

# ***ASCO's Quality Training Program***

**Project Title: MD Epic Documentation for Colon Cancer**

**Presenter's Name: David Lee, MD, Tina Pierce, MBA**

**Institution: Palo Alto Medical Foundation**

**Date: March 6, 2014**

# Institutional Overview

Palo Alto Medical Foundation is located on the Peninsula and serves patients in the eastern and southern San Francisco Bay area

- Non-profit, multi-specialty, community medical group of over 1200 physicians
- Patient base: 900,000 ethnically diverse patients
- 15 Med Oncs, 4 Rad Oncs, 3 Gyn Oncs

# Problem Statement

100% of oncology providers document in Epic using a free-form style, hindering timely, accurate, and sustainable clinical data collection, analysis and reporting.

Without data, quality improvement in patient care is uninformed, anecdotal and progress cannot be measured. Value cannot be determined.

# Team Members

**Project Sponsors:** Michael Erickson, COO ;Phil Brosterhous, CMO

**Team Leader:** David Lee, MD

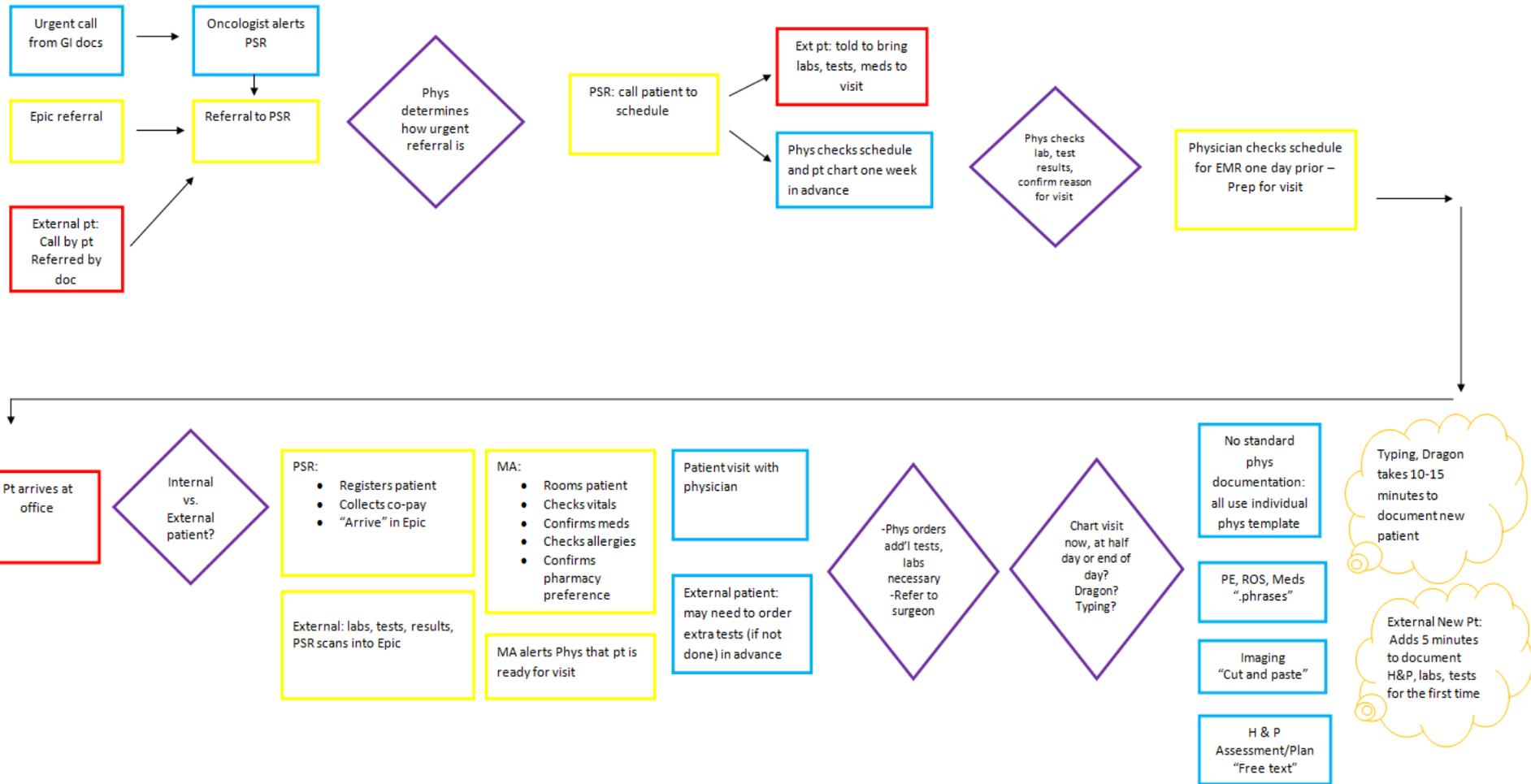
**Facilitator:** Tina Pierce, MBA

**Core Team Members:** Albert Chan, MD- Sutter IS Liaison, MHoL Leader  
Phil Strong, MD- Epic Sets/Flowchart Designer

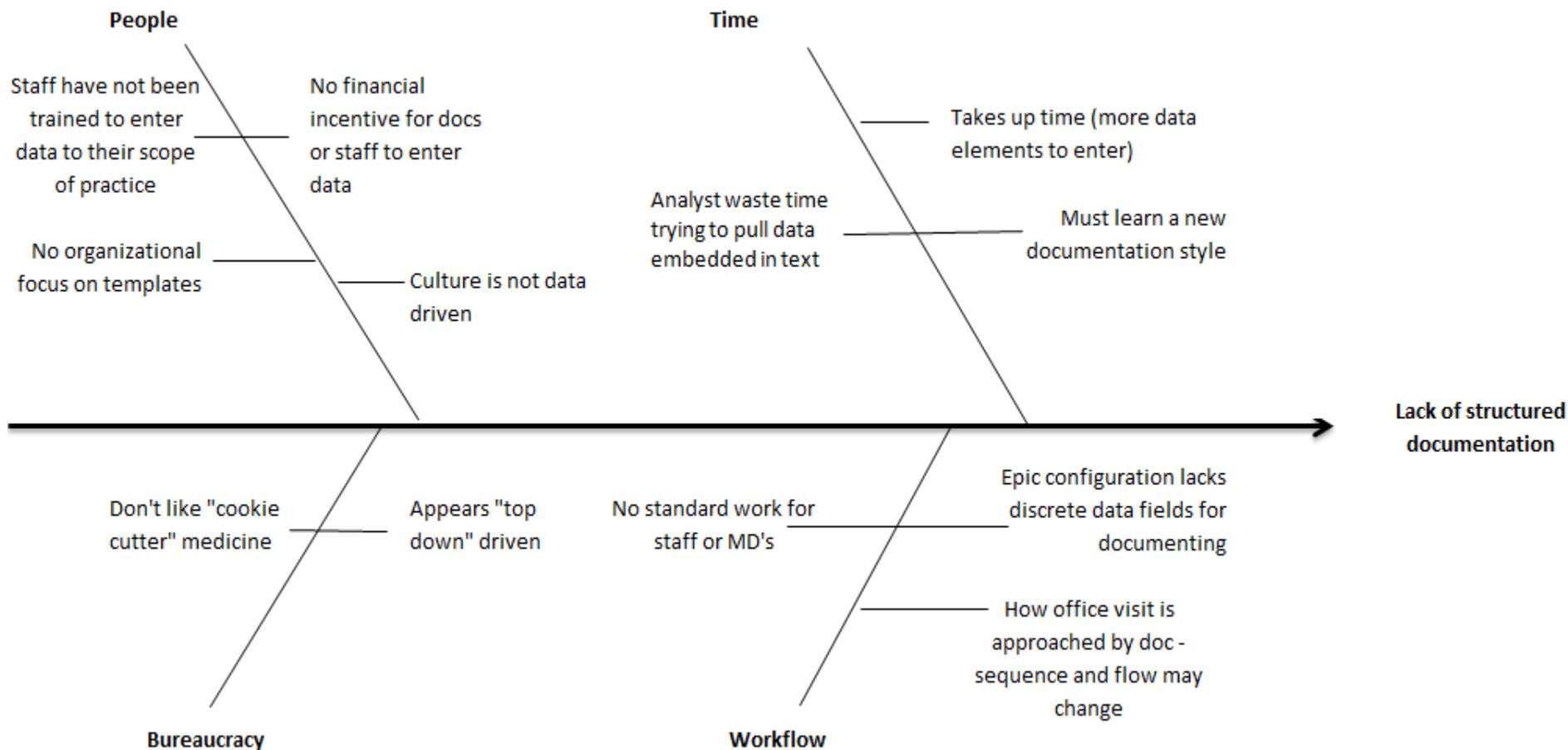
**Other Team Members:** Paula Reed, OCN, BSN- Clinical Director  
Peter Yu, MD – Cancer Care Program Leader  
Winnie Wang-Alfonso – Clinical Analyst

