RCHC Sharing Promising Practices:

Santa Rosa Community Health

CDSS for Tobacco Screening and Follow-up Documentation

Categories: ☐ Clinical Practice ☒Operations ☐Compliance ☐ Finance

Aim:

To improve tobacco screening and follow-up documentation for Santa Rosa Community Health (SRCH) patients.

Target Population:

All adults ages 18 and over.

Promising Practice Overview:

SRCH's tobacco screening and follow-up for PHASE program reporting (UDS definition) was 51% in 2015 Q3 and increased to 75% as of 2017 Q2. This improvement was a direct result of EHR optimizations and implementing CDSS alerts in eCW. SRCH's Interventions Workgroup decided in mid-2016 to standardize documentation to preventive medicine and removed documentation locations in HPI and social history. SRCH invested in building out their preventive medicine section so tobacco screening and follow-up documentation was visible, they deleted all other locations and provided training for staff in January 2017. In just a couple of quarters after implementation of CDSS, SRCH's tobacco screening and cessation counseling improved by 15%.

Measures:

Tobacco Use Assessment and Cessation Intervention (UDS Definition)
Numerator:
• Patients who had a tobacco assessment within two years prior to their last medical visit
• If the patient was a tobacco user in the past two years, the patient had at least one of the following within two years prior to their last medical visit:
  - Tobacco use cessation counseling
  - Smoking cessation agents (active medication or order)

Denominator:
• 18 years of age or older during the reporting period and seen after their 18th birthday
• Had at least two medical visits or at least one preventive visit during the reporting period

Pre-existing infrastructure:

Prior to 2016, SRCH did not utilize CDSS alerts and clinical staff were documenting tobacco screening and counseling in up to 15 different places in the EHR. Upon chart audits for RCCO, QI staff noticed many tobacco screenings occurred that were never documented or captured properly.

Changes:

SRCH hired a consultant through HITCare who built out the preventive medicine section in their EHR to make the tobacco screening and follow-up documentation more visible. The consultant deleted other areas - aside from preventive medicine - where staff documented tobacco screening and counseling along with other UDS measures such as cervical cancer screenings. SRCH trained all of their clinical staff to document in the preventive medicine location in January 2017. Along with the trainings, QI staff updated and rolled out CDSS alerts in March 2017 starting with tobacco screenings and cervical cancer screenings. CDSS now alerts clinical staff if a patient is overdue on certain preventive screenings by displaying in red. SRCH's QI and EHR teams were working so closely that SRCH decided to develop a special team named the EHR Optimization Team and hired a designated trainer to train new clinical staff. In April 2016, the EHR Optimization Team updated their medication groups to more accurately reflect the combo medications that are used more in non-primary care visits such as behavioral health visits.
As staff started to screen more frequently and encountered patients with the desire to quit smoking, clinical staff are using MI techniques to set action plans and providing those patients with encouragement cards to stop smoking. SRCH uses 1 800-NO-BUTTS resources.

Results:

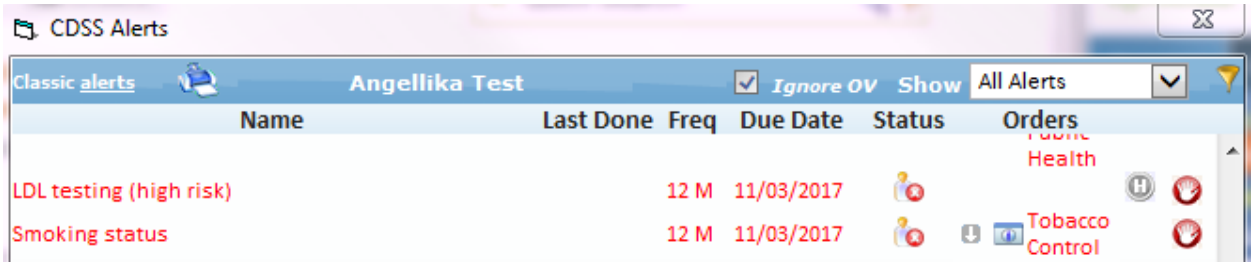
SRCHC's measure for tobacco screening and follow-up documented improved to 75% in June 2017 as a direct result of these activities. While tobacco screenings and counseling were being completed prior to 2017, they were not always documented in the proper locations and not captured in the reporting. The improved preventive medicine section of their EHR (eCW) and deletion of all other locations where staff was documenting tobacco screening and follow-up combined with staff training and new CDSS alerts facilitated improved systems and outcomes for this measure. The creation of a new EHR Optimization Team at SRCH is making these improvements sustainable through ongoing trainings and expertise to continue optimizations and CDSS maintenance.

