Optimizing the EHR Using the KLAS EHR Experience Survey: An EHR-Agnostic Training Series

Session 4- June 26, 2024

Agenda

1. KLAS Arch Collaborative Conference- EHR Documentation + Promising Practices

2. KLAS EHR Experience Survey Results- EHR Documentation + Ad Hoc Final Data

3. VIP Community Services- EHR Documentation Practices for UDS+ Submission

Past Sessions

- Session 1: Introduction to KLAS EHR Experience Survey and EHR Optimization

- Session 2: EHR Training

- Session 3: EHR Personalization Tools

- Session 4: EHR Documentation

All slides and recordings available through the CHCANYS website

Why is EHR documentation important?

- The objective of EHR documentation is to record any pertinent patient information which includes treatment plans, diagnosis, medical history, medications etc.

- Using EHRs aid in streamlining and monitoring healthcare workflows which allow practices to analyze and manage patient data easily

- It improves communication, track a patients medical history to make informed decisions.

Baylor Scott & White Health

<u>Optimizing Solutions for Documentation Transformation Efforts</u>

GOAL: Reduce Clinician Burnout

- Help providers learn new documentation skills by acquiring more proficiency with the tools already available to them which helps them achieve higher performance standards

- They have representatives from across the organization including those from coding, compliance and regulatory departments to ensure any changes made would not negatively impact downstream areas.

Key to success:

- Involving the provider voice by getting input on changes and training.

Preserving Documentation Integrity (CMS)

- User authentication and access management

- Including a record of the audit log and encryption status with a limited number of users authorized to change these statuses

- Optimal security settings as a default

- Detection of any alterations to the audit log

- Ability to time out access after a specified time

Preserving Documentation Integrity (CMS)

- Develop administrative and clinical documentation policies and procedures which provide a framework for the practice

- Training should include communicating individual responsibilities as well as all functions of the EHR

- Monitoring and auditing, reporting errors periodically will mitigate any integrity risks.

How to improve EHR documentation?

- Familiarize your team with EHR documentation guidelines

- Utilize templates

- Consistency

- Delegate tasks to the scribe

- Use shortcuts

- Ensure data accuracy

- Document as you go

- Review and update on a regular basis

Personalization tools and EHR documentation

- Data entry is tedious but required.

- To ensure more accuracy, using templates for documentation is essential

- More quality templates = Less documentation time = Reduced burnout

- Templates allow for data standardization

- Work with your EHR vendor to create personalized templates

- Using dot phrases
  - bx = biopsy
  - cxr = chest x-ray
  - wo - Without

When to use EHR templates?

- Sentence frameworks

- HPI

- Routine blood work

- Subjective, Objective, Assessment, Plan (SOAP) notes

- Follow-up visits

- Vaccinations

- Disease screening/ condition specific (HTN, HIV screening, lacerations etc)
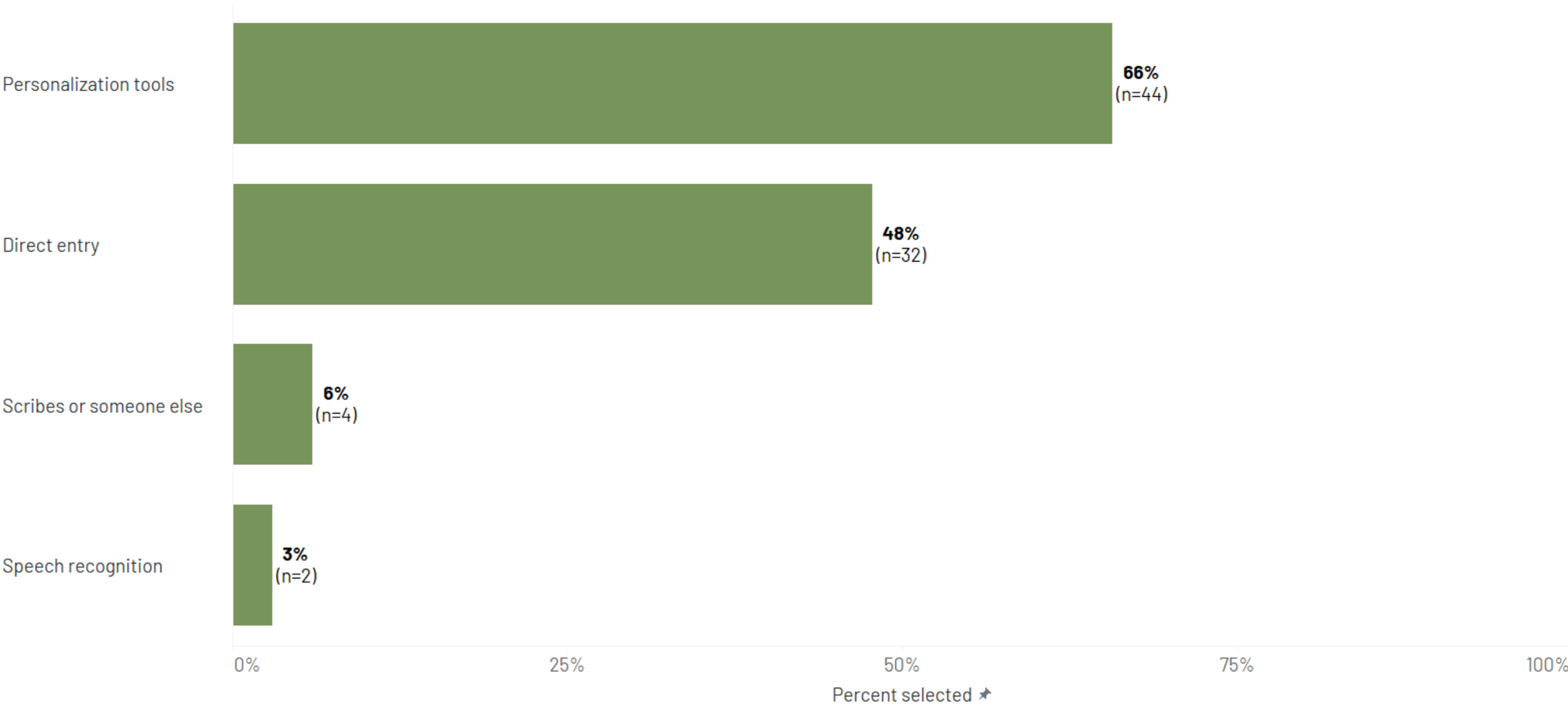
Benefits of templates for EHR documentation

- **Efficiency**
  - Improves productivity and minimizes time spent typing/charting.
- **Organization**
  - Quick way to store data which is standardized and easy to find.
- **Personalization**
  - Customizing templates to suite the needs of the practice and its staff.
- **Consistency**
  - Standardized data entry ensures that data is entered in a uniform manner, reducing variability and errors.
  - Improved Accuracy minimizes the chances of missing or incorrect information, leading to more accurate patient records.
- **Compliance**
  - Templates can be designed to ensure that all necessary fields are completed, helping to comply with legal and regulatory requirements.
  - Easier to maintain and review documentation for audits, ensuring all necessary information is recorded in the event of an audit

