



AHRQ's Initiative To Increase Use of Cardiac Rehabilitation



Troubleshooting Your Automatic Referral System

Module 7

Sherrie Khadanga, MD
and Laura Lui, MS



TAKEheart Training and Technical Assistance Components

Training sessions guided by the Million Hearts®/AACVPR Cardiac Rehabilitation Change Package (CRCP), located in the Resource Center [TAKEheart Website](#)

Monthly Training Sessions: What to do and Why -- Seventh of 10 modules

Implementation Guide (IG): Focus on the How
Supplemental documents which outline the content, and provide specific actions, steps and resources designed to assist with integrating the training material

Partner Hospital Peer Action Groups (PH PAGs): Discussion of the HOW

Meet with coaches to discuss module content, share ideas and offer support to other hospitals in the group



Promoting Health Care Quality and Patient Safety Through Certification and Education



American Hospital Association (AHA)/Health Research and Education Trust (HRET): TAKEheart AHRQ's Initiative to Increase Use of Cardiac Rehabilitation

TAKEheart Initiative Webinar Series: Troubleshooting Your Automatic Referral System: Module 7

October 28, 2021

The planners and faculty of TAKEheart Initiative Module 7 indicated no relevant financial relationships to disclose in regard to the content of their presentations.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) and American Hospital Association (AHA)/Health Research and Education Trust (HRET). ABQAURP is accredited by the ACCME to provide continuing medical education for physicians.

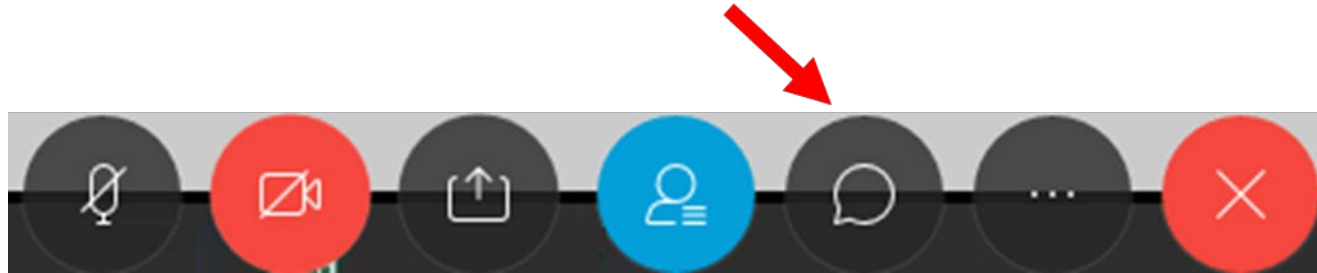
The American Board of Quality Assurance and Utilization Review Physicians, Inc. designates this live activity for a maximum of **1.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABQAURP is an approved provider of continuing education for nurses. This activity is designated for 1.0 contact hours through the Florida Board of Nursing, Provider # 50-94.

