Objectives

- Recognize how failure in tracking processes may result in a potential bad outcome for a patient
- Review strategies for tracking:
  - Diagnostic tests
  - Hospital admissions and ED visits
  - Referrals
- Identify ways to use the EHR for tracking and reporting
- Review scenarios that can cause breakdowns in tracking and communication

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Tracking is like a relay race…

- Decide upon the order of the handoffs
- Make sure that everyone knows what to do
- Make sure you constantly look to check to see when the handoff is coming
- Make sure the handoff is effective
- Know what to do if something unfortunate happens to quickly get back on track

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Using your EHR as a tool for tracking

- Understand reporting
- Understand EHR terms to avoid confusion
- Know where the data on the report is coming from
- Validate the data
- Do NOT underestimate the impact of an upgrade

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Why should you continue to focus on tracking?

- Deliver high quality patient care
- Improve patient communication
- Use EHR technology to monitor and report
- Attain external recognition (patient centered medical home [PCMH], meaningful use [MU])
- Avoid malpractice claims

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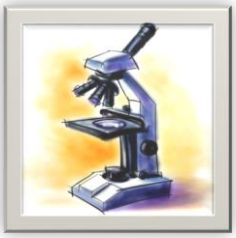
Two of the most important reasons to keep on tracking….

- Weak spots in tracking systems can lead to tragic yet often avoidable patient outcomes



- Lost, missing, or erroneous diagnostic test results can alter both diagnosis and treatment

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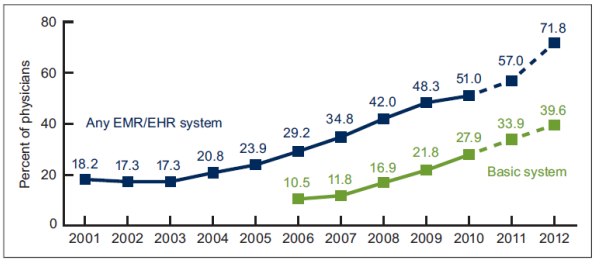
EHR technology is here to stay….

- In 2012, **72%** of office-based physicians used electronic medical record or electronic health record (EMR/EHR) systems, up from 48% in 2009.
- About 40% of office-based physicians reported having a system that met the criteria for a basic system, up from 22% in 2009.

Adoption of EMR/EHR systems by office-based physicians has increased.

Figure 1. Percentage of office-based physicians with EMR/EHR systems: United States, 2001–2010 and preliminary 2011–2012



http://www.cdc.gov/nchs/data/databriefs/db111.pdf

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EHRs and Health Centers

- About 90% of federally qualified health centers have implemented EHRs in at least one of their sites.

Source: HRSA

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NCQA Patient Centered Medical Home (PCMH) Standard 5: Track Care

PCMH 2011 Content and Scoring

PCMH1: Enhance Access and Continuity	Pts
A. Access During Office Hours**	4
B. After-Hours Access	4
C. Electronic Access	2
D. Continuity	2
E. Medical Home Responsibilities	2
F. Culturally and Linguistically Appropriate Services	2
G. Practice Team	4
	25

PCMH2: Identify and Manage Patient Populations	Pts
A. Patient Information	3
B. Clinical Data	4
C. Comprehensive Health Assessment	4
D. Use Data for Population Management**	5
	16

PCMH3: Plan and Manage Care	Pts
A. Implement Evidence-Based Guidelines	4
B. Identify High-Risk Patients	3
C. Care Management**	4
D. Manage Medications	3
E. Use Electronic Prescribing	3
	17

PCMH4: Provide Self-Care Support and Community Resources	Pts
A. Support Self-Care Process**	6
B. Provide Referrals to Community Resources	3
	9

PCMH5: Track and Coordinate Care	Pts
A. Test Tracking and Follow-Up	6
B. Referral Tracking and Follow-Up**	6
C. Coordinate with Facilities/Care Transitions	6
	18

