go-Live

- Educated Service Desk (Tier 1 call center) so they could provide 1st call resolution where possible to expected questions/issues
- Project Team command center to review and address any issues specific to this project
- 21 tickets; majority -> Education

- Post-Live

- Tracked enhancement requests throughout project
 - Reconvened the workgroup to review and prioritize enhancements which were added to the system in September (4 months post-live)
 - Gave users time to use the new tools and further refine needs
- 

Primary Care Rooming – Lessons Learned

- End-User Engagement

- Involving users throughout the planning, data gathering and build process was key to developing a successful solution and gaining buy-in from the start
- User Acceptance Testing reduced anxiety and increase awareness and buy-in
- Next time will engage providers more heavily as they were directly impacted by the changing workflows of their Rooming staff; provider awareness and support is important

- Planned Enhancement Phase

- Going into the project with a plan for post-live optimization allowed us to stay on track with a tight build timeline while not losing good ideas for future development

- Mandatory Training

- Not always easy to operationalize, but was key for awareness and minimize disruption



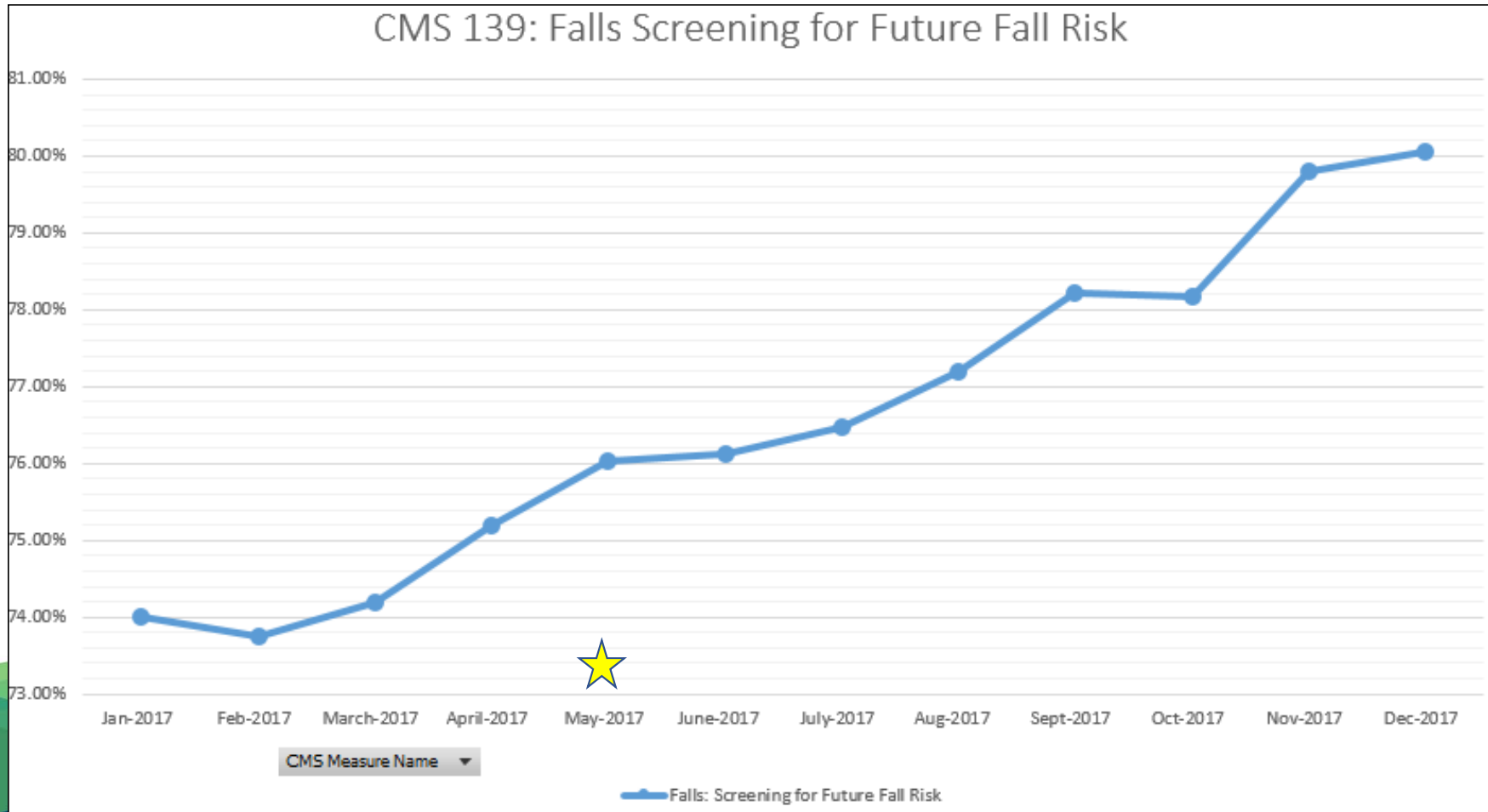
Primary Care Rooming – Results

- ✓ • Streamline and standardize Primary Care Rooming workflow
 - Across entire system, employed and affiliate offices
- Easily identify tasks needing completion
 - Blood Pressure Recheck
 - Depression and Fall Risk screenings
 - Height and weight documentation
 - Smoking status and counseling documentation
 - Reviewing allergies and medications
- Increase care gap closure
 - A1C, Breast Cancer Screening, Colorectal Cancer Screening, Pneumococcal Vaccine
- Make Rooming workflow more efficient to not add extra time