Chat Function

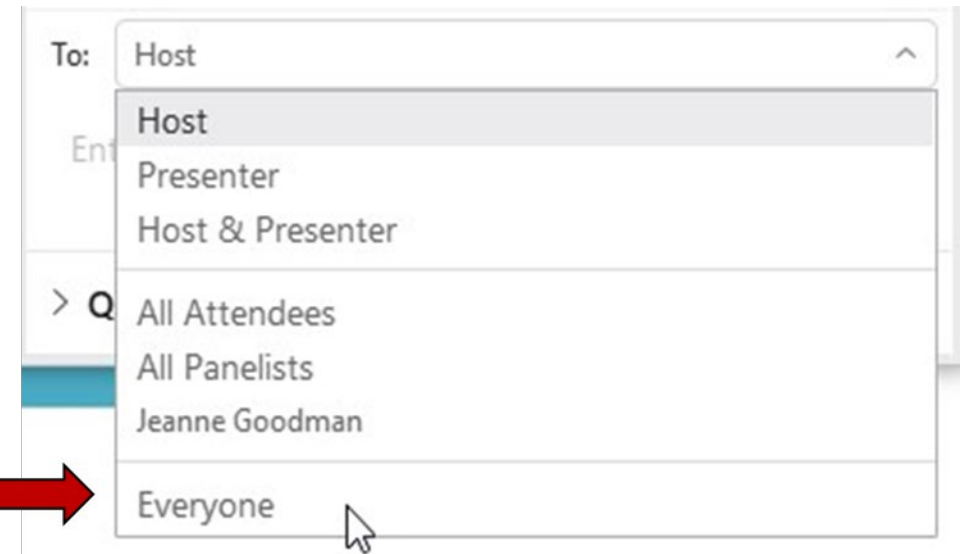
HOW TO ASK QUESTIONS

To ask a question or make a comment open the chat box



Set the TO: field to **Everyone** so that we can all see your question

Try the chat function now by sending a short greeting to the rest of the group



What Do We Know?

Scaffolding the structure of AR and CC

Module 4

- Explored the value of data to support the implementation of automatic referral and care coordination systems

Module 5

- Instituted the five steps needed to build automatic referral into your EMR

Module 6

- Began the discussion of what care coordination is and how to apply to CR

Learning Goals



Upon completion of this module, attendees will be able to:

1

Complete testing the AR order set in the EMR

2

Communicate, educate and support go-live

3

Develop your data and feedback monitoring plan

4

Troubleshoot

Today's Presenters



Sherrie Khadanga, MD

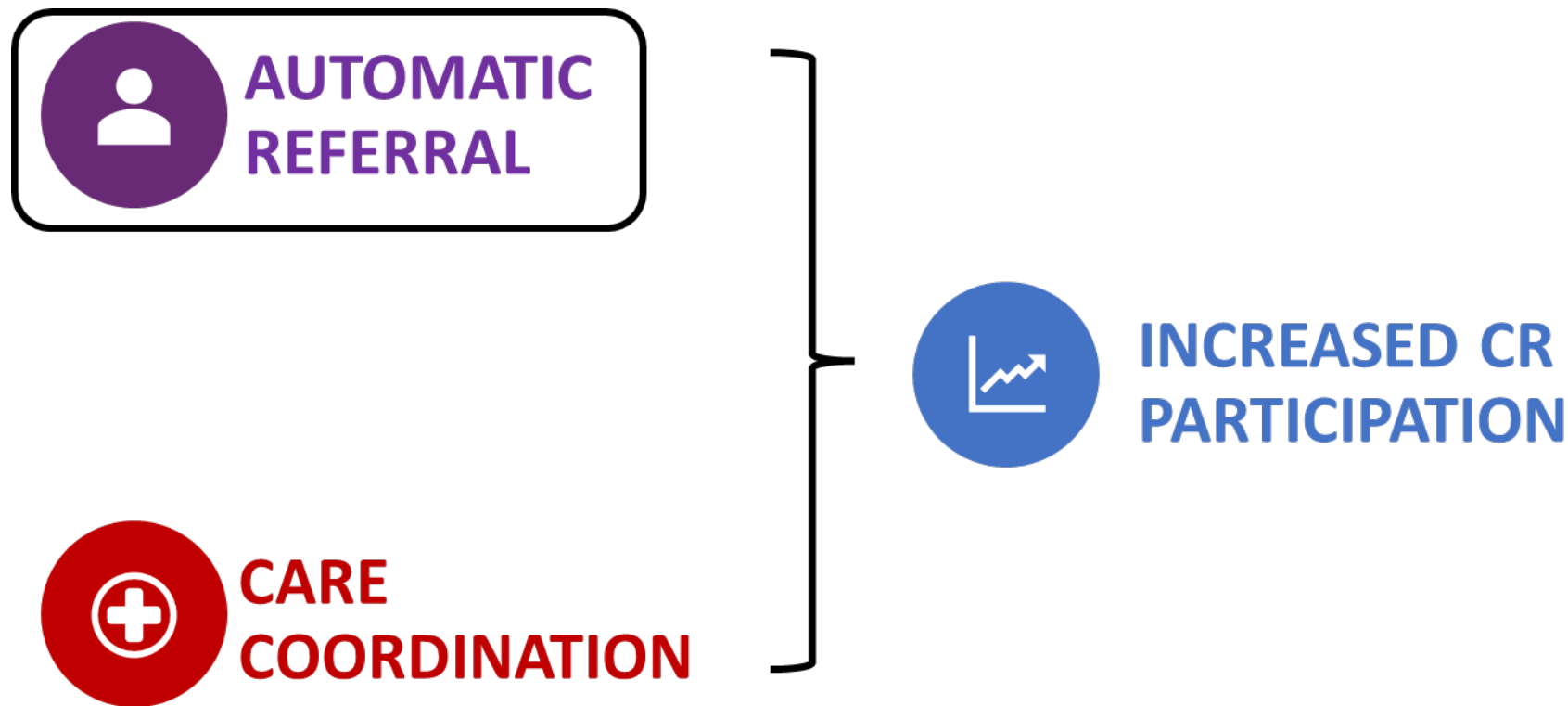
Cardiologist/Assistant Professor in
Medicine at The Robert Larner,
M.D. College of Medicine at The
University of Vermont



