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

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CarePATH Application Analyst

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

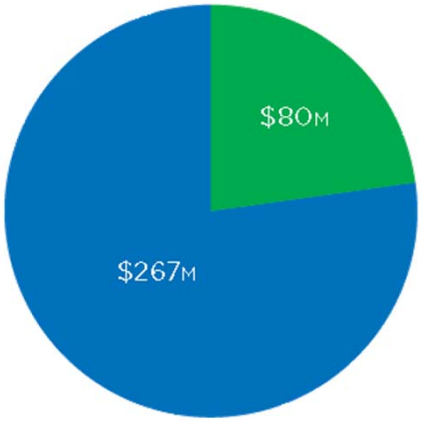
Facts & Stats

- 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

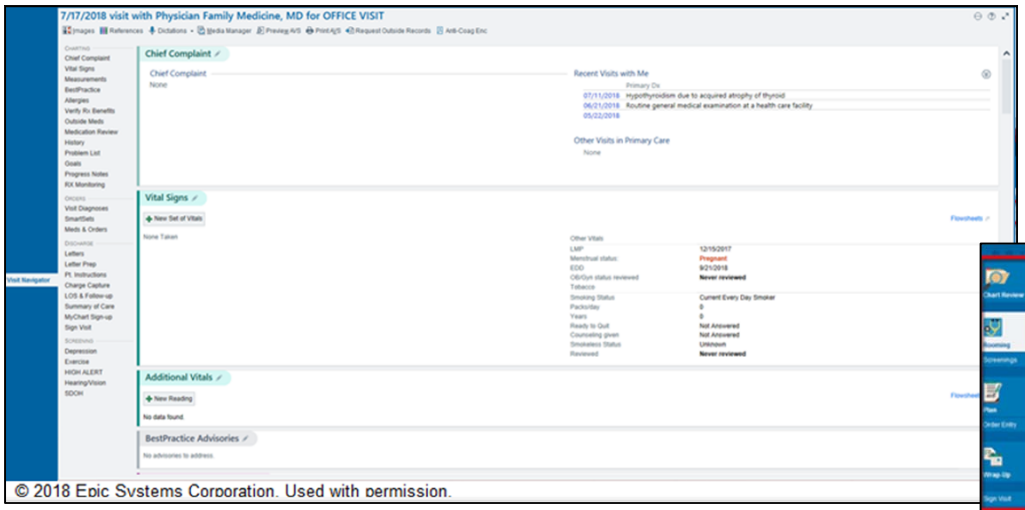
- Consolidated behind-the-scenes system build
  - Standardization across 300 “like” departments
  - More agile for implementing future enhancements
- Completely redesigned the User Interface for Rooming staff
  - Increase Efficiency
  - Activities organized based on feedback to streamline flow through 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 11configuration 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



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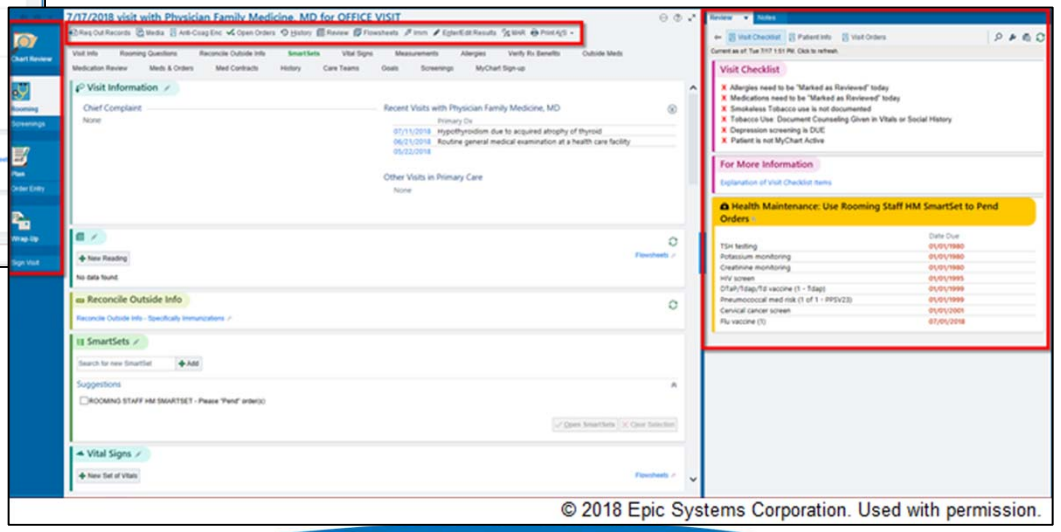
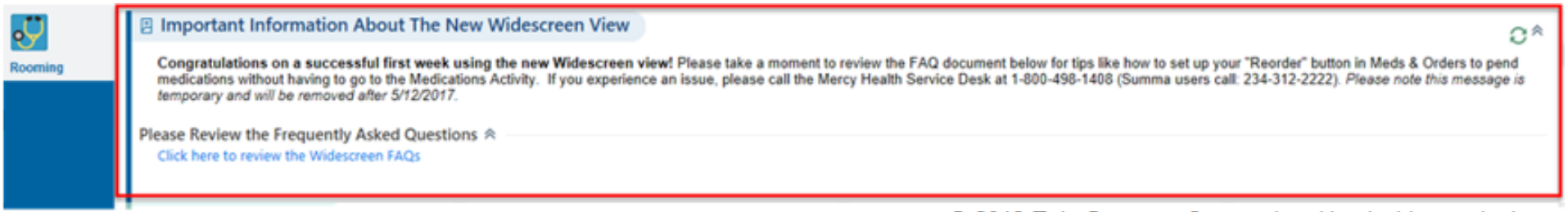


Primary Care Rooming – UI Redesign

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



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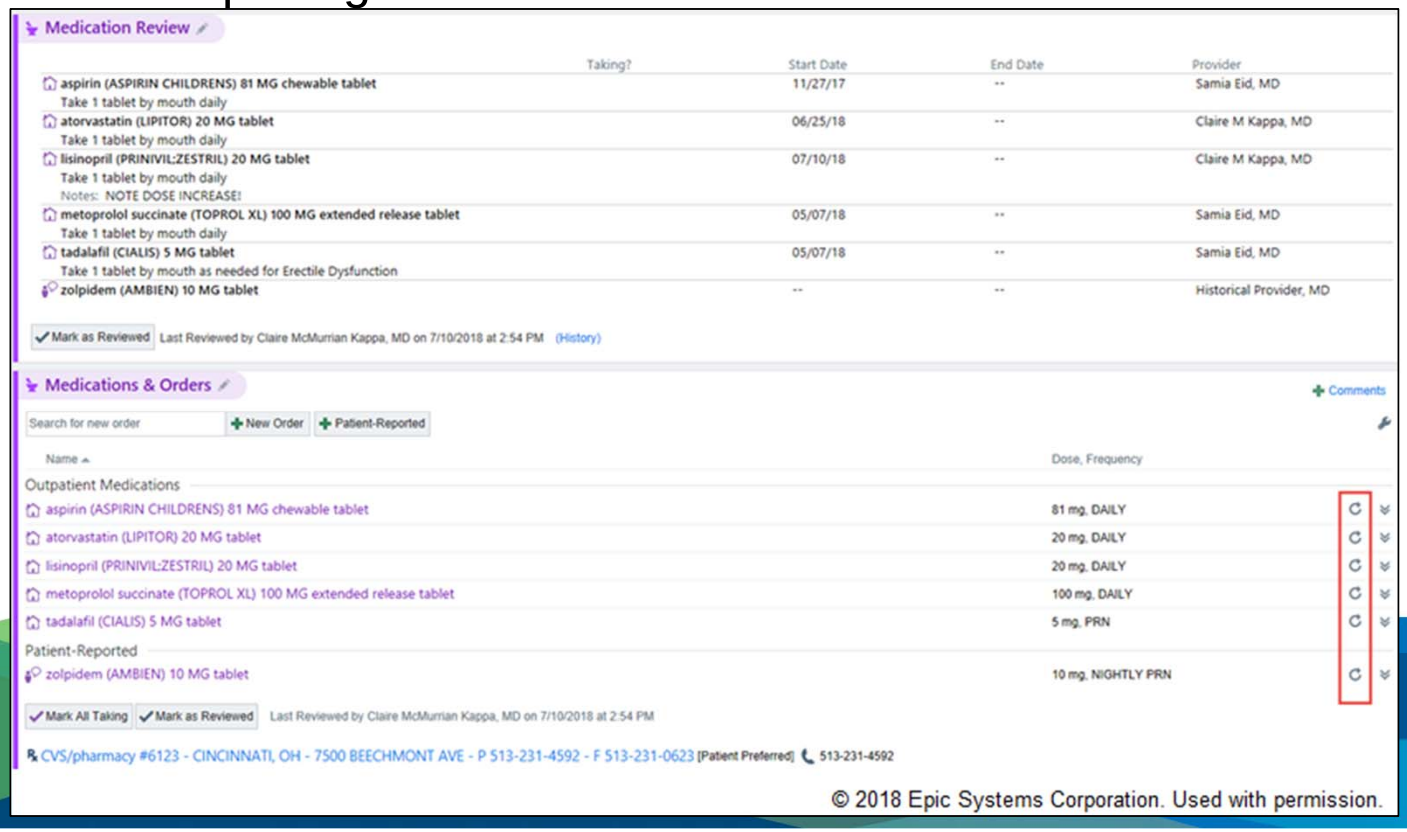
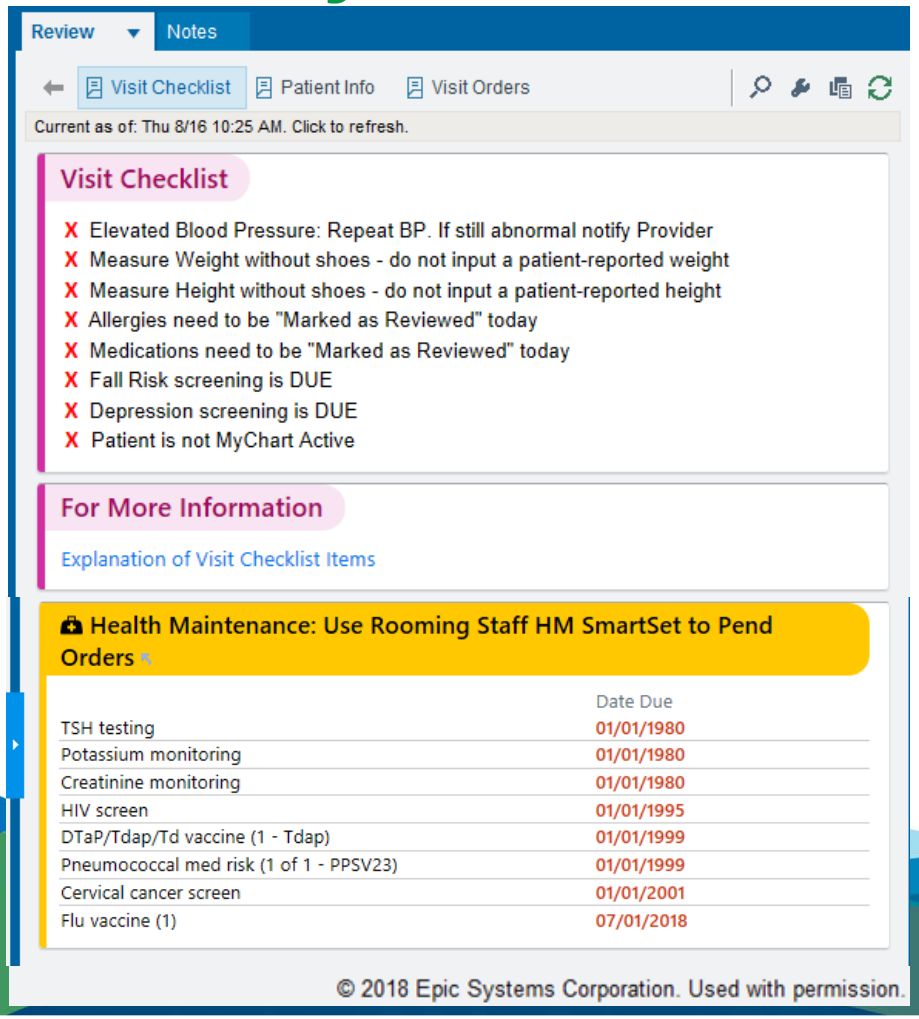
Primary Care Rooming – UI Redesign