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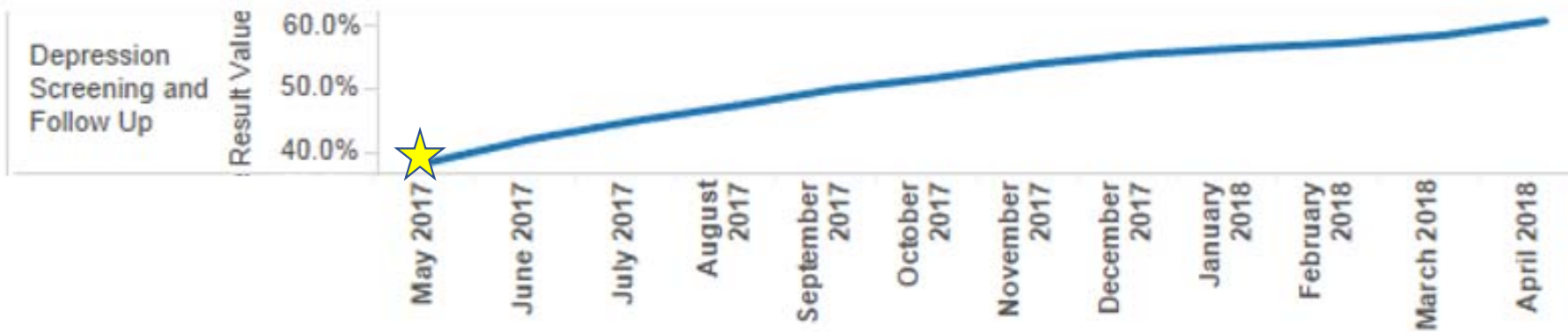
Primary Care Rooming – Results