Laura Lui, MS

EHR Manager at County of Santa Barbara
Public Health
EPIC Implementation Manager
EPIC Physician Builder Certified

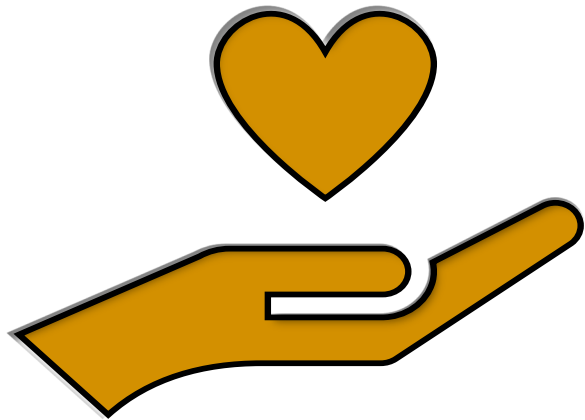
TAKEheart: A QI Project For CR



The purpose of TAKEheart is to close the gap between Cardiac Rehabilitation (CR) evidence and practice.

Automatic Referral Makes Care Coordination MORE Important

“For every 1-day delay in starting CR, there is an approximate 1% less likelihood of the patient enrolling in CR.”



- ❖ Automatic referral is not a substitute for the “Human touch”
- ❖ More referrals should lead to more conversations with patients and families about CR
- ❖ Cardiologist recommendations and family support both strongly impact patient participation in CR

Different Implementation Strategies

Easiest

Eligible patients in your hospital w/ your hospital EMR

The focus of TAKEheart and the best place to begin. It easily allows for working both ends of automatic referral and care coordination processes

Eligible patients in other hospitals/practices using your EMR

IT changes are likely the same. More work will be required to gain provider buy-in; more people will need to be involved to plan and implement

Eligible patients in other hospitals/practices w/ an EMR that can interface

Requires embedding automatic referral in two separate EMRs and more people need to be involved in care coordination planning

Eligible patients in other hospitals/practices w/ an EMR that can't interface

Without two interfacing EMRs, automatic referral can't be implemented; care coordination processes can be developed and strengthened to increase referrals and promote successful completion

