

NextGen EHR/EPM Networking Conference Call Summary

Wednesday, April 17, 2013

Hosted by MDCH Child and Adolescent Health Center Program (CAHC)

MDCH's CAHC program brought together 15 health centers, representing six sponsoring agencies across Michigan, to connect providers, administrators and IT personnel in a discussion surrounding challenges and ideas in efficiently generating accurate quarterly and year-end reports.

Auto-Coding vs. Manual Entry

Depending on the version of NextGen, the system will either auto-code based on what the provider enters into the record for visit; or the provider may have to manually enter diagnosis codes into the assessment portion of the record. Anything that is entered into the record should be retrievable through the EHR a/o the EPM side of the system. There are several pre-defined report functions that tabulate data. Reports can also be uploaded to Excel for ease in manipulation e.g. sorting, further analysis.

Key Points:

- Providers must document what they do.
- Providers must be as consistent as possible (that includes a single provider across visits; and multiple providers across a group of health centers).
- If mental health providers are using NextGen mental health templates to enter data, than anything they enter should be retrievable.

Getting Your Data Out: NextGen Report Templates vs. External Report Writers

Health center staff from Mott CHC's health centers talked through creating/running reports from the ERR and EPM sides of NextGen. Using these reports, they are able to create reports on unduplicated numbers of users and users by various demographic characteristics (gender, age, race and ethnicity). These reports are easily updated on a quarterly basis by changing the time frame on the query. They will often run two different reports to compare results, allowing them to check for data errors/accuracy. Again, Excel is used to remove duplicates and to further sort and tabulate data as needed.

Some health centers have the advantage of using IT staff from their sponsoring agency to assist in report creation/generation. The IT staff will sometimes use outside report writers to create reports that are run frequently a/o to create reports that may be extend beyond the limits of the NextGen report templates. One example is that NextGen limits running reports that include more than four diagnoses per patient; an external report could circumvent that limitation allowing for a report that includes any number of diagnoses per patient. Additionally, subscriptions can be set up so that as reports are run (monthly or quarterly) they are automatically emailed to the appropriate people.

NextGen has a product called Background Business Processor that can be set to run reports on a monthly or quarterly basis. The reports will auto-run at night and results emailed. (There may be an additional cost for this product.)

Key Points:

- When using outside report writers to create reports, MDCH recommends comparing the results to results from reporting templates within NextGen.
- IT must program the reports from external report writers to match practice within the health center.
- Health center staff (e.g, providers), administrators and IT staff ideally will all work together to create or identify needed reports; and to review the reports to make sure the data seems accurate based on what they know from their practice in the health center, compared to data generated from other sources, etc.

Tracking Codes: Documenting Service and Referral Categories for Quarterly Reports

Most centers are using Tracking Codes to track services by the CAHC-required service and referral categories. Place these codes where you are likely to see them and be reminded to use them. InterCare has placed these “T-Codes” within the Procedure Module. (These codes can be customized and added to the EPM coding page.)

Key Points:

- Providers must document what they do.
- Providers must be as consistent as possible (that includes a single provider across visits; and multiple providers across a group of health centers) as there is not an exhaustive list of codes assigned to the various service and referral reporting categories.

Tracking Referrals: Using the Referral Template

Mott’s centers have been using the Referral Template within NextGen’s EHR side to track all aspects of referrals. Mott shared instructions on how to use the template, which can be applied to newer versions of NextGen. (See attached document “NextGen Order Status Report” which provides instructions on how to run this report – dummy data is used in the example!)

Key Points:

- One of the most important point is to define your time frame when generating this report, e.g., are you looking for all referrals within the last month, two weeks, etc.
- Results returned can show you the status of the order (referral) e.g., outstanding, complete, etc.
- There is no need to track on paper.

Reports on Specific Diagnoses: Quarterly and Year-End Reporting

Some centers are generating reports to look at specific diagnoses using standard reports from the EPM side. (See attached document “NextGen Running a Report for a Specific Diagnosis “for steps.) These reports are also used for CQI/chart audits e.g., identifying asthma patients and using the data to verify each patient has an asthma action plan. Some centers use charge-based reports to validate these reports.

Key Points:

- Use caution when using billing data/reports for your data or to validate your data because there is the possibility that not all services were billed.