Conclusions:

Proper documentation alone can improve performance on screening measures such as tobacco screenings and follow-up documentation. Documentation can be improved through EHR optimizations such as cleaning up EHR documentation locations to only allow clinic staff to document in one single location, which is the same location mapped to the reports. Additionally, implementing CDSS alerts to ensure patients receive screenings when due and staff engage in conversations about tobacco cessation when appropriate can make a difference in improving tobacco cessation efforts.

Companion Documents:

MA Rooming Clinical Alerts



SBIRT Process

Screening, Brief Intervention, and Referral to Treatment

Santa Rosa Community Health Centers
Updated: March 1, 2017

MA rooms patient; Alcohol screening is needed

MA screens for Alcohol Use using AUDIT-C Smart Form

MA notes Interpretation

FEMALES:
*The point total is **0, 1, or 2**: Interpretation of screening is **Negative***
*The point total is **3 or more**: Interpretation of screening is **Positive***

MALES:
*The point total is **0, 1, 2, or 3**: Interpretation of screening is **Negative***
*The point total is **4 or more**: Interpretation of screening is **Positive***

NEGATIVE

MA Deploys "MA: AUDIT C NEGATIVE" template

MA completes with intake

POSITIVE

MA Deploys "MA: AUDIT C POSITIVE" template

MA picks up document from printer and placed it in slot on door, as usual

MA prints education material from Order Set and gives materials to patient.

MA hands patient laminated copy of Alcohol Use and Your Health, saying to patient:
"*Here is some information you can look over while you are waiting for your clinician.*"

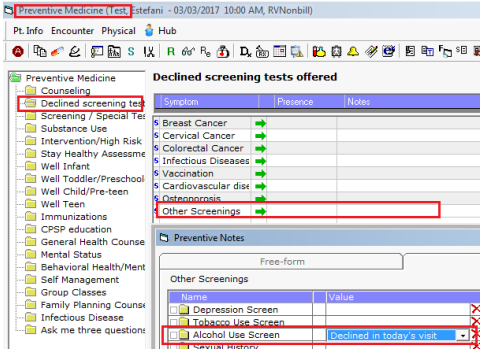
MA completes intake

As needed, Clinician: Diagnoses and Refers to Treatment using Order Set

Proceed with visit.

Diagnosis, such as:
- Alcohol abuse
- Binge drinking
- Alcohol dependence
- Polysubstance abuse

If patient declines, document in Preventive Medicine



Referral to Treatment, such as:
- Motivational Interviewing discussion
  (chart in Notes section of Progress Note)
- BH Warm handoff
- Print list of AA meetings *(from Order Set)*
- Print brochure of local treatment programs
  (from Order Set)
- SRCHC group brochure *(from Order Set)*