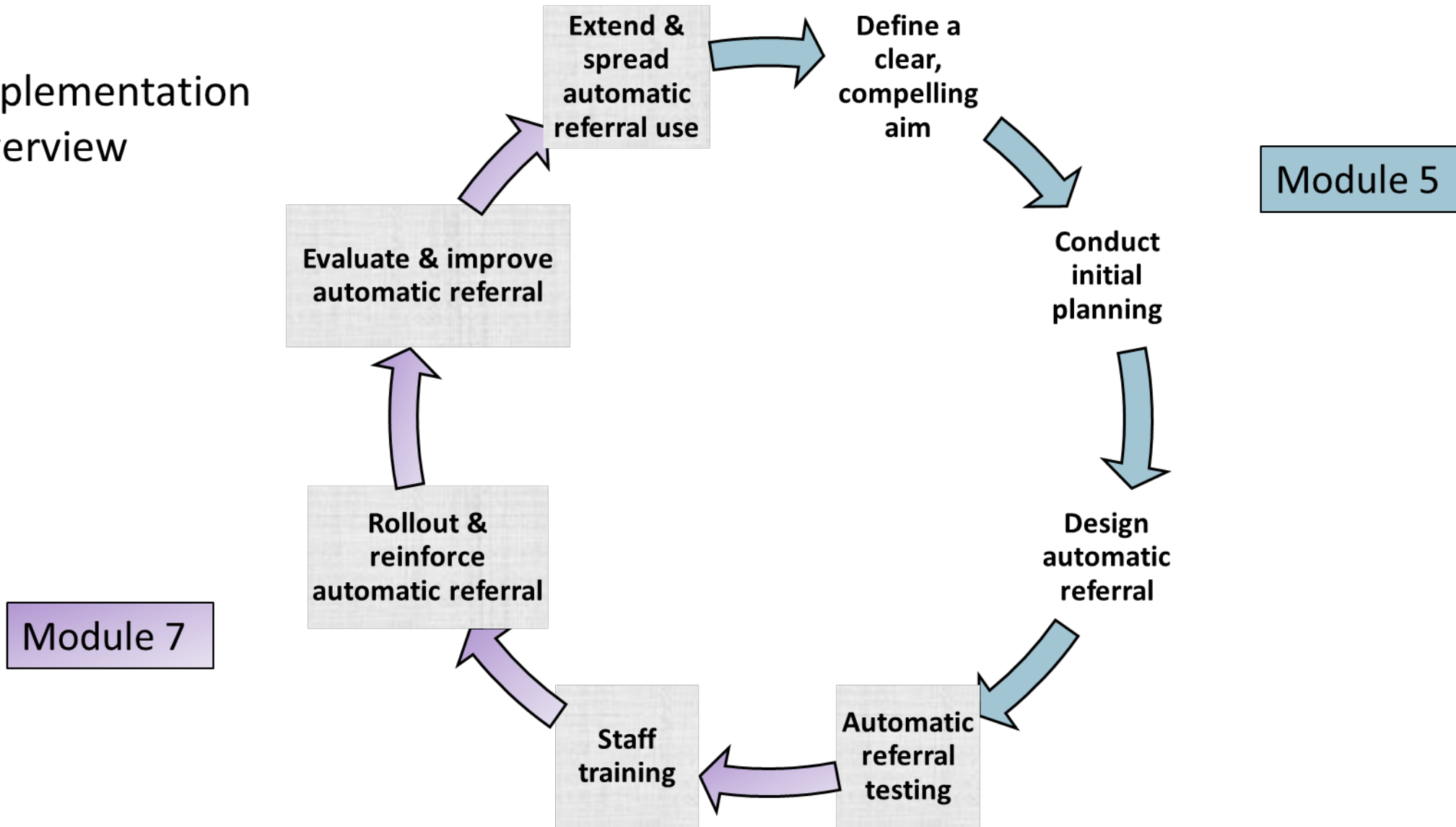
External Programs

Automatic referrals outside the system may not be seen as a financial priority. Strengthening informal referral processes would be an efficient use of resources

Hardest

How to Successfully Implement Automatic Referral

Implementation Overview



Automatic Referral Testing: Testing Phases

Define Your
Testing
Process

Initial
Bench
Testing

Pilot
Testing

Hospital
System –
Go-Live

Develop Your Testing Plan: Bench Testing

Goal: Verify that programming to identify eligible patients for referral to CR is working correctly in a secure environment that doesn't risk patient care

Process

Use test cases to confirm that:

- All patients that should be referred to CR are identified
- All patients with exclusion criteria are not being referred
- Referrals are going to the correct provider
- Other requirements are being met

Action

Clear, comprehensive guidance to programmers can avoid rework and shorten the process.

