Standardizing Templates & Order Sets

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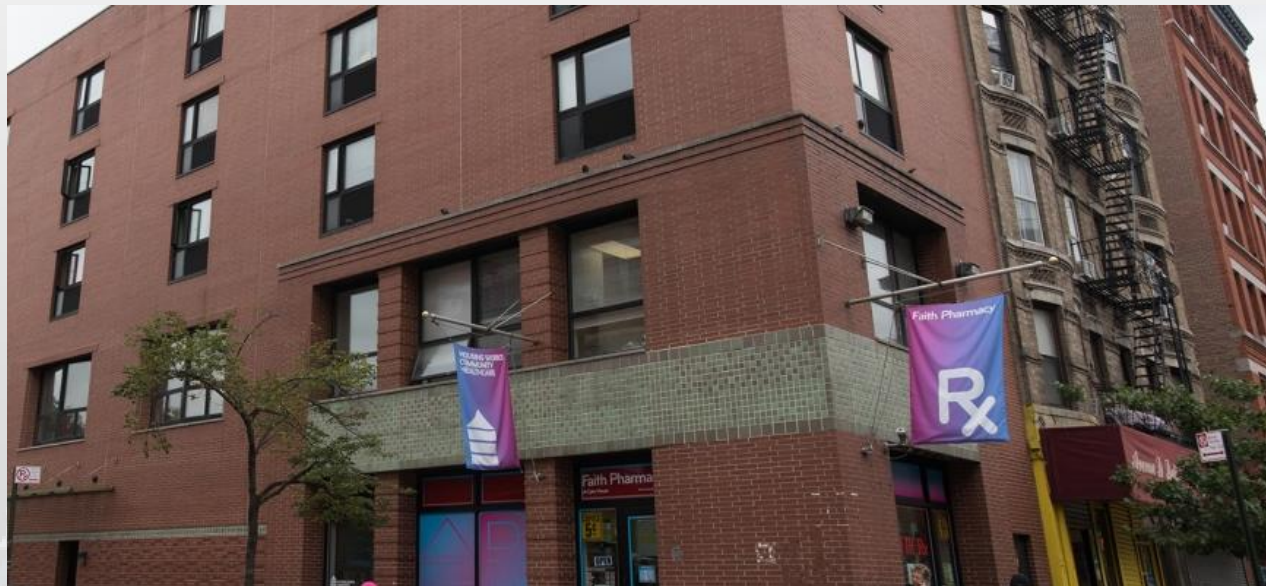
-Steve Jobs

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"

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"

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