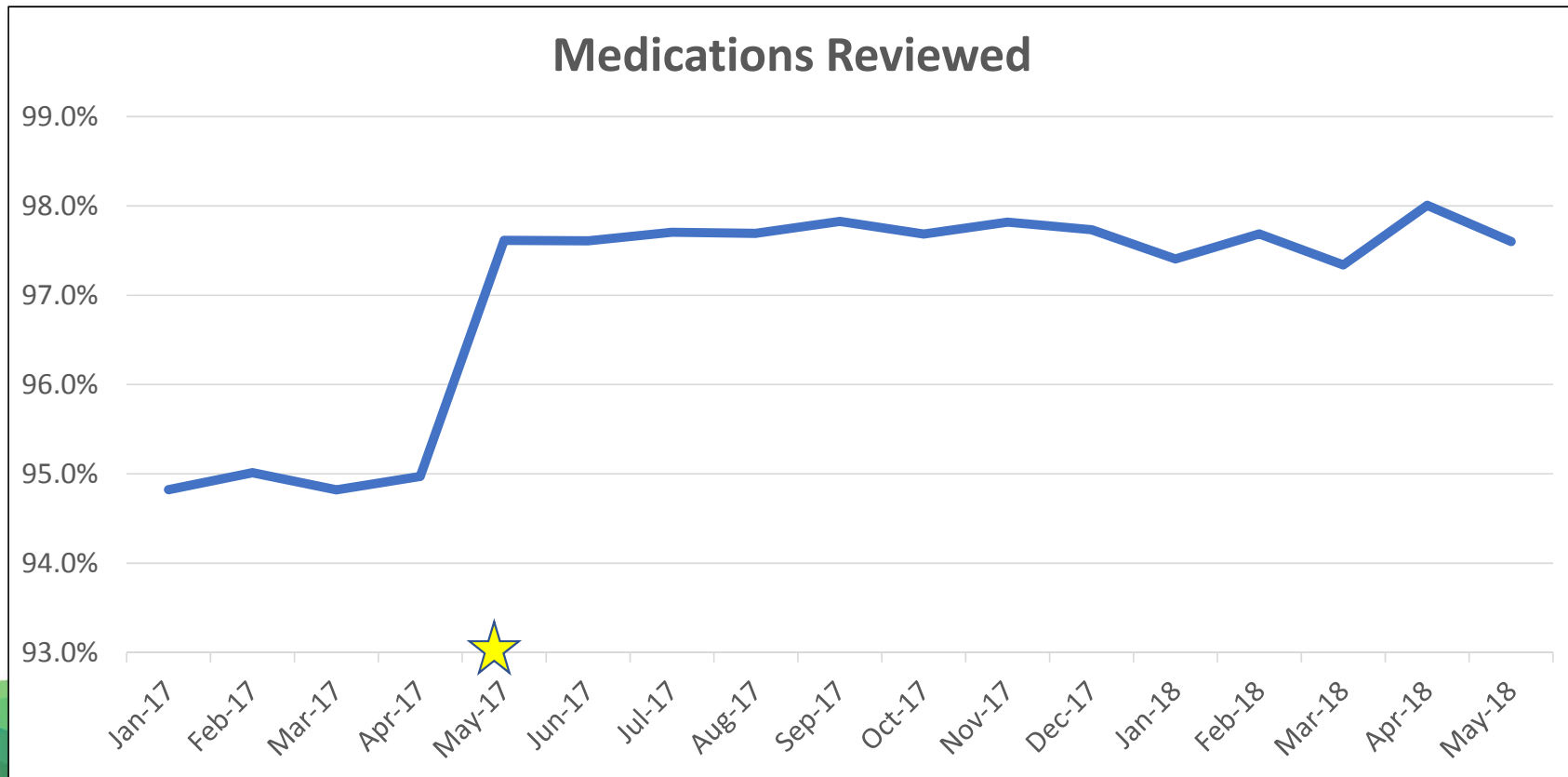
Primary Care Rooming – Results

- **Depression Screening**

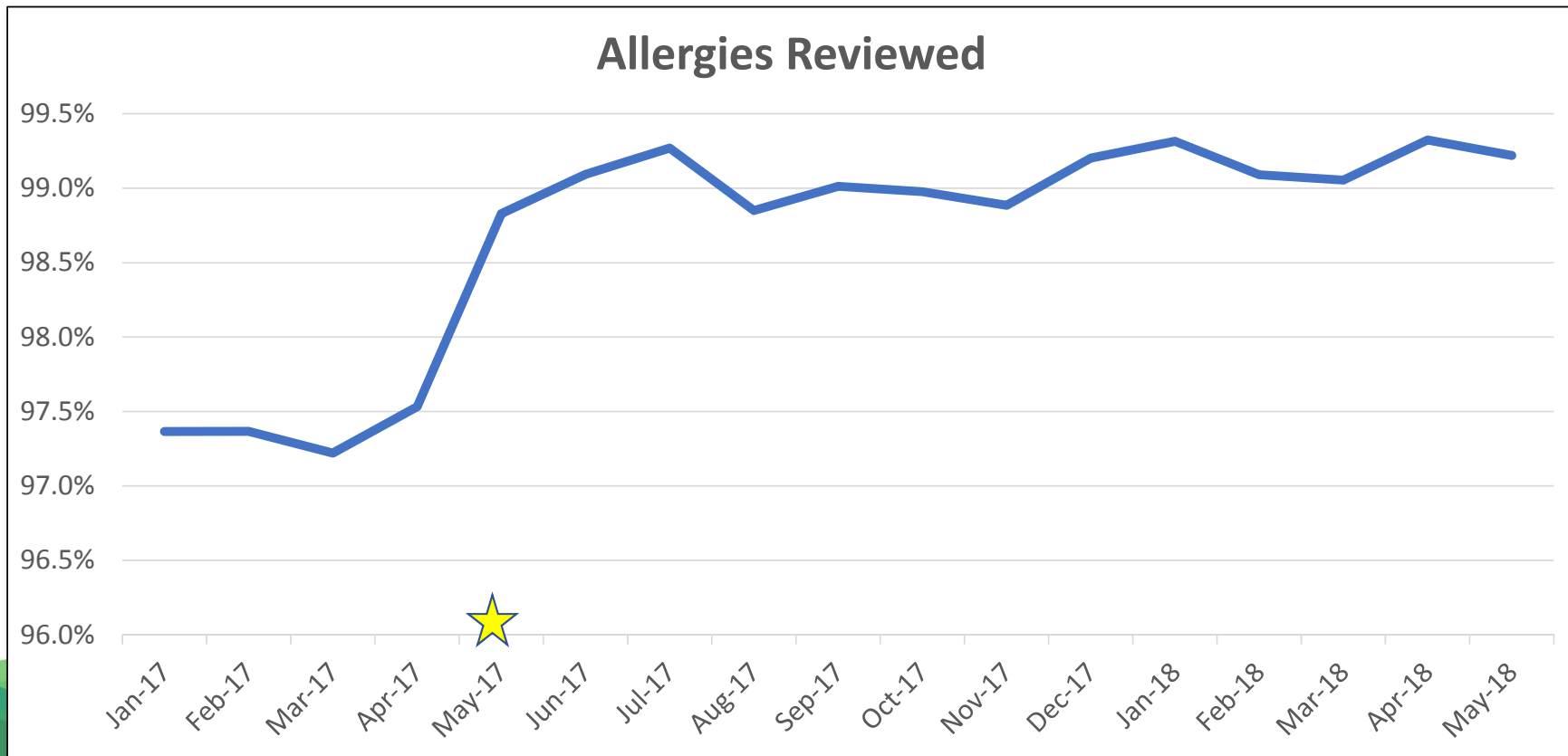
- Screening for Depression improved **28%** between May 2017 and April 2018



