CMIO Roundtable Discussion

July 29, 2019, 11:00-12:00PM

Meeting Information

Phone: 205-206-9624
Access Code: 575-847-57
Teams Meeting Link: Join Teams Meeting

Attendees / Site

X	Dr. Paul Clark, CMIO, Concord Hospital, NH	X	Dr. Mandy Halford, CMIO, Covenant Health, TN
X	Holly Ellison, CNIO, Concord Hospital, NH	X	Dr. Daniel Duzan, Phys IT Lead, Covenant Health, TN
A	Dr. John Paul Jones, CMIO, Centra Health, VA	X	Dr. J. Clay Callison, CMIO, UTMC, TN
X	Sandra O'Loughlin, PA, Concord Hospital	A	Chris DeFlitch, CMIO, Penn State Health, PA
X	Dr. David Fallaw, CMIO, Augusta University, GA	A	Ashley Petit, CIO, Northside Hospital, GA
X	Patti Marshall, MAKE Solutions Inc.	X	Christie Wright, Dir Phys Team, Northside Hospital, GA
X	Brian Kottenstette, MAKE Solutions Inc.		

Agenda

- **University of Tennessee**
  - Been on Cerner for almost 20 years and have seen very few changes in how meds rec screen looks. Details that are needed are not available on screen. Very inflexible
  - Only went live with partial meds rec recently because of fear that no one would go back and complete the med rec
    - OP docs think IP docs do a poor job of IP meds rec and vise-versa
    - Created custom rule 1 year ago: 2 hours after admission for RN and Pharm Tech if Med Hx hasn't been documented
    - ED Admitted Med Hx done by Pharm Tech
    - ED Discharged Med Hx done by RN
    - Using the Acknowledge Home Medications in ED, Cath Lab, DS with disclaimer to contact their provider with questions
    - Depending on the value that the Provider sees in the Meds Rec process, the MAs either do a good or bad job
    - Don't require Admission Meds Rec, but do require Med Hx
    - There is a rule that fires if Med Hx is not done
  - Providers would like the ability to do the Med Hx and Discharge Meds Rec at that same time: All sites agreed with this
  - Can't "Hold" meds during IP visit, but are Discontinued. When getting back to clinic visit, need to remember to start again. Breaks meds rec history
    - Concord: Put in Special Instructions to hold and ask primary care physician
      - Put in Medication Special Instructions also so it prints in a second location on discharge notes

- **Concord**
  - Do not allow any partial admission or discharge meds rec
  - Have Pharmacy Med Hx Specialists to do admission meds rec
    - Coverage during days. Anything overnight is completed in the AM so provider on days can finalize. Paged out to note out for completion
    - Good compliance because this is needed in order to discharge

        - Difficulty keeping workforce. Lots of training, but not a highly paid position
        - Prioritize based on Dx with automatic consult to Pharmacy, those likely to be admitted
    - Also had issues with the different fields for Discharge Meds Rec
    - Agree that it is challenging that you can't get out to see other things like Sure Scripts
    - See the same issues as UT with Ambulatory Med Hx being negatively impacted
        - Instead of DCing meds that are being held during an Inpatient stay, the hold it and put in a special instructions. They also have an order that can be put in the Discharge PowerPlan to allow give it visibility on the Discharge Summary
    - There is a rule that fires if Med Hx is not done
    - Struggling with the same things on continuing drips on transfers
    - Also having issues with Meds not being taken off the Home Med List
    - Day Surgery challenges for both Covenant and Concord
        - Work needed done takes more time than the procedure itself
        - Orthopedics doesn't think they own it
        - Have an "acknowledge home meds" at Concord, UT
            - Acknowledge home meds with note to "Please contact prescribing provider for any questions"

- **Covenant**
    - Only allow partial for Discharge, not admit or transfer
    - Admission workflow struggle in the beginning understanding the icons.
    - Plan admission med rec in the ED. If an active order is placed, when the admission med rec is done then med rec goes to partial. The reverse in not true for home meds. If a home med is added, nothing changes in the icons in Cerner
    - When you have a Pharmacy check for Med Hx, things go a lot more smoothly. Currently have gaps in coverage for this role though
    - Brainstorming around using ED Acuity to prioritize Med Hx
    - Challenges with transfer meds rec. Allow all orders, not just meds
        - Worked out with a workflow
        - Sandy from Concord indicated that you could exclude by order type and that they could exclude Imaging
    - Discharge meds rec. What's the difference between Notes for Patient, eRX notes, Discharge Notes? Which should be used?
        - Concord: Worked to come up with education plan. Still challenged with gap between discharge meds rec and what providers see in the office when a patient shows up.
        - Example: Aspirin from home meds, given in hospital. At discharge, shows twice. Need to stop the hospital med. Would like to see radio button to go back to home medicine
    - Meds at patient level, not encounter level so the meds list is fluid
    - Ambulatory Physicians feel that the Hospitalists are doing an inaccurate job with Meds Rec and it is making it hard for them when the Patient comes back to the ambulatory setting
        - Difficult to see the last meds rec in an ambulatory setting and combine with patient meds rec
    - Document med history for discharge meds rec
        - Can't do "unable to obtain document" because that doesn't satisfy Cerner's logic
            - Cerner says that it should be done at some point
            - UT: Able to get meds history most of the time for a patient. Have an alert on a patient to go and collect
    - Cross-encounter meds rec
        - Used for nine months and it was quite a challenge. Tried different workflows which didn't work. (ED -> BH, ED -> SNF, etc.). Dummy order fired custom rule to discharge orders.

