SETMA's Automated Team Function

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SCHOOL OF MEDICINE FAMILY MEDICINE GRAND ROUNDS

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Conflicts of Interest

- James L. Holly, MD has no conflicts of interest to report in relationship to this presentation.

Goals and Objectives

1. Principles of Practice and EMR Development
2. Recognizing and Benefiting from Seminal Moments in Practice Transformation
3. How to address provider fatigue and/or burn-out
4. The Progression from Clinical Decision Support and Disease Management Tools to Process Automation
5. Improving Provider Performance and Satisfaction with Automation
6. Developing Tools for Provider and Patient Collaboration

Four Seminal Events – May, 1999

- The first event was the announcement that the electronic health records (EHR) was too hard and too expensive if we only gained the ability to document a patient encounter electronically.
- EHR was only "worth it," if we could leverage electronics:
  1. to improve care for each patient;
  2. to eliminate errors which were dangerous to the health of patients; and,
  3. to improve the care and health of all patients and of population groups.
- **This was our transition from EMR to electronic patient management (EPM).**

Four Seminal Events – May, 1999

- The second event was the application of Peter Senge's *The Fifth Discipline* as we defined ten principles which guided SETMA's EMR development and SETMA's transformation, ten years later, into a Patient-Centered Medical Home (PC-MH). The principles are:

  1. Pursue Electronic Patient Management rather than EMR
  2. Bring what is known to every patient encounter, not just what a particular provider knows
  3. **Make it easier "to do it right than not to do it at all"**
  4. Continually challenge providers to improve their performance
  5. Infuse new knowledge and decision-making tools throughout an organization instantly

Four Seminal Events – May, 1999

6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

Four Seminal Events – May, 1999

Cortez - Fahrenheit 451 - Maginot Line

- The third seminal event was the preparation of a philosophical base for our future; written in May, 1999 and published in booklet form in October, 1999, this blueprint was entitled, "More Than a Transcription Service: Revolutionizing the Practice of Medicine: And Meeting the Challenge of Managed Care With Electronic Medical Records (EMR) which Evolves into Electronic Patient Management. "
- This booklet was distributed to our practice and our community. It became our declaration that we were going to succeed at this process at any cost and at any effort.
- **We called that our "Cortez Project". Like Cortez, we scuttled our ships; there was no going back. We had to succeed.**

Four Seminal Events – May, 1999

- The fourth seminal event was that we determined to adopt a celebratory attitude toward our progress in EMR.
- In May, 1999, my cofounding partner was lamenting that we were not crawling yet with our use of the EMR. I agreed and asked him, "When your son first turned over in bed, did you lament that he could not walk, or did you celebrate this first milestone of muscular coordination of turning over in bed?" He smiled and I said, "We may not be crawling yet, but we have begun. If in a year, we are doing only what we are currently doing, I will join your lamentation, but today I am celebrating that we have begun."

Four Seminal Events – May, 1999

- SETMA's celebratory spirit has allowed us to focus on the future through many lamentable circumstances and has allowed us to press forward through many disappointments. Focusing on our successes kept us moving forward and the cumulative effect was always success.

Transformation of Primary Care

- The future of primary care is providers with internalized ideals and personal passion for excellence. Transformation is the goal, as it is self-sustaining and generative (creative tension).
- SETMA believes that the strategies which must be employed in this transformative effort are:
  1. The **methodology** of healthcare must be electronic patient management.
  2. The **content and standards** of healthcare delivery must be evidenced-based medicine.
  3. The **structure and organization** of healthcare delivery must be patient-centered medical home.
  4. The **payment methodology** of healthcare delivery must be that of capitation with additional reimbursement for proved quality performance and cost savings.

Application of Evidenced Based Medicine

- Clinical Decision Support
- Disease Management Tools
- The SETMA Model of Care
  1. The **tracking** by each provider on each patient of the provider's performance on preventive care, screening care and quality standards for acute and chronic care.
  2. The **auditing** of performance on the same standards either of the entire practice, of each individual clinic, and of each provider on a population, or of a panel of patients.
  3. The **statistical analyzing** of the above audit-performance in order to measure improvement by practice, by clinic or by provider.
  4. The **public reporting** by provider of performance on hundreds of quality measures. This places pressure on all providers to improve, and it allows patients to know what is expected of them.
  5. The design of **Quality Assessment and Permanence Improvement** (QAPI) **Initiatives.**

How many tasks will a provider do?

