TIPS FOR USING NEXTGEN EMR TO ADVANCE QUALITY
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TIPS will be offered based on the following concepts:
1. EHR Implementation
2. Risk Management
3. Laboratory Utilization Management
4. ePrescription Management
5. Flow Management

EHR IMPLEMENTATION

GO-LIVE LITE
1. It is assumed the EPM has been implemented and EPM-based Appointments launched.
2. Patients are registered by Front Desk and a folder in NextGen EMR is created to contain the contents of the visit.
3. Providers select the VISIT TYPE
4. Providers order procedures like shots that are performed by nursing staff.
5. Nursing staff are trained to take off orders and ‘submit’ to bill.
6. Providers select appropriated TODAY’S ASSESSMENTS
7. Providers select an appropriate E&M code just as they would with a billing form.

Benefits:
1. While going through extensive EMR training, clinical staff gets an early feel of how to interact with the software by doing something really easy.
2. We relieve billing staff from having to take the info from paper forms.
3. Makes for a ‘less big bang’ roll-out that is less painful. So it was with NEON.
**RISK MANAGEMENT**

**Provider Approval Queue**

**Problem:** A major source of malpractice claims comes from the lack of follow-up of abnormal test results.

**Solution:** Diligent use of the **Provider Approval Queue**. (PAQ is pronounced like PACK)

- It is critically important that we keep our PAQ up-to-date and **no more than 1 week** in arrears.
- If an abnormality is found that needs follow-up, we are obligated to go into the patient’s chart, create a NEW FOLDER, establish a CHART UPDATE visit type, and make a notation of our intent to follow-up.
- A Custom Lab Letter (Document Library) can be created on-the-fly.
- It is important to try to select a ‘TODAY’S ASSESSMENT’ that might relate to the abnormal diagnostic finding (e.g., anemia, abnormal radiological finding) so it sticks out.

**PAQ Monitoring:**

1. A Crystal report in NextGen can be developed as a canned report that shows all providers with active items in their PAQ exceeding 7 days (or whatever number of days the Clinical Director chooses).
2. I run this report every Wednesday.
3. Providers with numbers exceeding 20 are communicated with by email or by phone with a directive to get their PAQ under the radar within 72 hours.

**PAQ Delegation:**

1. Some providers are part-time and there may be a substantial lag between test resulting and their review unless they are given off-site access and they check their lab regularly.
2. PAQs can be co-managed by associated a given provider’s PAQ to one or more nursing staff. However, nurses can only be associated with one providers; providers can be associated with many.
3. When a provider is on vacation, it is important to associate the provider’s PAQ to a covering provider. What the provider will see is a drop-down list of the providers that he/she can pick from to view their PAQ items. The PAQ items are kept separate; not intermixed!
INBOX Work Flow or ToDo Tasking to Create Patient-centered Ticklers On-the-Fly

**Problem:** A major source of malpractice claims comes from the lack of attention to the detail of follow-up of abnormal critical test results.

**Solution:** Diligent use of the INBOX Work Flow Task creation capability.

- If we think it was important enough to send an abnormal test letter to a patient, then it is equally important to establish a reminder to ourselves to check on whether the patient followed through with the recommendation to return to the health center to address a critical test result.

- After initiating a Task and selecting a Patient, it can be created and self-assigned by default when we simply click ADD the task without assigning the task to someone else. Make certain that you select a reasonable date in the future beyond the date when you want the patient to come back that will serve as a reminder to act again on behalf of the patient.

- If we happen to be in the Patient’s chart, we can do the above Tasking by creating a To Do (task) and clicking OK when prompted to Assign the Task to someone else. By clicking OK, you self-assign the task.

- Make certain that you select a reasonable date in the future beyond the date when you want the patient to come back that will serve as a reminder to act again on behalf of the patient.

- Now you have created a patient-centered tickler-on-the-fly!
**Telephone Call Template Utilization**

**Problem:** A major source of malpractice claims comes from the lack of communication or in documenting our communications with patients (e.g., phone triage) or attempts to communicate with them (e.g., abnormal test results). As the saying goes, *"If it is not documented, it did not happen."*

**Solution:** Liberal use of the **TELEPHONE CALL** template.

Telephone Call template Document:

- A document can be generated from the Telephone Call template.
- This document can be stored in the **Category** view of the **History Panel**.
- Make certain that a category is created that will contain the document (e.g., ‘Telephone & Triage’ category) for easy reference in the future.
Anticoagulation Template Utilization

Problem: A major patient safety issue surrounds our patients who are on anticoagulation therapy; namely, Coumadin. Oftentimes, when an INR result comes back abnormal if not resulted at the point-of-care, the on-call provider is not the provider who takes primary care of the patient. Therefore, being able to look up information on that patient is critically important.

Solution: Assure the consistent use of the COUMADIN/ANTICOAGULATION template in the management of patients on Coumadin.