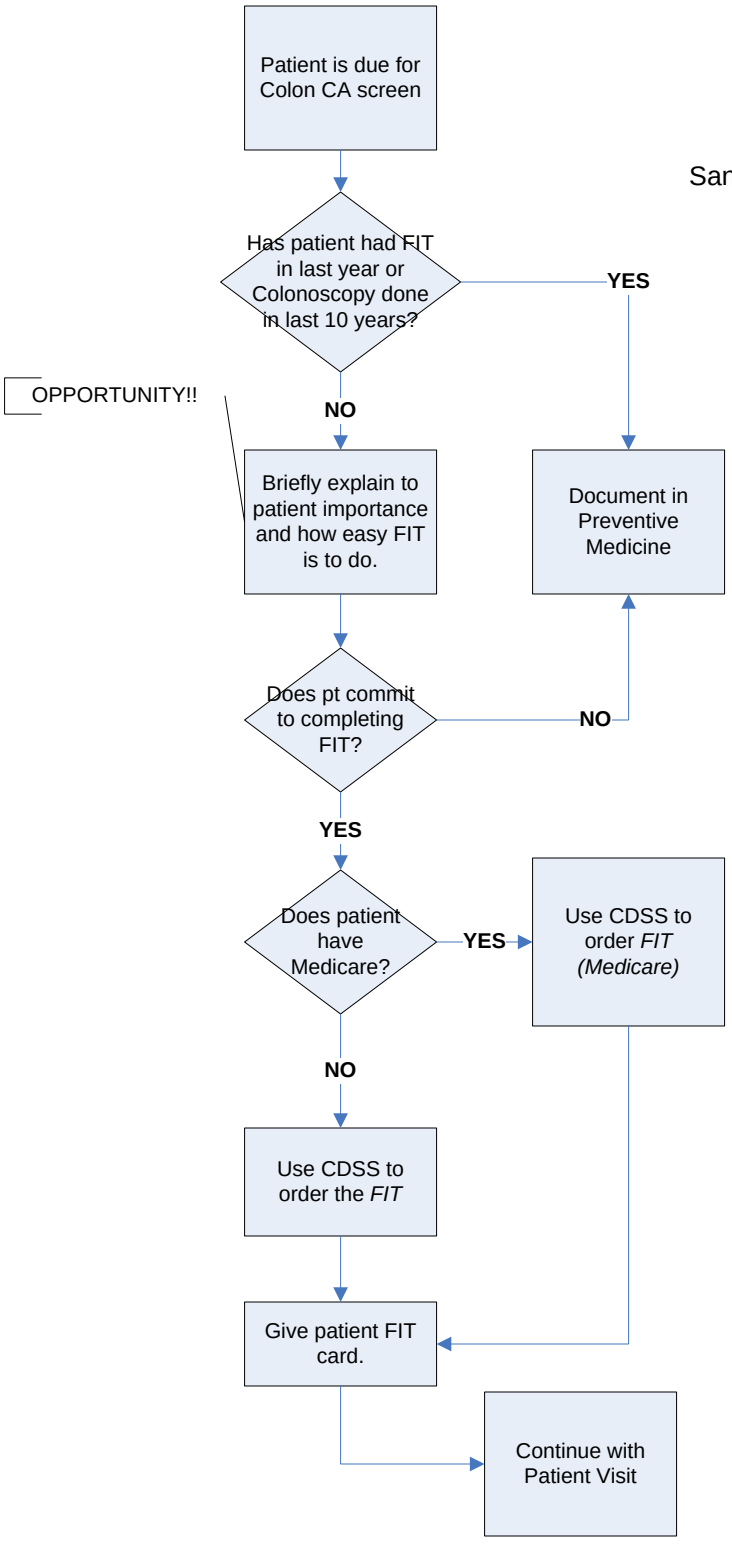
Use Order Set/Procedure to document
Use Referral to document, as needed

MA Reviews Clinical Alerts
CDSS
Practice-wide Alerts
Patient specific Alerts

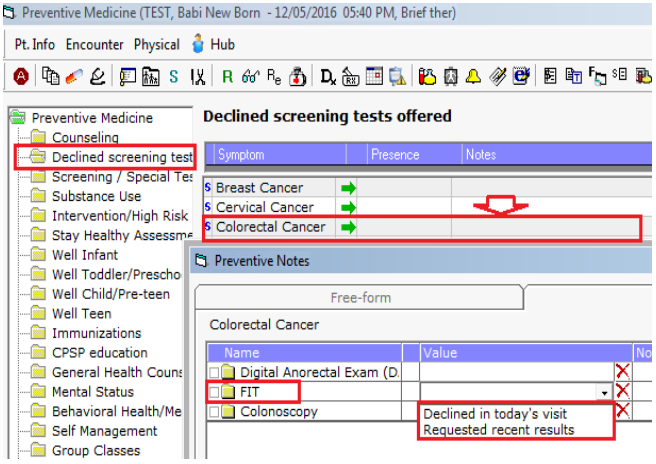
CLINICAL ALERTS: Colorectal Cancer Screening

Santa Rosa Community Health Centers

Updated: March 1, 2017



Select:
"Declined in today's visit"
– OR –
"Requested recent results"



Other intervention strategies being discussed:

TWO weeks before the patient's visit.