- In May, 2012, at a Massachusetts Medical Society Conference, this question was asked. After a lengthy discussion, the speaker who asked the question answered it by saying, "You can get a provider to do one thing at every visit."

- The last speaker said, "You can't answer that question until you answer three other questions:

1. How important is the task you are asking providers to do?
2. How much time does it take?
3. How much energy does it take?

How many tasks can you get a provider to do?

- If you were to create a formula to represent this process, there would be a direct correlation between how many tasks a provider can or will do and how important the tasks are; the more important the tasks, the more tasks a provider will do.
- There would be an inverse relationship between how much time it takes and how many tasks will be done; the more time it takes, the fewer tasks will be done.
- There would also be an inverse relationship between how much energy it takes and how many tasks will be done; the more energy it takes, the fewer tasks will be done.
- The key to getting more done is to determine what is important and only to do that, and then to make the completion of the important tasks require less energy and less time.

Complexity Demands Systemic Solutions

- The Texas State Health Department's Reportable Conditions illustrates the standardization and the automation of parts of healthcare processes. Remember, "The more complex a problem is, the more systemic the solution must be."
- Today, SETMA providers make a diagnosis, and when that diagnoses is one of the seventy-eight reportable conditions, automatically, the condition is reported to the state with the provider doing nothing more than making the diagnosis.
- If an important task is not being done either because the provider is resistant to doing it, or because the provider has "too much" to do, automate it. (Remember the Maginot Line)

Complexity Demands Systemic Solutions

- In August, 2010, the *American Academy of Family Practice Journal* recommended that every family physician calculate one Framingham Risk Score for each of their patients every five years.
  1. There are 12 Framingham Risk Scores
  2. To turn these scores into a tool for challenging patients with the premise “If you make a change, it will make a difference.”
  3. You can add “What If Scenarios” to each
  4. But now you have 72 computations
  5. Can you get a provider to do all of these scores at every visit?

How can we change the future of Primary Care?

- Make it easier to do it right than not do it at all!
- With automation, imitate Henry Ford, who automated the manufacturing of automobiles with assembly lines and in so doing made it possible for those who made cars to afford to drive them.
- There are many aspects of patient care which can be automated.
- Classically, SETMA has used clinical decision support as reminders to providers, but now we are realizing that many of the tasks which were the object of CDS, actually could and should be automated, requiring no input from the provider.
- For instance, the value of the flu immunization is not enhanced by it being ordered by a healthcare provider, or by it being given by a registered nurse.
- And, the process of a flu immunization can be automated.

The Idea of Automation Grows

- In June, 2013, the *American Medical News* published an article entitled, "Serious work put into making primary care fun again."
- With an anticipated serious shortage of primary care physicians over the next twenty years, the article addressed how to improve the lot of primary care providers, stating in part:

  "Amid alarming rates of physician burnout, hundreds of clinics nationwide are redesigning their practices with a goal in mind beyond improving the quality of care. They are aiming to make life as a primary care doctor enjoyable once more. Twenty-three of these clinics...describe practice innovations that can ease the chaos, administrative overload, miscommunication and computerized busy work that too often characterize primary care."

Genesis of an Idea

- In 1993, John Patrick set IBM on another course and changed the company's future.
- Reading his story made me wonder, is it possible for SETMA to set medicine on another course and to change the future.
- John did not want people to work "collaterally," side by side, maybe going in the same direction, maybe even having the same goal, but working independently and at best in a cooperative manner; he wanted people to work "collaboratively," synergistically, leveraging the generative power of a team in creating a new future which they partially envision but which even they could not control.

Genesis of an Idea

- What can we do today in healthcare which would mirror the changes IBM experienced? How can we change "**collaterallists**" into "**collaborativists**"?
- How can we use the power of electronics, analytics, and informatics principles to energize radical change to create a new future in healthcare?
- Testing and measurement is a science. In most industries, quality is determined by testing performance.