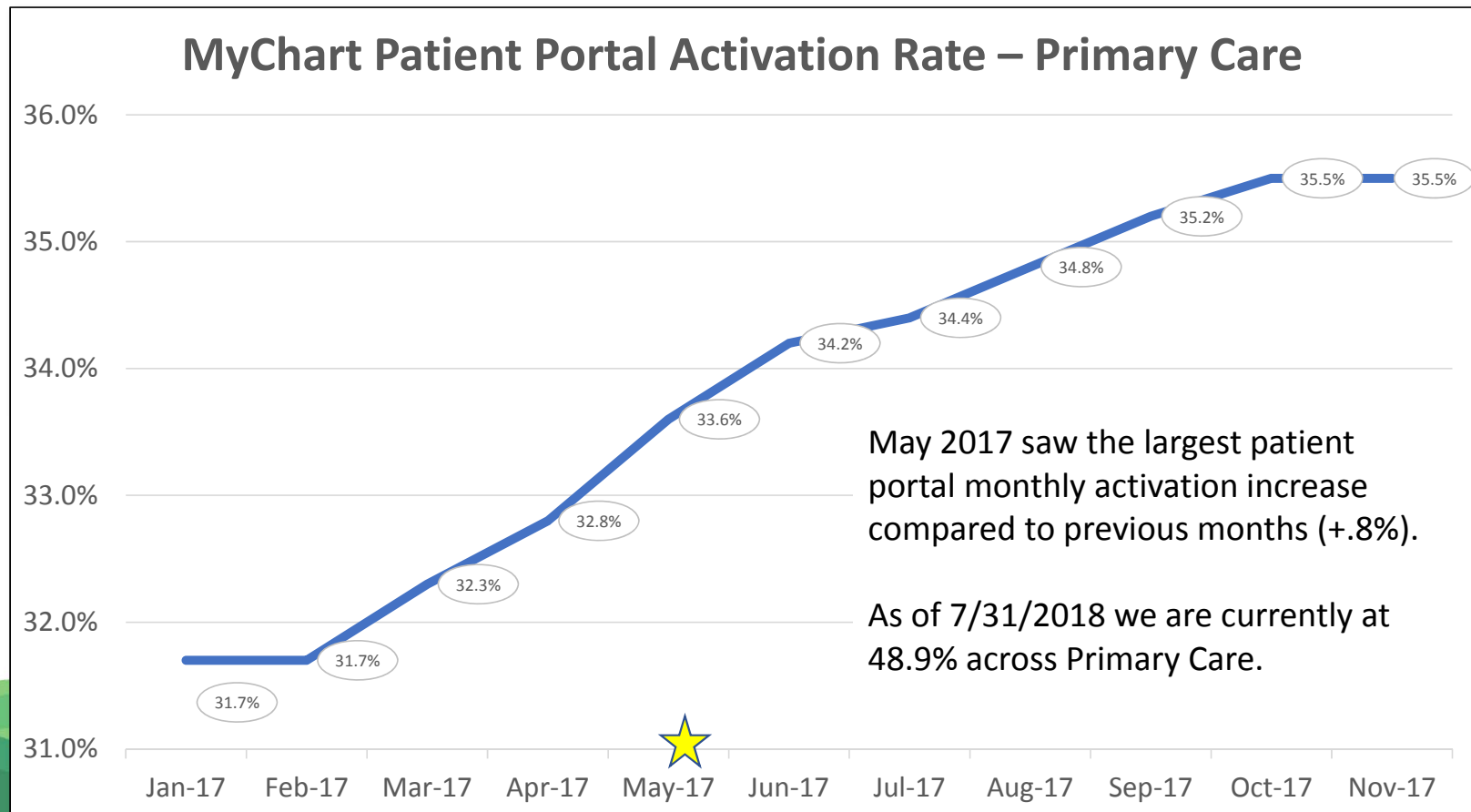
Primary Care Rooming – Results



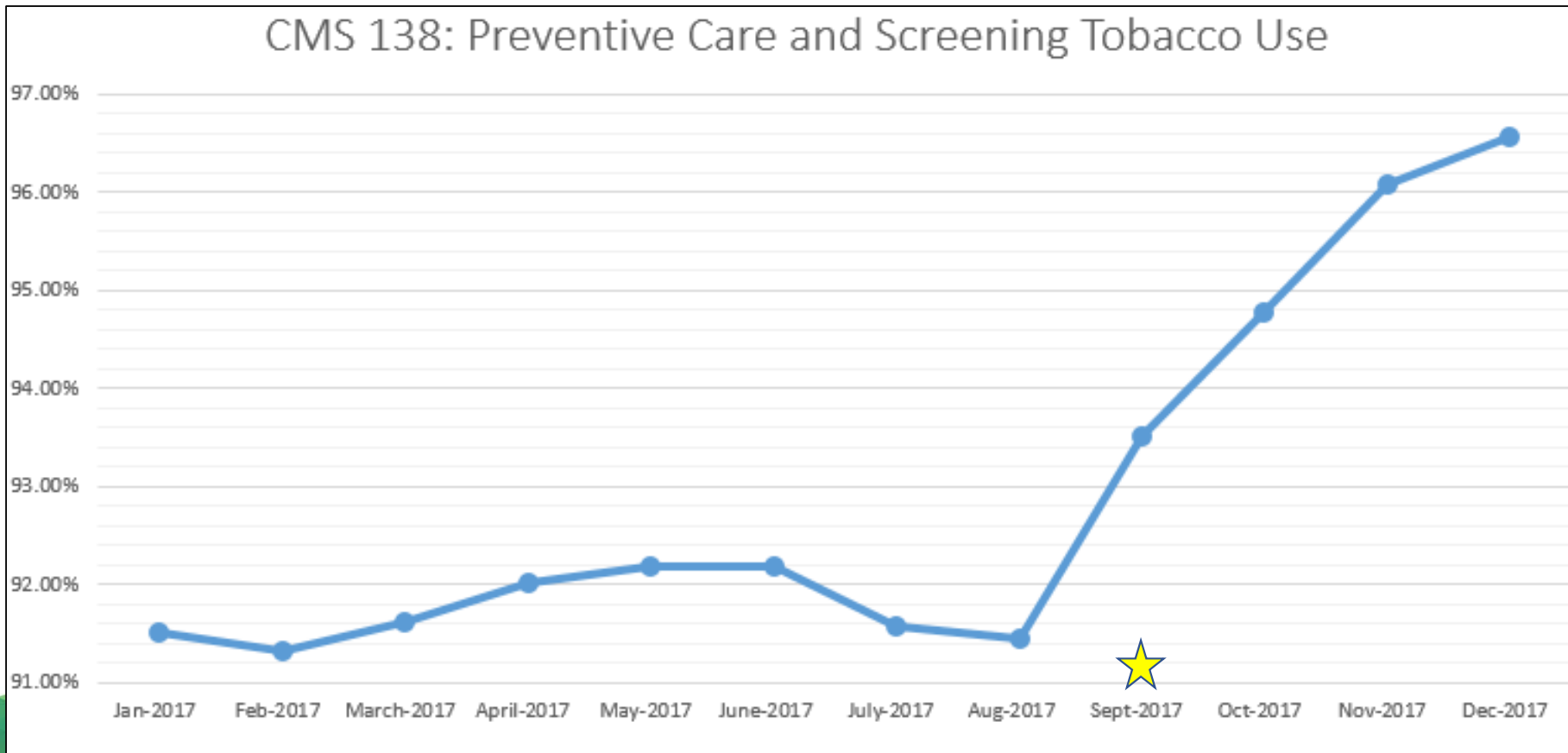
Primary Care Rooming – Results



Primary Care Rooming – Results



Primary Care Rooming – Results



Primary Care Rooming – Results

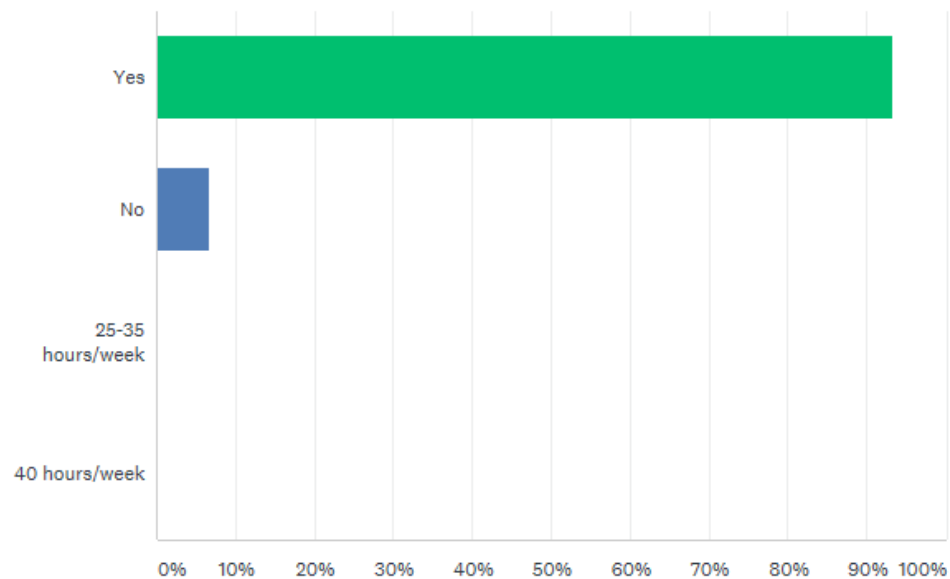
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- ✓ • Increase care gap closure
 - A1C, Breast Cancer Screening, Colorectal Cancer Screening, Pneumococcal Vaccine
- Make Rooming workflow more efficient to not add extra time

Primary Care Rooming – Results

- **Care Gap Closure:**

Are you aware the new Rooming SmartSet will allow Mercy Health to close care gaps for our patients and improve their health?