Outreach contact, confirms, informs, sends kit.

Patient brings it to their appt, happy that they provided a specimen!

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CLINICAL ALERTS: Tobacco Assessment/ Intervention

Santa Rosa Community Health Centers

Updated: March 1, 2017

Smoking assessment should be done annually per CDSS guidelines

Review CDSS tab on Right Chart Panel

Is Smoking Assessment due?

NO → Continue with Patient Visit

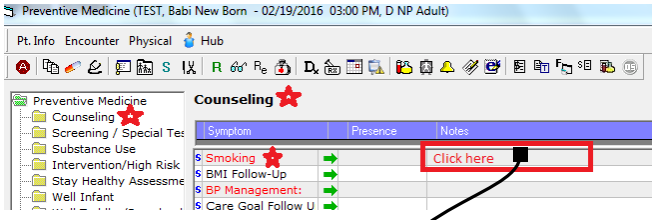
YES

Use Tobacco Control Smart Form to document Smoking Status and save data

Is Patient a Current Smoker?

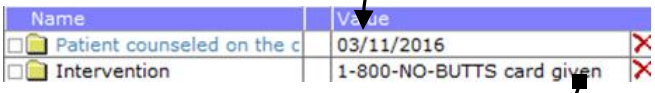
YES → Provide educational materials as appropriate

MA goes to Preventive medicine, Counseling, Smoking

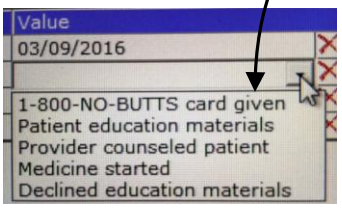


NO → Continue with patient visit.

Click in Notes field, complete top two values



Options



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CLINICAL ALERTS:
Breast Cancer Screening

Santa Rosa Community Health Centers

Updated: March 1, 2017

Breast Cancer Screening should be performed every 12-24 months on female patients 50 yrs and older per guidelines

CDSS is set at 18 months.

Review CDSS tab on Right Chart Panel

Is Breast CA screen due?

NO → Continue with Patient Visit

YES

Has patient had mammo elsewhere in last 12 months?

YES → Request records Scan ROI and assign to HIM

Document '**requested recent results**, see ROI for more detail' in preventive medicine under Declined screening test offered

NO

Does pt commit to getting mammo done?

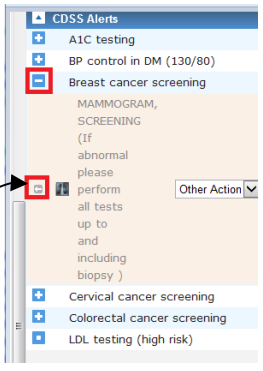
NO → Document Test declined in preventive medicine under **'Declined screening test offered'**

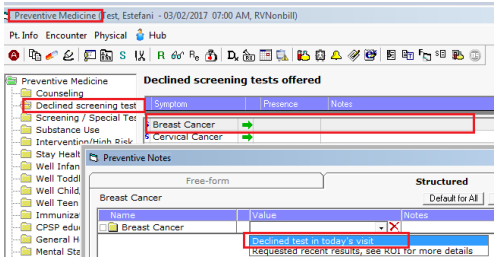
YES

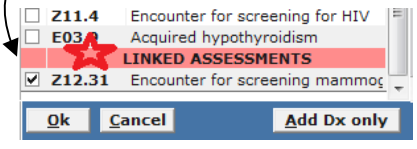
Order per Protocol

Under Breast Cancer Screening Order the Mammo

Right Chart Panel:
--Click on the plus, then the arrow by Breast CA Screen.
--Check the box to select the Linked Assessment: Z12.31
--And click OK.
Congratulations! You have ordered the Mammo!