Genesis of an Idea

- **But, in healthcare we are involved in a new kind of "testing."** The tests used to measure the performance of healthcare providers are unique. Therefore:
  1. If we are going to measure the quality of care given by healthcare providers:
  2. If we are going to give a test to healthcare providers, and
  3. If we are going to give them the test questions before hand, and
  4. If the test is open-book, and
  5. If there is no time limit for taking the test

Genesis of an Idea

- Why not "cheat?" Look up the answers before the test so providers can know their performance before they get the test results.
- Don't wait until an insurer, an ACO, or an agency measures your HEDIS performance. Know your performance by measuring your performance yourself.
- In fact, know your performance at the time you see a patient. The ultimate "game changer" in healthcare is when the provider knows how he/she is doing in the care of an individual patient, or in the care of a panel or population of patients and then when the provider turns around and shares this information with patients and with the public at large.
- The game is changed because the motivation to improve is maximized.

There is no cheating!

- Of course, ethically there is no “cheating” in this context.
- Unlike traditional medical-education tests, this test is not measuring what you know; **it is measuring what you have access to and it is measuring to what you pay attention.**
- It is measuring how efficiently and excellently you are applying what you know.
- The test is not measuring what you remember; **it is measuring what you are reminded of.**
- If you have Clinical Decision Support (CDS) which remind you of what needs to be done and if you have CDS tools which allow you to measure your own performance at the point of care, you can consistently improve your performance.

Abraham Lincoln

- This is the power of data analysis in the quality improvement of healthcare; it is the power of a provider knowing his/her own performance at the point of care.
- This is the application of Abraham Lincoln's 1858 statement in which he said:

"If we can first know where we are and whither we are tending; we can better judge what to do and how to do it."

The Maginot Line

- In April, 2013, after a three and a half hours presentation of SETMA's system to eight Medicare Advantage executives, they asked how they could get other providers to perform as well as SETMA.
- They were told to develop leaders who will help improve the processes and outcomes of care, but that they must recognize also that some times physician leaders use their positions to resist, or to obstruct change rather than to facilitate it.
- This is not unlike the French Government after World War I.

The Maginot Line

- Determined never to be invaded by Germany again, in the 1930s the French constructed a fixed, defensive fortification between France and Germany called the Maginot Line.
- The French did not know what General George Patton intuitively knew. In an era of mechanized warfare, fixed fortifications could be and were easily ignored.
- The enemy went around the Maginot Line. Similarly, when the barrier to healthcare improvement is created by the refusal of healthcare providers to accept new realities and new standards of care, health systems will simply go around them.
- The intent is to make the obstructing providers irrelevant to the process. The reality is if healthcare providers become fixed fortifications against the future, the process and the system will go around them.

Value Equals Quality Divided By Cost

- The lessons of the industrial revolution give us guidance here. Rather than handmade tools and machines made by artisans who were creative geniuses, machines were made by other machines and they were reproduced in mass.
- Costs went down and quality went up, so the value escalated geometrically.
- **Appling these lessons of standardization, automation and reproducibility to healthcare, we can get to our goals much faster.**
- Henry Ford made a new machine on an assembly line which was nothing more than a standardized, automated method for producing a product which also required human input.

Value Equals Quality Divided By Cost

- If healthcare providers look at every process and outcome in healthcare as a sum of that which can be automated and standardized, and of that which still requires human input, healthcare quality can improve predictably.
- The cost can be reduced consistently, and provider and patient satisfaction can improve.
- Some things in healthcare cannot yet be standardized and automated but the satisfaction of receiving the care that can be, will be increased by determining what can be automated and standardized and then by doing so.

How can we change the future?

1. When a patient is given an appointment and the system determines that the patient has not had a current flu immunization and the appointment time is in the appropriate time frame to receive the vaccine, the system should order the flu immunization, and send the order to the nurse, to the chart and to charge posting. The provider is not involved which increases the probability that it will be done.
2. Additionally, the system should be programmed so that every patient who has not made an appointment in the time frame for a flu immunization should be notified electronically at the beginning of the flu-immunization season that they need to have a flu shot and toward the end of the immunization season, the system should check again to see who has not had the shot.

How can we change the future?

- This principle can be expanded to all chronic conditions for which the patient is being treated and/or for all screening and preventive care the patient requires.
- In the future, all healthcare process will be evaluated for:
  1. That which can and should be automated, all based on evidence-based medicine
  2. That which requires human input based on patient-centered care
- This will give the healthcare provider more time to focus on the patient while fulfilling the processes (care) which we believe will improve the health (outcomes) and which will decrease the cost of excellent care.
- Automation of care can help healthcare providers fulfill the "triple aim" and it can reduce or even eliminate "burn out."