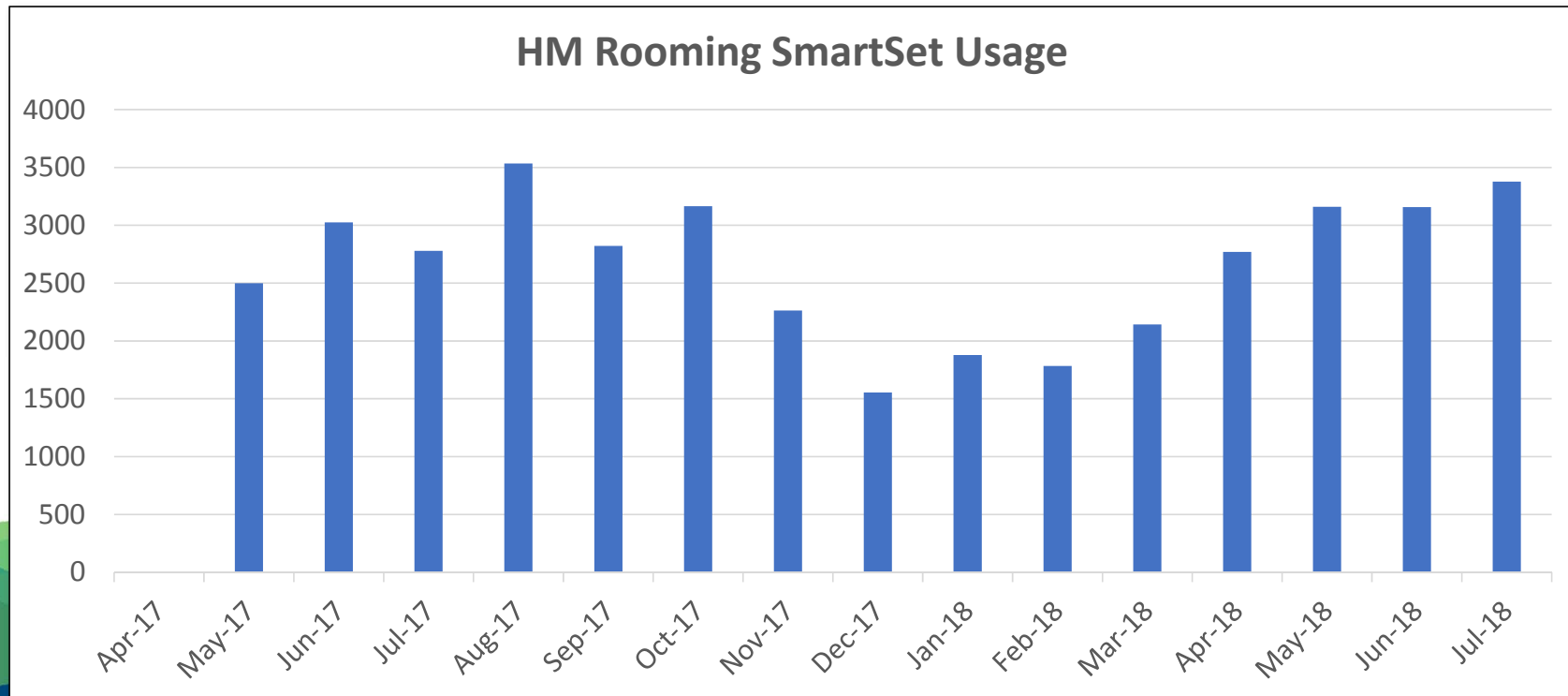
Answered: 105 Skipped: 1



Primary Care Rooming – Results

- **Care Gap Closure:**

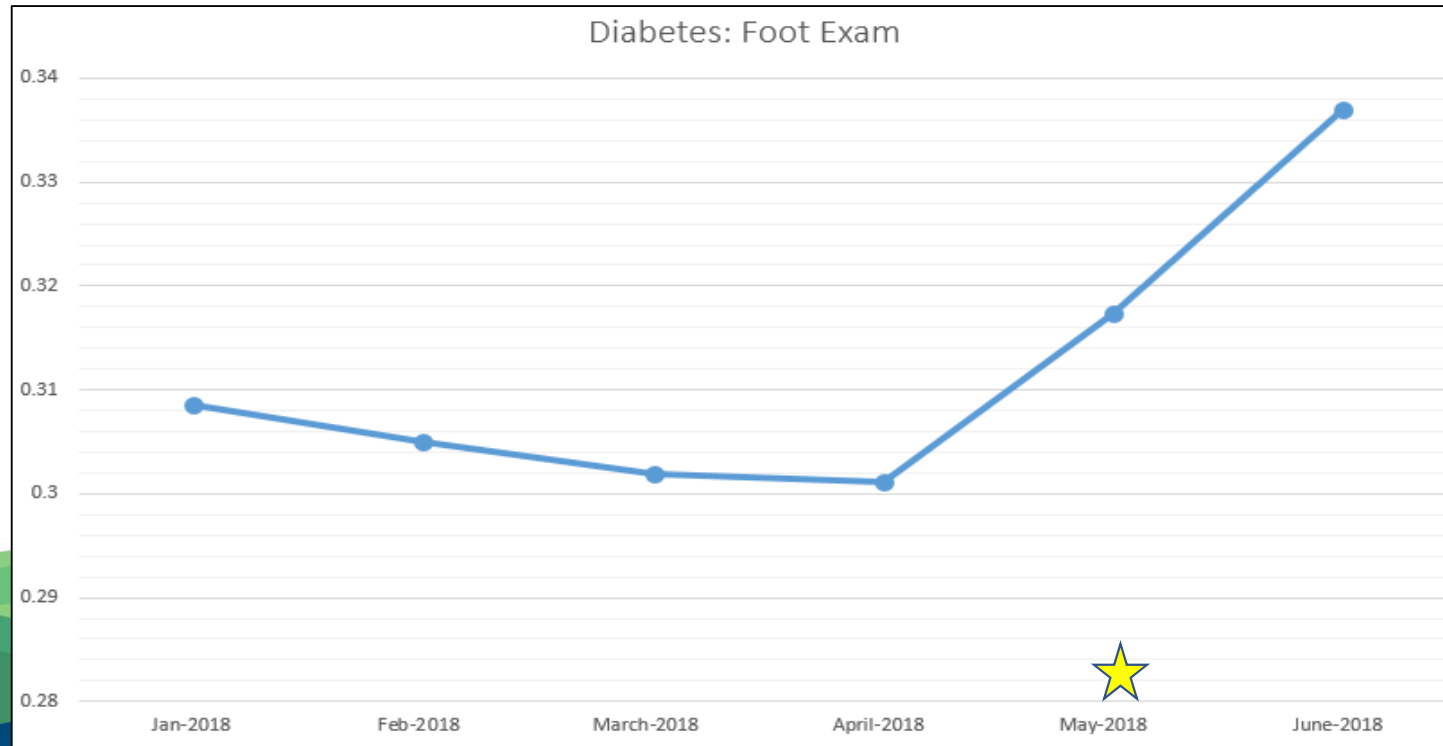
- HM Rooming SmartSet has the highest monthly utilization rate of any Order Set and has seen 39,910 total uses since inception



Primary Care Rooming – Results

• Care Gap Closure:

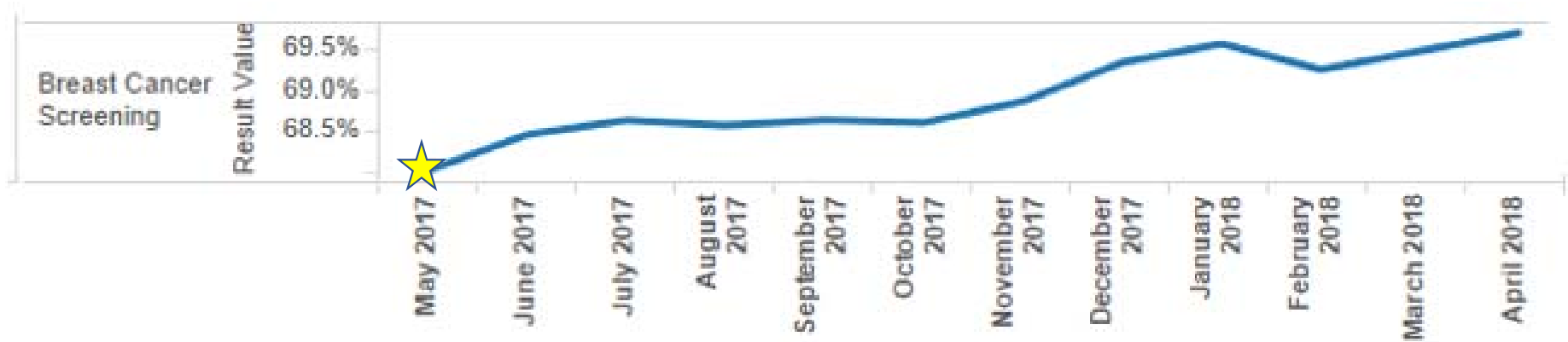
- By pending preventative care orders for providers, Rooming staff can help improve likelihood that necessary orders are signed and completed