COMMUNITY HEALTH CARE ASSOCIATION of New York State   chcanys.org

Percent Selected As Documentation Method
CHCANYS 23; physicians only; multiple responses possible

Personalization tools — **66%** (n=44)

Direct entry — **48%** (n=32)

Scribes or someone else — **6%** (n=4)

Speech recognition — **3%** (n=2)

Percent selected

Net EHR Experience Score—by Documentation Method

CHCANYS 23; physicians only; multiple responses possible (n>3)

Method	Score
Personalization tools	54.9 (n=44)
Direct entry	40.6 (n=32)
Scribes or someone else	25.3 (n=4)
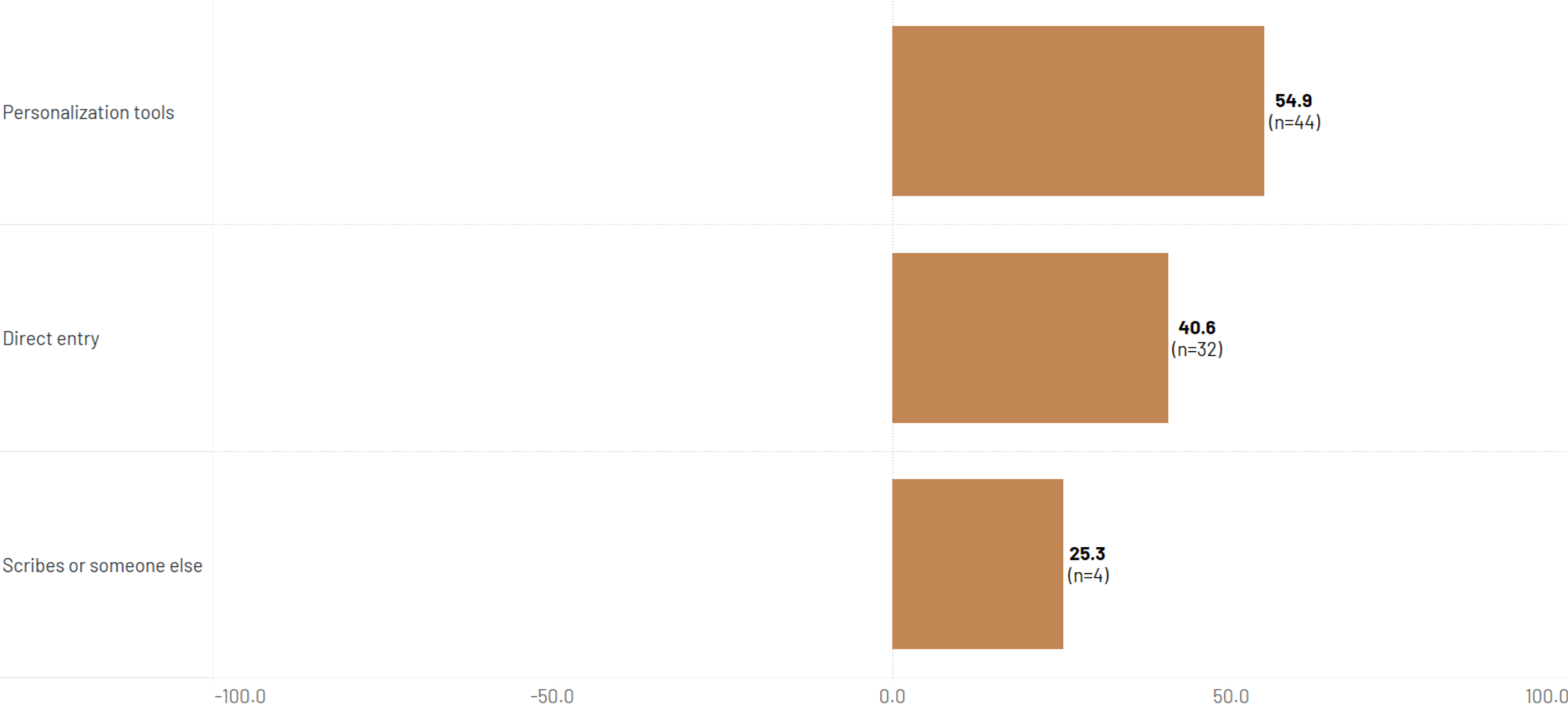
Agreement on Helpfulness of EHR Documentation Trainings

CHCANYS 23; physicians only

Legend:
- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

Direct entry
- 9% (n=3)
- 44% (n=14)
- 34% (n=11)
- 13% (n=4)

Personalization tools
- 10% (n=4)
- 40% (n=17)
- 26% (n=11)
- 17% (n=7)
- 7% (n=3)

Speech recognition
- 50% (n=1)
- 50% (n=1)

0%   100%

Percent Selected As Documentation Method
CHCANYS 23; advanced practice providers only; multiple responses possible

Direct entry	**68%** (n=27)
Personalization tools	**68%** (n=27)
Scribes or someone else	**5%** (n=2)
Dictation/transcription	**3%** (n=1)
Speech recognition	**3%** (n=1)