- 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:



Primary Care Rooming – New Tools



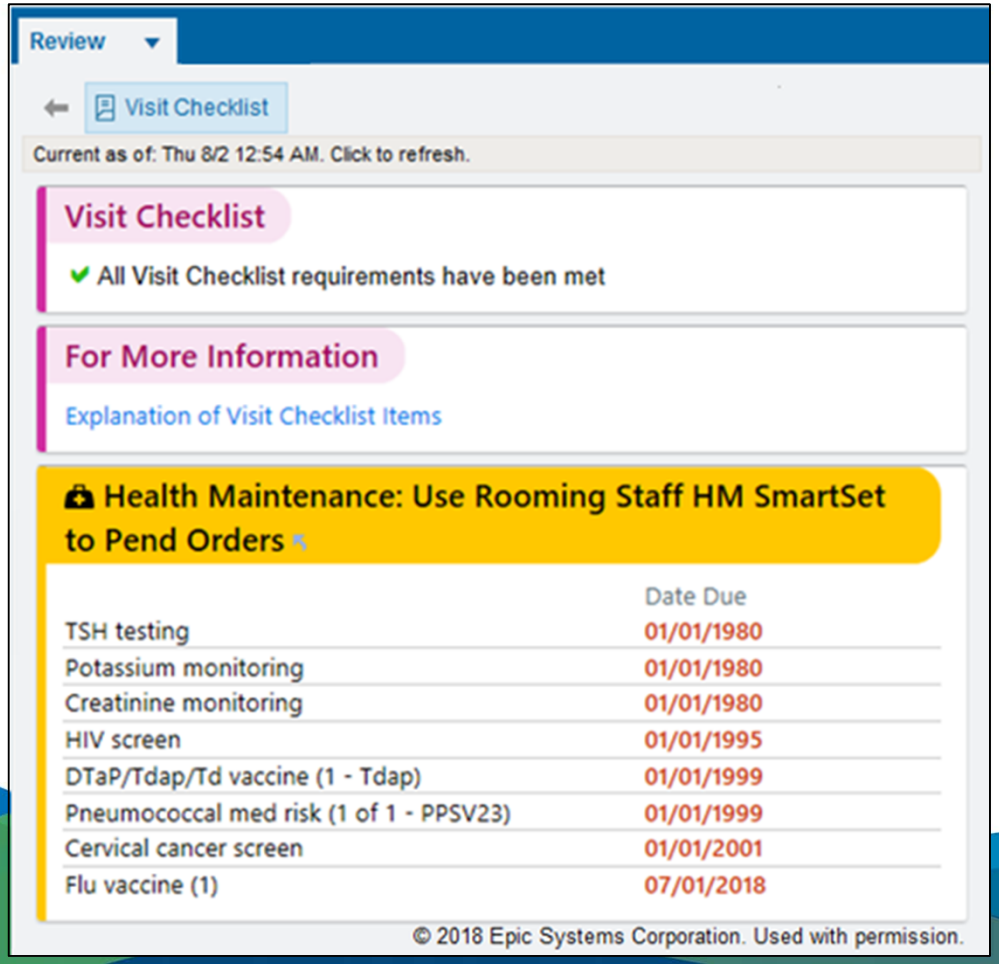
- Simple yet powerful solution to improve data capture and quality measures
- Save time not searching the chart to determine what screenings are due
- Checklist rules evaluating real-time what's due for the patient during today's visit
  - Highly flexible

Primary Care Rooming – New Tools

- Current list of Visit Checklist Rules for Primary Care Rooming

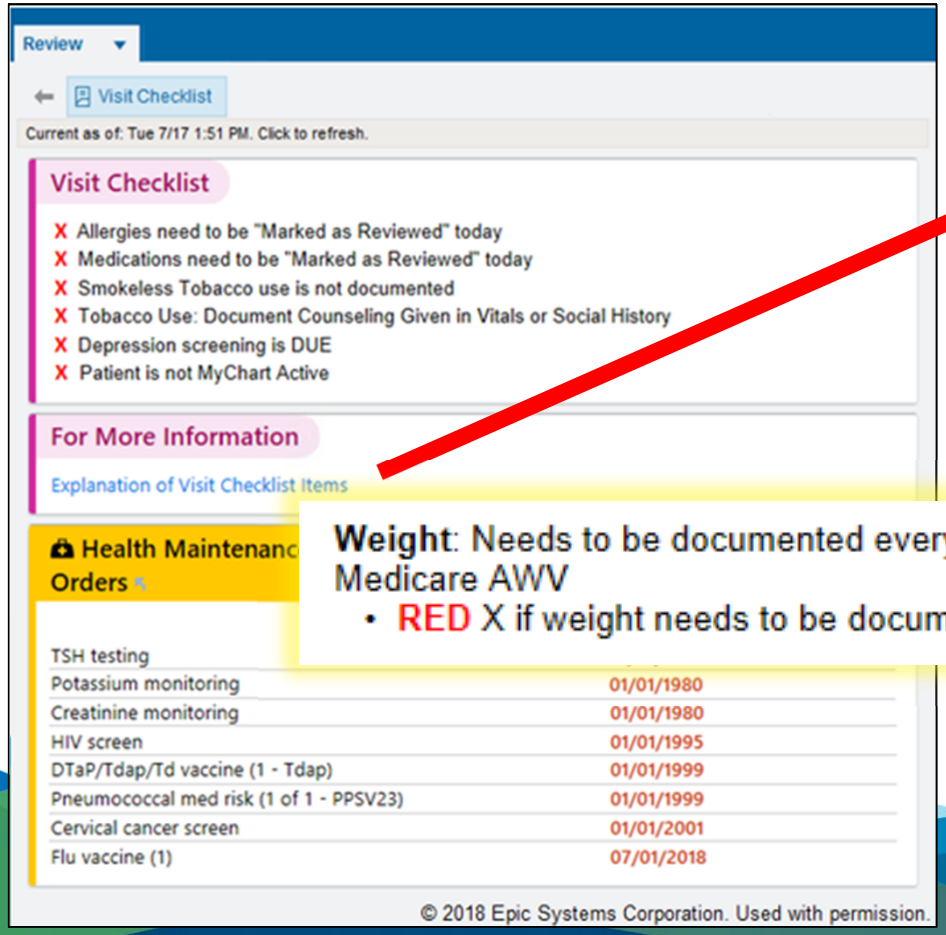
Blood Pressure Recheck Rule	Smoker Details Missing Years Rule
Weight Measurement Due Rule	Smoker Details Missing Quit Date Rule
Weight Measurement Due Pediatrics Rule	Tobacco Cessation Due Rule
Height Measurement Due Rule	Tobacco History Not Reviewed Within Last Year Rule
Height Measurement Due Pediatrics Rule	Fall Risk Screening Due Rule
Allergies Not Reviewed This Encounter Rule	Depression Screening PHQ2 Due Rule
Medications Not Reviewed This Encounter Rule	Depression Screening PHQ9 Due Rule
Smoking Status Unknown Rule	MyChart Status Inactive
Smokeless Tobacco Unknown Rule	MyChart Status Inactive Pediatrics Rule
Smoker Details Missing Packs per Day Rule	