Primary Care Rooming – Results

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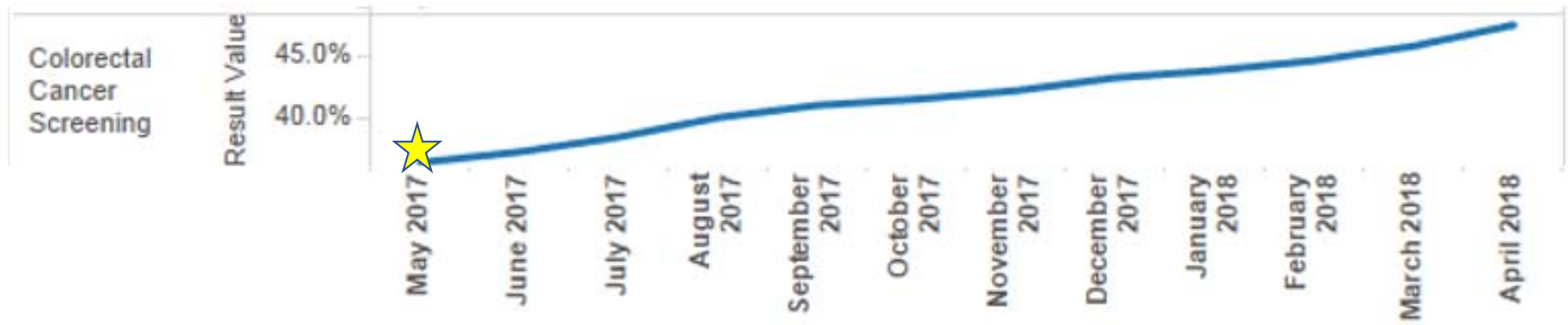
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Primary Care Rooming – Results

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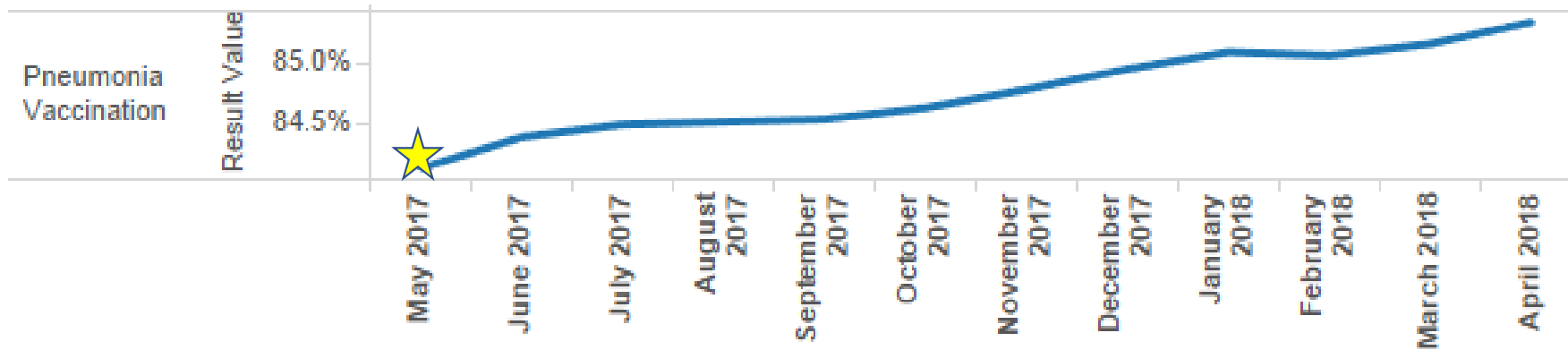
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Primary Care Rooming – Results

- **Care Gap Closure:**

- By pending preventative care orders for providers, Rooming staff can help improve likelihood that necessary orders are signed and completed



Primary Care Rooming – Results

• Care Gap Closure:

- For quality measures looking for whether or not a test was done and what the value was, clinical staff can't impact the value, but by pending orders *can* impact whether or not the test gets ordered > completed.



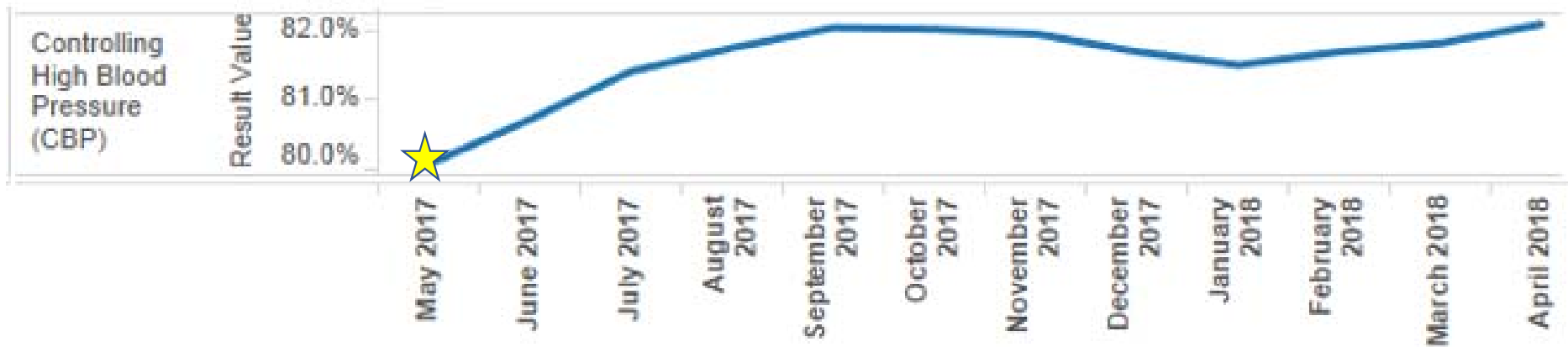
May 2016 – April 2017
Vs
May 2017 – April 2018