PCMH6: Measure and Improve Performance	Pts
A. Measure Performance	4
B. Measure Patient/Family Experience	4
C. Implement Continuously Quality Improvement**	4
D. Demonstrate Continuous Quality Improvement	3
E. Report Performance	3
F. Report Data Externally	2
	20

**Must Pass Elements

9

Three key areas to track

- Hospital Admissions and ED Visits
- Diagnostic Studies

- Outside Referrals and Specialty Consults

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Tracking: Hospital Admissions and Emergency Room Visits

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Strategies to track and follow up with ED visits and hospital discharges

- Communicate key contact information
- Share after-hours notification plan
- Monitor incoming faxes and emails
- Build follow up slots into your appointment templates for post-ED or post-discharge visits
- Engage the patient

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Additional tracking strategies if you are using an EHR

- Does the hospital have a provider portal to be able to log in to view or download test results?
- Is it possible to interface between the hospital and your EHR?
  - Lab tests
  - Radiology reports
  - Newborn records
  - ED records
  - Consults
- Develop a test result review and scan policy.

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Lessons learned: ED follow up

Concussion

12 year old d/c from ED. Asked to f/u with PCP the following day. Called and did not get an appt for three days. Mom did not sound like it was urgent. Pt had a slow bleed and ended up back in ED.

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Lessons learned: weekend discharges

Newborn weekend discharge

Newborn with high bilirubin d/c on a Friday night. Mom was told to call the office to have baby seen on Saturday in PCP office. Pt not given an appt until Monday at 10 AM- Bilirubin was 21 resulting in an admission.

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Lessons learned: diagnostic study results reported after patient discharge

Test results to PCP office AFTER patient d/c

Results of an x-ray faxed over to the PCP office after patient had been discharged from the ED. PCP thought hospital was going to call patient; PCP thought ED doc was going to call patient. Neither called the patient.

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Lessons learned

- Figure out the best way to obtain records and documentation
- Do not rely on the patient's word for testing that was done
- Have a system in place to communicate back and forth during off hours and weekends
- Have direct numbers to the newborn nursery and the emergency department
- Two sides to every story….patient is often not always as forthcoming or communicative as you might like

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- ❑ Start a new log each week
- ❑ Use this log to enter into the EHR if it can't be done real time.
- ❑ Assign a person to f/u on this list and document the results of the follow up

Referral Tracking Log
Week Ending: _____

Flag for ED, Rad and Dx Tests= 5 days
Flag for all other consults/referrals= 30 days

#	Patient Last Name	Patient First Name	DOB	Date of Visit	Referring Provider or SELF referral [See Key Below]	Type of Referral [see Key Below]	Flag Date for F/U	F/U actions Taken	Report Rec'd and Scanned (Y/N)	Initials	Additional information (diagnosis, X-ray, dx test, or symptoms)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Provider Key:
JS = John Smith
SJ = Susie Jones
AM= Al Most

Referral Key:
ENT
Ortho
Derm
Ophthal
Allergy
Pulm
Beh Health
X-Ray (remember what type)

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- Start a new log every month
- Use this log to track receipt of the baby's records from the hospital [lab work, newborn hearing screening, Hep B]

MONTH: _____

NEWBORN LOG

	Med Rec ID(s)	Last Name	First Name (s)	DOB	PLEASE USE THE KEY BELOW Newborn Delivery: MC = Medical Center BC = Birthing Center BD= Baby Delivery Hospital MH = Memorial Hospital O=Other (please specify)	Did our doctors round on the patient? (Y/N)	Hospital Records Scanned into EHR? (Y/N)	Attending OB
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

