

One Medical Center Drive Lebanon, NH 03756-0001 Phone (603) 653-3702 Fax (603) 727-7798

## New Hampshire Colorectal Cancer Screening Program (NHCRCSP) Office Flow Assessment Description

The NHCRCSP has been successfully utilizing a colorectal cancer (CRC) screening office flow assessment in primary care practices for many years. This assessment observes office processes and support services leading to high quality CRC screening for patients, and is not an assessment of individual staff members. Benefits to the practice are identification of what is working well and where there are opportunities for processes improvements.

The NHCRCSP staff communicate with the primary care office to schedule a time to perform the office flow assessment. To complete the assessment, NHCRCSP staff go through the office, following the flow as if they were a patient. This observation requires approximately 30 minutes of support staff time and 10 minutes of provider time. NHCRCSP has developed an office flow assessment tool to assess all of the key components of a high quality CRC screening process and to document the assessment.

After the assessment, the NHCRCSP team prepares a summary of the strengths and opportunities that were observed. Based on this summary, NHCRCSP staff meet at a later date with the primary care office staff to discuss and develop a plan to improve processes and supports for all primary care staff. NHCRCSP staff will continue to provide their support, expertise, and resources to successfully implement the plan with the primary care practice.

## New Hampshire Colorectal Cancer Screening Program (NHCRCSP) Office Flow Assessment

Health System Name: Clinic Name: Date of Observation: Name of Person(s) You are Shadowing: Type of Visit: EMR/Other Software:

#### Circle options below, write in any specifics and obtain any forms, brochures, screenshots of EMR, etc. Pre-exam area/room Reception (Check-in) Waiting area (If there is not one, go to page 2) Same room as reception area Different room from reception area Minutes spent here Minutes spent here Staff name Staff name Minutes spent here Staff name Is area private? Yes No CRC materials in view? Staff who interacts w/ pt here Staff who interacts w/ pt here Admin MA RN PCP Other none Admin MA RN PCP poster(s) Measures taken in pre-exam area? other flyer(s) Weight / Height / BP / Other brochure(s) other CRC screening prompt to staff re pt needing screening? Other cancer materials? None Did the patient receive a pre-visit call. letter, or email? Review of notes IEMR none Yes No Paper prompts poster(s) Other flyer(s) Comments: brochure(s) other Is the patient given anything such as a Is CRC screening discussed? Yes No heath assessment update to complete. Materials on clinic programs (if any) that reduce Is there a script? Yes No either at visit or prior to visit? pt barriers to CRC screening? Yes No If CRC is discussed, does discussion includes? No Yes pt risk factor/pt history/other paper tablet Staff who escorts pt from this location CRC materials in view? None/poster(s) flyer(s)/brochure(s)/video/other Admin MA RN PCP Other Other cancer materials? None/poster(s)/flyer(s) brochure(s)/video/other Materials on programs (if any) that reduce pt barriers to CRC screening? Yes No

#### **NHCRCSP Office Flow Assessment Continues**

#### Circle options below, write in any specifics and obtain any forms, brochures, screenshots of EMR, etc.

#### **Exam Room With Non-Provider**

Minutes spent here:

Staff name:

Staff who interacts w/ pt here Admin MA RN PCP other

CRC screening prompt to staff re pt due?
None / EMR / Review of notes / paper prompts /Other
Comments:

If pt is due for CRC screening, did pt receive a reminder?
Yes No

Is CRC screening discussed?

Yes No

Is there a script? Yes No

Is this documented for provider? Yes No

Discussed at which apptmt?

If CRC is discussed, does discussion include

pt risk factor

pt hx

family hx when due

TIT!

FIT/colo/other

Supports for non-provider to discuss CRC screening w

pt?

None / posters / brochures / video / FIT kits / colonoscopy or coloquard referral info/other

CRC materials in view?

none poster(s) flyer(s)

brochure(s)

other

Are CRC options, FIT, etc. discussed in context of pt risk?
Yes No

Exam Room With Provider

Minutes spent here: Staff name:

CRC screening prompt to provider re pt due? None / EMR review of notes / paper prompts / other

Is CRC screening discussed? Yes No Is there a script? Yes No

Is CRC personal and family hx available in EHR?
Yes No Is there a prompt showing hx? Yes No

Discussion includes? Pt risk factors / pt hx / family hx when due / CRC options only if average risk / other Comments:

For FOBT/FIT: Where are the kits kept?