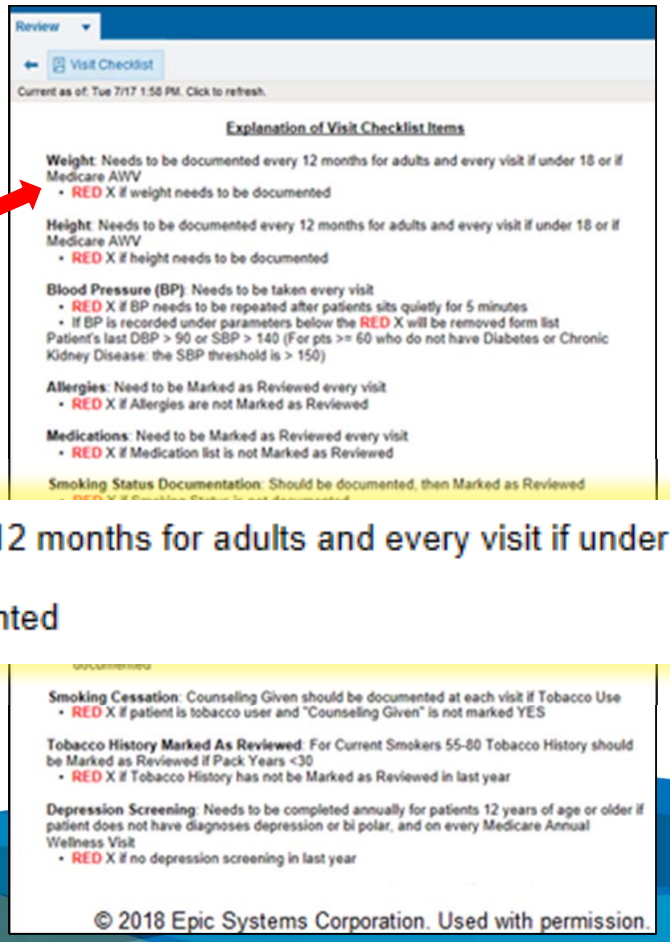
Primary Care Rooming – New Tools



- 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

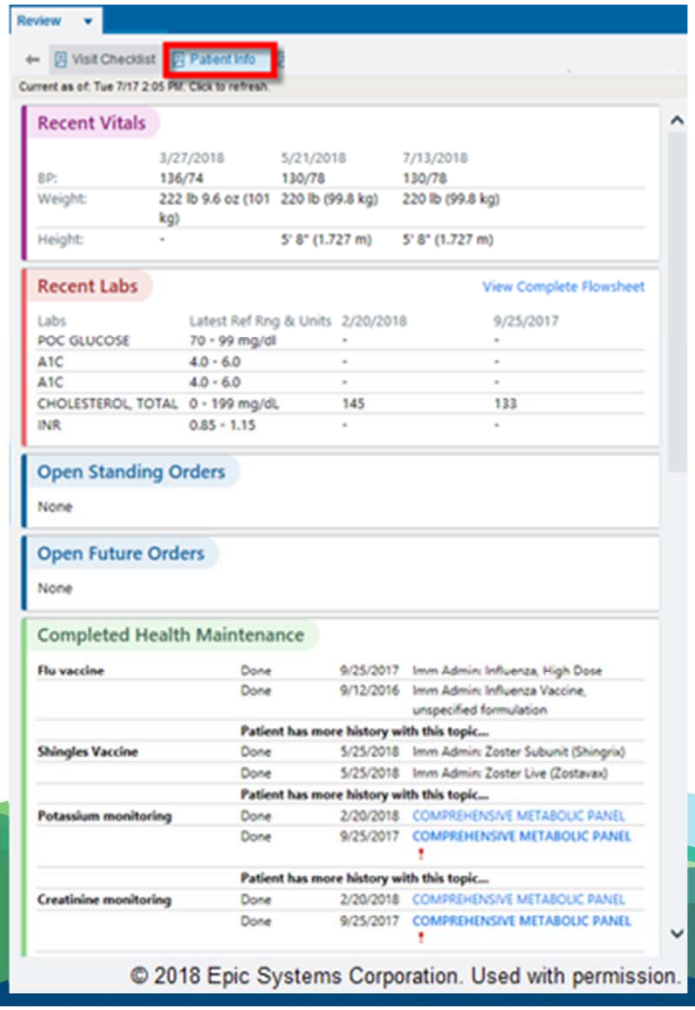


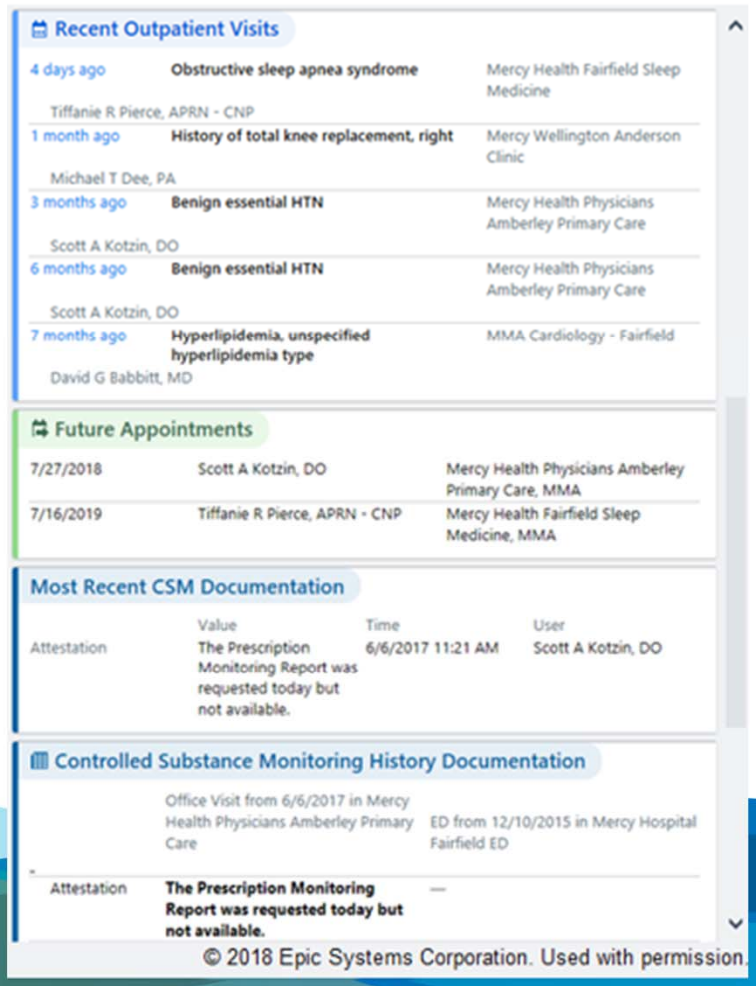


Weight: Needs to be documented every 12 months for adults and every visit if under 18 or if Medicare AWV

- RED X if weight needs to be documented

Primary Care Rooming – New Tools





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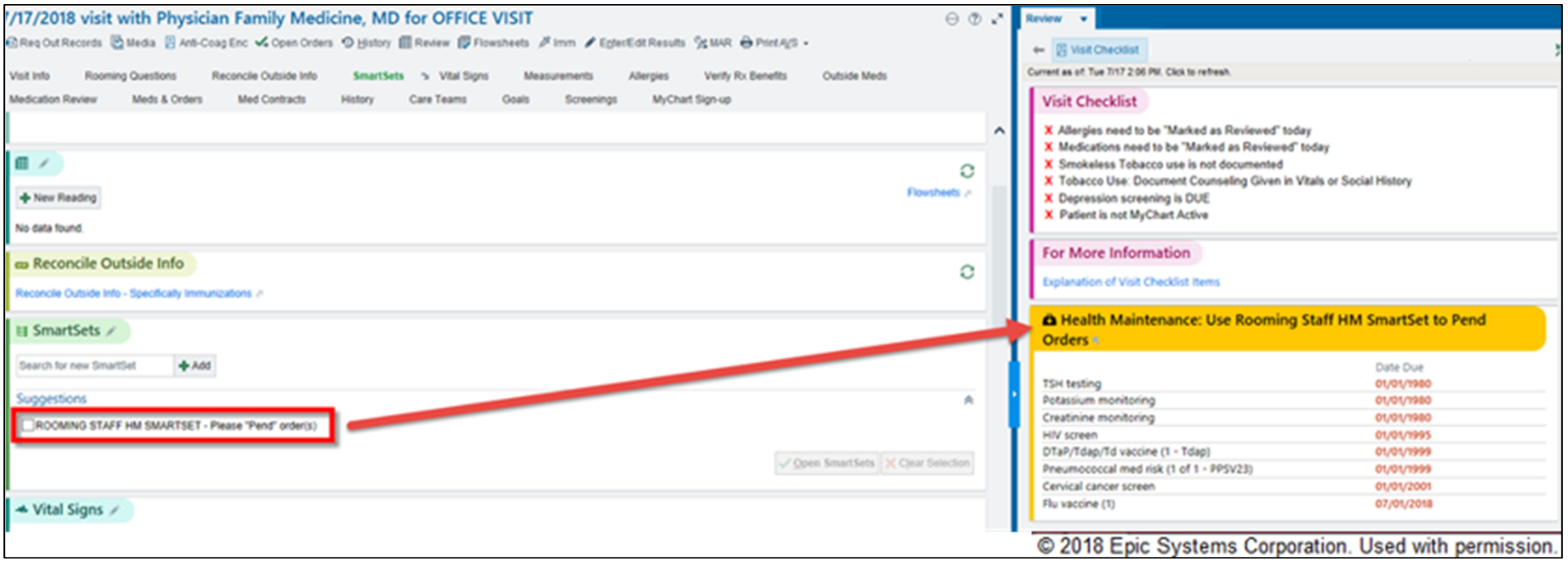

