Onboarding a New Provider

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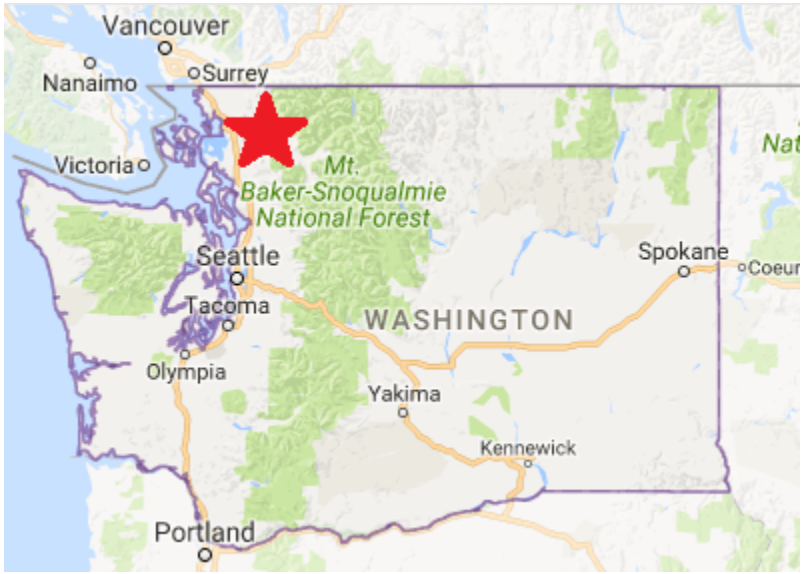
Time Commitment and Process to Hit the Ground Running

Family Care Network
We Take Care

Who is Family Care Network (FCN)

- Physician owned company
- Located in northwest Washington in Whatcom and Skagit Counties
- Specialty: Family Practice (w/ OB care)
  - 11 Family Practice Offices
  - 1 Urgent Care/Testing Center
  - Inpatient Hospital Services
  - Care Management
- ~100 Providers (MDs, DOs, ARNPs, PACs)
  - 110,000 patients



Who Are We?

- Jim Hopper MD – Family Practice physician and Chief Medical Officer
- Heather Coe – EMR Manager (EMR Team)
- Derrick Bovenkamp – Senior Systems Administrator (IT Team)

Overview - Onboarding

- 60+ hours devoted to each new provider
  - EMR
  - IT
  - Billing department
  - Executive physicians

- Presentation will focus on EMR Onboarding
  - Missing from presentation: Interface setup, eRx, lab ordering, etc.

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Onboarding Grid

Timeframe	Process Step	Participants	Notes
Start Date 8 a.m. - ~4 p.m.	New Hire Orientation (general)	New Physician and HR Generalist	Start date established following successful completion of credentialing Location: Admin.
	Benefits Review	Benefits Specialist	HR sends calendar invite
	Patient Accounts	Sr. Coding Specialist	HR sends calendar invite
	IT Support & Setup	IT Department	New computer setup, meet with IT staff, after hours policy, phone setup, home access Location: Admin
Start Date or second day ~ 2 hours	EMR Overview for Physicians	Executive Physicians	Scheduled by HR Location: Admin

Onboarding Grid

Timeframe	Process Step	Participants	Notes
5 Full days (in clinic)	EMR Shadowing/Training	Physician and EMR specialist	This shadow support takes place at new physician's desk. Scheduled by EMR Manager Location: New Physician clinic
2-3 months following start date	Standards of Care Introduction Three (3) sessions, 7-9 a.m., the third Wednesday of the month	Executive Physicians	HR schedules the sessions and communicates with Drs. Safford and Hopper and Physician. Location: Admin

IT Overview

- Meet IT Staff
- IT Support Policy
- Remote Access
- Setup on Desktop/Laptop
- Setup Exchange on Phone

EMR Overview

- 2 hour overview provided by executive physician
- Not intended to get into the nuts and bolts
- Peer to peer opportunity – “*this is how I make my day work…*”

EMR Overview

- Logging in
- Citrix Application and Content
- CPS Overview
- Practice a Little
- Review Advantages of EMR

EMR Shadowing

- Software: Dameware
- EMR team sees the provider’s screen on their screen.
- EMR team member does not follow the provider into the room.
- Shadowing is done from provider’s desk.
- 1 Hour Appointments
  - See patient
  - Return to desk and finish documentation before seeing the next patient.

