NHCAA Atlanta

Facilitating Compliance with
Configuration of the EMR

EMR Demonstration

ding practices using existing EMR technology

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Chair: Board of Directors: Colorado Permanente
Medical Group (900 physician multispecialty group)

Electronic Medical Records (EMR)

- EMR's have revolutionized documentation, coding and reporting
- ARRA: government mandate – they're here to stay
- GOAL: EMR's in all facilities that share data
- Who has them?
  - ☐ 50% of Hospitals to some degree
  - ☐ > 10% of small practices
  - ☐ 30% of large practices

Electronic Medical Records (EMR)

Why doctors say they don't like EMR's:

- Policies from numerous key organizations have contributed to widespread EMR compliance problems.
- Well-intended physicians are being victimized when audits reveal their EMRs have allowed non-compliant claims.
- Audited practices have been fined between $50,000 and $175,000 per physician for their inadvertent infractions.

Grider D, Linker R, Thurston S, Levinson S. The Problem with EMRs and Coding; April 3, 2009

Electronic Medical Records (EMR)

Why doctors <u>really</u> don't like EMR's:

■ Doctor's don't like to:
□ Document & Code in a timely fashion
□ Document & Code in a complete fashion
□ Document & Code in any fashion

"Many see it as a means to keep the HIM, coding, and compliance departments out of their hair."*

**You must engage your doctors
or the implementation will fail !!**

*Meet Your Coding Needs with the Right EMR; Patricia S. Wilson, RT (R), CPC, PMP; AAPC *Coding Edge*; July 2008, 24-25.

Foundational Principles: Physicians

1. Principle One: Docs don't scroll.

We just don't. Another company I associate with is more dramatic and states: "scrolling is death"

2. Principle Two: I can get close enough in the first eight I see on the list.

If it's important for me to chose the right one, I'm confident I'll find it right away.

Foundational Principles: Physicians

3. Principle Three: "Clicks" - the new currency

I'll do it if you can get it down to a few clicks. If you share a click saving shortcut with a doctor, you will be his friend for life.

4. Principle Four: Docs don't speak coder-ese

Orderable terms, whether diagnoses or procedures, must be in clinical jargon, not NEC, NOS, etc.
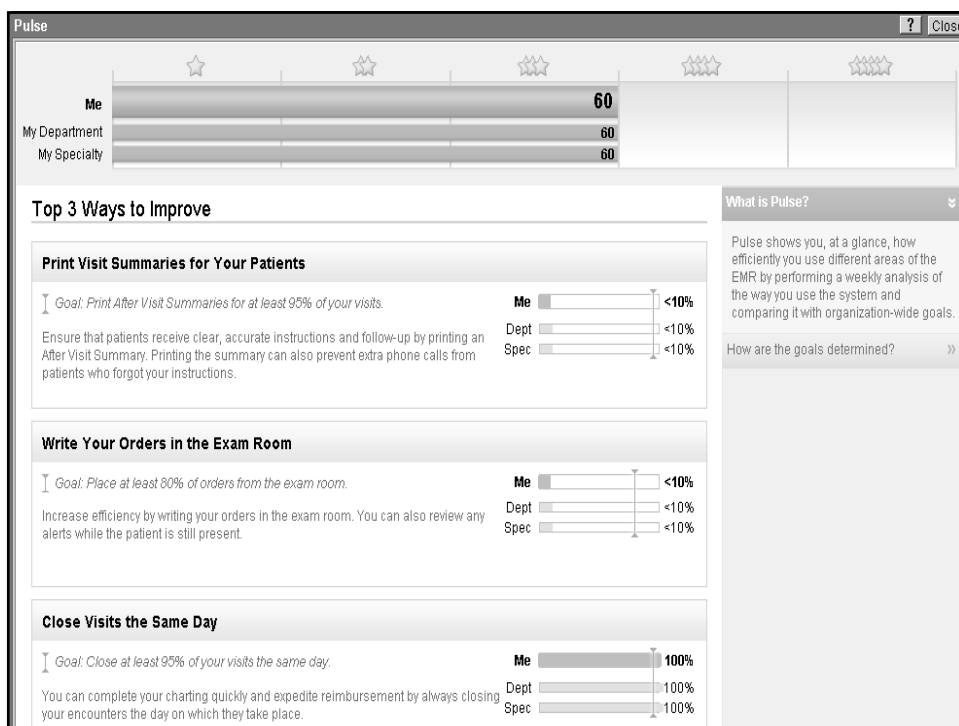
Foundational Principles: Physicians