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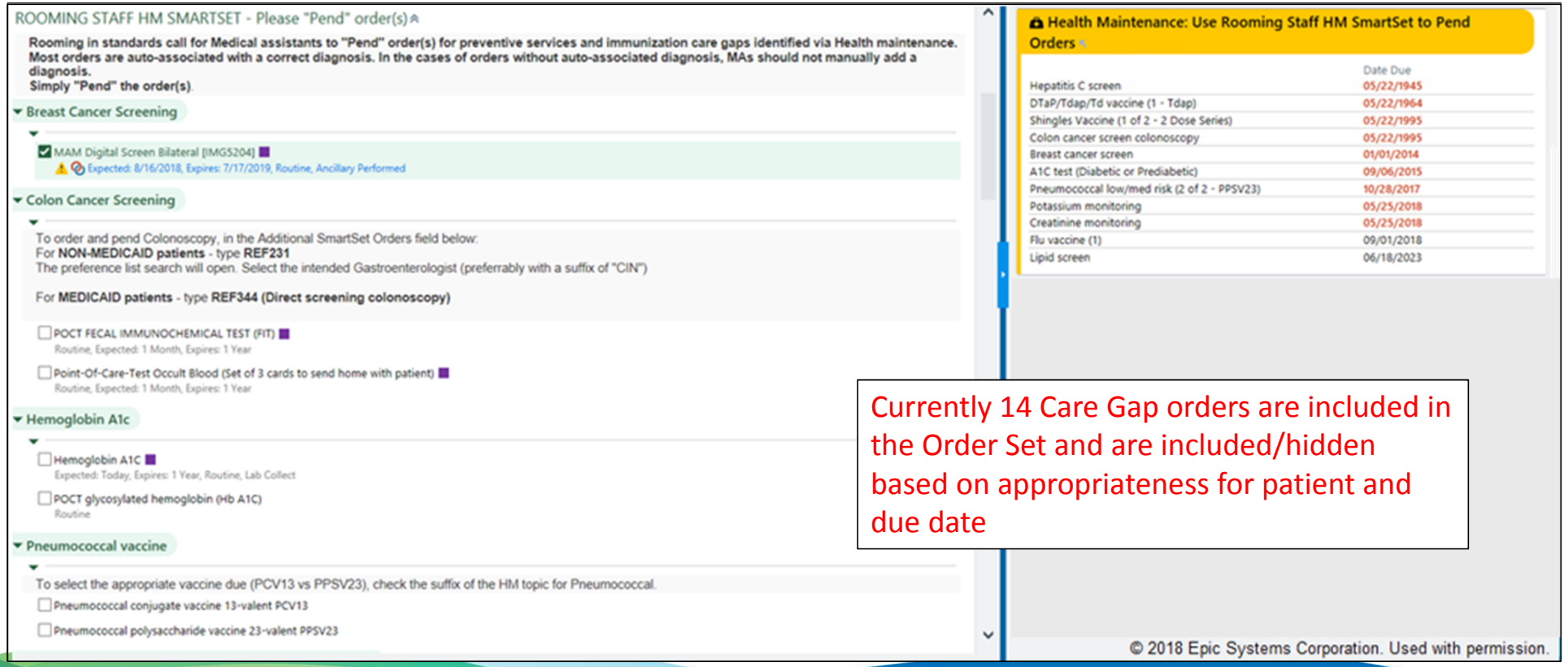

Primary Care Rooming – Implementation

- 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
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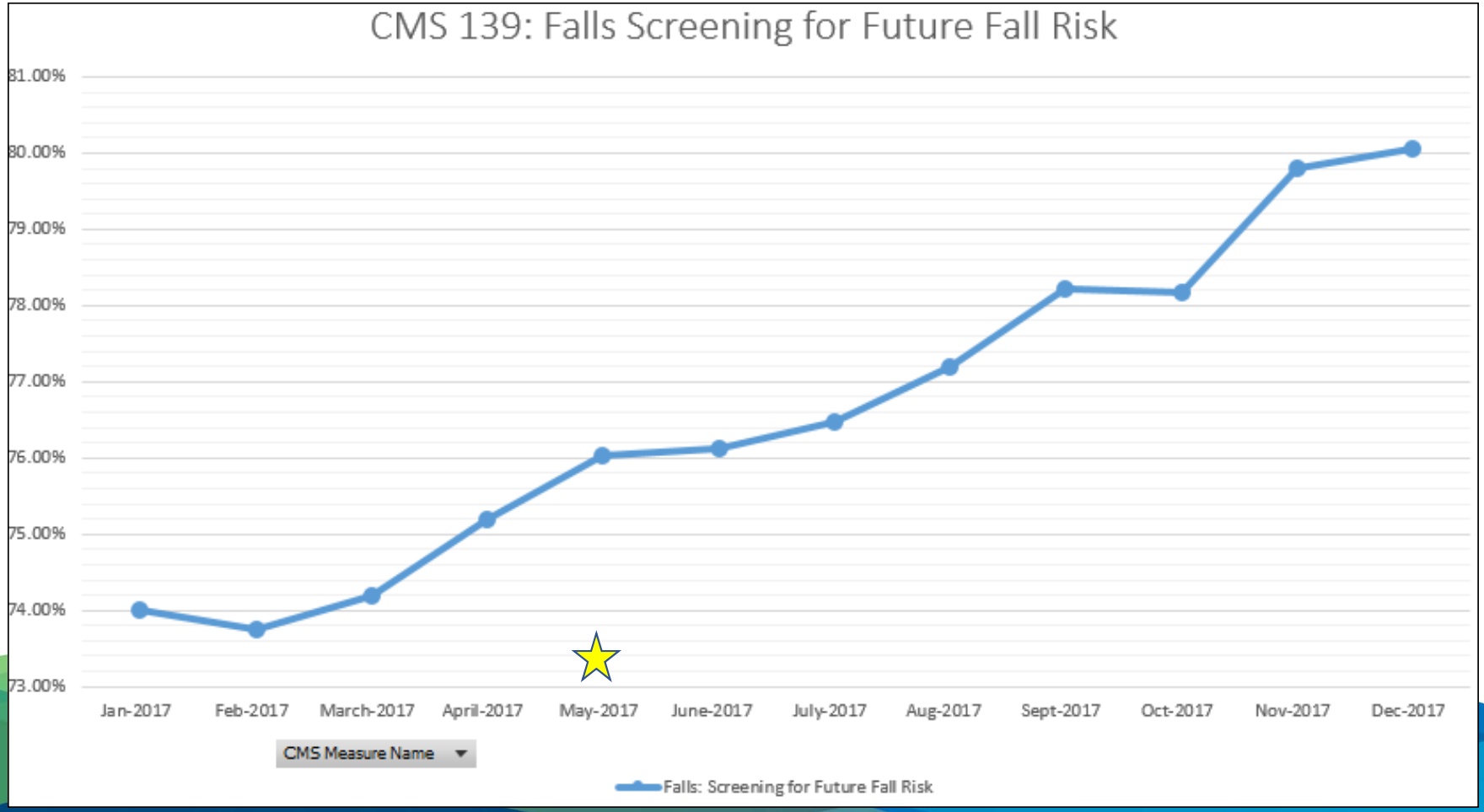
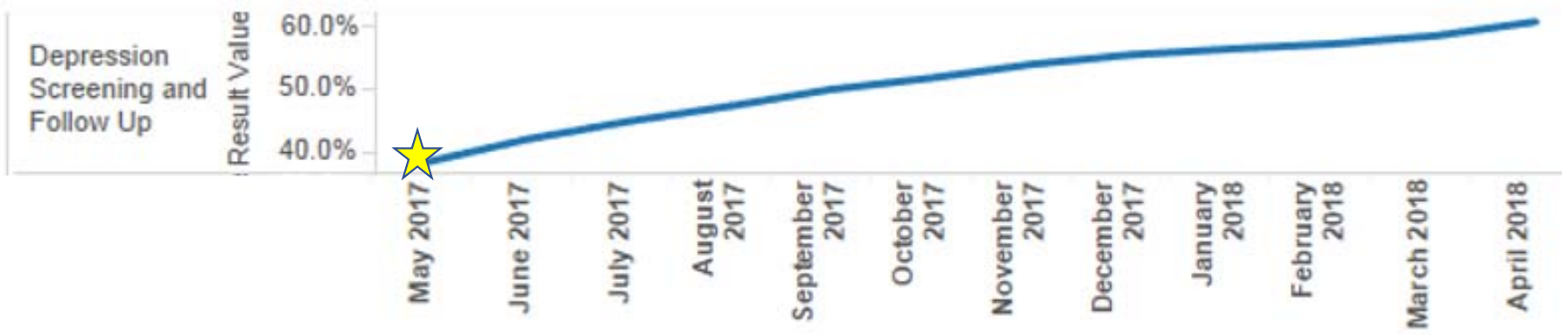