EMR Shadowing Schedule

- 1 patient/hour for the first 6 days (8 patients total in a day).
- A variety of appointments is best. Avoid the first patient being a chronic illness follow-up (Diabetes, Hypertension).
- First day meet one hour prior to first patient to do a quick EMR review and review of schedule.
- EMR staff will shadow for a total of 5 days. The first 3-4 days will be consecutive shadowing, then one day alone and one day to finish the remainder of the 5 days.

EMR Shadowing -- Curriculum

- EMR Overview
- Desktop Module
- Chart Module
- Office Visits
  - Acute problem
  - Chronic disease
  - Well Visits
- Processing Phone Notes
- Appends, Labs, Imaging, Flags, Quick Text

EMR Shadowing -- Curriculum

EMR Overview	
Vocabulary	Please stop me if I'm using terminology that is unfamiliar. Route vs. Hold CPS = EMR = Centricity = Chart Module CPS = Practice Management = Scheduling Citirix = Webpage that we use to access all our different programs. (Ex. CPS)
Opening CPS	Logging into Citrix Click on CPS 10 ONCE Leave webpage open Refresh webpage to return to login screen. Location of Care
Password Delay	After an incorrect attempt, CPS will make you wait 5 seconds. You only have 3 tries.
Chart opening time	Logging into CPS will automatically launch the chart module; however, there is a slight delay before the chart module starts to load. Opening the chart module takes approx. 20 seconds.
Location of Care	Hover over name to see location of care when logged in.
Loggin Off	Always use a button.
EMR Icon	No icon at the bottom of the screen when not logged into CPS.

EMR Shadowing -- Curriculum

Desktop Module (01)

Topic	Details
Logout	**Logout**
Chart Module	The chart module automatically loads at login. It loads as a separate screen. The chart module can be reopened using the top "Chart" button the CPS selection screen.
Desktop View & Navigation	Overview of daily tasks = Work To Be Done. Desktop Button -- button will bring you back to this screen. Chart Button -- *to be review below*
	Links and buttons along the top and bottom to navigate within EMR.
	Working specifically in flag or documents best done in that section. Do your work from individual flag or document view.
Desktop schedule	Clinics schedule set as default.
	Hovering over appointment shows reason for visit
	Charts can be accessed from schedule - demo opening chart
Flags/Care Alerts	Sticky notes/reminders
	More efficient than e-mail because can be attached to a patient's chart.
	Flags can be post-dated.
	Send a flag to a user in the room. Explain that user creates list of people to send to.
Documents	All the different "pieces of paper" that you'll need to manage. (Referrals, phone notes)
Routing	How did they get here. Sending documents, creating folder.
Messaging	Hi-jacked for easy access to UpToDate
Scheduling	Opens PM schedule
Registration	Opens last patient's registration information in PM. All the patients demographic information ONLY updated by trained individuals.
Chart	Located in the lower left screen -- returns user to last chart.
Find Patient button	Brings up the Find Patient screen. Search by Date of Birth Arrow shows last 15 charts opened.

EMR Shadowing -- Curriculum

Chart Module (02)	
Logout	**Logout**
Chart View & Navigation	At a glance view of clinical components.
	Navigation down the left side. *Quality* is not currently active. *Overview - details below* *Documents* *Flowsheet* *Orders* *Histories* *Graphs* *Handouts*
Sensitive Charts	Karl or Stephen -- complete the pop-up
Banner (Fakette Fakerson)	Demographics, directives, discharge, photo, patient portal, etc
Summary	Snapshop of chart data. Each chart component window can be expanded to full screen.
	The toolbar below the section heading we are intentionally skipping for now.
Problems (Abdominal Pain)	Navigate to Full Screen Active vs. All Review the different columns To see the details of a specific line time, click the "+" sign next to the item. This includes the problem assessments that previously appeared at the bottom of the window. Click on the date hyperlink while viewing assessments to view the associated document
	Web Lookup -- different website options (AAFP, Travel-CDC Website) What web pages do you currently use?
Medications (Sprintec)	Navigate to Full Screen Active vs. All Review the different columns To see the details of a medication, including prescription history, click the "+" sign next to the item.
	Right click on the medication to view related chart documents.