5. Principle Five: I don't want to go to jail.

Most docs suffer from Chronic Undercoding (269.9)

6. Principle Six:
What? Me Competitive?

Pulse ? Close

☆ | ☆☆ | ☆☆☆ | ☆☆☆☆ | ☆☆☆☆☆

Me — 60
My Department — 60
My Specialty — 60

Top 3 Ways to Improve

What is Pulse?

Pulse shows you, at a glance, how efficiently you use different areas of the EMR by performing a weekly analysis of the way you use the system and comparing it with organization-wide goals.

How are the goals determined? »

Print Visit Summaries for Your Patients

Goal: Print After Visit Summaries for at least 95% of your visits.

Ensure that patients receive clear, accurate instructions and follow-up by printing an After Visit Summary. Printing the summary can also prevent extra phone calls from patients who forgot your instructions.

Me <10%
Dept <10%
Spec <10%

Write Your Orders in the Exam Room

Goal: Place at least 80% of orders from the exam room.

Increase efficiency by writing your orders in the exam room. You can also review any alerts while the patient is still present.

Me <10%
Dept <10%
Spec <10%

Close Visits the Same Day

Goal: Close at least 95% of your visits the same day.

You can complete your charting quickly and expedite reimbursement by always closing your encounters the day on which they take place.

Me 100%
Dept 100%
Spec 100%

DEMONSTRATION:

HOW PHYSICIANS CREATE NOTES

Early Voice Recognition

EMR CHOICES: make the right thing to do the easy thing to do

Close Visit Validation

Timeliness of Closing the Note

Drop Down Lists

Alert Fatigue

E & M wizards/calculators

Templates/Smart Forms

Diagnosis Accuracy

Compliant Addenda

Close Visit Validation

Mandatory tasks to close note (require this as a minimum)

- ☐ Orders signed
- ☐ E&M done
- ☐ Diagnosis Entry
- ☐ Progress Note Created
- ☐ Diagnosis/Order Association
  (medical necessity)

If the doctor does not complete these five tasks, the encounter stays "open" and shows up in their Open Encounter folder in their in-basket.

When the doctor wants to finish the note and close it, they click on this button. If they have not completed the minimum tasks required, they get pop-up reminders telling them what they forgot to do.

I try to close the note and get this pop-up

Close Encounter

> ❗ **Required Items**
> No level of service for this encounter
> No diagnosis for this encounter
> No additional progress notes found.

Close Encounter

> ⚠ **Recommended Item**
> This encounter contains orders and/or medications that do not have an associated diagnosis. Please associate these orders before closing this encounter.

Examples: items required before MD closes the note.
The hyperlink takes you directly back to the portion of the chart that requires the additional documentation.

If I have unsigned orders:
Unsigned orders don't flow
to the performing site – Lab/X-ray/etc

Close Encounter ✖

Please validate the Order Entry activity before closing the encounter.