Anticoagulation Template Documents:

- A document (progress note) can be generated from this template.
- An Anticoagulation Patient Plan document is also generated and is critical in showing the patient important stuff about their anticoagulation therapy (specific dosing, what to do in an emergency, etc.)
- This document can be stored in the Category view of the History Panel.
- Make certain that a category is created that will contain the document (e.g., ‘Progress Notes’ category) for easy reference in the future.
- This template is outstanding for the purposes of running a Coumadin Clinic.
**LABORATORY UTILIZATION MANAGEMENT**

*Using Customized Pop-ups to serve as Decision Support*

**Problem:** It is not unreasonable to establish a list of laboratory tests that are covered for our federally subsidized patients. We are in the business of primary care. Our extent of testing should fall squarely in that zone; otherwise, we experience a slippery slope that leads us to very expensive test that in aggregation can bust our fixed budgets. However, it is cumbersome for providers to have to refer to these lists in order to decide on what they can order for their subsidy patient.

**Solution:** Customize the various lab templates to prompt the user with pop-ups for each test that is displayed on the templates that are not on the restricted list.

At NEON, for each test that is not on the restricted list (Lab Formulary), upon clicking the checkbox, a pop-up is generated, as illustrated below.

- The pop-up only serves as decision support; it does not prevent the provider from ordering the test.
- Our phlebotomists have at their disposal a current lab formulary for subsidy patients.
- They are authorized/empowered to contact the ordering provider to modify their order if the ordered test is not on the restricted list or contact the Medical Director for approval.
ePRESCRIPTION MANAGEMENT

Using the Comments Field in the 5.6 EMR Upgrade

Problem: Recently, Medicaid HMOs resumed covering the prescription benefit for their enrollees. Now, health centers have to refer to the various HMO drug formularies in order to select covered medications. With eScribing, formulary assistance for the various HMOs is not readily available in NextGen. Writing ProAir is accepted by one HMO and Ventolin by another. When a pharmacy gets the e-prescription, if they don’t know the insurance plan for the patient then they have to wait until the patient’s arrival prior to filling the prescription order.

Solution: The Comments field in the NextGen Medication Module is for the Pharmacist’s eyes only. To assist the pharmacist, the prescriber should type the name of the insurance in the Comments field.

- If multiple prescriptions are sent during a single transmission the provider only has to do this for the first prescription.
- The prescription should be written in generic (e.g., Albuterol) to allow the pharmacist to pick the appropriate brand. The pharmacist has instant access to HMO formularies.
FLOW MANAGEMENT

Flow Ticket to facilitate workflow

Problem: With a paper chart, nursing staff has something tangible that serves as an alert that something has been ordered for the patient. The nurse simply signs off on the chart directly where the order is written. With an EHR, it is not clear what types of orders have been placed by the provider. Sometimes, patients get lost in a health center and they need help getting where they need to be.

Solution: Utilize a customized Flow Ticket (size of a typical prescription) that follows the patient throughout his/her itinerary in the health center.

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WRITE-IN:

| ☐ E&M Coding / Charting | ☐ Laboratory Tests |
| ☐ Vaccines/Injections | ☐ Xrays | ☐ Ultrasound |
| ☐ Office Services | ☐ Electronic Prescription |

1. The front desk checks off the applicable provider on the flow ticket that the patient will be seeing. If the patient gets lost, she can show the flow ticket to any staff person who can then direct them to the indicated provider.

2. After the provider has completed his service, he checks off the types of things that nursing staff needs to be aware of in preparing the patient for discharge.

3. The patient takes the flow ticket wherever else he needs to go prior to completing his health center itinerary. Even if the service is in another network health center location, the flow ticket, when presented to staff at the other health center, serves as a means of directing the patient to where she needs to go in the facility. Because the provider order is already in the system (e.g., x-ray or lab test), the patient only needs to present directly to the applicable department. Staff looks up the order in the system and seamlessly serves the patient.

4. The last health center work station (or department) that serves the patient takes the flow ticket and discards it.
Discharge Template (customized template design)

Problem: Generating a document at the end of a patient visit is critical for future reference. No alarms go off when a document is not generated. For Joint Commission purposes, certain assurances need to be documented at the end of each onsite patient visit; such as, Learning Needs Assessment and Medication Review.

Solution: Create a customized template for to serve as a check list of what needs to be done; in this case, a Discharge Template.

1. Nursing staff is required to interact with this template at the conclusion of every patient encounter.

2. The buttons on the template allow the nursing staff to click to generate the documents.

3. The assessments and the fact that a Patient Plan was produced are incorporated in the final progress note that is generated, which is the result of the action being hard-coded into the progress note by IT staff.
The Beauty of WorkGroups in NextGen

Problem: Healthcare processes in a typical health center involve a multitude of tasks that are strung together. When the string is broken, everyone suffers. The stronger the string, the more reliable the process.

Solution: Use the power of workgroups in NextGen to enhance accountability throughout the process.

At NEON, Referral Management is handled as follows:

1. There is a Task Workgroup called ‘Referral (External Specialty)’. This group is comprised of folks that are connected by functionality rather than geographically.

2. Prior to ordering an external specialty referral in NextGen, providers are required to create a referral letter.

3. Once this is done, a ToDo task must be sent to the Referral workgroup with the referral letter attached to the task.

4. When the Referral workgroup staff person opens the chart from the INBOX, the attached referral letter is what opens first.

5. Whoever gets to the task first and ACCEPTs it, removes the task from the other group members’ INBOX.
For PCMH and BPHC purposes, it is also critically important to track the referral.

This tracking should conclude with an indication in the appropriate Orders Management Template that the referral report has been received.

Exceptions reports can be generated to determine the reports that are yet due.