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Documenting/Tracking Up-to-Date Physical Exams (Year-End Quality Measure)

A question was asked on how centers were capturing information on whether a patient has an up-to-date (UTD) physical exam within NextGen, as the Pediatric template does not have this feature (the Adult and Family Practice templates do include it; also, some protocols for well child visits are not up to date, regardless of the template or version of NextGen being used).

InterCare noted that they have customized the Procedure Module by adding a code “UTD” for up-to-date physicals. Although they were not sure, it appears to be like a tracking or “T-Code” that they are using. Once per year, they will use this code to track UTD physicals on patients.

Key Point:

- Health centers should be capturing and reporting number and percent of unduplicated clients with up-to-date physicals regardless of where the physical was provided e.g., at the health center, at primary care provider’s office, etc. MDCH is accepting the patient’s word that they have an up-to-date physical as proof of physical (if it cannot be verified some other way).

Documenting/Tracking Complete Immunization Status (Year-End Quality Measure)

As in the case with physical exams, sites can use a tracking code to document the number and percent of clients whose immunizations are complete. NextGen does not appear to have a way to generate a list of patients complete with immunizations.

Again, as with physical exams (above), InterCare noted that they have customized the Procedure Module by adding a code “UTD” for up-to-date immunizations. Although they were not sure, it appears to be like a tracking or “T-Code” that they are using. Once per year, they will use this code to track clients who are up-to-date (complete) with all ACIP recommended immunizations. (At this time, MDCH is **not** including HPV, Hepatitis A or Flu in this reporting requirement.)

Providers should know that the various MCIR regions across the state have done different things from the programming end with MCIR in regards to rosters. For example, in the region that includes Macomb County, a decision was made that if you look up a person in MCIR, that person will automatically become attached to your roster regardless of whether you give them an immunization or not, and regardless of whether they are a patient of yours or not. **You need to ask your regional MCIR Coordinator what special settings there are in MCIR for your region that you may not know about because not all roster functions are the same across the state. In the end, you should be able to control who is on and who is off your MCIR roster. You need to be proactive about cleaning it regularly.**

Key Point:

- UTD / complete status only needs to be assessed once per year (minimum!) but most centers indicated that they are updating their records / rosters monthly or even more frequently to “stay on top of it” and make sure they get the most complete and accurate data for their center re: number and percent of unduplicated clients who are complete with ACIP recommended immunizations, NOT INCLUDING HPV, HEPATITIS A AND FLU.

Tracking Counseling Codes (Year End Quality Measures)

While most centers are actually using/entering counseling V-codes to track counseling provided, there are other options in NextGen. For example, one center is using “T-codes to track nutrition/physical activity and tobacco cessation counseling. (Note: There currently is no V-code for screen time, but we anticipate there will be a separate code soon.)

In NextGen, within the BMI module, the V-codes for physical activity and nutrition counseling are included within the module. Likewise, in the Tobacco module, there are codes for cessation counseling; when you document in the module, the cessation code/the counseling is tracked.

In the SOAP Note, under “My Plan,” there is a “Counseling Details” tab. When this tab is clicked, it will open for education and counseling details. The dropdown list can be customized to include items like confidential visit, weight/nutrition/physical activity/screen time counseling, tobacco cessation counseling, immunization counseling, etc. Reports can be pulled from this field. When documented, this will go into the master “IM”.

Another way to get to the “Counseling Details” template is under “Finalize Office Visit,” ~ the drop down list for Counseling Details should be to the right of the screen. Anything documented should only apply to the visit where the counseling was provided, although at least one provider thought that evidence of the counseling might carry over across visits. You should verify within your own system/version.

Key Point:

- Providers need to document what they do!
- Remember the rule: “If it’s not documented, it didn’t happen.” Lack of documentation will affect your quarterly data and year-end quality reports; could affect your internal CQI results; and may be negatively affecting the amount of billing revenue your health center is receiving!

In Conclusion

Mott has also provided a third document, attached, titled “ EPM Reports: Best Practice Guide and Catalog.” Look for any updated versions online. If you’re ever really stuck, and you don’t have luck contacting NextGen, you might be able to find (or request) NextGen training through your IT department; or even Google your question. There are various instructions on how to create reports in NextGen online. You can also contact one of the other health centers using NextGen for assistance.

If you would like to continue to network on a formal or informal basis with other users of NextGen, please let Lisa Rutherford know at RutherfordL1@michigan.gov

Thank you, and we hope you found this networking call and the resources provided useful!