Significance

Proceeding without rigorous bench testing is a common cause of implementation failure.

Develop Your Testing Plan: Pilot Testing

Goal: Verify that AR order set is performing as expected in a small environment.

Process

Select a unit to use test cases and then a few live patients:

- Choose a unit that has bought-into the idea of AR in the EMR
- Is there the ability to select the physicians who will get the AR order
- Is there the ability to work off hours to minimize risk (evenings/weekends)

Action

- Success of bench testing, determine your time period for pilot testing and so on
- Determine how long (days/ weeks/months) you will need to test BEFORE planning for Go-Live

Staff Training: Communicate/Educate and Go-Live Support

UTILIZE YOUR TEAM

Assign roles to each member of your team to ensure success.

- **Executive Cardiac and EMR/IT Leadership** must signal the importance of the initiative, their support, and visible involvement.
- **QI Leader** develops the data monitoring and feedback plan, advises on testing plan, and monitors the telephone hotline and email during Go-Live.
- **Data analytics coordinator** manages the collection and interpretation of the measure data to support AR and supports analysis of the data to inform testing correction needs and update the data monitoring and feedback plan.
- **EMR/IT staff** should be prepared to quickly update the EMR as the AR order set testing presents bugs. They also provide support during the go-live phase.

Staff Training: Communicate/Educate and Go-Live Support (con'd)

UTILIZE YOUR TEAM

Assign roles to each of your team to ensure success.

- **Cardiac Care Providers and Clinicians** will need to undergo training before the pilot testing and their feedback on the testing process should be collected through surveys.
- **CR Champion** develops the Go-Live plan, serve as the liaison between the team and leadership, owns creation of one-page overview document/elevator speech and communication of it, and leads the huddles until the AR order set is successfully implemented.
- **CR clinicians/staff** may be chosen to provide start-up assistance such as helping providers with entering AR orders, ensuring the CR department is receiving the AR orders, and collecting verbal feedback while on the floors helping.
- Collect timely feedback from **CR patients** to determine if the AR order set (paper/email) went to the patient and if the patient received a CR education visit.

Communicating and Educating Plan – CR Champion

- Develop one-page overview of the AR order set in the EMR:
 - Keep the message concise
 - Too much text will overwhelm the reader and they will be less likely to read or buy-in
 - Use plain language and graphics to appeal to reader
- Develop elevator pitch to regularly and informally educate colleagues
- Email to all relevant departments and stakeholders
- Get a slot at unit and department meetings
 - Request posting the one-page overview in staff breakrooms

Go-Live Support

- Prepare for worst case scenario
- Reminder email hospital-wide, 1-week and 24 hours before Go-Live
- Identify strategies for providing support:
 - Live coverage for hotline telephone number for first 24-48 hours
 - Monitored email box for questions with timely response
 - Onsite at the elbow staff to assist with entering AR order set
- Representation on all shifts
- AR Implementation Team mid-day huddle until implemented
- Snacks

Go-Live: Avoid Common Causes of Failure

PITFALLS



- 1 Workflow issues
- 2 Provider ordering issues
- 3 Training issues
- 4 Data-Interface Issues
- 5 User-Interface issues

Data Monitoring and Feedback Plan: Evaluate and Improve AR

DATA



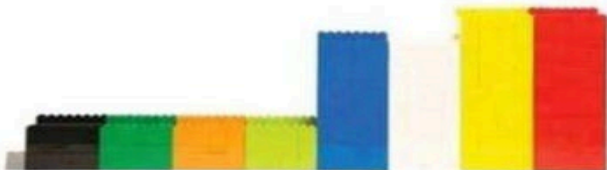
SORTED



ARRANGED



PRESENTED VISUALLY



EXPLAINED WITH A STORY



ACTIONABLE (USEFUL)



- Availability and transparency of referral-related data
- Reviewing the data: how often and by whom
- Work transformation and continuous feedback

Availability and transparency of referral-related data

Develop monitoring system/database for AR using AR Indicators: capture the data needed to construct the monitoring indicators/measures that will allow for the analysis and improvement of the AR/referral system.

