

## Meeting Information

Phone: 1-205-206-9624

Access Code: 486 269 354

Teams Meeting Link: [Join Teams Meeting](#)

## Cerner Guest Attendees

X	Dr. Walter Kerschl; CMO for IO, Cerner Corp	X	Frances Wu; Meds Process & Orders, Cerner Corp
X	Dr. Mehul Sheth; Physician Exec, Pediatrician	X	Mike Reese; Delivery Partner, Cerner Corp
	Anup Salgia, Cerner Corp	X	Sam Hart
X	T. Patterson		

## Agenda

- Introductions from Cerner
  - Dr. Kerschl Senior Director, CMO at Cerner has been working with Dr Halford and Covenant team along with Dr Sheth and Dr F Wu. Happy to be here because collaboration and partnership is what Cerner needs more of. They want to be our partner and want to understand what we are using as best practices and share what they have heard from other sites around the country with regards to their best practices.
  - Dr Sheth, Pediatrician, Senior Physician Executive has been doing informatics for 10 years, working with Covenant for the last year.
  - Dr F Wu Senior Director, Meds Process & Orders, Clinical Product Management at Cerner, responsible for strategy and product development for medication processes, inpatient pharmacy and outpatient pharmacy.
  - Mike Reese, Delivery Partner, aligned with Covenant Health and LifePoint in Nashville

## Review of the Top Five Enhancement Requests:

### 1. Compliance to be visible within Med Reconciliation

- It is available when you hover, and in red text face up in Med Rec when not compliant
- Dr Halford indicated that she thought that Dr Callison was speaking more about the ambulatory setting and wanting to see it without having to right click and go to compliance
- Tommy Paterson doesn't feel like physicians will go looking for it if it isn't on the same page.
- Frances did a demo of the existing functionality and it seems that what the group was requesting is available in the 2018 code
- Also available in the Home Medications view face up, with an icon to see additional comments.
- On the roadmap, working on edit in-line capabilities for editing the compliance from the Home Medications view which would be used frequently by Nursing in the ambulatory setting.

### 2. Document Med History within Med Rec

- MPages 6.13 "one click reconciliation" was introduced from within the Home Medications view for the ambulatory setting only without launching the full Med Rec view. When enabled there is a link in the upper right hand corner that says "Reconcile". Especially useful for straight forward patients. With a complex Patient you can still launch the full view.

- Dr Clark indicated that they trained to using the Med Rec screen and that when the Med Hx hasn't been done and they get the warning and need to leave the screen and go do the Med Hx then return to the screen. Their ask was to not need to go to a different screen.
- Frances indicated that maybe in the ambulatory setting the alert could be suppressed but that it shouldn't necessarily be on the inpatient side
- Dr Kerschl asked about the negative impacts of doing the Med Rec without going to do the Med Hx first. Is there a compliance report or something?
  - Dr Clark indicated that he always goes and does the Med Hx because of the warning. He indicated maybe he should ignore it.
- Dr Kerschl said that he thought that was what Frances was indicating about turning off the alert for the ambulatory setting.
  - Dr Clark said that would work for him.
- Frances said maybe we should break down by venue. In the ambulatory setting it is likely OK to remove alert. She is reluctant on the Inpatient side because you want to make sure the Provider is aware home meds haven't been reviewed especially when the Patient is new to the organization.
  - Dr Clark agreed that it shouldn't be eliminated on the Inpatient side.
- Frances asked if it should be changed to "Do you want to proceed, Yes/No" as opposed to a hard stop, or does that make too much of a risk that it would always be bypassed?
  - Dr Halford thought that it would be very helpful because they don't have Pharmacy Techs 24x7 and for an Observation Patient the Physician may be doing the discharge before the Home Meds have been assessed. She indicated that they removed it for Newborns Patient Type already because it is not applicable.
- Dr Kerschl Recap: Alert not needed for Ambulatory; IP changed to a "Yes/No" instead of a hard stop, and maybe remove for certain settings or Patient Types like Observation, Newborns, Same Day Surgery.
- Dr Clark said that it would be fine to have the "Yes/No" in ambulatory too, he just wants to not be forced to leave the screen. He does think it is important for them to know that they Med Hx was not done.
- Dr Halford indicated that the group would be happy to give additional feedback if Frances wants to get them on another call.
- Dr Kerschl agree that the wording should be changed but that as Dr Halford said, it should be eliminated entirely for Newborns.
- Dr Alyafei indicated that at Sidra, it is a hard stop for Med Rec on IP, Nursing is doing the Med Hx and the Physicians are doing Med Rec and they are monitoring both. You cannot admit or discharge a Patient without doing the reconciliation because they want to improve compliance but they face a challenge about the quality of the meds rec. You can monitor the that the med Hx and med reconciliation are done, but you can't monitor the quality. Some Physicians are acknowledging the meds as opposed to doing an appropriate Med Rec because they don't want to deal with meds that were ordered by other Physicians. They then place other medication orders themselves.
  - Are other sites seeing this? It is the minority of Physicians that are doing this but it is still happening. Does Cerner have any recommendations?