Primary Care Rooming – Results

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



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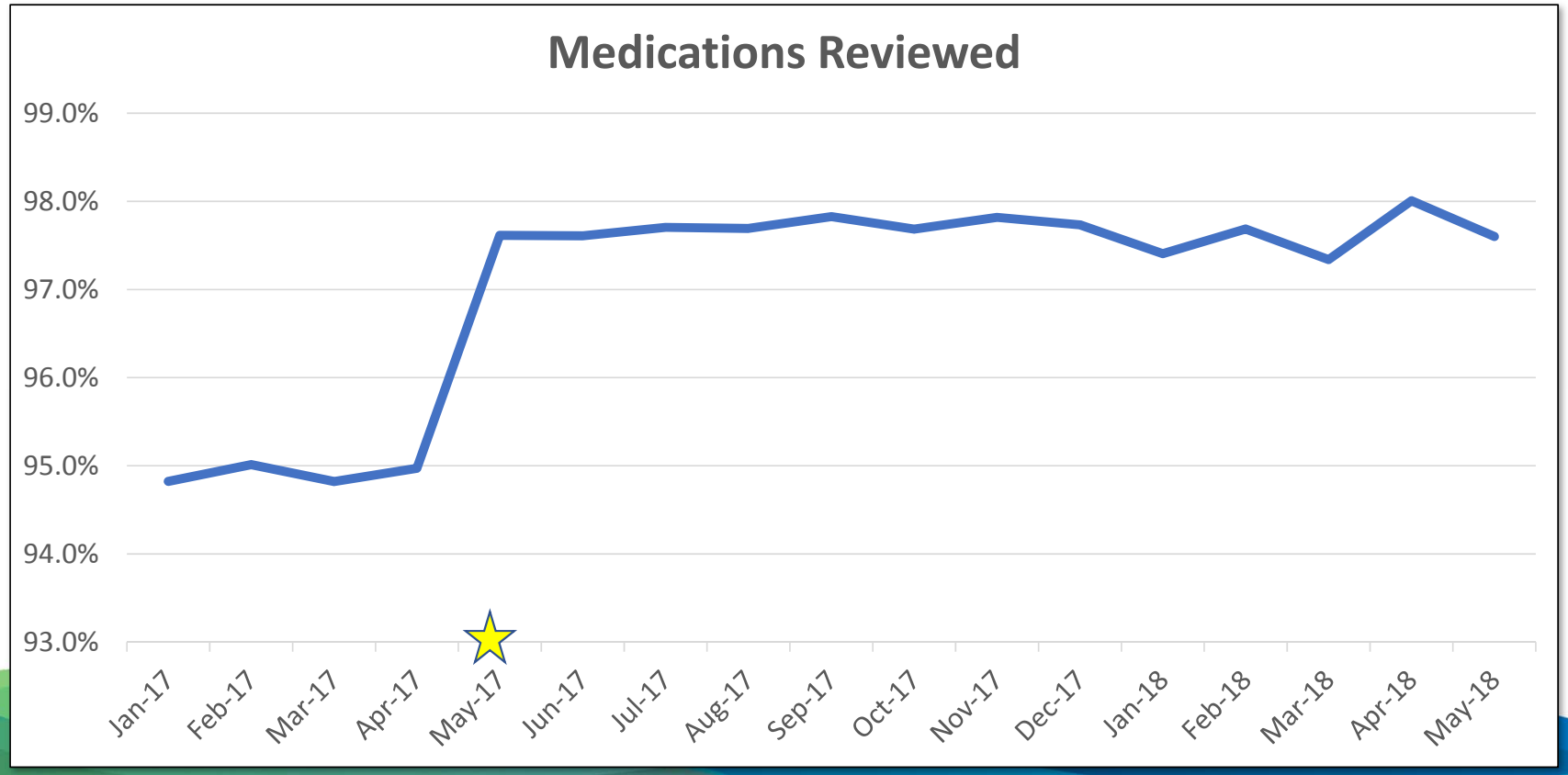

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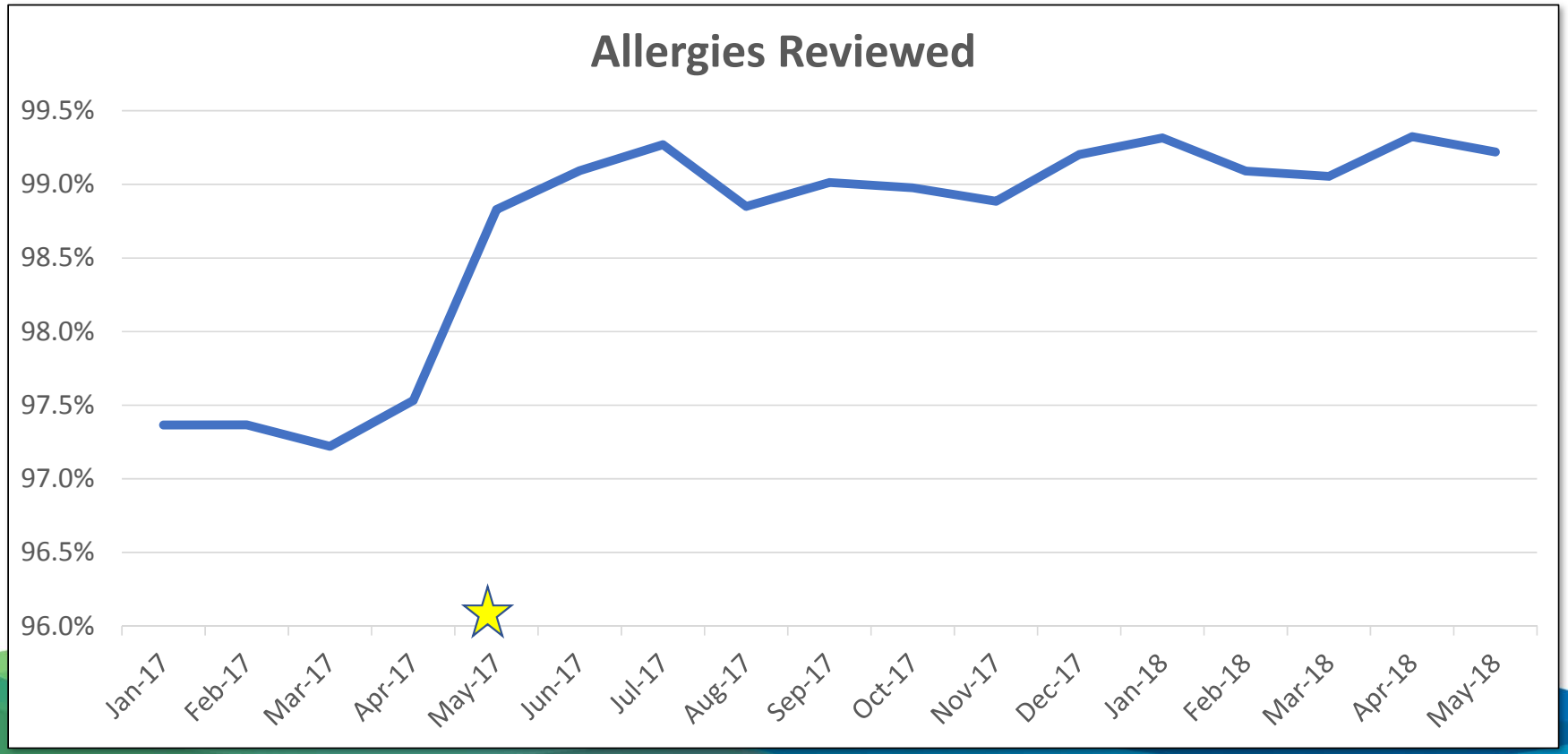

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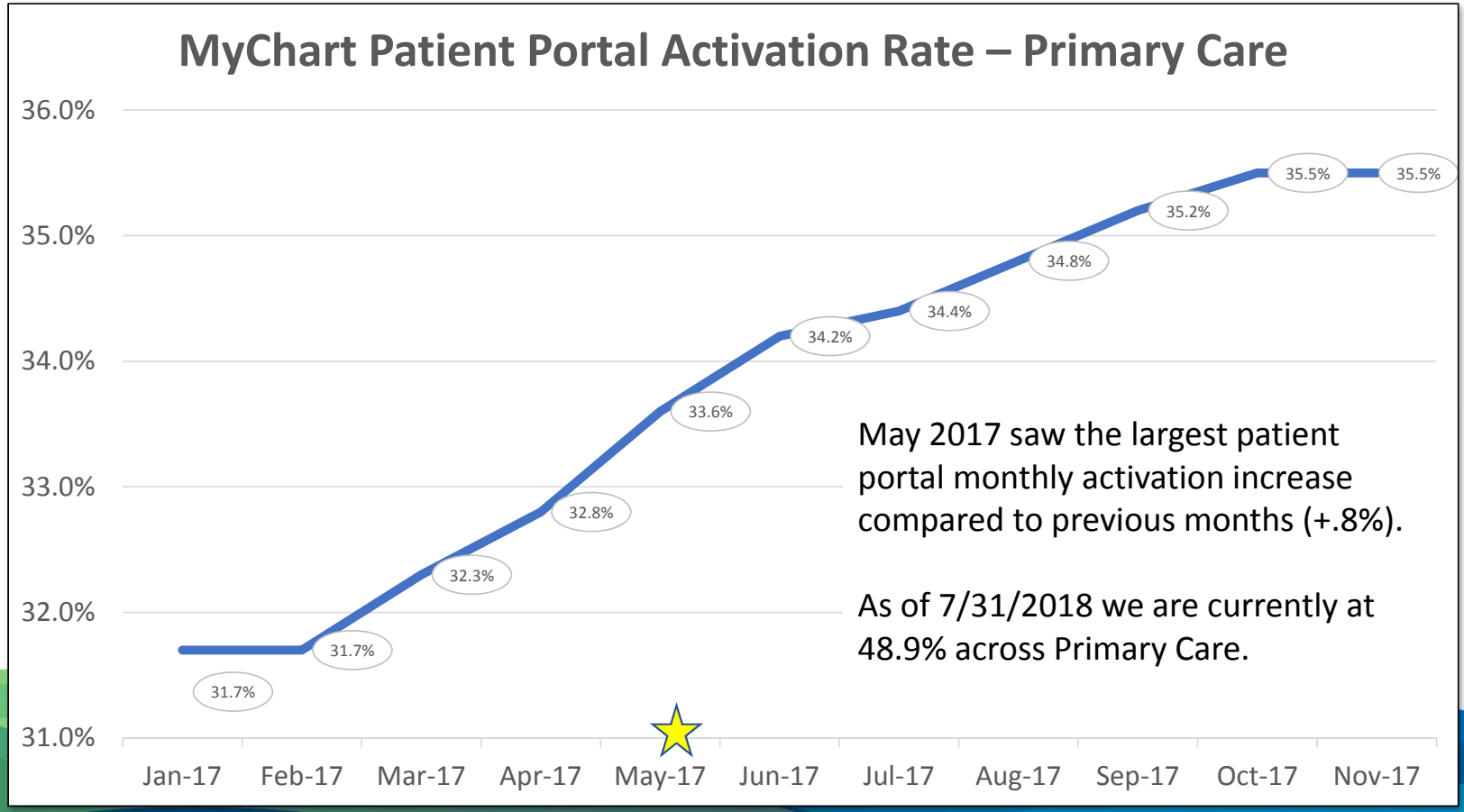