The Idea of Automation Grows

- In the June, 2013, article discussed above, the clinics found that:
  1. Planning visits ahead of time,
  2. Delegating more tasks to nurses and medical assistants,
  3. Holding daily meetings and
  4. Using standing orders for recurring items

  “not only improves patient satisfaction but also creates happier doctors.”
- The study also found, “Physician satisfaction is an essential ingredient in transforming the delivery of medical care…”

The Idea of Automation Grows

- All medical care, and especially primary care, is incredibly complex, creative work that requires willing, engaged participants and strong support to be successful.

- The study said, “....We use silly words like ‘joy’ and ‘love’ and ‘hope’ because that's what we need. We don't need more rules or checklists or regulations.”

The Idea of Automation Grows

- Reviewing the recommendations from these clinics, SETMA is already doing all of the things they recommend but SETMA believes the processes of care can be improved even more.

- And, It is obvious that the improvements we discussed will also improve the professional satisfaction of primary healthcare providers and that those improvements will decrease the stress upon primary care providers.

The Explanation and the Execution – The Vision

- As we learn more about how to improve our health and as we are able to change the future of our health more, excellence in healthcare increasingly is dependent upon two things:
  1. a team approach and
  2. the automation of those standardized tasks,
- Which while they are critical to excellent care, can be completed without requiring the time and attention of team members. This gives the team more time to interact with one another personally.
- This standardization and automation of care brings us one step closer to the ultimate promise of electronic patient management which is the ultimate goal of electronic patient records.

The Automated Team is the logical extension of clinical decision support.

The Explanation and the Execution – The Team

- The majority of healthcare is delivered and received in the ambulatory setting in a clinician's office.
- While the healthcare team is much broader, in the ambulatory setting, the principle members of the team are the patient, the nursing staff and the healthcare provider.
- Ultimately, while the standardization and automation of this team's functions will spread across all areas of care, Southeast Texas Medical Associates' efforts begin with diabetes.
- Each member of the team - patient, nurse, and provider -- contribute to the excellence of ambulatory care for diabetes.

The Explanation and the Execution – The Plan

- When a patient who has diabetes makes an appointment, based on evidenced-based medicine and national standards of care, the electronic record will immediately:
  1. Search the patient's entire medical record to determine what tests, procedures, consultations or interventions are required and
  2. Which have not been performed.
- Interventions will be directed at the prevention of the complications of diabetes and/or at the improvement of the care of the patient with diabetes.
- Because diabetes is a progressive disease, excellence of care at one point in time may not reflect excellence of care at another time, thus the reason why the "automated team" needs an updated, current and complete plan of care and treatment plan at each visit.

The Explanation and the Execution – The Automation

When the patient presents for their appointment, three documents will have been prepared:

1. For the nurse, a document will have been prepared which lets the nurse know what elements of his/her contribution to the team's effort are not up to date and need to be addressed, such as The LESS Initiative, the 10-gram monofilament sensory examination, immunizations, medication reconciliation, etc.

The Explanation and the Execution – The Automation

When the patient presents for their appointment, three documents will have been prepared:

2. For the patient, a patient engagement and activation document will have been prepared which tells the patient what tests, procedures or referrals have been scheduled. An explanation will be provided to the patient as to why he/she is being asked to have these tests, procedures, or appointments. As stated above, all interventions will be directed toward the improvement of the patient's care and the avoidance of the complications of diabetes. With this document, the patient will know what his/her responsibility is to support the efforts of the team.

The Explanation and the Execution – The Automation

When the patient presents for their appointment, three documents will have been prepared:

3. For the provider, a document will have been prepared which explains the information which has been given to the nurse and the patient. The provider will be alerted to whether or not the patient has been treated to goal for diabetes and if they are not, the provider will be encouraged to change medication, life-styles, education, etc., in order to achieve control.

The Team's Activation - True Patient-Centered Care

- Each team member will have access to the documents given to other members of the team. Each team member will know what is expected of the team and each team member will know the goals are for the entire team.
- **Because the team will be spending less time on the tasks of ordering and scheduling tests, procedures and referrals, there will be more time for the building of relationships and for the activation and engagement of each member of the team.**
- This will leave more time for the provider to listen to the patient's healthcare concerns and desires, to modify the patient's plan of care and treatment plan to improve outcomes and to make certain that he grasps the "baton" through which the patient will accept responsibility for their care.