EMR Shadowing -- Curriculum

Chart Module (02)	
Allergies	Navigate to full screen
	Displays a list of allergies and reactions.
	Active vs. All
	Right click on the allergy to view related chart documents.
Directives	All directives are found here: Perpetual Authorization = release, POA, POLST, Living Will
	Right click on the directives to view related chart documents.
Care Alerts/Flags	Flags/Care Alerts/Popups different forms of reminders within a chart.
	Flags have to be sent to a user or users
	Care Alerts can be sent to specific users or NO ONE. (Pop-up = Care alert that also pops-up)
	Create flag: Call patient when flu vaccine arrives. (to self)
	Create Care Alert: Patient is hard of hearing (to all)
	Create Pop-Up: needs perpetual authorization Pop-up (to all)
	Remove a care alert
Documents	All the pieces of "paper." Office visits, phone notes, lab reports, imaging, consults, refills...
	Pencil, Status column, upper left box that displays document On Hold
	Sortable by document type.
	Attachments (paperclips)
Flowsheet	USPS Preventive
	Labs-General
	ACS
	Diabetic flowsheet
	Vitals Signs
Graphs	Growth charts and information (vitals, Lipid panel) from flowsheets.

EMR Shadowing -- Curriculum

Chart Module (02)	
Orders	Displays referrals, billing and lab orders.
	Prior orders vs. Future Orders
	Billing manually added into EMR (Ex. L&I forms, immunizations, labs)
	Complete vs. Incomplete orders (Admin Hold, Inprocess)
Histories	Default shows PMH, PSH, SH, FH
	Chart Summary View
	Preventive Care - CCC
	Immunization views (Adult, Pediatric)
	Alternative formatting to flowsheet view - more of a spreadsheet
Handouts	Hundreds of handouts to provide for patients
	Practice searching
	Favorites list
Registration	Access to patient's demographics. Review phone numbers. *Other* phone number in the banner needs to be reviewed reviewed in Registration. After Home, Work, Cell the other phone number types share one place in the EMR.
Print	Auto-fill Demo Island Hospital Imaging
	Letterhead vs no letterhead
	Pap Normal, Blank Letter to Patient, Island Hospital folder, Mental Health

EMR Shadowing -- Curriculum

OFFICE VISIT-Basics (06)	
Logout	**Logout**
Starting a New Document	Click New Document to start an office visit, clinical list update, OB visit, etc. Above the New Document button you can see any documents currently In Progress or On Hold.
	We'll be practicing starting an office visit today. **Starting a visit properly - should be done by your assistant.**
Forms & Text buttons	Work done in forms. Forms construct the text that appears in the note.
	Forms vs Text Button - User will now toggle back and forth using the **Forms** or **Text** buttons.
Form Use	Centricty does have a lot of forms and boxes.
Clinical Standards	Review clinical assistant standards.

EMR Shadowing -- Curriculum

	Vital Signs - review standards (fever, etc) and entire form
	HPI - chief complaint, visit type, PCP, free text vs. SS .h. cpx Loading forms -- Load InHouse Labs loaded by CA
	Prob-Meds-Allergies: review medication and allergies. Medication removed by clinical assistant. Verfied Meds = medications patient is taking at the beginning of the visit. Verfied Allergies Provider responsible for Problem list Removing a problem Organizing the problem list
	Preventive Care Screening form
	Risk Factors (smoking status)
	PMH-PSH Form
	Review of Systems
	PE (Physical Exam) Documenting by item--normal vs. checkbox vs. free text Using **Prior** button for each system.
	Problems Form Concept behind quick checks and lists vs. FCN lists vs. reference list Noting what was put on the problem list How to remove an accidental problem added during the visit Organizing the problem list
Acute Office Visit	**CPOE Form** Selecting a problem from the list for assessment Order a Sinus X-ray, sign the order