OK

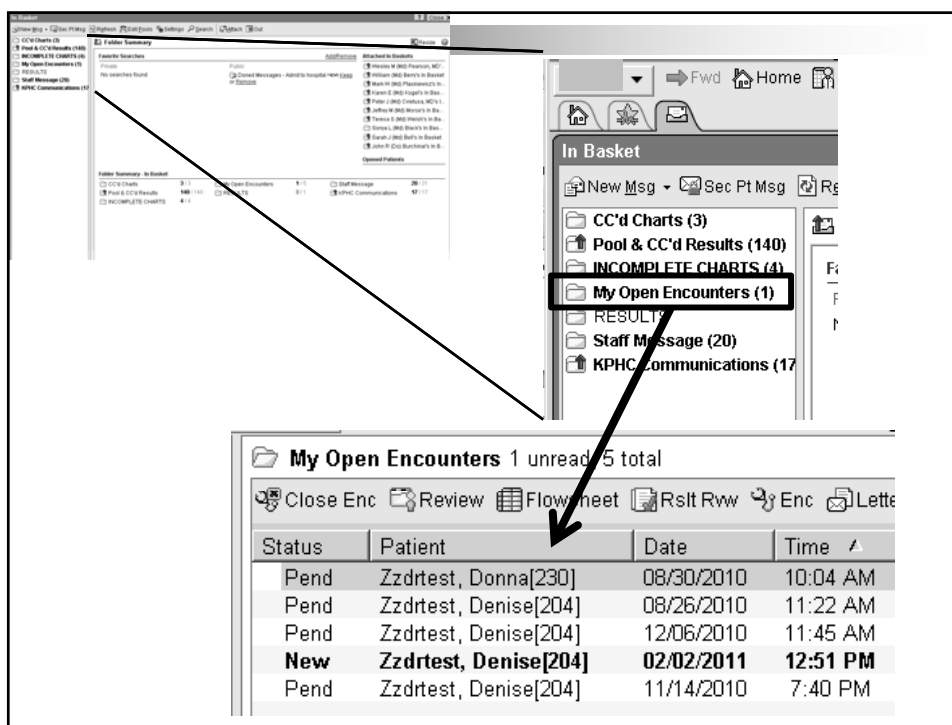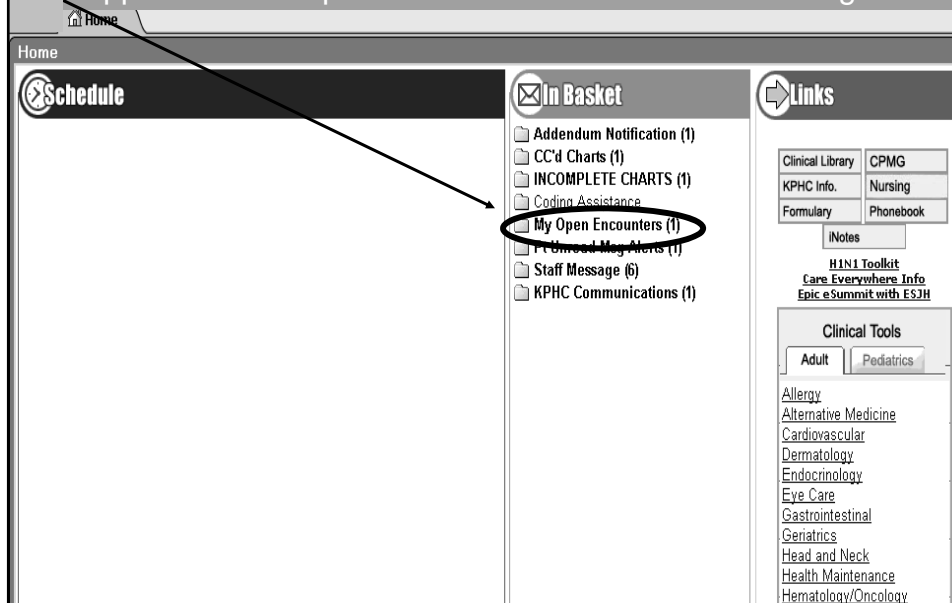## EMR CHOICES: make the right thing to do the easy thing to do

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Timeliness of Closing the Note

EMR's = "Big Brother" Reporting (docs get used to it)

Kaiser's standard is 24 hours

97% of all notes closed within 24 hours

Inbox warning when note not closed

Message to supervising MD at 7 days

Report to Executive Team at 30 days

Work Improvement Plan for "Frequent Fliers"

Termination if issues continue

When the Physician logs on, they see a list of undone tasks (including encounters that have not been completed).
This appears when a provider leaves a note without closing it.