- Dr Clark, Concord allows the Specialists in Practices and Surgeons in Day Surgery to use the Acknowledge, but don't allow in the acute setting or in Primary Care. It doesn't guarantee the quality but makes sure that they go through each medication.
- Dr Kerschl indicated quantity does equal quality and that the way Dr Alyafei is approaching it by working with the Physician that are creating the duplicate medication orders is probably the best way to address it. He agreed that it should be a high priority in trying to increase the quality the care that Patient get and reduce medication errors. He commented that it is a good project that Sidra is doing.

### 3. Combine Home Med & Inpatient Order into a single radio button in Discharge Med Rec

- Exists today in Transfer Med Rec. Cerner has heard this request from several organizations to be fewer clicks. It is not combined today because there can be different doses or dose forms between the Home and IP meds. If they are the same, they want you to use the Continue Home Medication button.
- Continue Home Med button and Do Not Continue Remaining Orders button of Discharge Rec and Outpatient Rec to reduce down the number of clicks. If you are primarily continuing the Home Meds, you would click that button and then make exceptions from there. Or use the Do Not Continue Remaining Orders if you have addressed the ones that you want to continue. Hopefully this minimizes the tediousness of it.
- Therapeutic Substitution functionality brings those meds together in the Med Rec screen even if they would not be together alphabetically in Discharge Med Rec.
- Have been asked to have Discharge Med Rec organized by Therapeutic class. It doesn't exist today but Cerner has been doing development around including external Home Meds from Med Hx from external data sources and may be introducing sorting by Therapeutic Class, etc. in the Home Med window. They didn't want to add it into Med Rec until they got feedback. Solution Partners are getting the code for this right now.
- Dr Halford asked what the timeline would be from Solutions Partner release to General Availability.
  - Frances thinks this particular one will take a while because it was bundled in with larger functionality changes. It will be some time next year. Smaller releases would be 6-9 months and go into the next quarterly SP.
- Dr Clark indicated that they took a step back when they went to Cerner because of the lack of functionality around Therapeutic Class and that it causes danger each day that it isn't in the Med Rec screens too and they have needed to go to an external API to give some visualization of duplication by Therapeutic Class: duplicates in anti-coagulants, beta blockers, etc. Needs to be available as soon as possible. If it is next year, it is a big gap because they had it in the legacy system 10 years ago.
- Frances said that once it is validated in Home Med window, they may look at moving forward in development for Med Rec window. They will keep top of mind and accelerate.
- Dr Halford asked Dr Wu to send information on tips for how to mitigate some of the safety issues (rules or duplicate checking) until the functionality is there for Discharge Meds Rec.
- Christie Wright there is value in pursuing the functionality of combining the Home Med and IP Med because they came from a legacy system that had this functionality and it is not just additional clicks, it is safety. When you look at an overwhelming screen that has a lot of duplicity, it is a safety issue. The legacy system would combine meds from Home Med and IP if they were the exact same but have separate lines if there were differences. She hopes that Cerner is open to looking at this again. Additionally, there is hesitation at Northside to use the 2 new buttons.

- Dr Sheth asked if anyone had data that they could provide with regards to the frequency of errors around this so that they can use this to help push on the Cerner side.
  - Dr Halford indicated that they would need to go out and create a query to do this. She indicated that this became a safety issue for all of Concord, Covenant and Northside, at all of their facilities when they moved to Cerner and they are now 2 years post-live.
  - Dr Clark indicated that they may be able to pull up data from the legacy system. It would be old data, but would show the number of issues that they had before and how they reduced it down to zero for anti-coagulants and beta blockers with the functionality.

#### 4. Ability to review chart during Med Rec

- Frances acknowledges the need to get to the chart during Med Rec. Cerner is trying to work towards changing it so that Med Rec would not be a separate pop-up window because this is what is restricting the ability to view the rest of the chart. There is a side panel pop-out now that can get to parts of the chart such as Med Hx Snapshot, Related Results, Problems & Diagnoses. You can also use Reconcile and Plan, go out to the chart and then come back. Cerner does acknowledge that this is not optimal.