Who gives kit to the patient?

Who reviews kit instructions?

How are kits returned? Mail / In person

Who tracks kits?

How are kits tracked? Returned /unreturned Is there a reminder system for return of kits?

Letter/ call / combination

What is process for positive tests?

For Colonoscopies:

Who schedules

Who explains procedure

Any material handout

Scheduling process

Prep information:

How far out are they scheduling appointments

Reminder system:

For Coloquard:

Who explains procedure

Any material handout

Referral process

Reminder system:

**Check Out** 

Minutes spent here: Staff name:

Staff who interacts w/ pt here Admin MA RN PCP other

Staff actions re CRC screening

Book colo Give out FOBT Referral to endo site Give CRC information

Can others overhear pt discussions w/ staff?

Yes

Not too much

Materials on programs (if any) that reduce pt barriers to CRC screening?

Yes No

which barriers?

Follow-up contact w/ pt re CRC screening after visit?

No

Yes specifics...

Who follows up w/pt? What is the timeline for this f/u contact?

## NHCRCSP Office Flow Assessment Continued Health Information Technology Interview Questions

- 1. EMR product?
- 2. Length of time EMR product in use?
- 3. Any plans for changes to the EMR or add-on software?
- 4. Process for changes to EMR?
- 5. Are CRC guidelines in the EMR?
- 6. Is there a CRC screening policy?

### **Documenting Screening**

- 1. Is there a data field to document CRC completed screenings and their results?
- 2. Are past CRC screenings of new patients documented in the EMR? If yes, how?
- 3. Is there a data field for provider recommendation regarding CRC screening?
- 4. Is there a field for patient's response to screening recommendation with at least three options for response: Yes / No / Contemplating?

#### **Documenting Family History**

- 1. Does the EMR have a data field or free text field for family or personal history of CRC or polyps?
- 2. Is personal or family history recorded on the problem list?

#### **Patient Portal**

- 1. What % of patients have access to the portal?
- 2. What can they view?
- 3. When are results posted in portal and do the providers approve the posting?
- 4. Can they ask questions or schedule colonoscopies thru the portal?
- 5. Can reminders be sent through the portal?
- 6. What feedback have you received on the ease of use and navigation of the patient portal?

#### **Patient Reminders**

- 1. Can the EMR generate lists of patients who are due and/or not up-to-date for CRC screening?
- 2. Can the EMR generate the lists by average risk and above-average risk?
- 3. Can a letter be generated using these lists to remind the patient they are due for CRC screening?
- 4. Can the reminder letter be documented in a data of free text field?

### **Patient Reminders Continued**

- 5. Can the EMR generate a list of those who have been sent a letter for a possible follow-up phone call?
- 6. Can the reminder phone call be documented in a data field or a free text field?

## NHCRCSP Office Flow Assessment Continued Health Information Technology Interview Questions

#### **Provider Reminders**

- 1. Does the EMR have a flag to alert providers when a patient is due for screening?
- 2. Does the EMR have a flag for providers when CRC results are ready to be reviewed?

#### Colonoscopies

- 1. Does a referral for a colonoscopy have a data field in the EMR?
- 2. How is the referral information communicated to the patient? Printing from EMR?
- 3. How does the EMR support follow up with the patient regarding their appointment?
- 4. Is there any support from the EMR for follow-up with the endoscopy center?
- 5. Is there a data field for no-shows?
- 6. Is there a data field for recording results?
- 7. Does the EMR generate lists of completed colonoscopies that do not have the next interval?
- 8. Is there a data field documenting that the patient received screening results?
- 9. Can you document cancers and adenomas?
- 10. Is there a data field for date test was performed?
- 11. Is there a data field the date the results were received?

#### FOBT/FIT

- 1. How is inventory stocked for FOBTs/FITs?
- 2. Depending on the patient population, is there a need for low literacy and other language education?
- 3. Does the EMR have a data field for patients that have been given the test kits?
- 4. Is there a data field for results on returned kits?
- 5. Can the EMR generate lists of patients who have not returned the kits?
- 6. Does your EMR support billing of the tests?
- 7. Does your EMR support notifying patient of normal results?
- 8. Does your EMR flag providers about abnormal results?
- 9. Can your EMR generate lists of pts w/ positive FOBT/FITs who have not had their colonoscopy?
- 10. Who has access to results, especially when +
- 11. Is there a script for going over the instructions with the patient?
- 12. Is the expiration date explained to the patient so that they understand when to return the kit by?
- 13. Is there a place to enter the expiration date in a data field for the FOBT/FITS?
- 14. Is your EMR able to pull data on who has not returned the FOBT/FITs (in order to send reminders)?
- 15. Can the EMR capture the # of completed colonoscopies after a + FOBT/FIT?

