



Standardizing Templates & Order Sets

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September 8, 2020

"If you define the problem correctly, you almost have the solution."

-Steve Jobs

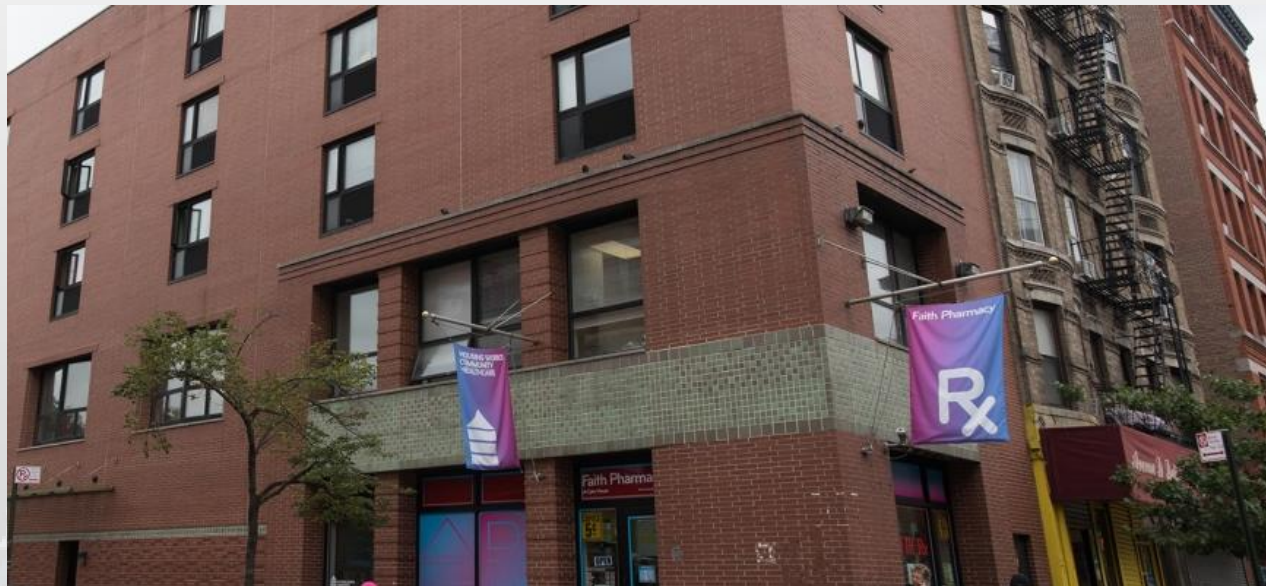
Agenda

- I. FQHC Background & Introduction
- II. Standardizing Templates & Order Sets
- III. Barriers & Challenges
- IV. Key Takeaways
- V. Closing & Discussion

Housing Works

Background & Introduction

We currently have 4 FQHC sites in Brooklyn and Manhattan, along with an array of shelters, isolation sites, behavioral health and substance use clinics, and other program service sites where we serve approx. 12,000 clients per year.



Why standardize templates & order sets?

- **Issues prior to intervention:**
 - Varying documentation/lab orders from providers
 - Duplicate labs with different nomenclature
 - E.g. Issues with reporting, fulfilling standards (e.g. UDS, HEDIS, etc.),
 - Issues with billing
 - Too many templates/order sets clogging the system
 - Specific documentation requirements hard to remember for different visit types

Goals for standardized template utilization

- **Goal:** Better progress notes documentation
- **Advantages:**
 - Billing minimums satisfied
 - Documentation expectations defined
 - Better data collection and reporting
 - “Reduces clicks”

The screenshot shows a 'Preview' window of a medical record template. The patient information is as follows:

T, TEMPLATES DOB: 01/01/1976 (44 yo F) Acc No. 8663 DOS: 01/01/2001

Patient: T, TEMPLATES
Account Number: 8663
DOB: 01/01/1976 **Age:** 25 Y **Sex:** Female
Phone:
Address: 116 Williams Ave, Brooklyn, NY-11207
Pcp: Primary Care Non-Housing Works

Provider:
Date: 01/01/2001

Subjective:

Chief Complaints:
1. PC Televisit.

HPI:
TeleHealth:
TeleHealth Questionnaire
Client consent obtained for telehealth visit? -----
Visit occurred via telemedicine interface? -----
At least 50% of encounter spent counseling/coordinate care? -----
Client's current permanent location? {...}

URI:
URI Symptoms Questions
Do you have a fever? -----
Do you have a cough? -----
Do you have shortness of breath? -----

ROS:
General/Constitutional:
General General good general state of health. able to do usual activities. no weight loss or gain.