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Drop down lists

Significant Barrier to Accurate Coding

- Thoughtful Creation and Careful Maintenance
- Department Specific

General Guidelines:*

- "Do not use drop-down lists with fewer than three items, or more than about ten. To offer a choice of two options, use radio buttons or toggle buttons. To offer a choice of more than ten options, use a list.
- Do not initiate an action when the user selects an item from a drop-down list. (MD must review choice before taking action)
- Use sentence capitalization for drop-down list items, for example, *Switched movement.*"

*Available at: http://library.gnome.org/devel//hig-book/stable/controls-options-menus.html.en

Drop down lists

Foundational Principle Application: Docs Don't Scroll

Drop down list priorities
- 8-10 choices (with options to click to more)
- Alphabetical order
- Anatomical or physiological

Physician Input Required
- Clinically Correct
- Best Practice Based or Guide Best Practice
- Periodic Review for Clinical Accuracy

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*Available at: http://library.gnome.org/devel//hig-book/stable/controls-options-menus.html.en

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Alerts: Any strength taken to an extreme becomes a weakness

ALERT FATIGUE (780.79)

- Very common in CPOE
- Too many interruptions leads to overriding
  - ☐ 2,900 MD's in MA, NJ, PA
  - ☐ 230,000 alerts ignored 90% of time
  - ☐ Another study: Safety alerts ignored 49-96%
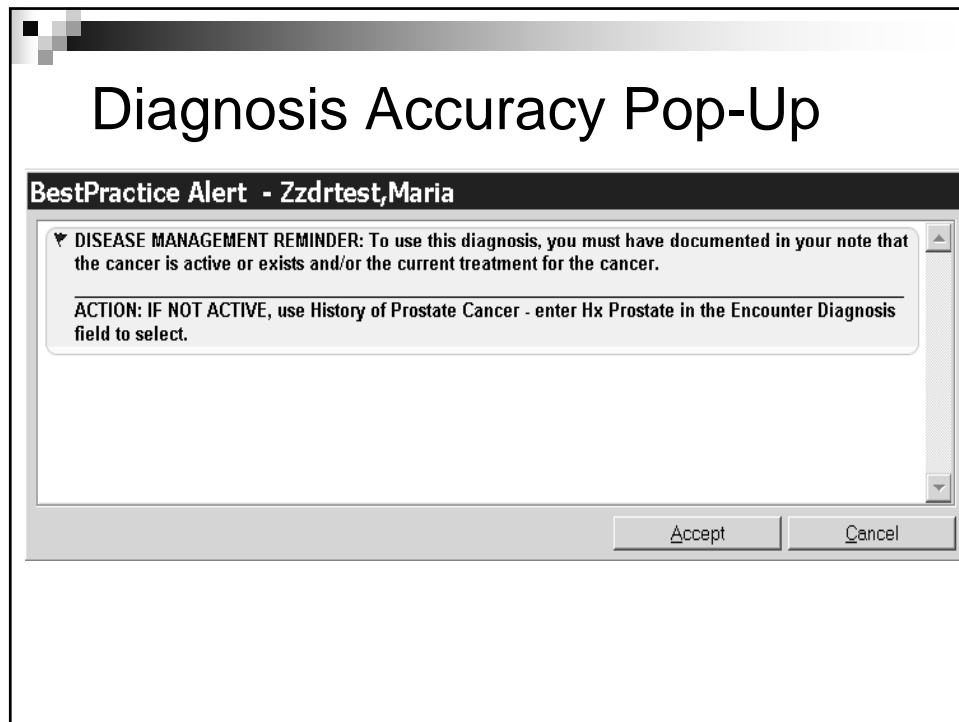 - ☐ Setting alert to "critical/high severity" decreases rate

Prostate Cancer Alert in KPCO:

- Initial Diagnosis accuracy 50% → 97%
- Now 84% → 96%

Alerts: Any strength taken to an extreme becomes a weakness

Focus Group of EMR Users (almost 20 years on EMR)

1. **Efficiency - fire at right time**
   1. Minimize clicks to deal with alert
   2. Options should be on alert screen
2. **Usefulness**
   1. Did it fire for right reason
   2. Current orders only (not future)
   3. Don't remind me of 2nd line antibiotic
3. **Be Specific**
   1. Mammography Due not Health Maintenance Due
4. **Workflow**
   1. Timing is most important factor
      - Fire at ordering
      - Not at opening

Diagnosis Accuracy Pop-Up

BestPractice Alert - Zzdrtest,Maria

☰ DISEASE MANAGEMENT REMINDER: To use this diagnosis, you must have documented in your note that the cancer is active or exists and/or the current treatment for the cancer.