EMR Shadowing -- Curriculum

Acute Office Visit	Selecting a problem from the list for assessment Order a Sinus X-ray, sign the order Use .oxray to send a flag to xray desktop. Insert Template button Auto loads certain medications. Quick text for documenting time **Orders (billing, referrals) -- Rapid Strep added by CA** Change the medication list (cough syrup) **Commit, commit, commit**
	Patient Instructions Using checkboxes Using free text Using View/Insert Prior button Printing visit summaries
	Prescriptions form Only for refilling medications on the list Selecting a pharmacy
	E&M Advisor Tool, but doesn't always recognize the information that you've added.
	Test Management-CCC
	Process Lab Orders
	Medicare ePrescribe Incentive
	InHouse lab form Clinical Assistant Rapid Strep Clinical Assistant billed for rapid strep.

EMR Shadowing – Each Appointment

- Review intake by clinical assistant
- Review any additional forms and prior clinical information that might be pertinent to the visit
  - Ex: labs, imaging, consults
- Go into exam room

EMR Shadowing – Each Appointment

- Shadow (Watch) documentation as it is done in the exam and provide navigation assistance.
  - Ex: order labs, add a medication, send a prescription, stop a click
- Watch for questions typed from provider
  - Ex: *new med?*
  - Ex: *last mammo?*
- Keep track of quick text ideas: typos, abbreviations, common phrases

EMR Shadowing – Each Appointment

- After each appointment finish documentation so that new EMR skills can be applied to the next patient.
- Manage desktop items as they arrive:
  - Phone notes
  - Lab reports
  - Imaging reports
  - Consult notes

Billing Audit

- Billing grids and information reviewed prior to first day in the clinic.
- 10 charts reviewed from first few days.
- Feedback to the EMR trainer.

Billing Feedback Example 1

- Patient came to the UCC for a fever and the visit was coded a 99214. There is an expanded problem focused history, an expanded problem focused exam and low medical decision making, from a coding perspective this documentation supports a level 99213. Ok to move to a 99213

Billing Feedback Example 2

- Patient came to the UCC for neck pain from head injury and the visit was coded 99213. There is an expanded problem focused history, a detailed exam and moderate medical decision making. From a coding perspective this documentation supports a level 99214. I will defer to your clinical judgement, would you like to leave this as a 99213 or bill it as a 99214? Leave as a 99213.

Billing Feedback Example 3

- I agree with your coding on this visit I just wanted to mention consistency of documentation. This patient came in for swelling around the eye and in the HPI under Acute Visit History it states “The abdominal pain began less than 4 hours ago”. There was no other mention of anything abdominal in the note. Thanks

EMR Standards of Care Learning Sessions

- Facilitator: Executive Physician
- First session is 2-3 months following start date
- 1 session a month for three months.
- 2 hours each: 7-9am
- Includes provider and clinical assistant

EMR Standards of Care: Session 1

- Medical Home philosophy
  - Patient feels known by health care team
  - Assessment of needs at every visit
- Patient Communication
- Phone Protocols
- Cost-effectiveness
- General Chart Standards (med list, problem list, HPI, PMH, PSH)
- Prevention (every visit)

EMR Standards of Care: Session 2

- Medical home philosophy
- Hypertension
- Diabetes
- Asthma

EMR Standards of Care: Session 3

- Medical Home philosophy
- Depression
- Chronic Pain on Chronic Narcotic medication
- Care Management Programs
- Anticoagulation/Coumadin clinic
- Follow-up on Hospitalizations
- Pre-op Assessment
- Service Agreements
- Hierarchical Condition Categories coding (HCC coding, Blackbird)
- Risk Management

Looking Forward – Areas to Improve

- IT Training & Computer Setup
  - Logging in from home
- Full or half day devoted to EMR & IT training prior to working in the clinic
- Review process

Questions???