A 'Print' button is visible at the bottom right of the preview window. The background shows a blurred view of the EHR interface with a navigation menu including 'History', 'CDSS', 'Ordersets', 'Templates', and 'eEHX'.

Goals for standardized order set utilization

- **Goal:** More efficient treatment ordering
- **Advantages:**
 - Minimizes confusion for duplicate labs with different nomenclature
 - Allows for multiple orders in short time
 - Serves as an order recommendation/reminder for specific visit types/conditions
 - “Reduces clicks”

The screenshot displays a software interface for managing order sets. At the top, there is a search bar labeled "Search for Order Sets" and a dropdown menu currently set to "HIV Initial". Below this are buttons for "New", "Copy", "Update", and "Delete".

The interface is divided into sections for "Medications" and "Labs".

Medications Table:

Name	Strength	Take	Frequency	Duration	Refills	Route	Formulation	Disp
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Labs Table:

F	Description	Lab Company	F	Description	DI Company
	Venipuncture	Labcorp OG			
	Alere HIV Ab 4th Gen	Inhouse Lab			
	HIV Ab, 4th gen.	Labcorp, Labcorp OG			
	HIV, RNA, Real Time PCR (def)	Labcorp, Labcorp OG			
	CD4/CD8 Ratio Profile (includes CBC/diff) (def)	Labcorp, Labcorp OG			
	Comp. Metabolic Panel (def)	Labcorp, Labcorp OG			
	Urinalysis, Routine (def)	Labcorp, Labcorp, Labcorp OG, Labcorp OG			
	STD - GC/Chlamydia, Amplification (Urine, urethral, vaginal, endocervi...	Labcorp, Labcorp, Labcorp OG, Labcorp OG			
	STD - Aptima - GC/Chlamydia, NAA (Pharyngeal)	Labcorp, Labcorp OG			
	STD - Aptima - GC/Chlamydia, NAA (Rectal)	Labcorp, Labcorp OG			
	STD- RPR Rfx Qn RPR/Confirm TP-PA (def)	Labcorp, Labcorp OG			
	QuantIFERON TB	Labcorp, Labcorp OG			
	Varicella-Zoster V Ab, IgG	Labcorp, Labcorp OG			
	Measles/Mumps/Rubella Ab IgG	Labcorp, Labcorp OG			
	HAV Ab, Total	Labcorp, Labcorp OG			
	HBV Evaluation Profile	Labcorp OG			
	HCV Antibody reflex to NAA (def)	Labcorp, Labcorp OG			
	Toxoplasma gondii IgG	Labcorp, Labcorp OG			
	CMV Ab, IgG	Labcorp, Labcorp OG			
	Hemoglobin A1c (def)*	Labcorp, Labcorp OG			

Additional options include "Add" buttons for "Diagnostic Imaging" and "Interaction".

Our Approach

Standardizing Templates & Order Sets

- Stakeholder Assessment
 - Provider Input/Buy-in
 - Billing Improvement
- Planning and Development
 - Permissions adjustment
 - Template & Order Set Needs and Assessment
 - Template & Order Set Creation
 - CMO and provider collaboration
- Implementation
 - Roll-out – presented at huddle, emails, monthly provider meetings
 - Reminders

New Template Workflow

Main Outcome: eCW add to favorites; merge to progress notes when appropriate

- Assessing Need
 - Documentation & Billing requirements, Targeted outcomes, Specialty providers
- Staff Collaboration
 - CMO, billers, EHR admin
- Helpful resources & tools for sustainability
 - Handouts (how-to guides, tables, charts, etc.), presentations at huddles, grand rounds, one-on-one trainings
 - Reports to check utilization (eBO)

Barriers & Challenges

Barriers:

- Workflow implementation & awareness
- Providers forgetting to use the templates when appropriate
- Utilization training

Limitations:

- eCW had more ways to incorporate usage of templates (*auto-population*)
- Better guided minimums in EHR for billing, clinical standards

Key Takeaways

Template & Order Set Standardization

Lessons Learned

- Limit security permissions for customization
- Garnish provider buy-in by proving increased efficiency
- Collaborate with providers to assess and address needs
- Reinforce utilization

Overall Benefits

- Less billing issues, reducing clicks for providers
- Better reporting (internal/external)
- Clearer documentation standards (minimums)

CLOSING