0%   25%   50%   75%   100%

Percent selected ✦

Net EHR Experience Score—by Documentation Method

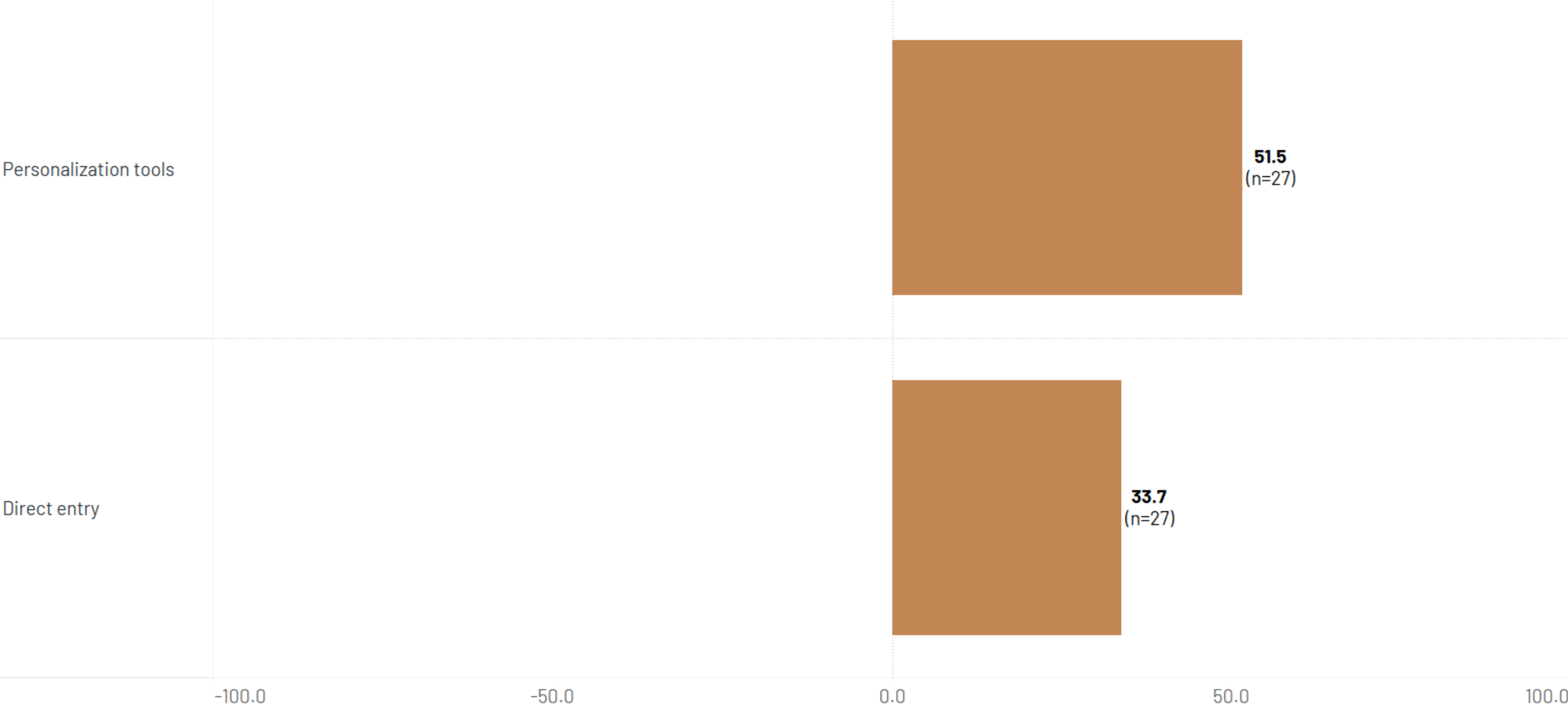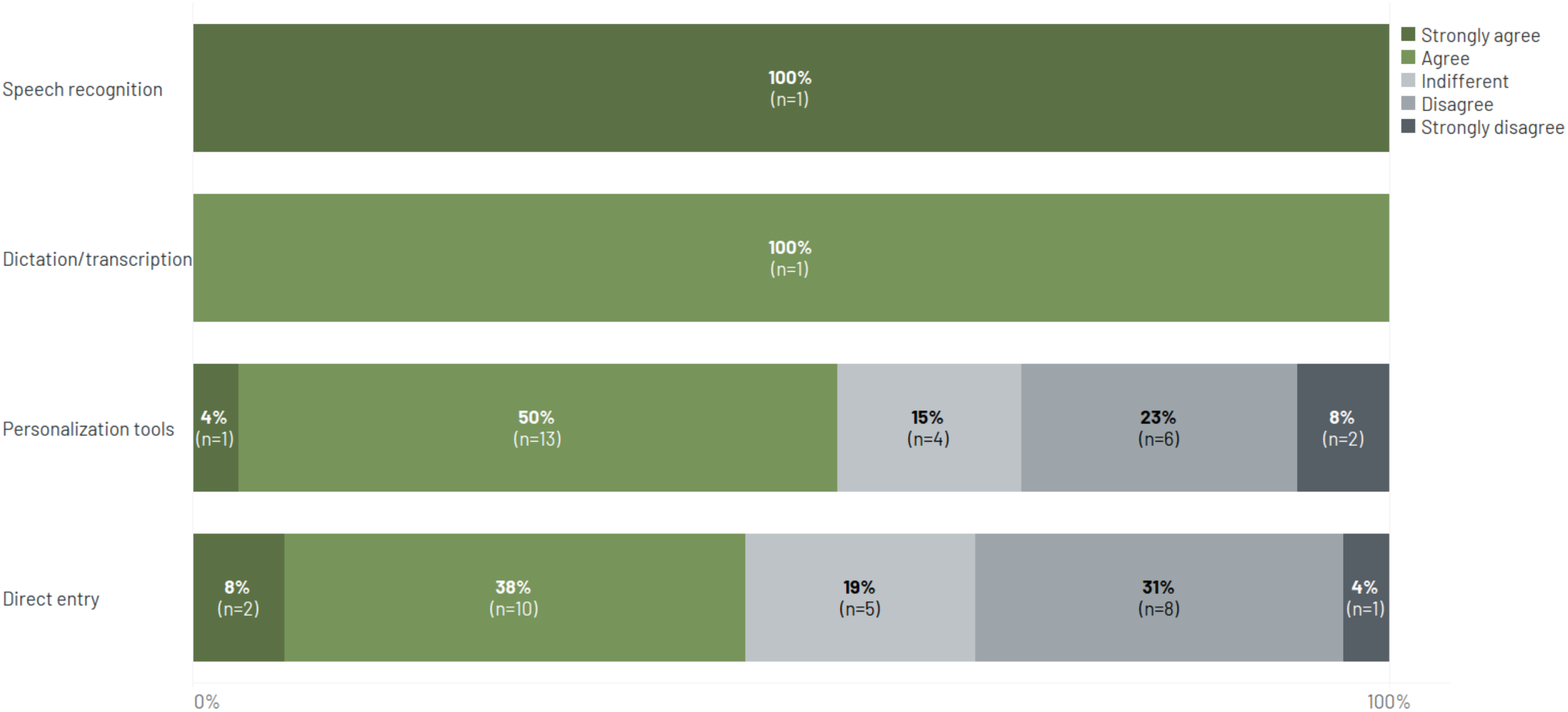CHCANYS 23; advanced practice providers only; multiple responses possible (n>3)

Personalization tools — **51.5** (n=27)

Direct entry — **33.7** (n=27)

-100.0   -50.0   0.0   50.0   100.0

Agreement on Helpfulness of EHR Documentation Trainings

CHCANYS 23; advanced practice providers only

Legend:
- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

Speech recognition
- 100% (n=1) — Strongly agree

Dictation/transcription
- 100% (n=1) — Agree

Personalization tools
- 4% (n=1)
- 50% (n=13)
- 15% (n=4)
- 23% (n=6)
- 8% (n=2)

Direct entry
- 8% (n=2)
- 38% (n=10)
- 19% (n=5)
- 31% (n=8)
- 4% (n=1)