ACTION: IF NOT ACTIVE, use History of Prostate Cancer - enter Hx Prostate in the Encounter Diagnosis field to select.

Accept   Cancel

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Evaluation & Management Coding

Point of Care Reminders to Complete E&M

Hover Text States Rules of E&M Coding

Once each <u>key component level</u> is selected, the computer assigns the codes based on the level picked for History/Exam/MDM or Time

The only way the EMR can chose the code:
- All documentation is structured text
- Natural Language Processing "reads" the note
- Both pose significant overcoding challenges

When I hover the curser over the button, the rules appear in the box on the right. This provides point of service education for the providers.

Screenshot 1

el of Service

Service OFFICE/OUTPATIENT [1] ...

○ New Patient
● Established Patient

☐ Counseling more than 50% of appointment time.

Visit Length (Min)
○ > 5   ○ > 10   ○ > 15   ○ > 25   ○ > 40

History

| Problem Focused | Expanded Problem Focused | Detailed | Comprehensive |

Exam

| Problem Focused | Expanded Problem Focused | Detailed | Comprehensive |

MDM

| Straightforward | Low Complexity | Moderate Complexity | High Complexity |

Modifiers
1.
2.
3.
4.

LOS Code
[   ] Calculate
Auth Provider: TAYLOR, JAMES M (MD) [10070996] ...
Billing Dept: PC RKCK [1000350006] ...
Enter Additional E/M Codes

Analyzer   Accept   Restore   Cancel

Preview: History, Detailed

HPI: ≥ 4 elements
ROS: Problem Pertinent + 1 Other
PFSH: 1 Pertinent

HPI Elements: Location; Quality; Severity; Duration; Timing; Context; Modifying factors; Associated Signs/Symptoms

PMH: Meds; Allergies; Illnesses; Surgeries
SH: Smoking; Marital; Job; ETOH/drug, Education level

Currently selected levels

HistoryNone selected.
ExamNone selected.
MDMNone selected.
Additional Help TextThe preview window above will display HELP text when you hover your mouse over any Level of Service component button. This text describes the required elements of history, physical or medical decision making which must be performed and documented for accurate Evaluation and Management coding. If Counseling / Time is a consideration, check the box "Counseling more than 50% of appointment time" and HELP text will appear for this element as well. When you click any button, the same text will appear in this window as currently selected levels.

Screenshot 2

el of Service

Service OFFICE/OUTPATIENT [1] ...

○ New Patient
● Established Patient

☐ Counseling more than 50% of appointment time.

Visit Length (Min)
○ > 5   ○ > 10   ○ > 15   ○ > 25   ○ > 40

History

| Problem Focused | Expanded Problem Focused | Detailed | Comprehensive |

Exam

| Problem Focused | Expanded Problem Focused | Detailed | Comprehensive |

MDM

| Straightforward | Low Complexity | Moderate Complexity | High Complexity |

Modifiers
1.
2.
3.
4.

LOS Cod
Auth Prov
Billing De

Analyzer   Accept   Restore   Cancel

Preview: Exam, Expanded Problem Focused

95 2-4 Body Area/Organ System

97 6-11 Elements (Specialty Dept)

BA: Head/Neck/Chest/Abd/Genital/Back/ Each Ext

OS: Constitutional/Eye/ENT/CV/Resp/GI/GU/MSK/ Skin/Neuro/Psych/Heme-Lymph-Immuno

Currently selected levels

HistoryNone selected.
ExamNone selected.
MDMNone selected.
Additional Help TextThe preview window above will display HELP text when you hover your mouse over any Level of Service component button. This text describes the required elements of history, physical or medical decision making

'95 and '97 rules are built in so different departments have the option to use one or the other

Screenshot 1

el of Service

Service OFFICE/OUTPATIENT [1]

Preview: MDM, Low Complexity

○ New Patient
● Established Patient

☐ Counseling more than 50% of appointment time.