Indicator Name	Description	Numerator/Denominator
Referral Initiation	Proportion of clients referred from initiating service	$\frac{\text{\# of clients referred from initiating service}}{\text{\# of clients seen at initiating service}}$
Referral Completion	Proportion of referred clients that complete referral at receiving service	$\frac{\text{\# of referred clients seen at referring service}}{\text{\# of clients referred from initiating service}}$

Reviewing the Data: How often and by whom

Create reporting process for providers, manager, and other stakeholders:
determine how often to share reports and at what meeting:

- Examine referral data
- Team decision where to focus
- Monitor automatic referral system for provider behavior changes, examine user feedback
- Gather information from staff, steps in process that show resistance to change
- Identify reasons for provider opt-outs/work-arounds and create a plan to address
- Work with IT to make any necessary adjustments

Work Transformation and Continuous Feedback

- Show how AR process facilitates referral of patients to CR
- Manage system issues such as communication, paper referrals, etc.,
- Manage CR capacity (i.e., not enough appointment times for referrals)
- Give an opportunity to reflect on the findings, explain observed trends, and make future recommendations for system improvement based on evidence
- Build the case for AR with a story that emphasizes why AR is important
- Adjust policies and procedures

Interactive Chat about Frequent Problems with AR



Problem

My automatic referral isn't working like I thought it would in the EMR.

QUESTIONS TO
CONSIDER AND
POTENTIAL
SOLUTIONS

- Is this a workflow issue? Review your workflow process documents to ensure you've captured the processes accurately.
- Is this a technical issue? Check that the AR order set has been correctly programed into your EMR.
- If the order set is correct, select a few orders to analyze the process from start (identifying the patient) to the finish (patient arrival for day 1 CR appointment)
- Speak to a clinical end-user and get feedback on the process. This will help assess if more training is needed.

Problem

How do I know if the referrals are increasing or decreasing?

QUESTIONS TO
CONSIDER AND
POTENTIAL
SOLUTIONS

- Have you collected baseline data on referrals? Baseline numbers and referral reports should be created before you implement a new AR order set.
- Have you developed a data monitoring and feedback plan?
- How often are you checking the data/sharing data with stakeholders?
- Have you created AR order set reminders (e.g., newsletters, discussion at rounds, at the elbow reminder cards, etc.,)?

Problem

My automatic referral is working, but my referral numbers are not increasing.

QUESTIONS TO
CONSIDER AND
POTENTIAL
SOLUTIONS

- Go back to your baseline workflow analysis. Is your new AR build aligning with how providers are using the system?
- Do you need to rethink your design and work with your EMR Team on changing the build? Is this build the best option for AR in my organization?
- Is there any additional technology available you have not considered?

Problem

Providers seemed to have developed a work-around/opt-outs and we're not getting referrals.

QUESTIONS TO
CONSIDER AND
POTENTIAL
SOLUTIONS

- Does your AR order set match the provider workflow?
- Have you tested the process with test patients both in the EMR and with patient education about the referral?
- Have you communicated with providers your desired goal and discussed the obstacles they are facing in the AR process?
- Do providers need education that CR is beneficial?

Problem

The wrong patients are getting referred.

QUESTIONS TO
CONSIDER AND
POTENTIAL
SOLUTIONS

- ICD-10 codes used to build order set?
 - Check your ICD-10 diagnosis, procedure, and CPT codes to determine if what you was programmed into the order set is what was intended.
 - Have you fully specified the ICD-10 codes?
 - Have you built-in exclusions accurately?
 - Do providers agree with codes?
- If using a default or alert order set, is it showing-up for the provider?
 - Are providers ignoring the order? Use your survey to determine why.

Problem

Everything seems to be working but goes bad when patient refuses.

QUESTIONS TO
CONSIDER AND
POTENTIAL
SOLUTIONS

- Is the provider writing timely CR orders so that the patient can receive education about CR before discharge?
- Have you built an EMR alert to send to providers when an eligible patient refuses CR for any reason?