0% — 100%
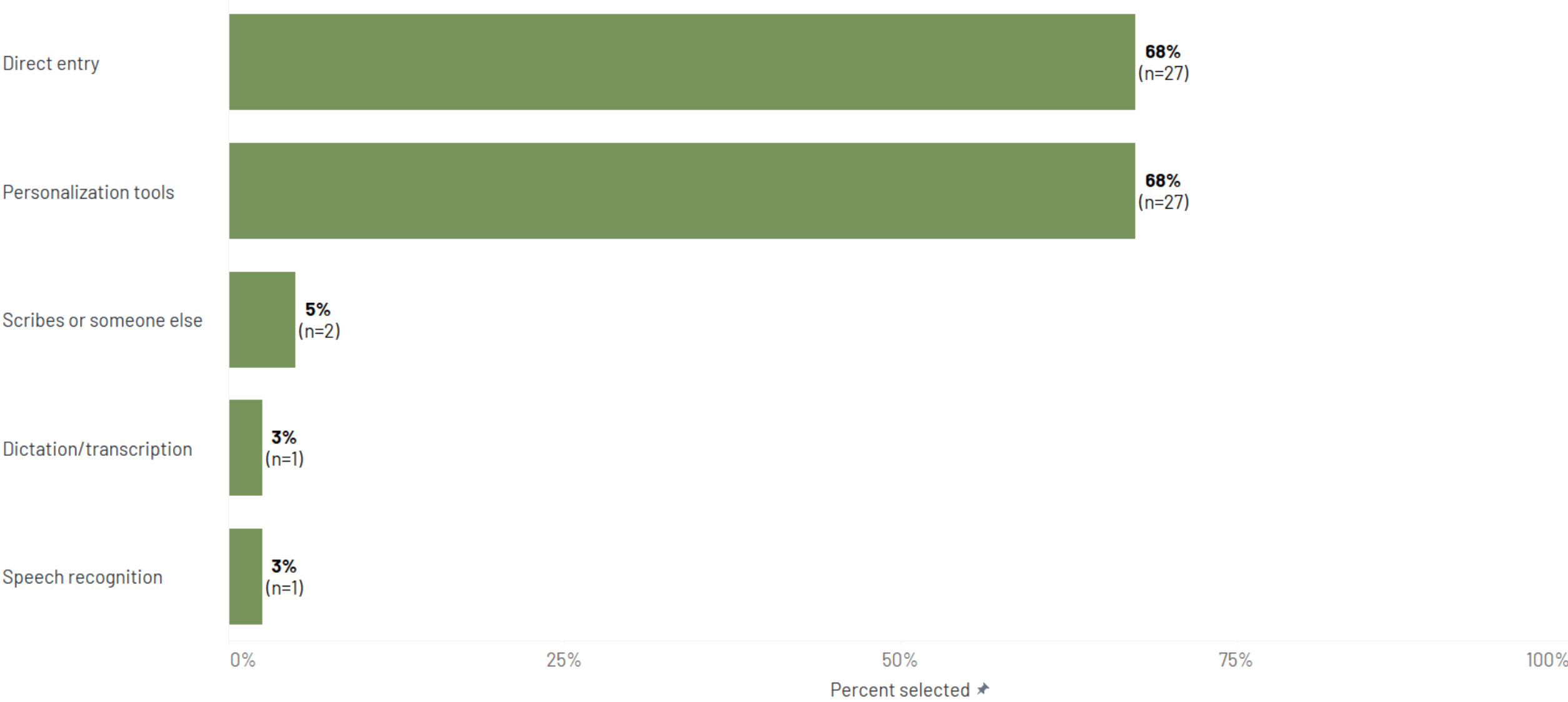
Overall Benchmark Analytics & Access Metrics CHCANYS 23
Included Clinical Backgrounds: **All respondents at 178 Organizations**
Similar Organizations: **15 HCCNs**
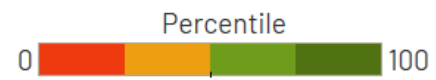
Percentile
0 [ ] 100

	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Easy To Access Patient Data	**70%** (n=261)	**47th** Percentile	**100th** Percentile
Appropriate Messages Volume	**46%** (n=259)	**25th** Percentile	**25th** Percentile
Has Needed Analytics	**46%** (n=259)	**60th** Percentile	**79th** Percentile

Analytics & Access Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22
Included Clinical Backgrounds: **All respondents**

Difference
-10% ▮▮▮▯▮▮ +10%

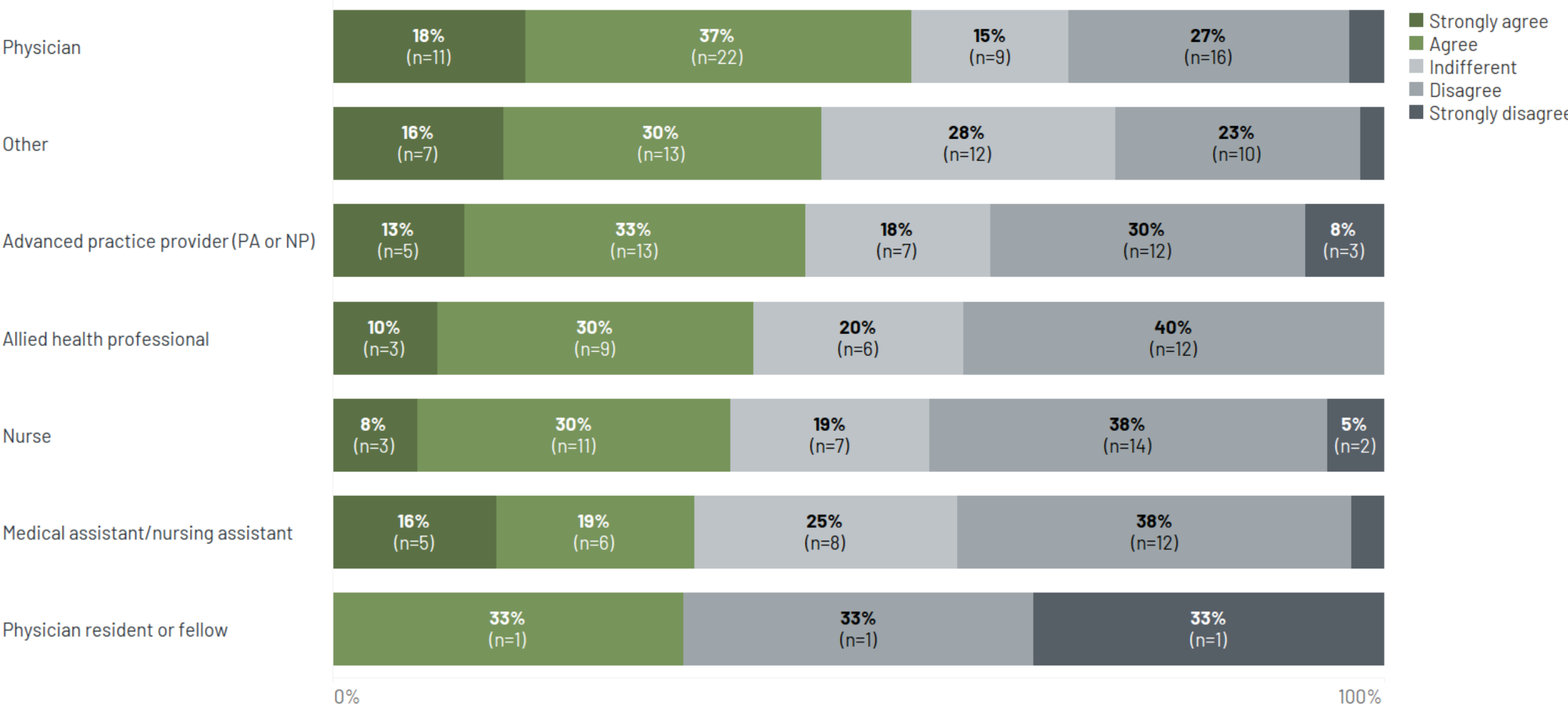|	Current Percent Agree	Previous Percent Agree	Change
Easy To Access Patient Data	**70%** (n=261)	**67%** (n=489)	**+3%**
Appropriate Messages Volume	**46%** (n=259)	**53%** (n=487)	**-7%**
Has Needed Analytics	**46%** (n=259)	**43%** (n=489)	**+3%**