Visit Length (Min)
○ >5   ○ >10   ○ >15   ○ >25   ○ 40

2 of 3 of the following:
DX SCORE: 2   DATA SCORE: 2
RISK SCORE: Any one from below
- 2 Minor/Self-Limited Problems
- **1 Stable Chronic Illness**
- Acute Uncomplicated Illness (cystitis, sprain)
- Physiologic Tests Non-Stress (PFT)
- Contrast Imaging (non-cardiac) Ordered
- Skin Bx; Superficial Needle Bx; ABG's
- **OTC Rx**
- PT/OT Ordered - Minor Surgery Decision (-)Risk Factors
IV FLUIDS w/o Additives

History
Problem Focused | Expanded Problem Focused | Detailed | Comprehensive

Exam
Problem Focused | Expanded Problem Focused | Detailed | Comprehensive

MDM
Straightforward | **Low Complexity** | Moderate Complexity | High Complexity

Currently selected levels

History None selected.
Exam None selected.
MDM None selected.
Additional Help Text The preview window above will display HELP text when you hover your mouse over any Level of Service component button. This text describes the required elements of history, physical or medical decision making which must be performed and documented for accurate Evaluation and Management coding. If Counseling / Time is a consideration, check the box "Counseling more than 50% of appointment time" and HELP text will appear for this element as well. When you click any button, the same text will appear in this window as currently selected levels.

Modifiers
1. ___   2. ___   3. ___   4. ___

LOS Code ___ Calculate
Auth Provider: TAYLOR, JAMES M (MD) [10070996]
Billing Dept: PC RKCK [1000350006]
Enter Additional E/M Codes

Analyzer | Accept | Restore | Cancel

Screenshot 2

el of Service

Service OFFICE/OUTPATIENT [1]

Preview: MDM, Moderate Complexity

○ New Patient
● Established Patient

☐ Counseling more than 50% of appointment time.

Visit Length (Min)
○ >5   ○ >10   ○ >15   ○ >25   ○ >4

2 of 3 of the following:
DX SCORE: 3   DATA SCORE: 3
RISK SCORE: Any one from below
- Mild Exacerbation of Chronic Illness
- **2 Stable Chronic Illnesses**
- Acute Illness w/Systemic Sxs
- Undiagnosed New Problem with Uncertain Prognosis
- **Prescription Drug Management**
- Deep Bx; Obtain Fluid from Body Cavity
- **IV Fluids with Meds/Additives**
- Elective Major Surgery (-) Risk Factors
- Minor Surgery Decision (+) Risk Factors
Screening Endoscopy/Stress Test; Nuc Med Ordered

History
Problem Focused | Expanded Problem Focused | Detailed | Comprehensive

Exam
Problem Focused | Expanded Problem Focused | Detailed | Comprehensive

MDM
Straightforward | Low Complexity | **Moderate Complexity** | High Complexity

Currently selected levels

History None selected.
Exam None selected.
MDM None selected.
Additional Help Text The preview window above will display HELP text when you hover your mouse over any Level of Service component button. This text describes the required elements of history, physical or medical decision making which must be performed and documented for accurate Evaluation and Management coding. If Counseling / Time is a consideration, check the box "Counseling more than 50% of appointment time" and HELP text will appear for this element as well. When you click any button, the same text will appear in this window as currently selected levels.

Modifiers
1. ___   2. ___   3. ___   4. ___

LOS Code ___ Calculate
Auth Provider: TAYLOR, JAMES M (MD) [10070996]
Billing Dept: PC RKCK [1000350006]
Enter Additional E/M Codes

Analyzer | Accept | Restore | Cancel

EMR CHOICES: make the right thing to do the easy thing to do

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Compliant Addenda

"Smart Tools"
(shortcuts for better documentation)

Smart Sets (Templates for Complete Documentation of Encounter and related procedures or tests)

- ☐ Allow documentation and coding for entire problem – example joint injection; cryo

Smart Text (Problem Specific documentation)

- ☐ More specific problem/guidance
- ☐ Abd pain – pregnant < 20 weeks; sports PE

Smart Phrases: "dot" phrases (common pretexted phrases)

- ☐ .bmi: (calculates and pulls in last body mass index). .nexheart: (pulls in negative exam for CV system)
- ☐ .negneuro: (pulls in negative neuro ROS questions)

Use the technology for coding also

Billing by time: ".30M" Inserts into note the phrase:
"At least 30 minutes of time was spent face to face with the patient with >50% discussing treatment options and/or coordination of care."