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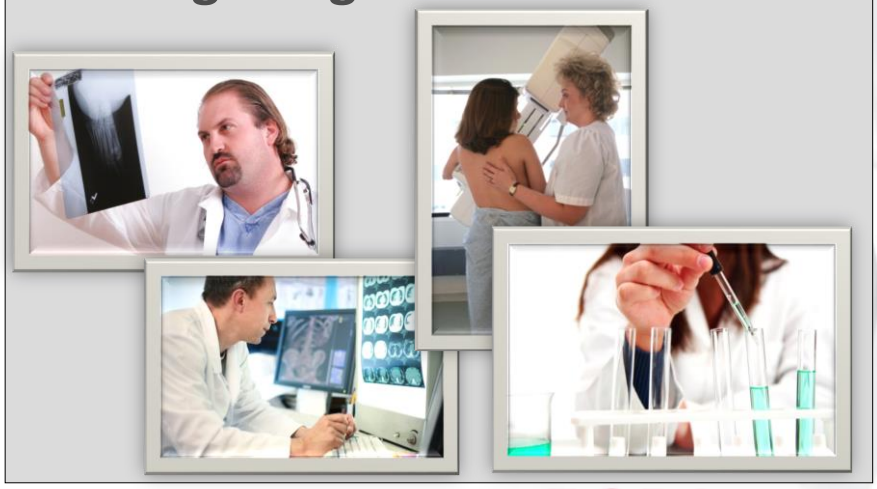
Tracking: Diagnostic Studies



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Tracking: diagnostic studies

- Track all ordered diagnostic studies
- Assign specific staff members to monitor the test tracking logs
- Periodically audit results to be sure that the providers have reviewed and initialed them
- Inform patients of all test results (including normal results)
- Document patient notification in the chart
- Document patient decisions not to undergo recommended tests and that patients have been informed of the risks

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Elements to include in a diagnostic test tracking policy

- Every test (including normal results) must be communicated to patients
- Specify time frame targets for communicating each type of result [critical, abnormal and normal]
- Need fail-safe contingency plans included [what if's]
- The need for follow up is stressed and who is accountable
- Non-compliance is addressed
- Everything is documented

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Lessons learned

- **Document that patient was called with the result**
  - "Mom called and notified" or "left vm" – not good enough. Need a bit more detail- which result was called?
- **Beware of PENDING or PARTIAL lab results**
  - Duplication of effort by providers
  - When seeing the same result over and over, providers can become insensitive to abnormal findings
  - Assumptions made as to who is to call and notify the patient or family

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Lessons learned

- **Watch for system failures**
  - No labs coming over for x period of time means that there is a problem
  - Have a back up plan if your labs are not 'coming over' into the EHR properly
- **Learn the reporting features of your EHR**
  - Take a look at the tracking features in the EHR
  - Run reports and double-check them against manual logs to ensure their accuracy
  - Use reports and patient recaller systems from the EHR to make tracking more efficient

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Lessons learned

- **Watch the back log of scanning.** Scanning backlogs can cause items to be missing from the record at the time of the patient visit
- **Sort lab results and scan the FINAL only**– prevents several versions of the same information being scanned in multiple times
- **Track down missing or incomplete information!**

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- ❑ Ask for weekly scanning status reports
- ❑ Set up a 'priority' basket for items to be scanned first
- ❑ Monitor report to see if additional resources need to be given to scanning to get caught up

SCANNING STATUS REPORT

Week of _____

Scanning Guidelines:

- All items received in the practice should be scanned into the correct patient records within two working days of receipt in the office.
- All medication/prescriptions need to be scanned into electronic record immediately.
- All piles should be worked from the 'bottom up' so the oldest ones are completed first.

Item	Oldest Date of Item waiting to be scanned
Priority Basket What is the date of the oldest item in the priority basket?	
Oldest Date of Patient Registration forms	
Approx how many Vaccine (Shot) records are there to scan?	
Oldest date of outside letters from other physicians	
Oldest date of Lab Results (non Quest)	
Other:	

Are there any other issues that administration should be made aware of related to scanning?