Agreement That It Is Easy to Access and Assimilate Data from Other EHRs—by Clinical Background
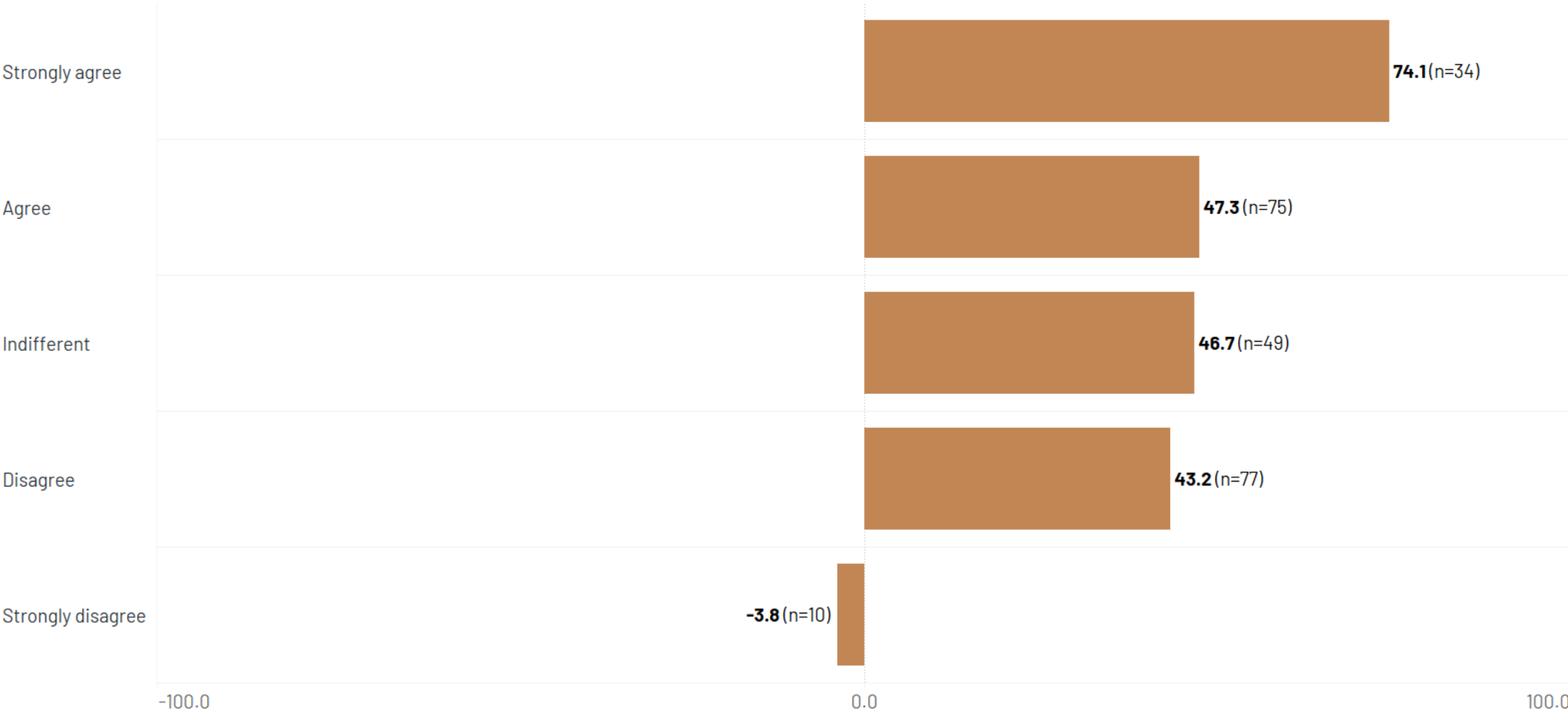
CHCANYS 23; all respondents

Legend:
- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

Medical assistant/nursing assistant
- 8% (n=3)
- 53% (n=19)
- 22% (n=8)
- 11% (n=4)
- 6% (n=2)

Physician resident or fellow
- 25% (n=1)
- 25% (n=1)
- 25% (n=1)
- 25% (n=1)

Other
- 38% (n=19)
- 44% (n=22)
- 12% (n=6)
- 6% (n=3)

Allied health professional
- 29% (n=9)
- 48% (n=15)
- 19% (n=6)

Nurse
- 28% (n=11)
- 46% (n=18)
- 13% (n=5)
- 13% (n=5)

Advanced practice provider (PA or NP)
- 23% (n=9)
- 28% (n=11)
- 28% (n=11)
- 18% (n=7)

Physician
- 23% (n=14)
- 20% (n=12)
- 35% (n=21)
- 22% (n=13)