**Coach:** David Bivens

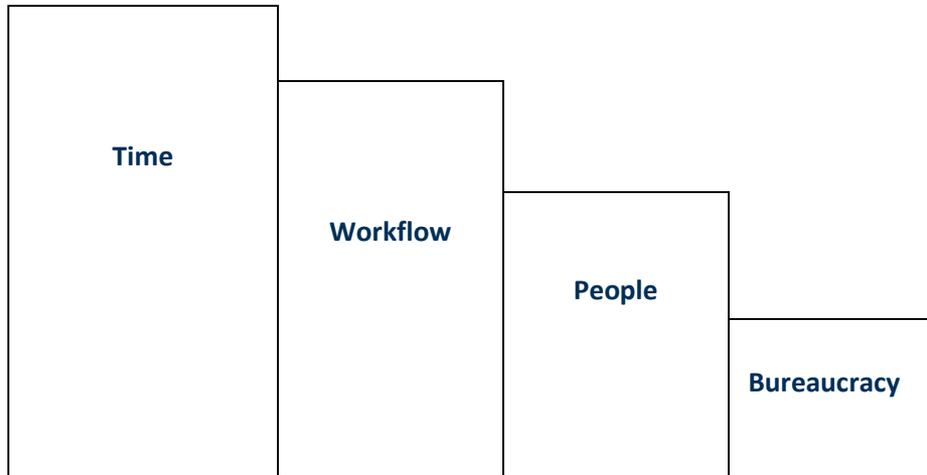
# Current State Process Map



# Cause & Effect Diagram



# Diagnostic Data



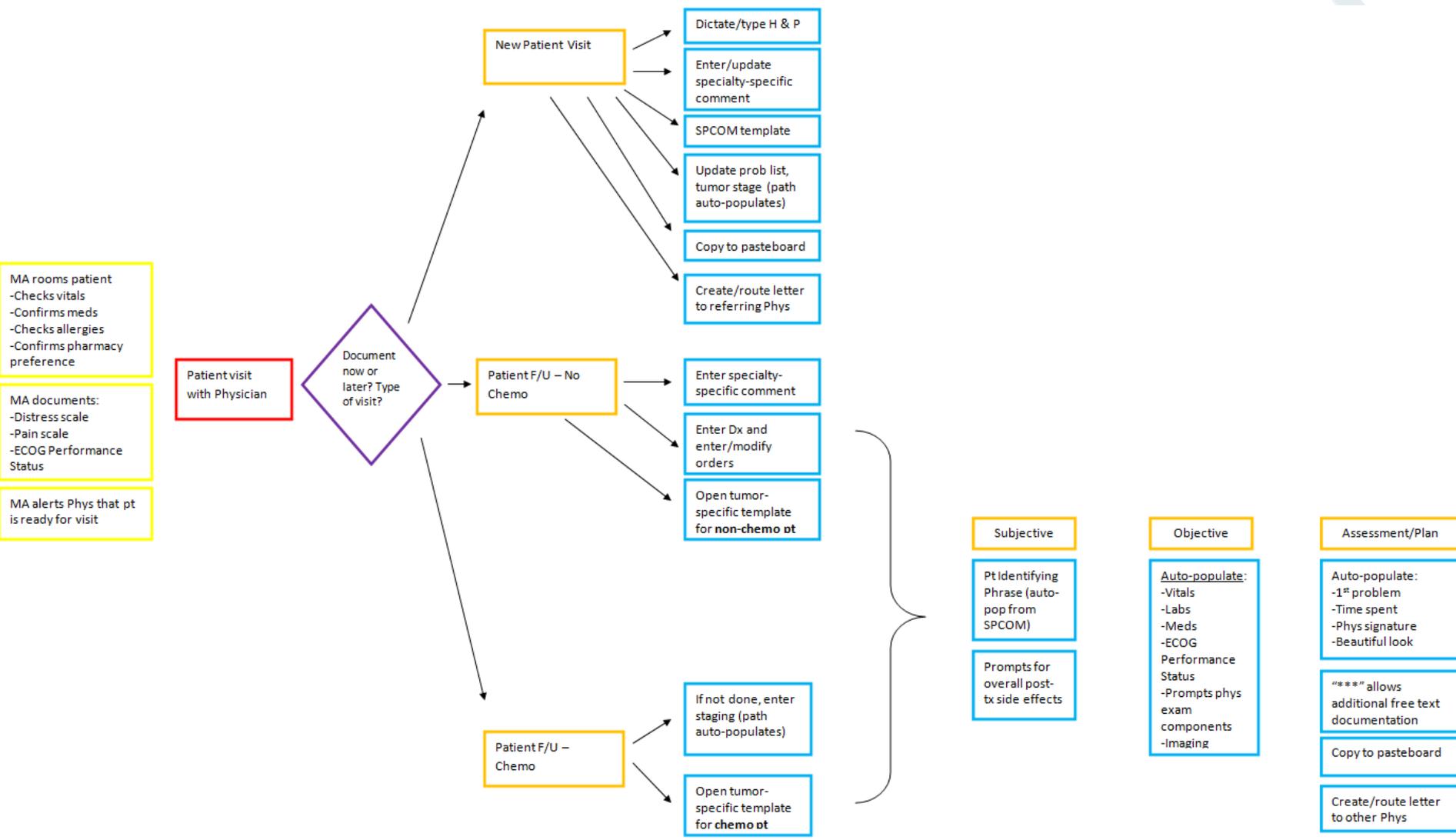
Most frequently cited MD concerns:

- More time required for structured documentation
- Loss of individual style in document

# Aim Statement

50% of oncology providers will use new colon cancer templates to document discrete data elements in Epic in at least 50% of colon cancer visits by February 15, 2014.

# Future State Process Map



# Outcome Measures

1. Provider adoption: Baseline = 0; Goal >50%
  2. Provider compliance: Baseline = 0; Goal >50%
- Patient population includes all patients with colon cancer seen for initial or follow-up visit (Jan 15-Feb 15)
  - Data Source: Epic Clarity identify all patients seen
  - Denominator: All patients seen with colon cancer Dx
  - Numerator: (1) Providers who used the new documentation method and (2) completeness of documentation

# Process Measure

Map current manual process & time required to obtain data elements in comparison to ideal process/time necessary to obtain same data elements

Current State: Current process requires 10-15 min

Future State:

- MDs will record time spent using new documentation method: initially and 4 weeks later
- Analyst will check smart phrase for completeness

# Balance Measure

## Current State:

Summary of medical oncologist interviews (concerns, fears, requests, suggestions)

## Future State:

- MD response after using new templates
- Willingness to create/use templates for other tumor sites