# NHCRCSP Office Flow Assessment Continued Health Information Technology Interview Questions

### Cologuard

- 1. Is Cologuard an option for a test in the EMR?
- 2. Are there data fields to reflect referral for Cologuard, return of Cologuard and results of Cologuard.
- 3. Will the order be sent through e-Fax, paper fax or through the Exact Sciences online portal?
- 4. Who will be sending the order to Exact Sciences?
- 5. Once the results are received back from Exact Sciences, who will they be sent to and who will be moving the results to the patient's record and communicating with the providers about the results?
- 6. Is there a provider prompt that can indicate Cologuard is only for average risk patients?

#### **CRC Education**

- 1. Is education about CRC documented in the EMR?
- 2. Is there the ability to document in a data field patient's level of understanding about the test?
- 3. Can the EMR store and print on demand patient education materials?

New Hampshire Colorectal Cancer Screening Program (NHCRCSP)
Example Office Flow Consult Summary
Assessment Date: September 17, 2018

Strengths		Opportunities & Follow up
Patient Portal	Patients can log in to view medical records, labs and results, and order medication.	An estimated 17-33% of patients are logging in and they cannot schedule appointments, receive reminders, or securely email in the portal.
	This is a free, useful service that patients have at their fingertips.	Increasing accessibility, functions, and being able to monitor log ins would enable meaningful use of this tool.
Strengths		Opportunities & Follow up
Exam Area Pre Provider Visit	The CHW supports pre-visits by doing a lot of pre-work.	Examine if pre-work is part of the CHW role.
	Use in-house pre-planning paper form for visits. Filled out by physician and scanned back into EHR for data gathering.	Have to look through the EHR for this information. Plan is to use pre-planning form in EHR.
	Patients receive a letter first to as an appointment reminder; automated calls are made 24 hours and 1 hour before appointment. Calls are made to reschedule if the appointment is cancelled.	Expand this to CRC reminders and screening. Gail will follow up with CHW on ordering tests.
	The MA/provider team has morning meetings.	Create one process for morning huddles.
Strengths		Opportunities & Follow up
Exam Area Provider Visit	·	Provide further system training at rescheduled CHAN training. (DONE)
	Patient information is updated in the exam room.	Have the MA discuss CRC screening or provide handouts before the provider enters room. Update personal/family history if applicable.
	Previously had FIT Kit project where they mailed 30 - 60 FIT Kits monthly by referencing the CRC report.	Write up FIT project; share FIT work plan developed for other clinics, and made specific to this clinic.

New Hampshire Colorectal Cancer Screening Program (NHCRCSP)  Example Office Flow Consult Summary  Assessment Date: September 17, 2018			
	MAs currently use the flow sheet.	Increase physician use of flow sheet by making more user-friendly if possible or providing additional training.	
Strengths		Opportunities & Follow up	
Test Results	Lab results go to MD who signs and reviews them before sent to the nurse and are entered into the flow sheet. The nurse or provider calls the patient. No one owns results.	Create one process for reviewing and documenting test results, and contacting patients.	
	Local hospital EHR has the capability to transfer data from colonoscopies.	NHCRCSP can help with strategies to obtain colonoscopy results.	
Strengths		Opportunities & Follow up	
Reports	Need a "who is due" report with last test, risk level, next visit date for any reason (physical, B/P check), and when they are due.	Assist and educate CHW on how to run these reports.	
	Need report of FITs given but not returned.	Develop a process to track FITs given and returned.	
Strengths		Opportunities & Follow up	
Overall	Using EHRs and CHAN expertise to the best of their ability.	CHAN training being rescheduled for late fall 2018.(DONE)	
	Interested in what FQHC's in the 55% screening rate range are doing.	Other clinics have standing orders (having FITs in exam rooms), having a CRC screening policy, and an	

outreach form.