0%   100%
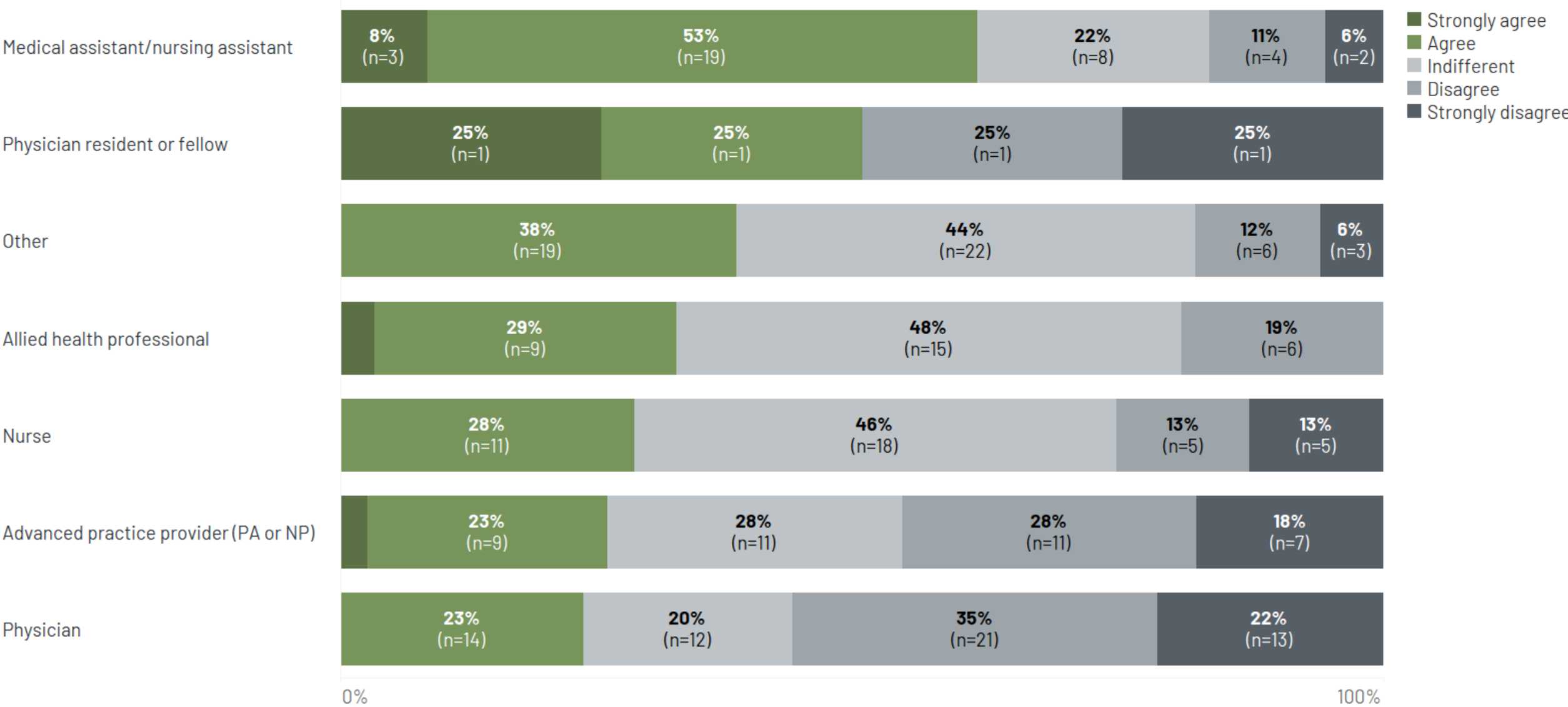
Agreement That I Know How to Request an Optimization to the EHR—by Clinical Background

CHCANYS 23; all respondents

	Strongly agree	Agree	Indifferent	Disagree	Strongly disagree
Physician	18% (n=11)	37% (n=22)	15% (n=9)	27% (n=16)	
Other	16% (n=7)	30% (n=13)	28% (n=12)	23% (n=10)	
Advanced practice provider (PA or NP)	13% (n=5)	33% (n=13)	18% (n=7)	30% (n=12)	8% (n=3)
Allied health professional	10% (n=3)	30% (n=9)	20% (n=6)	40% (n=12)	
Nurse	8% (n=3)	30% (n=11)	19% (n=7)	38% (n=14)	5% (n=2)
Medical assistant/nursing assistant	16% (n=5)	19% (n=6)	25% (n=8)	38% (n=12)	
Physician resident or fellow		33% (n=1)	33% (n=1)	33% (n=1)	

0%   100%

Net EHR Experience Score—by Agreement That I Know How to Request an Optimization to the EHR
CHCANYS 23; all respondents

Strongly agree	**74.1** (n=34)
Agree	**47.3** (n=75)
Indifferent	**46.7** (n=49)
Disagree	**43.2** (n=77)
Strongly disagree	**-3.8** (n=10)

-100.0   0.0   100.0

Health Center Spotlight:

VIP Community Services

Evan La

Barbara Salcedo

EHR DOCUMENTATION PRACTICES:

UDS+ Submission Preparation

CHCANYS: EHR Agnostic Optimization Series
June 2024

AGENDA

VIP Community Services

Mission Statement:

VIP Community Services (VIP) strives to provide comprehensive and integrated services that promote equity and positive outcomes for individuals, families, and the community

History:

Established in 1974 in response to critical issues in the Bronx: poverty, safety, substance use, unemployment, and housing abandonment

WE ARE:

Services Offered:

- **24 Hour Access Center**
- **Harm Reduction Program**
- **Health Home (Care Coordination)**
- **Federally Qualified Health Center -** Primary and Specialty Care
- **Medically Supervised Ambulatory Treatment Program**
- **Residential Services -** Transitional to Supportive Housing
- **Vocational Services**
- **Mental Health Services -** Certified Community Behavioral Health Center

Documentation Practices

Key Strategies:

- **Utilization of Templates:**
  - Employ standardized templates to ensure consistency in documentation across all practices

- **Monthly UDS+ Meetings:**
  - Regular meetings to review and analyze data from Azara DRVS and eBO.
  - Extract valuable insights to identify care gaps and detect missing data, such as unknown values.
  - Providers receive their monthly clinical quality dashboards directly from CPCI/DRVs

- **Proactive Data Reconciliation:**
  - Implement proactive measures to reconcile discrepancies and ensure data accuracy.

Training:
A Tailored Approach

- **Data-Driven Training Optimization**
  - **Utilizing eBO/Azara DRVS Insights:**
    - Leverage data from eBO and Azara DRVS to pinpoint specific areas of improvement and care gaps.
  - **Monthly Meeting Analysis:**
    - Analyze findings from monthly meetings to identify training needs and prioritize areas for improvement.

- **Customized Training Initiatives**
  - **Refresher Courses and Workshops:**
    - Develop targeted refresher courses based on identified care gaps to enhance staff competency and documentation accuracy.
  - **Tipsheets & Protocols and Procedures:**
    - Timely distribution of tipsheets and protocols ensures immediate reinforcement of training sessions, supporting providers in adopting best practices and optimizing EHR documentation efficiency.

Challenges:
Documentation and Training Retention

- ## Incomplete Documentation:
  - Significant roadblocks arise when providers fail to input crucial data into patient records, often because of updates in UDS+ documentation requirements