Signature of Person Completing Scanning Status Report: _____

Date:_____

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Tracking systems: referral tracking

- Educate providers about the need to track referrals
- Set up a centralized communication system (or use the EHR) to input referrals, but if you input them, track them!
- Follow up with patients after 30-60 days from the date the referral was made if results or consult letter have not been received. Use the EHR or a manual log to track this data
- Notify the provider who made the referral if the patient has chosen NOT to follow through with the referral

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Tracking Systems: Referral Tracking

- Ask specialists to contact the health center if a patient misses a referral appointment
- Ask the patients when they come in for a visit if they have 'self-referred' to any outside specialists
- Call the specialist office to obtain reports if the patient reports having gone for the visit but there is no available documentation
- DOCUMENT all follow up on referral activity including a patient or parent refusing to go to the appointment

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Elements for a referral tracking policy

- Every referral is input into the tracking log (paper or electronic)
- Specify time frame targets for each type of referral (urgent, routine, and patient requested)
- Need fail-safe contingency plans included (what if's)
- Parameters for referral follow up are specifically outlined as well as who is accountable.
- Patient non-compliance in following through with the referral is addressed
- Everything is documented

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Lessons learned

- **Monitor availability and access to specialist appointments**
  - Tell patient to let you know if he or she can't get an appointment within 30 days
  - Make sure you know which specialists take Medicaid
- **Educate the providers on how to manage (and document) non-compliant patients**
  - Patient refuses to go to the appointment or family member refuses to take them
  - Essential vs. Non-Essential Referrals

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Lessons learned

- **Use those referral providers who respond to your patients' needs** and communicate back to you in a timely manner
- **Communicate your standards to the referring providers**: We need to have this patient seen and information back to us within 30 days

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Tracking: high-risk patients

- In addition to tracking individual diagnostic tests and referrals, sometimes you may need to set up a tracking system for identified high risk patients
- Who qualifies?
  - Patients with a lot of medical issues or chronic disease
  - Patients who are typical but have an event (car accident or trauma) that requires intensive follow up for a period of time
  - Patients who have many different problems (including behavioral health issues) that require monitoring

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- Set up guidelines for reviewing chronic patients monthly or quarterly
- Use a standard form to review services, medications and therapies
- Set up separate care plans for different types of clinical issues: diabetes, asthma, premature infant

Care Plan Oversight Review

Name: _____ Date Completed: __/__/__
DOB __/__/__ Chart #_____ Family Members
Ins _____ ID# _____ Mom _____ Siblings_____
2° Ins_____ ID# _____ Dad _____
Requires Pre-cert/auth ▫ Yes ▫ No
Medicaid # _____

Patient Address/ Phone

Medical Home Address/Phone
PCP _____

Care Coordinator _____
Emergency Contact/Telephone: Fax#
Contact_____ Phone_____

ICD-9 Diagnosis

Allergies: _____

Pharmacy: _____
Tel No: _____

DME Supplier: _____
Tel No: _____ Fax #:_____
I use: _____

Medication/Special Formula	Dose	Time	Route	Ordered by/date	D/C'd

Lead Service Coordinator _____ Agency _____

DRAFT

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2011 PCMH Content and Scoring

Standard 1: Enhance Access and Continuity	Pts
A. Access During Office Hours**	**4**
B. After-Hours Access	4
C. Electronic Access	2
D. Continuity	2
E. Medical Home Responsibilities	2
F. Culturally and Linguistically Appropriate Services	2
G. Practice Team	4
	20

Standard 2: Identify and Manage Patient Populations	Pts
A. Patient Information	3
B. Clinical Data	4
C. Comprehensive Health Assessment	4
D. Use Data for Population Management**	**5**
	16

Standard 3: Plan and Manage Care	Pts
A. Implement Evidence-Based Guidelines	4
B. Identify High-Risk Patients	3
C. Care Management**	**4**
D. Medication Management	3
E. Use Electronic Prescribing	3
	17

Standard 4: Provide Self-Care Support and Community Resources	Pts
A. Support Self-Care Process**	**6**
B. Provide Referrals to Community Resources	3
	9

Standard 5: Track and Coordinate Care	Pts
A. Test Tracking and Follow-Up	6
B. Referral Tracking and Follow-Up**	**6**
C. Coordinate with Facilities/Care Transitions	6
	18

Standard 6: Measure and Improve Performance	Pts
A. Measure Performance	4
B. Measure Patient/Family Experience	4
C. Implement Continuously Quality Improvement**	**4**
D. Demonstrate Continuous Quality Improvement	3
E. Report Performance	3
F. Report Data Externally	2
G. Use of Certified EHR Technology	0
	20

**Must Pass Elements

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PCMH 3B: Identify High-Risk Patients

The practice does the following to identify high-risk patients:

1. Establishes criteria and a process to identify high-risk or complex patients
2. Determines the percentage of high-risk patients in the population

Note: A sample of high risk patients will be used in the medical record reviews for 3C, 3D, and 4A.