## **Overarching Question:**

**Were we successful in allaying their fears and concerns?**

# Baseline Data

- Typing an Epic chart note or using Dragon requires MD 10-15 min/new internal patient
  - Extra 5-10 min is required if an external patient

# Materials Developed - Survey

20 % Response Rate (5/20)

## Questions :

1. In documenting follow-up notes, which process do you use? (Varies)
2. About how much time would you estimate it takes to complete a follow-up note, excluding time to place orders, regardless of how you choose to document? (<5 min to 12 min)
3. Are you aware that two smart phrases for colon cancer follow-up notes are available for your use? (Yes=80%)
4. Have you used either of the colon cancer smart phrases? (Yes=20%)

# Materials Developed - Survey

## Questions (con't):

5. (If yes to #4), how much time would you estimate it takes to complete a follow-up note with the smart phrase, excluding orders? (n=1; < 1 min)
6. (If no to #4), why haven't you used either of the colon cancer smart phrases? (Varied from 'forgot', "didn't realize it was available" to "other")
5. Did your note completion time improve with repeated use of the smart phrase? (n=1; Yes)
6. (If yes to #5), by how many minutes did your note completion time improve by? ( n=1; 1.1 min)

# Aim Statement

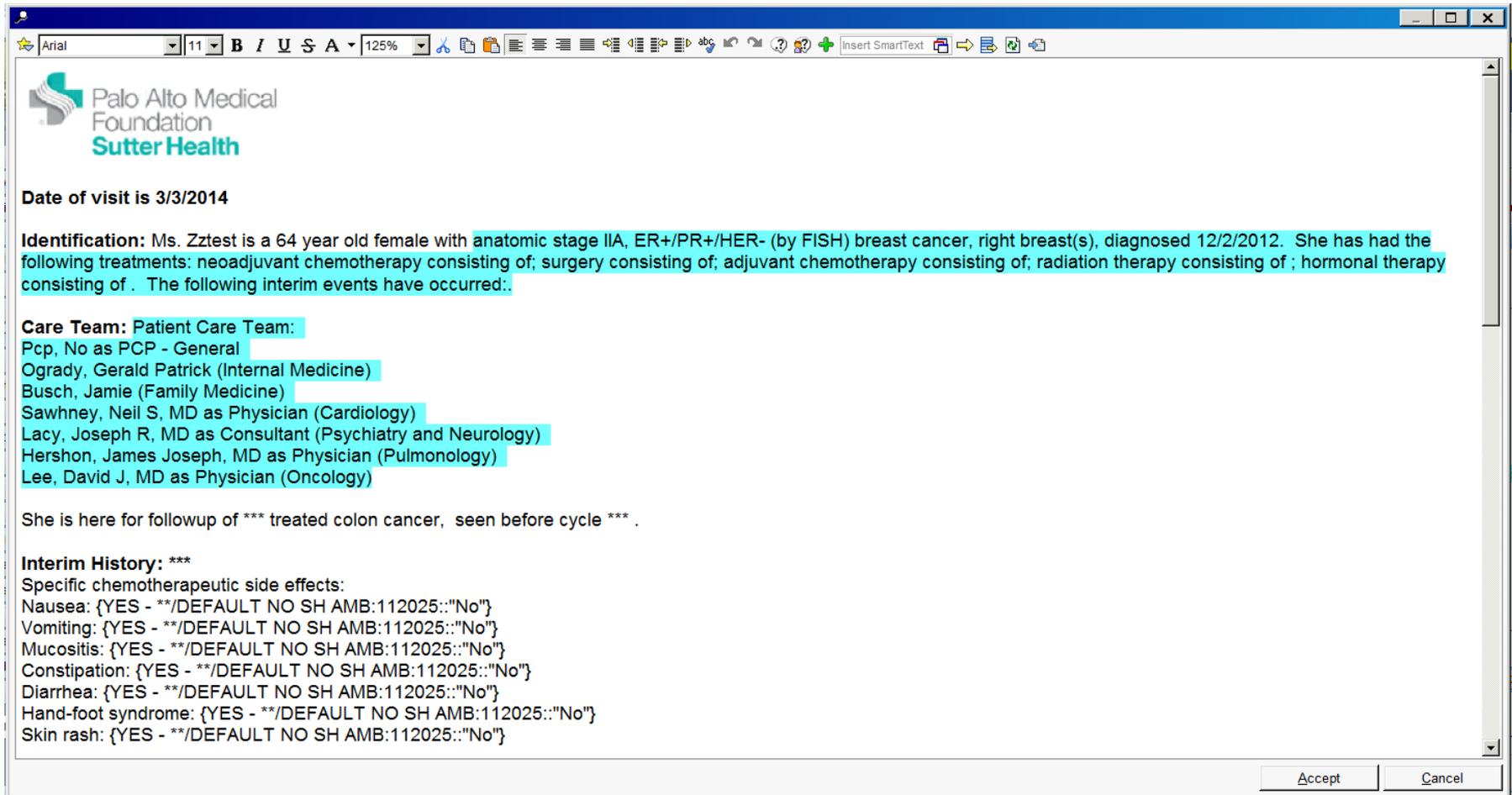
50% of oncology providers will use new colon cancer templates to document discrete data elements in Epic in at least 50% of colon cancer visits by February 15, 2014.