- ## Retention of Provider Trainings:
  - Initial implementation of new documentation practices requires patience as staff adapt, emphasizing the need for ongoing support and monitoring to ensure successful retention and integration over time.
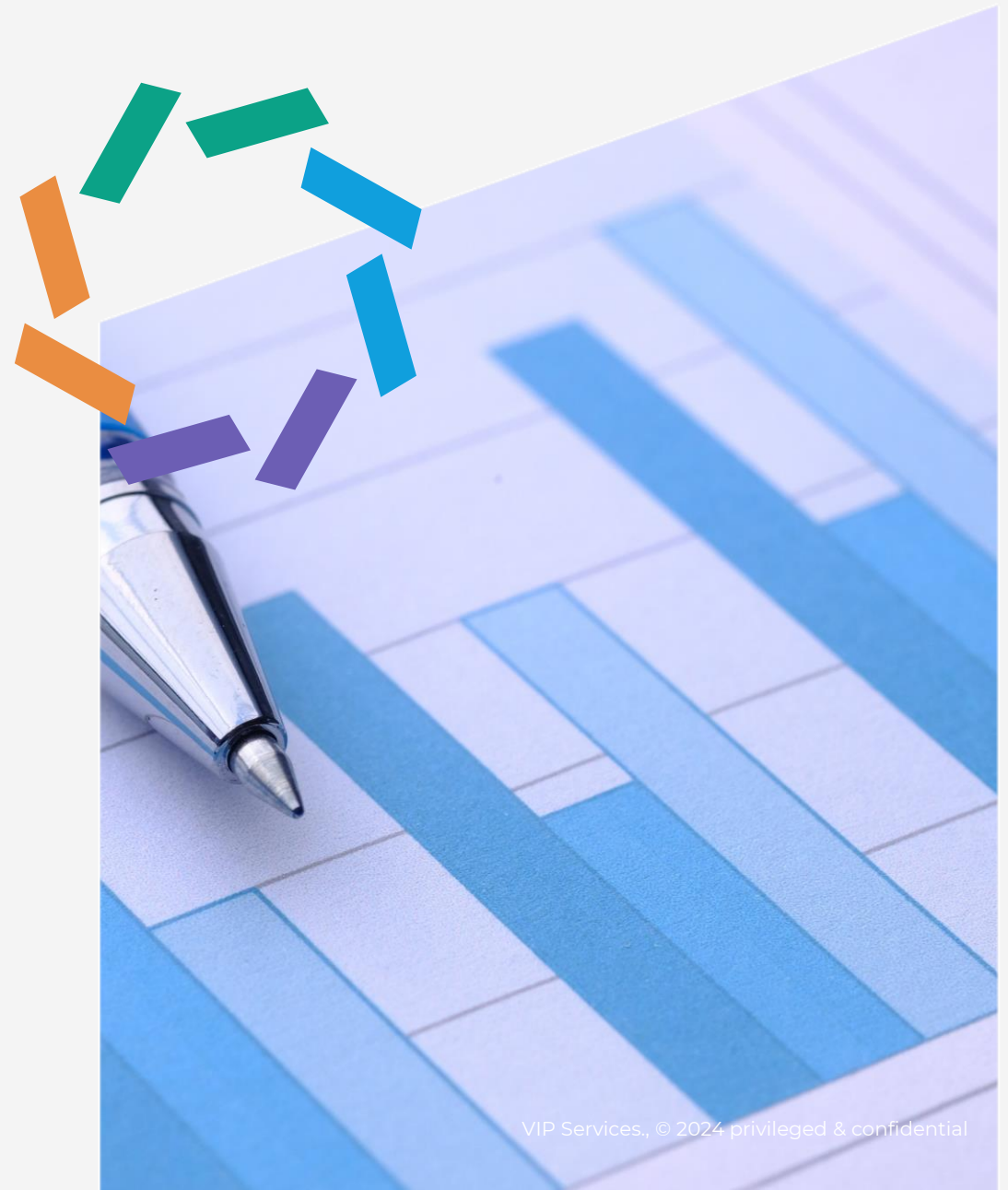
Overcoming Challenges

Identifying Points of Weakness/Gaps of Care

- **Strategic Use of Reporting Tools:**
  - Utilize eBO to assess template utilization and identify gaps in adherence among providers.
  - IE: Monitor and analyze data to determine which providers are using templates as directed.

Response Strategy

- **Proactive Training Approach:**
  - Implement targeted training programs to address deficiencies in template utilization.
- **Consistency and Persistence:**
  - Ensure ongoing and consistent training efforts to reinforce best practices and improve compliance.

Overcoming Challenges

Leveraging Health IT Tools

- **Holon Solutions:**
  - Holon to reinforce care gap closure discussed during daily huddles that are supported by CPCI/DRVS PVP form.

- **UDS+ Clinical Quality Worksheet (CQW):**
  - Implemented eCW's Care Quality Worksheet (CQW) that providers can also review while engaged with patients.
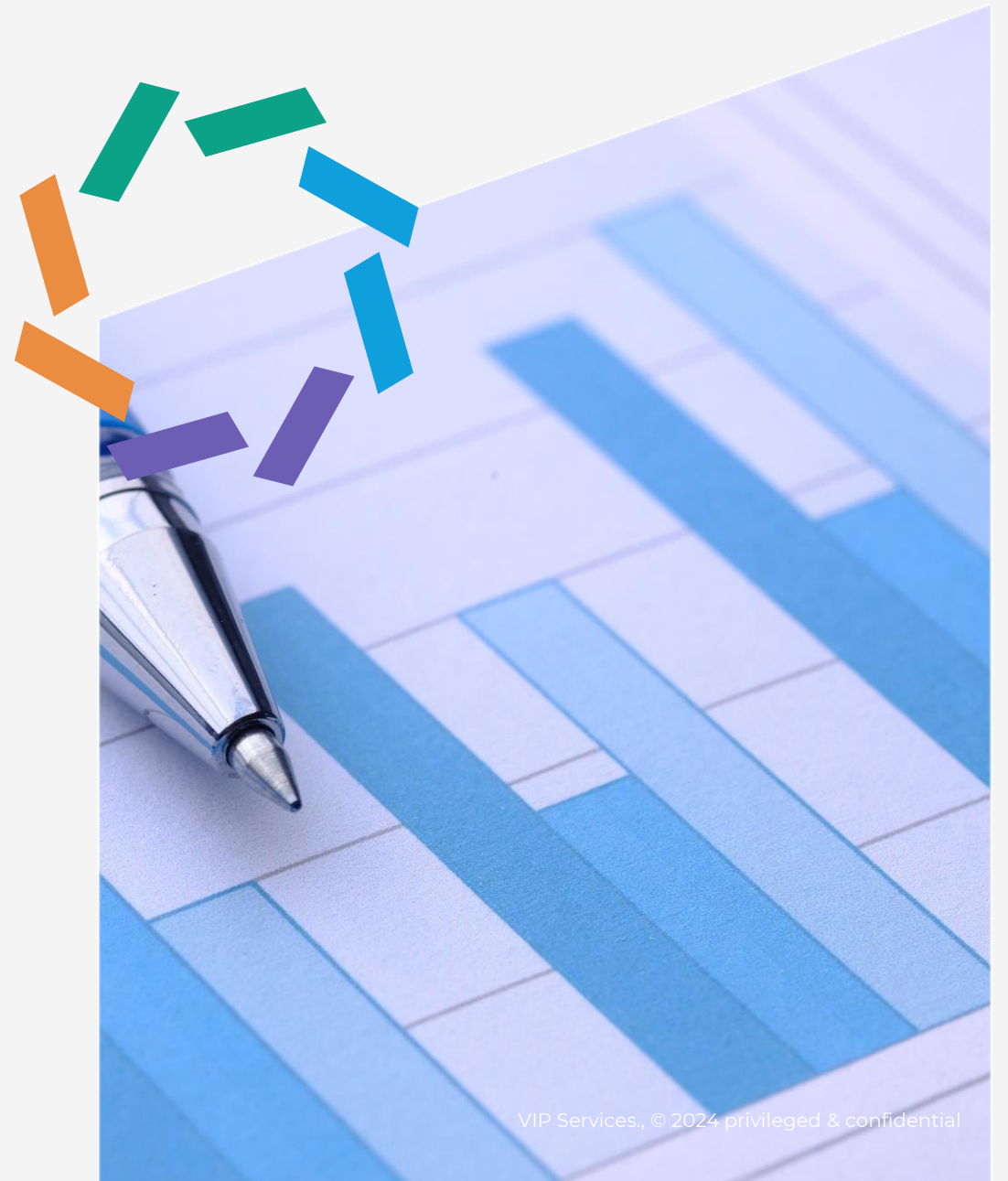
Lessons Learned:
Documentation Retention and Continuous Training