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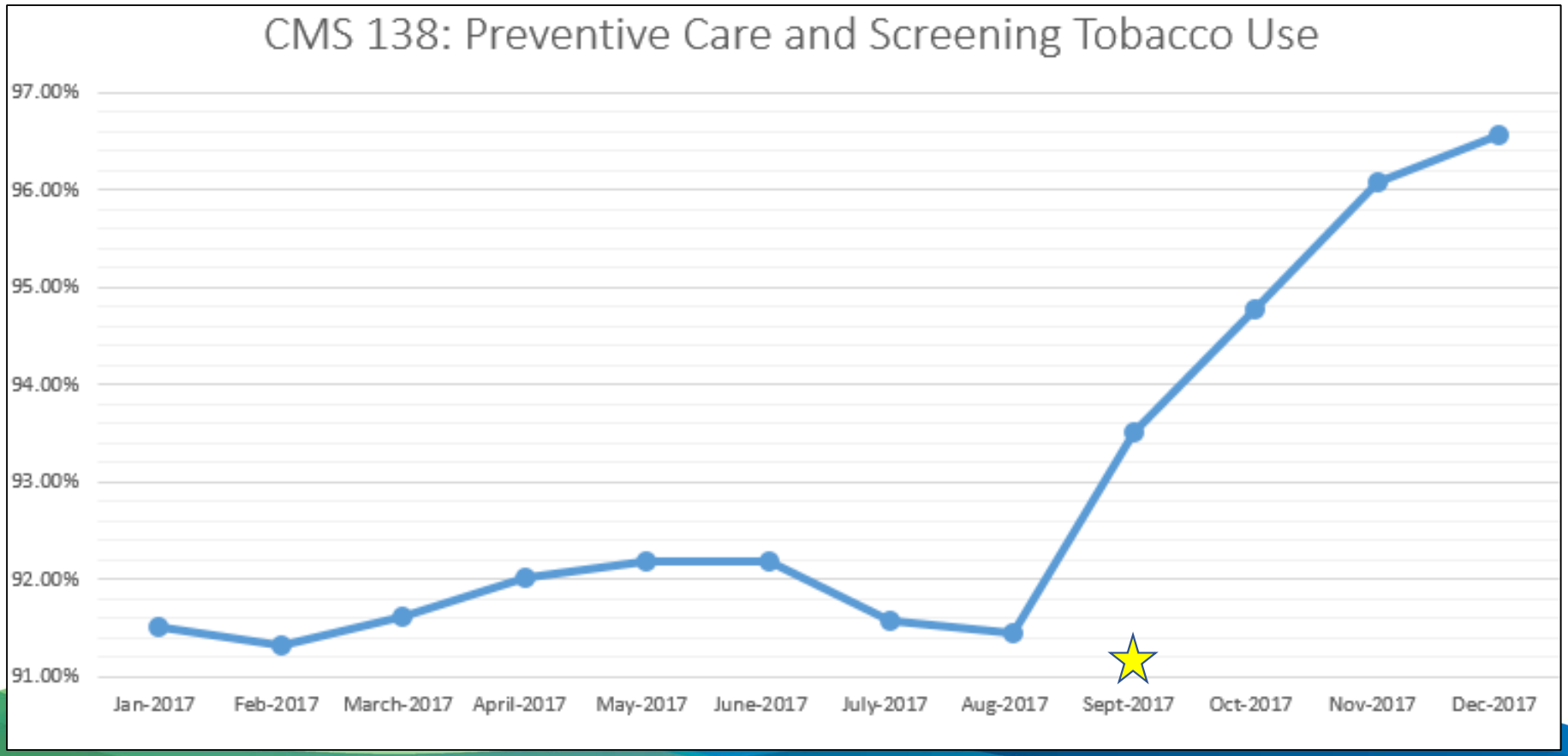

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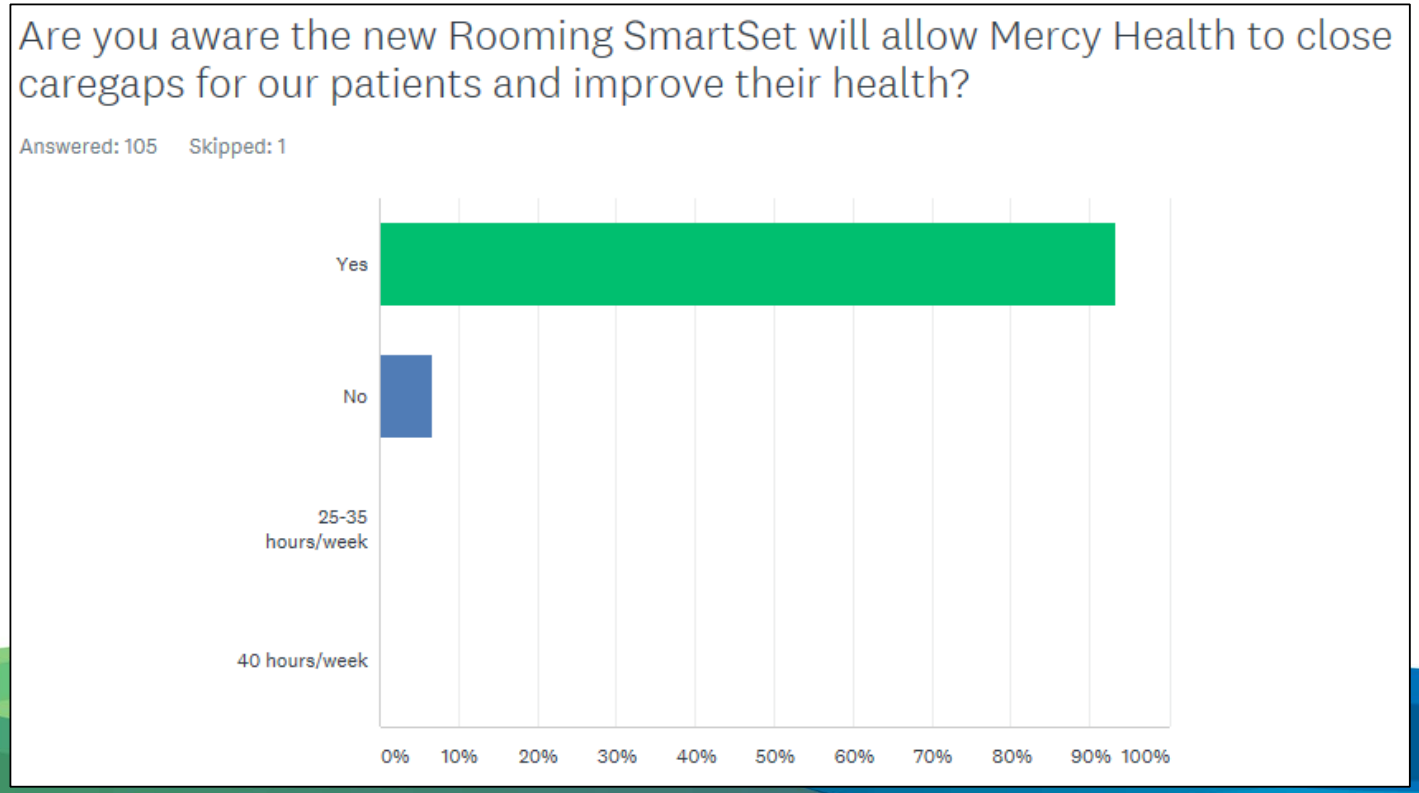
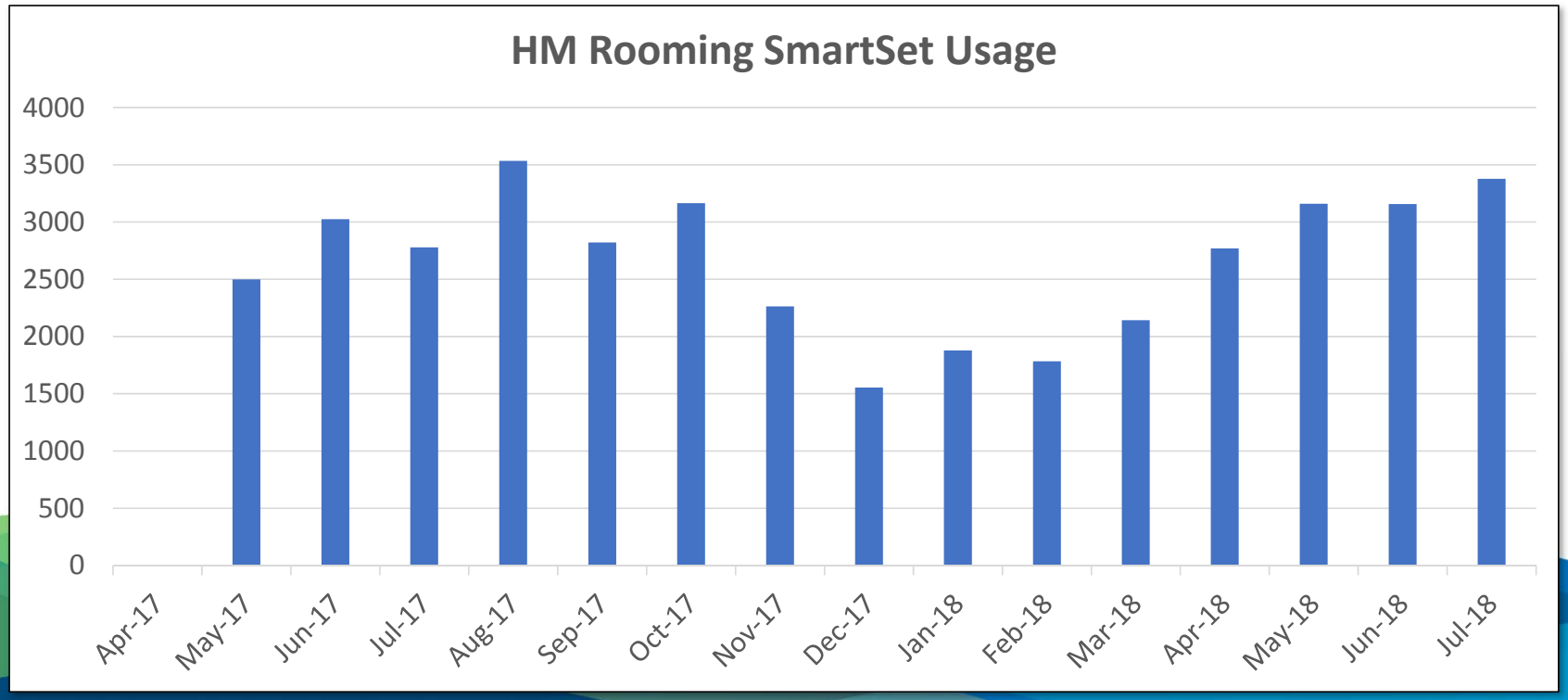
Primary Care Rooming – Results