## Results:

27% of oncology providers used the new templates  
11% of colon cancer visits documented using templates

# Materials Developed- Smart Phrase

11% Smart Phrase Utilization (6/55)



The screenshot shows a window titled "Palo Alto Medical Foundation Sutter Health". The text within the window is as follows:

**Date of visit is 3/3/2014**

**Identification:** Ms. Zztest is a 64 year old female with anatomic stage IIA, ER+/PR+/HER- (by FISH) breast cancer, right breast(s), diagnosed 12/2/2012. She has had the following treatments: neoadjuvant chemotherapy consisting of; surgery consisting of; adjuvant chemotherapy consisting of; radiation therapy consisting of ; hormonal therapy consisting of . The following interim events have occurred:

**Care Team: Patient Care Team:**  
Pcp, No as PCP - General  
Ogrady, Gerald Patrick (Internal Medicine)  
Busch, Jamie (Family Medicine)  
Sawhney, Neil S, MD as Physician (Cardiology)  
Lacy, Joseph R, MD as Consultant (Psychiatry and Neurology)  
Hershon, James Joseph, MD as Physician (Pulmonology)  
Lee, David J, MD as Physician (Oncology)

She is here for followup of \*\*\* treated colon cancer, seen before cycle \*\*\* .

**Interim History: \*\*\***  
Specific chemotherapeutic side effects:  
Nausea: {YES - \*\*/DEFAULT NO SH AMB:112025::"No"}  
Vomiting: {YES - \*\*/DEFAULT NO SH AMB:112025::"No"}  
Mucositis: {YES - \*\*/DEFAULT NO SH AMB:112025::"No"}  
Constipation: {YES - \*\*/DEFAULT NO SH AMB:112025::"No"}  
Diarrhea: {YES - \*\*/DEFAULT NO SH AMB:112025::"No"}  
Hand-foot syndrome: {YES - \*\*/DEFAULT NO SH AMB:112025::"No"}  
Skin rash: {YES - \*\*/DEFAULT NO SH AMB:112025::"No"}

At the bottom right of the window, there are "Accept" and "Cancel" buttons.

# Conclusions

- Due to our Beacon Software Implementation, our project is incomplete.
- We are continuing our data collection for another 3 months.

1. Prioritize projects
2. If 2 projects overlap, complete one then move on to the next one rather than piggybacking the projects.
3. A change to work flow can be interpreted as threatening, even if it is ultimately beneficial.
4. Power of face-to-face meetings cannot be underestimated
5. Persistence without pestering
6. It always takes longer than anticipated, so double or triple time estimates
7. Sufficient time frame for gathering data
8. Reassess, refine and move forward