Continue with Patient Visit

CLINICAL ALERTS:
Cervical Cancer Screening

Santa Rosa Community Health Centers

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MA Reviews Clinical Alerts
CDSS Alert
Practice-wide Alerts
Patient specific Alerts

Patient is due for Cervical CA screening

Inform patient they are due.

We're glad you're here today. To save a trip back for your cervical cancer screening, we're going to set up your Pap today.

Tell patient we're going to do it today

Patient agrees, cheerfully

NO

Provide good reasons for early cancer detection

YES

THESE are the CURRENT PAP Templates.

Pr	Template
	PAP >65 (PHP/MCAL/MCARE)
	PAP 21-29 (CDP)
	PAP 21-29 (FPACT)
	PAP 21-29 (PHP/MCAL/MCARE)
	PAP 30-39 (PHP/MCAL/MCARE)
	PAP 30-65 (CDP)
	PAP 30-65 (FPACT)
	PAP 40-64 (PHP/MCAL/MCARE)
	PAP F/U ABNORMAL (FPACT)

VERIFY insurance and merge proper template

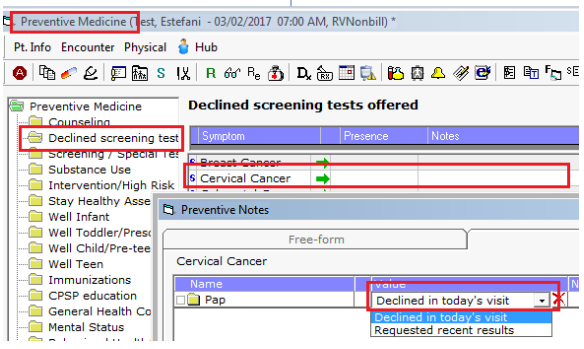
Patient reconsiders & demands Pap

Still Declines

Kudos for helping to save lives!

Continue with Patient Visit

Document declination in Preventive Medicine



CLINICAL ALERTS:
Hepatitis C Virus Screening

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Patient is due for Hepatitis C screening

Explain importance of Hep C Screening to patient

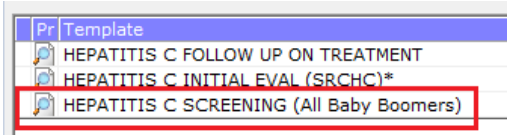
The US Preventive Services Task Force recommends a 1-time screening for HCV infection to adults born between 1945 and 1965.

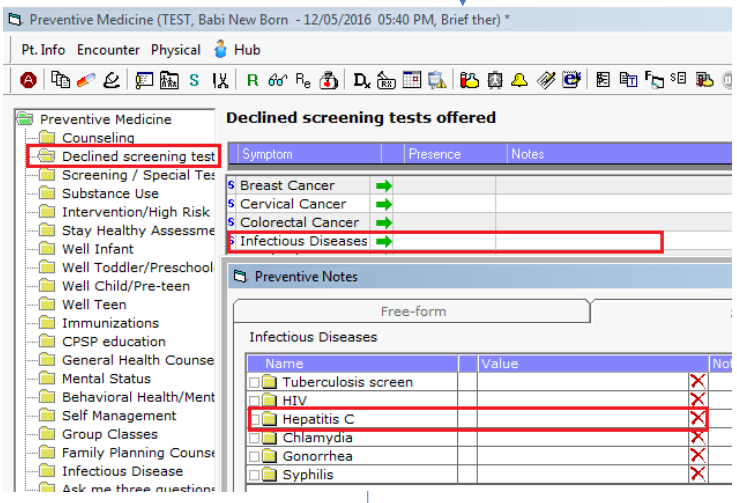
Patient agrees to screening

NO → Document in Preventive Medicine

YES

Merge Template: **Hepatitis C Screening (All Baby Boomers)**





Continue with Patient Visit

CLINICAL ALERTS:
Lead testing (ages 1 & 2)