Abbrev	Expansion
24HRURINECREAT	CREATININE, 24HR URINE
24HUCORT	last 24 hour urine cortisol
25MINUTES	At least 25 minutes of time was spent face to face with
2MODEV	<S> HPI: Nutrition/Feeding: { :10705} Sleep position:
2WEEKHX	Significant pregnancy or delivery events: { :11619} Can
30MINUTES	At least 30 minutes of time was spent face to face with
35MINUTES	At least 35 minutes of time was spent face to face with
40MINUTES	At least 40 minutes of time was spent face to face with
45MINUTES	At least 45 minutes of time was spent face to face with

Non-fixed Dropdown Options

Review of Systems - {Adult Master_ROS:10983}

Physician chooses which ROS they asked the patient, and also have choices from each individual list chosen.

Negative except ***
→ History obtained from { :10984}
General ROS: { :10864}
Psychological ROS: { :10891}
→ Ophthalmic ROS: { :10866}
ENT ROS: { :10868}
Allergy and Immunology ROS: { :10886}
→ Hematological and Lymphatic ROS: { :10876}
Endocrine ROS: { :10878}
Breast ROS: { :11229}
Respiratory ROS: { :10870}
→ Cardiovascular ROS: { :10872}
Gastrointestinal ROS: { :10880}
Genitourinary ROS: { :10882}
Musculoskeletal ROS: { :10888}
Neurological ROS: { :10874}
Dermatological ROS: { :10884}
***

Note status: ○ Sign at closing of section ● Sign at closing of encounter

Review of Systems -
History obtained from { :10984}
General ROS: positive for - { :10865}
Respiratory ROS: positive for - { :10871}
Genitourinary ROS: { :10882}

Dropdown list for Positive Pulmonary ROS: All, some or none can be chosen.

The asterisks (***) are placeholders for the doctor's words.

cough
hemoptysis
orthopnea
pleuritic pain
shortness of breath
sputum changes
stridor
tachypnea
wheezing
***

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Diagnosis Accuracy: POS Education

Cancer versus "History Of"

Acute Stroke

BestPractice Alert - Zzdrtest,Maria

▼ DISEASE MANAGEMENT REMINDER: To use this diagnosis, you must have documented in your note that the cancer is active or exists and/or the current treatment for the cancer.

ACTION: IF NOT ACTIVE, use History of Prostate Cancer - enter Hx Prostate in the Encounter Diagnosis field to select.

Accept   Cancel

Diagnosis Accuracy

Etiology/Manifestation Codes

- EMR allows creative display names
- Captures clinical essence in coding terms
- Doesn't keep the clinician guessing on what the "allowed" manifestations are

One click for the doc, two codes for the coder!

Preference List Matches

Match: dm 2 retin

Code	Name
500621	DM 2 W DIABETIC BACKGROUND RETINOPATHY
	ETIOLOGY manifestation

CLINICAL EMR: Administrative Code 500621

BILLING SUITE EMR: Administrative Code 500621

500621 deleted and 250.50 + 362.01 added

Claim Diagnoses: 250.50 + 362.01

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Make sure any addendum is clearly called out

- Different text boxes
- Background Watermark under different text
- Time/Date stamp of added documentation

Example: Watermark + Time/Date Stamp + Notification sent to Initial Author that record had additional documentation entered after note was closed

Message that appears in initial author's In-Basket to alert of additional documentation

EMR RISKS: You can't automate everything

Copy and Paste: Harder than you think!

EMR RISKS: You can't automate everything

Copy and Paste

Exploding Notes

Templates

QUESTIONS?

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