Documentation:

- Process to identify patients
- Report showing number and percentage of high-risk patients

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Summary

- In today's environment tracking diagnostic studies is not optional
- Look at systems to avoid redundancies and rework
- Clearly outline who is supposed to do what (by job title not specific person)
- Have back up systems if staff or equipment is not functioning properly
- Do not be overwhelmed– break the process up into small components to foster the success experience

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Additional Questions?

clinical_RM_program@ecri.org

610-825-6000, ext. 5200

More info at:
www.ecri.org/clinical_RM_program

Thank You!

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Referral Tracking Log
Week Ending:

_____

Flag for ED, Rad and Dx Tests= 5 days
Flag for all other consults/referrals= 30 days

#	Patient Last Name	Patient First Name	DOB	Date of Visit	Referring Provider or SELF referral [See Key Below]	Type of Referral [see Key Below]	Flag Date for F/U	F/U actions Taken	Report Rec'd and Scanned (Y/N)	Initials	Additional information (diagnosis, X-ray, dx test, or symptoms)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Referral Key:
ENT
Ortho
Derm
Ophthal
Allergy
Pulm
Beh Health
X-Ray (remember what type)

Provider Key:
JS = John Smith
SJ = Susie Jones
AM= Al Most

MONTH: _____

NEWBORN LOG

	Med Rec ID(s)	Last Name	First Name (s)	DOB	PLEASE USE THE KEY BELOW Newborn Delivery: MC = Medical Center BC = Birthing Center BD= Baby Delivery Hospital MH = Memorial Hospital O=Other (please specify)	Did our doctors round on the patient? (Y/N)	Hospital Records Scanned into EHR? (Y/N)	Attending OB
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

SCANNING STATUS REPORT

Week of _____

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Signature of Person Completing Scanning Status Report: _____

Date:_____

Care Plan Oversight Review

Name: _____ Date Completed: __/__/__
DOB __/__/__ Chart #_____
Ins: _____ ID# _____
2° Ins_____ ID# _____
Requires Pre-cert/auth □ Yes □ No
Medicaid # _____

Family Members
Mom _____Siblings_____
Dad _____ _____
_____ _____
_____ _____

Patient Address/ Phone

_____
_____
_____
_____
Emergency Contact/Telephone:

Medical Home Address/Phone
PCP _____

Care Coordinator _____
Fax#
Contact_____ Phone_____

ICD-9	**Diagnosis**

Allergies: _____
_____

Pharmacy: _____
Tel No: _____

DME Supplier: _____
Tel No: _____ **Fax #:**_____
I use: _____ _____
_____ _____
_____ _____

Medication/Special Formula	**Dose**	**Time**	**Route**	**Ordered by/date**	**D/C'd**

Lead Service Coordinator _____ **Agency** _____

Name: _____ DOB:_____

Provider MD's/Therapists	**Service**	**Freq**	**Address**	**Telephone**	**Fax**

Developed by reviewing the AAP website :National Center of Medical Home Initiatives for Kids with Special Needs. http://www.medicalhomeinfo.org/tools/assess.html

DRAFT

Current Needs and Plan of Care:

Staff Signature/Title: _____Date:__/__/__

PCP Signature: _____ Date: __/__/__

I give my permission to share the information on the care plan with all of my child's provider's except: _____

Parent/Caregiver Signature: _____Date: __/__/__

Date sent to providers: _____ by _____

Medical Necessity Letter Requested? Yes No
Date:

DRAFT

Developed by reviewing the AAP website :National Center of Medical Home Initiatives for Kids with Special Needs. http://www.medicalhomeinfo.org/tools/assess.html