#### 5. Continuous Infusions within Discharge Med Rec

- Frances indicated that you can continue some infusions by not continuous infusions. Cerner has cross-encounter reconciliation for use to do this and then if they are sending the person out of the organization it can be printed or they show as proposals if going to a new encounter within the organization.

#### 6. Beyond the Top Five

- Christie Wright, it would be great if Cerner could reply on the others beyond these 5, like resetting a Med Rec. Some of them are becoming more important - especially resetting Discharge Med Rec when the Patient doesn't actually go home.
  - Christie indicated that it happens when someone ends up not going home, or if the Physician gets called away in the middle of doing a complex Med Rec, they would like to start over, instead of coming back and forgetting what the original Home Meds were.
- Dr Kerschl indicated that Cerner would put together responses on the remaining enhancement requests
- Frances indicated Reconcile & Plan with the January release allows for Documented Meds to remain if you use Reconcile and Plan whereas previously the they were immediately discontinued.

### Notes

- CNIO/Nursing Roundtable scheduled for the opposite months from CMIO Roundtable
  - If you have a nursing counterpart who you would like to attend the CNIO Roundtables, please send me their information
- CMIO Roundtable agenda for 2020
  - July 8<sup>th</sup> – CNIO Roundtable
  - August 5<sup>th</sup> – **Innovations** – 90 minutes
    - Presenters: Sidra, UTMC
  - September 9<sup>th</sup> – CNIO Roundtable
  - October 7<sup>th</sup> – **Open Discussion** – 60 minutes
  - October 12-14 – CHC Get-Together (*Tentative*)
  - November 4 – CNIO Roundtable

- December 9<sup>th</sup> - **Innovations** – 90 minutes
  - Presenters: Penn State, Northside

### Proposed agenda items for next meeting

- Updates from Concord on implementation of Intelligent Problem List (IPL) from IMO.
  - Understanding Cerner’s roadmap for the Problem List
- Orders to Scheduling
  - How do hospitals utilize functionality and workflow?
- Operational Reports
- Creating Patient Lists and having visibility in clinics to inpatient
- HealthIntent discussion
  - Who uses what modules
  - Strategic or patient benefits
  - How it fits into a clinical workflow

### Follow-Ups

- Frances to send tips and tricks on how to work with meds rec for safety
- Have Cerner reply to the remaining meds rec enhancements which are starting to gather importance

### Full Attendees List

X	Dr. Paul Clark; CMIO, Concord Hospital, NH	X	Dr. Mandy Halford; CMIO, Covenant Health, TN
	Holly Ellison; CNIO, Concord Hospital, NH	X	Dr. Daniel Duzan; Phys IT Lead, Covenant Health, TN
	Jenna Lloyd; CNIO, Centra Health, VA		Dr. Clay Callison; CMIO, UTMC, TN
X	Sandra O’Loughlin; PA, Concord Hospital, NH		Dr. Pat Brown; CMIO, Centra Health, VA
	Dr. David Fallaw; CMIO, Augusta University, GA		Dr. Chris DeFlicht; CMIO, Penn State Health, PA
	Dr. Stephen O’Mahony; CMIO, RWJBarnabas, NJ	X	Christie Wright; Dir Phys Team, Northside Hospital, GA
	Dr. Tinu Tadese; CMIO, Lake Health, OH		Dr. Alina Brebene; CMIO, Jackson Health System, FL
X	Dr. Khalid Alyafei; CMIO, Sidra Health, Doha, QA		Dr. Jose Rosa-Olivares; CMIO, Nicklaus Health, FL
	Rae Costanilla; Clinical App Mgr, Northside, GA		Dr. Ian Johnston; Chatham-Kent Hospital, ON
	Dr. Marcus Scarbrough; CMIO, LMH, KS		Dr. Paul Snyder; Surgeon/Physician Liaison, Concord, NH
	Dr. Claude Pirtle; CMIO, West TN Healthcare, TN	X	Dr. Grace Wu; Maury Regional Med Center, TN
	Mike Garcia; CIO, Jackson Health System, FL		Tiffany Cross, Informatics Officer Anc; Covenant Health, TN
X	Brian Kottenstette; MAKE Solutions Inc.	X	Tommy Paterson, PharmD, Covenant Health, TN
X	Patti Marshall; MAKE Solutions Inc.	X	John Schott; MAKE Solutions Inc.