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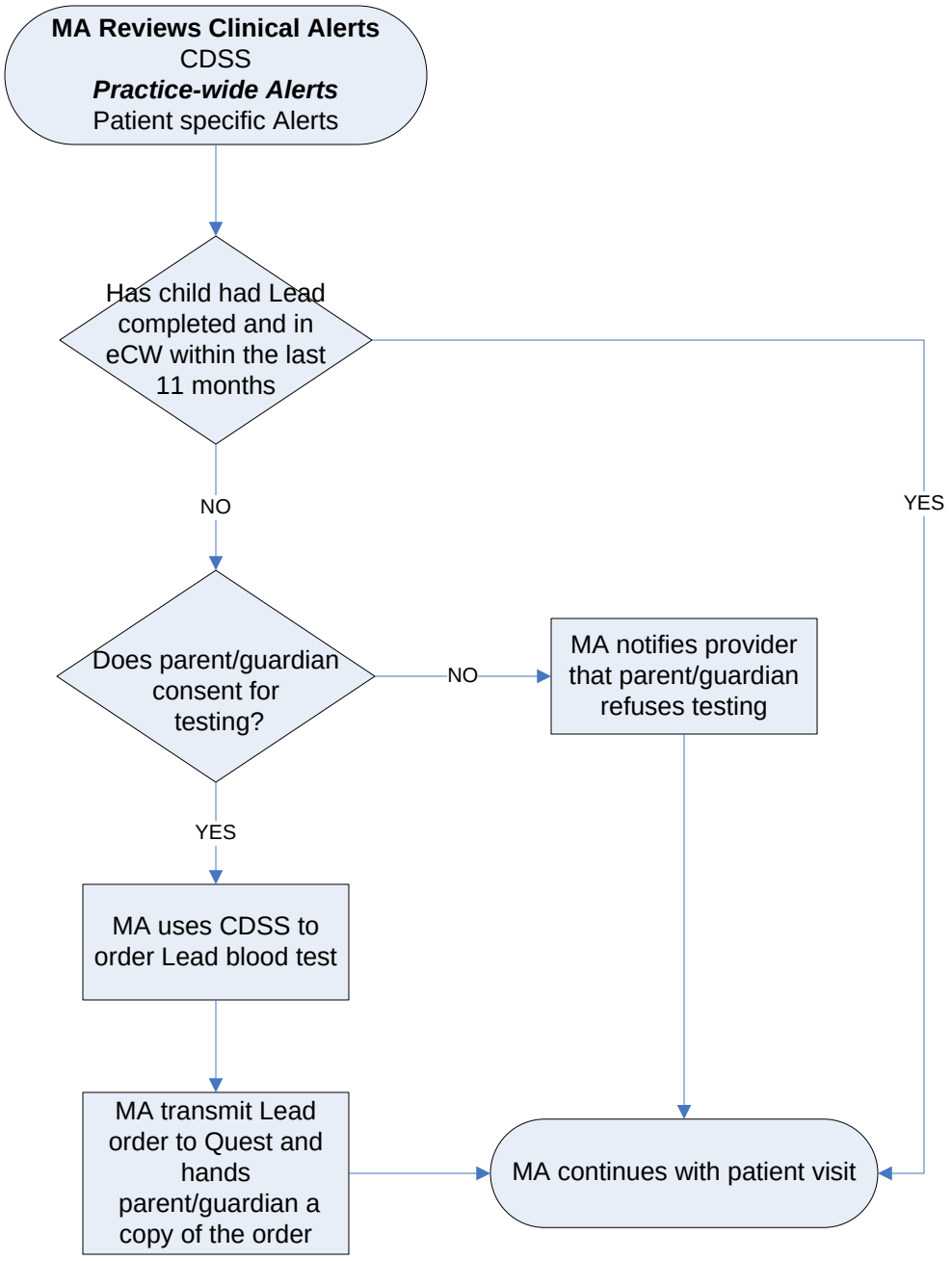
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