Extend and Spread Automatic Referral Use

Once you've completed the AR order set to refer eligible CR patients in your hospital within your hospital EMR, try other areas to accelerate CR referrals:

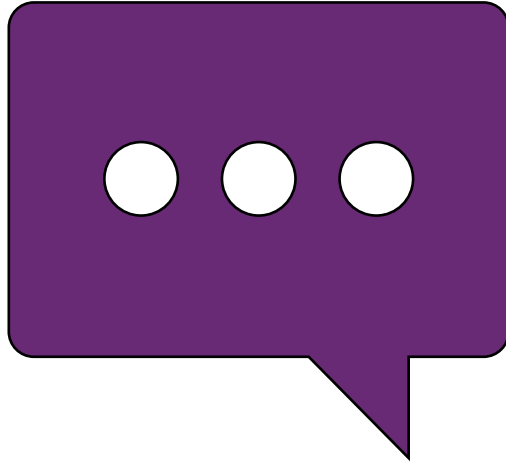
- Eligible patients in other hospitals/practices using your EMR: IT changes are likely the same. More work will be required to gain provider buy-in; more people will need to be involved to plan and implement
- Eligible patients in other hospitals/practices w/ an EMR that can interface: requires embedding automatic referral in two separate EMRs and more people need to be involved in care coordination planning

Extend and Spread Automatic Referral Use

Once you've completed the AR order set to refer eligible CR patients in your hospital within your hospital EMR, try other areas to accelerate CR referrals:

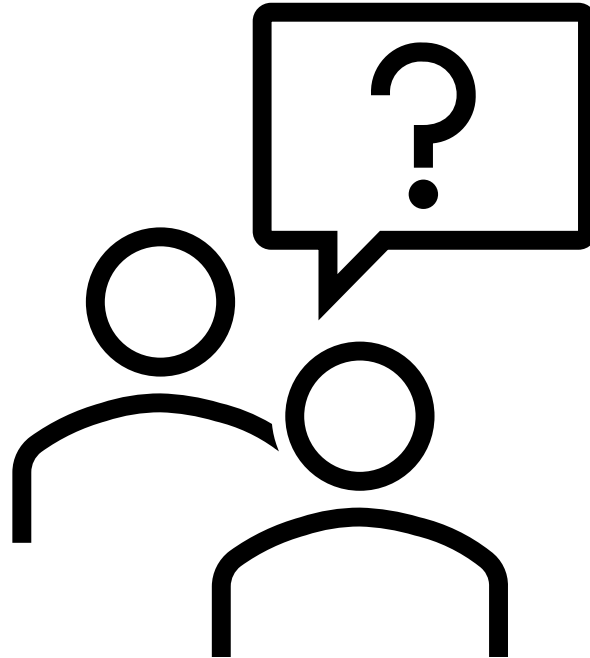
- Eligible patients in other hospitals/practices w/ an EMR that can't interface: Without two interfacing EMRs, automatic referral can't be implemented; care coordination processes can be developed and strengthened to increase referrals and promote successful completion
- External Programs: Automatic referrals outside the system may not be seen as a financial priority. Strengthening informal referral processes would be an efficient use of resources

Audience Question



Question: In the chat box, tell us one useful insight you will take away from today's training session.

Q&A



Action Steps



Feel free to contact coaches with questions

Continue	Refining your action plan for implementing automatic referral, making sure to assign responsibilities and set targets.
Explore	Steps, actions and resources available in the Module 7 Implementation Guide
Discuss	Progress, challenges and solutions in your PH-PAG

Upcoming Events

November 18, 2021, 3- 4pm ET

Implementing Effective Care Coordination

Registration Link:

<https://abtassociates.webex.com/abtassociates/onstage/g.php?MTID=e32d47b0cd80f3d9d62ff45c15b99ec49>

November 2nd 1:00-2:00 pm ET

TAKEheart Affinity Group: *Enhancing Care for Heart Failure Patients in Your Cardiac Rehabilitation Program*

Registration Link:

<https://abtassociates.webex.com/abtassociates/onstage/g.php?MTID=e478a5af61d58353efe2705fd98a03f80>