The year following the HM Rooming Smartset still saw fluctuation for this measure, but overall numbers were higher than previous 12mo

Primary Care Rooming – Results

• Care Gap Closure:

- The Visit Checklist advises staff to do a BP recheck if the first reading is high and with proper technique will improve capture of 2nd reading, possibly eliminating “false positive” patients from the denominator of this quality measure



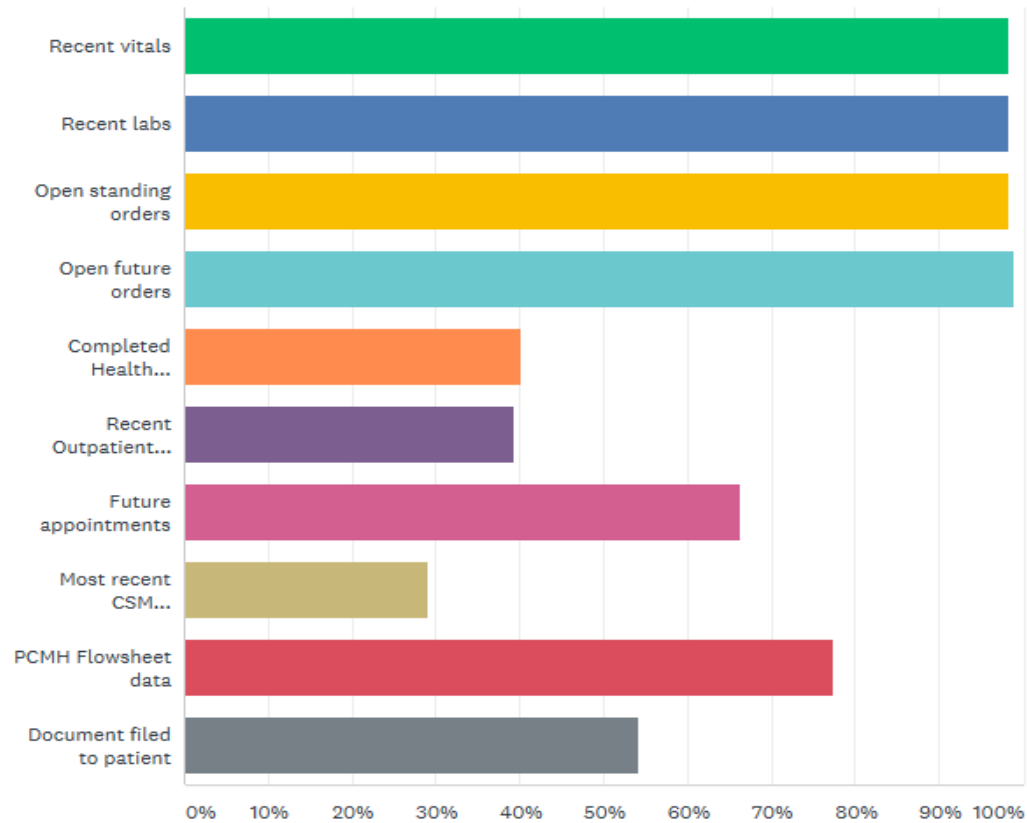
Primary Care Rooming – Results

- ✓ • Streamline and standardize Primary Care Rooming workflow
 - Across entire system, employed and affiliate offices
- ✓ • Easily identify tasks needing completion
 - Blood Pressure Recheck
 - Depression and Fall Risk screenings
 - Height and weight documentation
 - Smoking status and counseling documentation
 - Reviewing allergies and medications
- ✓ • Increase care gap closure
 - A1C, Breast Cancer Screening, Colorectal Cancer Screening, Pneumococcal Vaccine
- ✓ • Make Rooming workflow more efficient to not add extra time

Primary Care Rooming – Results

What sections in the Patient Info report do you use while rooming a patient?

Answered: 569 Skipped: 13



Primary Care Rooming – Results

Testimonials:

“This isn't so bad...”



Primary Care Rooming – Results


Testimonials:

“This isn't so bad...”

"I've been working in Epic 17 years and this is by far the best upgrade for MA workflow that I've ever seen”



Primary Care Rooming – Next Steps

- Continue to modify Rooming workflow/build to improve data capture, quality measures and patient care gap closure
 - Continue to monitor use of Rooming SmartSet and look for opportunities for re-education / increased adoption
 - Explore opportunities to incentivize rooming staff based on usage data around visit checklist and SmartSet
 - Extend Rooming improvement beyond Primary Care (Q4 2018)
 - Obstetrics
 - Endocrinology
 - Gynecology
 - Pulmonology
 - Cardiology
 - Sleep Medicine
- 

Key Contributors

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THANK YOU

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