Importance of Continuous Training

- **Retention Challenges:**
  - Documentation retention requires ongoing training efforts due to the complexity of workflow modifications.
- **Impact of Workflow Changes:**
  - Implementing effective documentation practices necessitates adjustments in provider workflows, which require time to integrate fully.

Insights

- **Continuous Training Requirement:**
  - Recognize that a single training session is often insufficient to embed new practices into daily routines effectively.
- **Time for Workflow Adaptation:**
  - Understand that changes in provider workflow take time to achieve optimal implementation and adherence.

Lessons Learned:
Documentation Retention and Continuous Training

Strategies for Success

- **Persistent Training Approach:**
    - Implement regular and ongoing training sessions to reinforce documentation practices and facilitate workflow adjustments.
    - Regular microdoses of reminders to the care team (including Front Desk) to use structured data
- **Feedback and Adaptation:**
    - Solicit feedback from providers to refine training programs and ensure they align with evolving workflow needs.

Any Questions?

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THANK YOU

Contact Information

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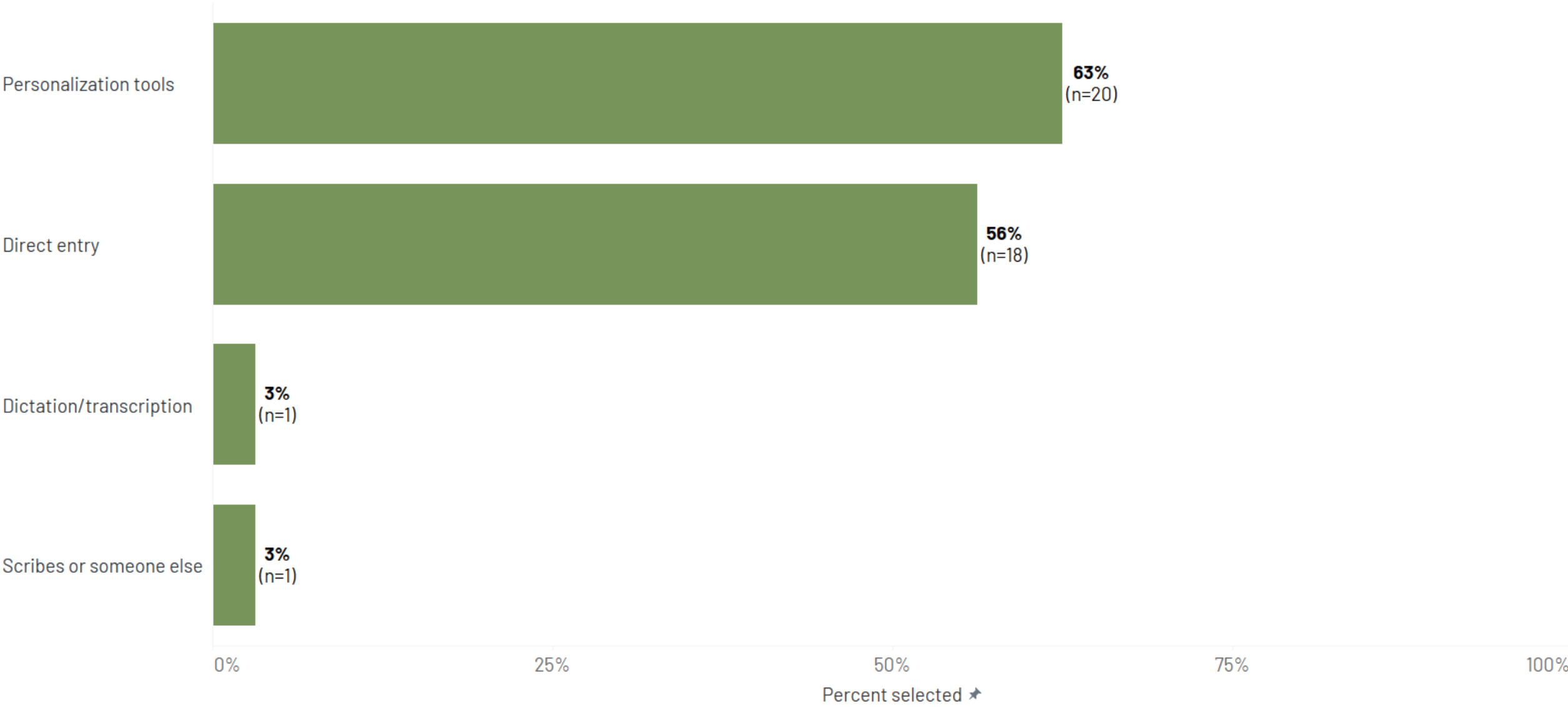Claire Heuberger, Program Manager (CHCANYS)
cheuberger@chcanys.org

Percent Selected As Documentation Method
CHCANYS 23; allied health professionals only; multiple responses possible

Personalization tools	**63%** (n=20)
Direct entry	**56%** (n=18)
Dictation/transcription	**3%** (n=1)
Scribes or someone else	**3%** (n=1)

0%   25%   50%   75%   100%

Percent selected ★

Net EHR Experience Score—by Documentation Method

CHCANYS 23; allied health professionals only; multiple responses possible (n>3)

Documentation Method	Score
Personalization tools	63.5 (n=20)
Direct entry	62.4 (n=18)

Agreement on Helpfulness of EHR Documentation Trainings
CHCANYS 23; allied health professionals only

Legend:
- Strongly agree
- Agree
- Indifferent
- Disagree

Dictation/transcription
- 100% (n=1) — Agree

Direct entry
- 18% (n=3) — Strongly agree
- 65% (n=11) — Agree
- 12% (n=2) — Indifferent
- 6% (n=1) — Disagree

Personalization tools
- 5% (n=1) — Strongly agree
- 53% (n=10) — Agree
- 16% (n=3) — Indifferent
- 26% (n=5) — Disagree

0% — 100%