- **Care Gap Closure:**



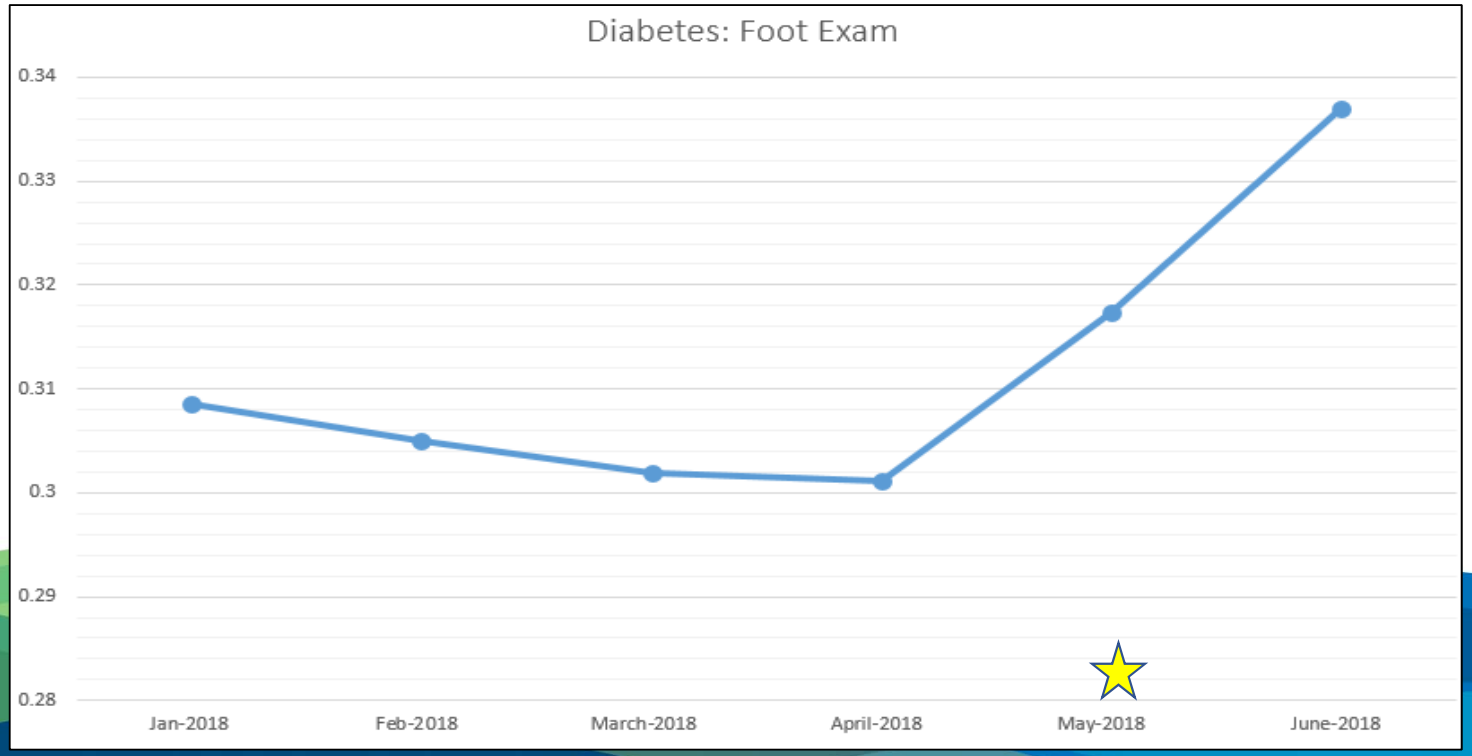
Primary Care Rooming – Results

- **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



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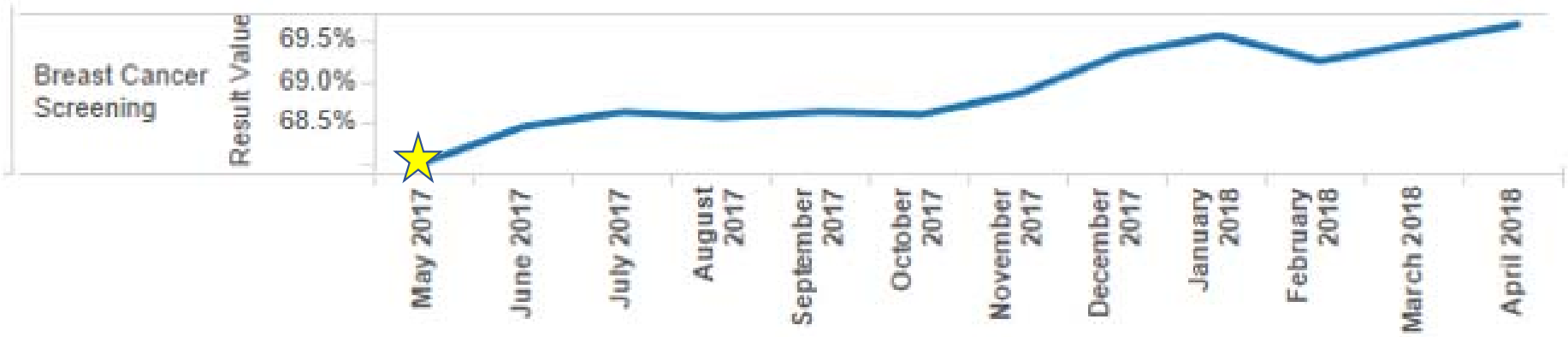

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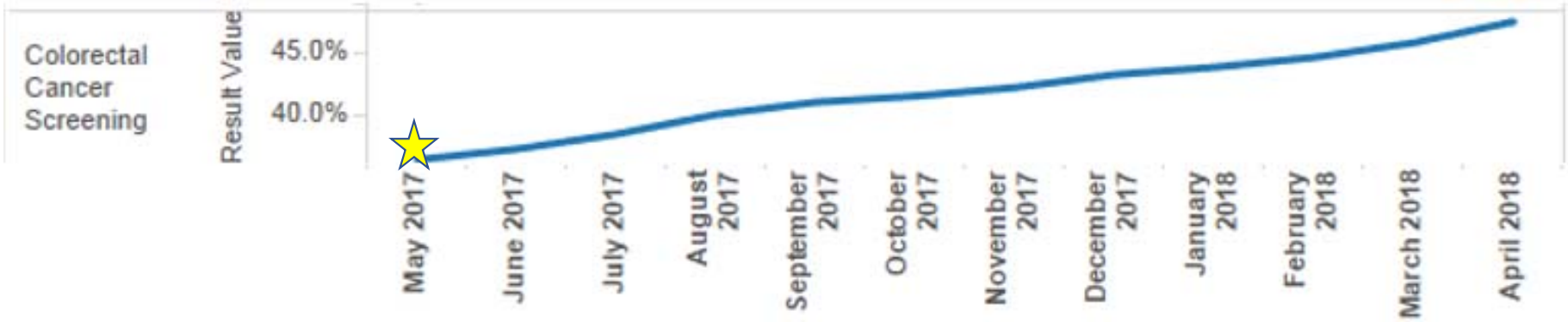