- **Augusta**
  - If admitted to ED, pharm tech does meds rec. Coverage until 11PM. Takes 20 minutes a patient because group is very thorough. Difficult getting through all patients coming through
    - Struggle getting the right resources to do the Med Hx
  - Nurses do meds rec for direct admits
  - Looking at a prioritization tool in the ED to help determine order for doing meds rec
    - Concord: Try to prioritize patients that are likely to be admitted so they don't get backed up
  - About to start Oncology. Looking for pointers
    - UT and Covenant

- **Northside**
  - Allow all orders for transfer meds rec
  - Struggling with transferring to outside facilities
    - Concord: Especially continuous infusion medications
    - Dr. Halford to send contact from Covenant
  - At Northside, biggest challenges around discharge. Trouble getting through screen. Can't minimize screen to get back to the meds.
    - Cerner supposedly going to rewrite to allow to get back to orders screen from within meds rec
    - Covenant: Open up left-hand side of screen to allow to view medications
  - Possible to exclude lab and rad orders from meds rec
  - Would like to prioritize a top five list and push Cerner to work on it
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Proposed agenda items for next meeting

- Orders to scheduling
- Operational Reports
- Creating Patient Lists and having visibility in clinics to inpatient
- HealtheIntent and registries – Recommended by Concord

Follow-Ups

- Dr. Halford and Brian to connect and come up with top priority of meds rec
  - Combine home and IP meds
  - Screen locking
  - Ability for providers to do home meds and meds rec in same screen
  - IV Meds in discharge meds rec. Can't do continuous
  - Compliance being hidden
  - Draft a letter to send to Cerner and sign. Share with Cerner and get their plan
    - Dr. Chris Lewis – Open to a phone call?
    - Eva Karp invited Concord Hospital to speak to Cerner developers later this year. Could potentially pull out some meds rec items to speak about
- Dr. Halford to send contact to Northside for helping with transferring to outside facilities
- Dr. Clark to follow up if Concord is having issues with 1-time anesthesia meds in reconciliation
- Dr. Halford to let sites know when meeting with Cerner strategist has been scheduled to review the Problem List
- Dr. Halford to share custom rule for nurse initiation of PowerPlans
- Dr. Callison to share custom rule for medication reconciliation and documenting meds

Module	Concord	Covenant	UT	Augusta	Northside
Cerner Code	2015.01.28	2015.01.25	2015.01.xx	2015.01.xx	2015.01.xx
2018 Upgrade	Starting Sept	Starting Sept			Starting July
MPages	6.09	6.11			
Dictation	Dragon	MModal	Dragon		
Rev Cycle-Acute	CPM	Sched	Reg/Sched		Reg/Sched
Rev Cycle-Amb	CPM	CPM	CPM		
Financials	Cerner Rev Cycle	STAR	HealthQuest		STAR
Population Health	Registries, EDW	Registries (Q3, 2019)	Local HIE for registries		No
Surgery / Anesthesia	Yes / Yes	Yes / Yes			Yes / Yes
Lab	GL, BB, AP, Micro	GL, BB, AP, Micro			GL, BB, AP, Micro, Helix
Radiology / PACS	Cerner / GE PACS	Cerner / MMI PACS			Cerner / PACS
Bridge	Milk, Blood	Blood			Milk
Patient Tracking	Cerner Cap Mgmt	Flowboard			
Oncology	No	Yes	Yes. No regiments		No
Maternity	Yes, + FetaLink	Yes, + FetaLink	Starting 3/19 with clinics		Yes, + FetaLink
Portal	Yes	Yes			Yes
EPCS	In progress	In progress			
PowerChart Touch	No	Yes			No
Nurse Comm/CareAware Connect	No	Yes			No
Clairvia	No	No			Starting 2019
Commonwell	No	Yes	No		No
BMDI/MDI	Yes	Yes			Yes
Others		Behavioral Health	Transplant		

Top 5 Medication Reconciliation Priorities Needing Cerner's Attention (Feedback from 7 Health Systems):

1. Need to combine same home medication and active/hospital medication into one radio button when reconciling in discharge medication reconciliation. This should also work for auto-substitutions.

2. The provider needs the ability to review the chart when completing medication reconciliation. The locked Medication Reconciliation screen inhibits review without getting out of the window.

3. Providers need the ability to complete documenting medication history and performing medication reconciliation in the same screen.

4. Need to be able to include IV continuous medications and IV PRN medications in discharge medication reconciliation. They currently only have the ability to include IV piggyback.

5. Compliance information documented on the home medication needs to be visible when completing medication reconciliation.

Other Medication Reconciliation Needs:

1. Enhancement of Ambulatory Medication Reconciliation. Providers would like to see active medication list (for example, discharge med list from recent hospital stay) and the last clinic medication list within medication reconciliation when reconciling meds.

2. Improvements for functionality of partial medication reconciliation icon for hospitalized patients.

    a. For example, if an active med order is placed between planned and initiated admission medication reconciliation, the admission medication reconciliation icon goes to Partial upon initiation. This causes confusion and workflow frustration.

    b. On the other hand, if a new home med is added/documented, the admission medication reconciliation stays as Complete - thus, there is no way for the provider to know that a new home medication has been added other than communication from the medication reconciliation tech and/or nurse to the provider.

3. Need improved workflow for continuous/long term medications that need to be on hold for multiple days/time period.

4. Discharge medication reconciliation/prescribing meds needs to be streamlined. There are lots of dependencies on education and end users for use of the following fields: Special Instructions, eRx Note to Pharmacy, Order Comments, Notes for Patient.

5. In general, medication reconciliation always needs to be hardwired. There are too many options that lead to variability, inconsistencies, and frustration with providers.