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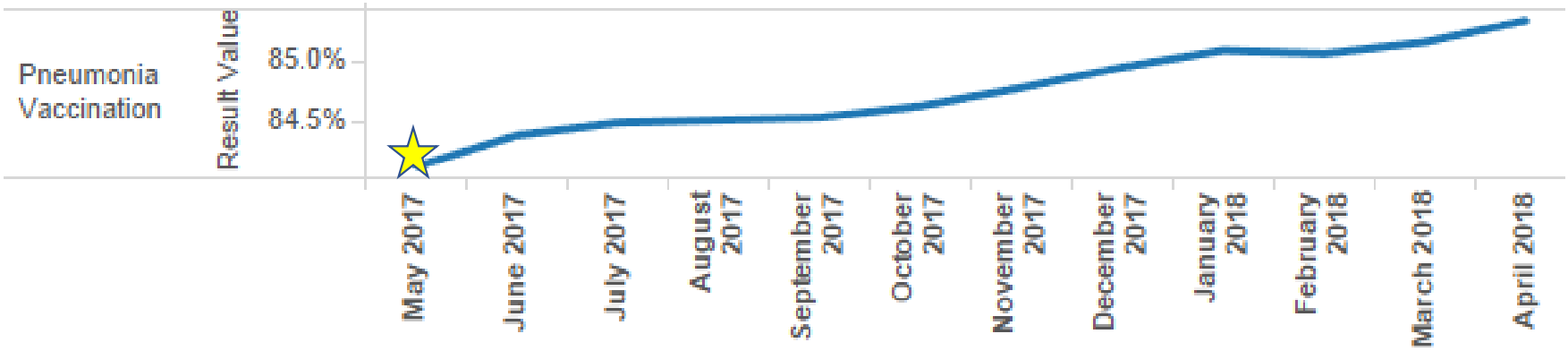
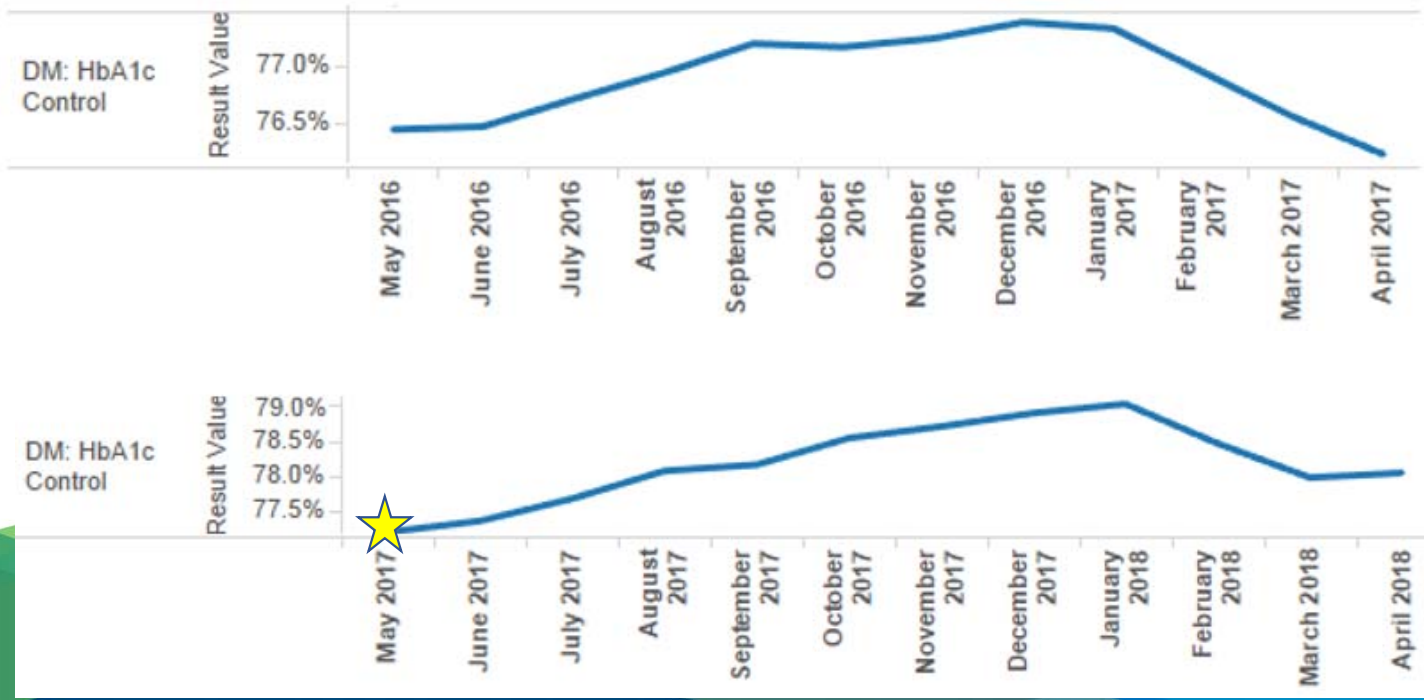


Primary Care Rooming – Results

- **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.

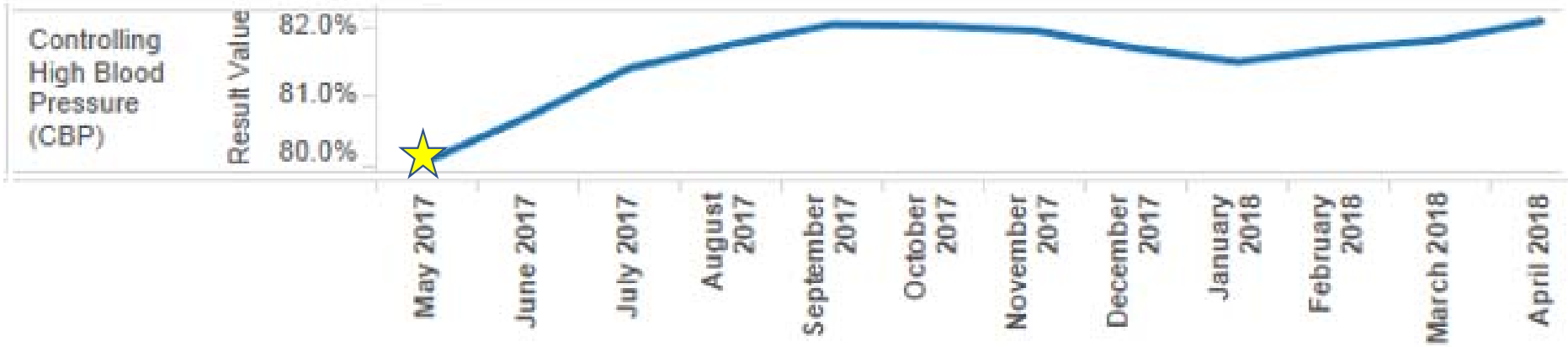


May 2016 – April 2017
Vs
May 2017 – April 2018

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



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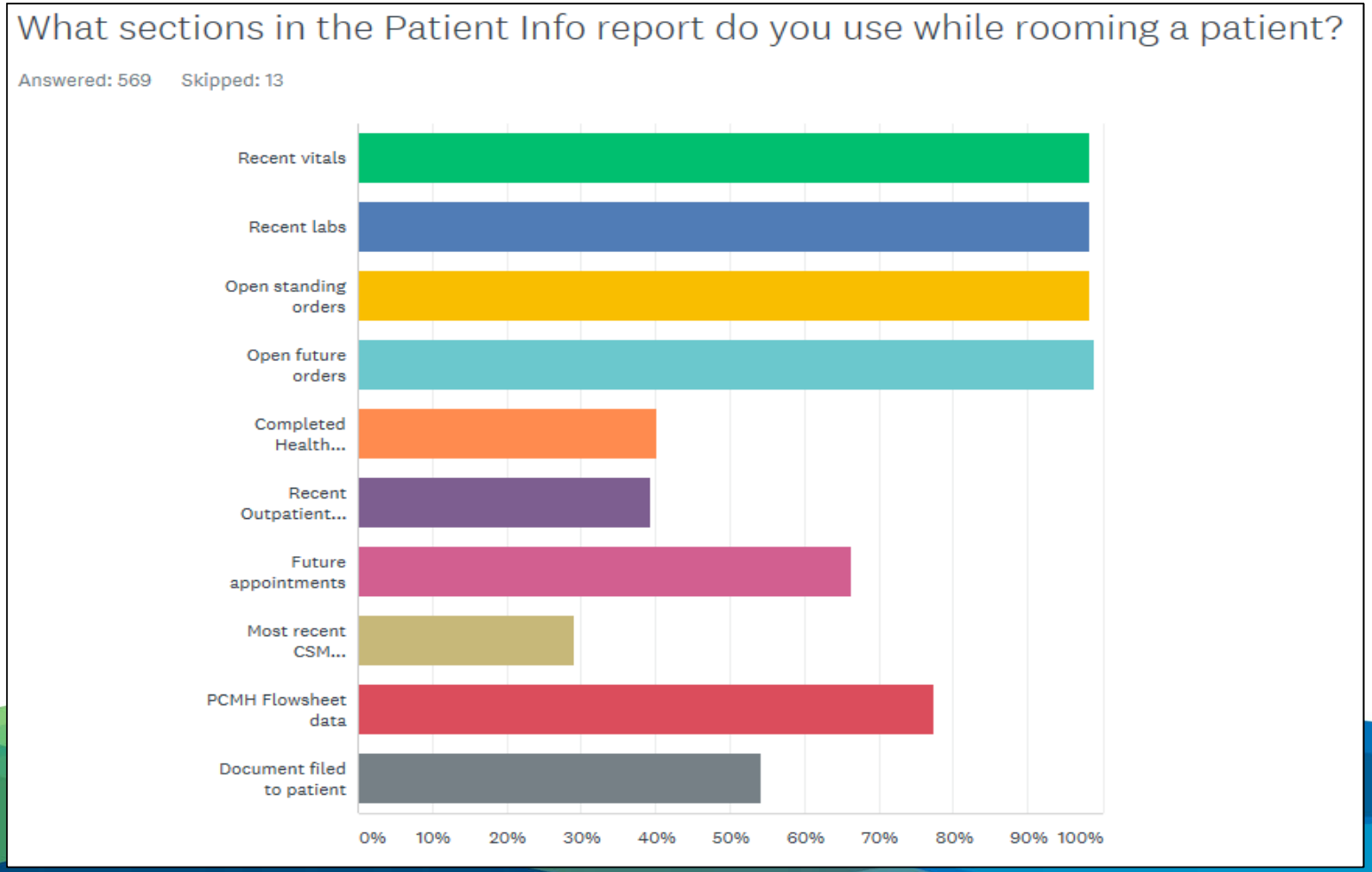

Primary Care Rooming – Results

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
  - Gynecology
  - Cardiology
  - Endocrinology
  - Pulmonology
  - Sleep Medicine

Key Contributors

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Danyelle Clutter, MBA	CarePATH Application Coordinator

MERCYHEALTH

THANK YOU

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