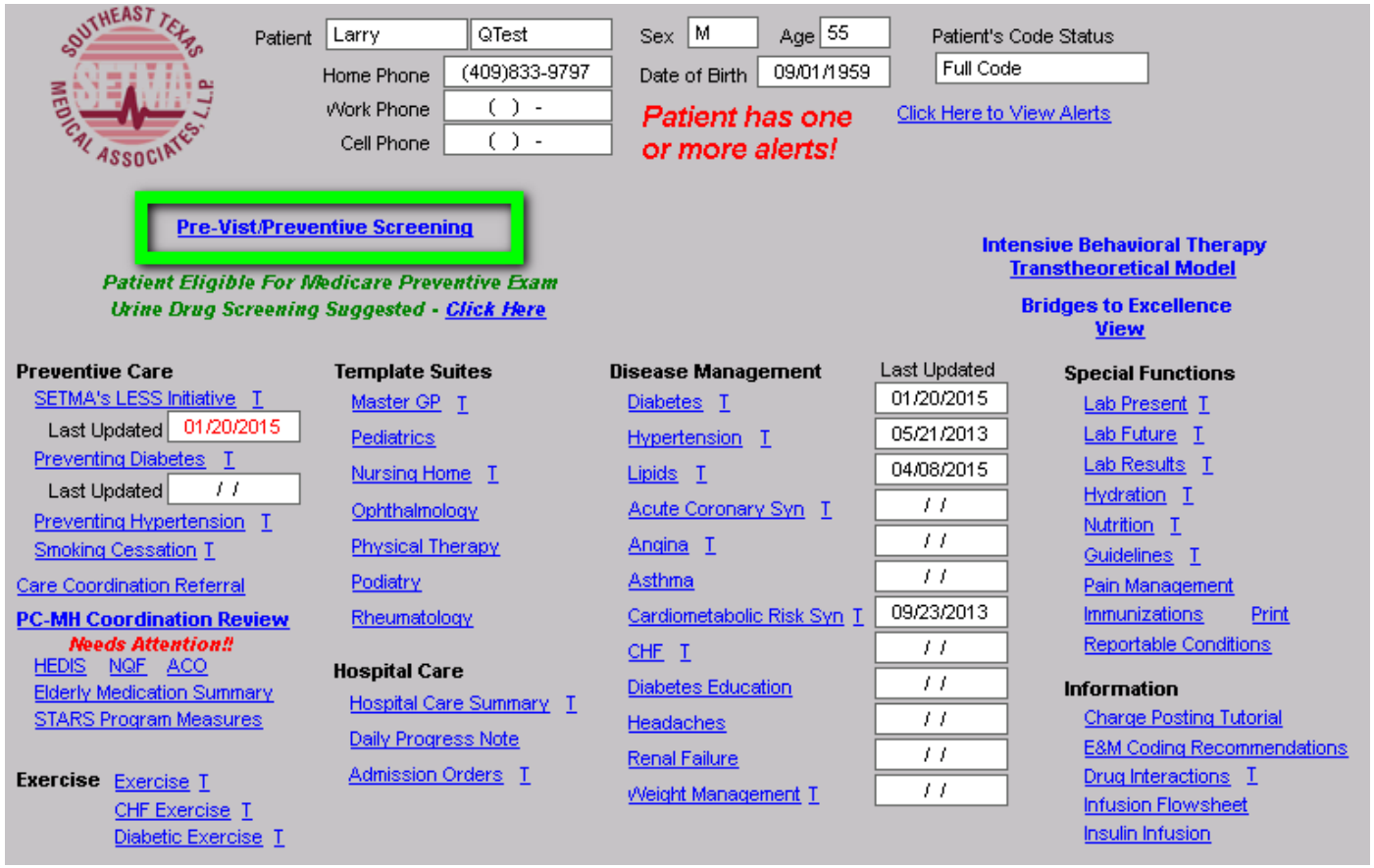
Pre-visit/Preventive Screening

- Every ambulatory visit at SETMA starts with the Pre-Visit/Preventive Screening template which is seen below. The illustration below shows the template after it has been deployed, which means that the notations created by The Automated Team functions are already present on the template.
- The legend for this template is that all elements in black apply to the patient and have been done. All elements in grey, do not apply to the patient and all items which apply to the patient and which have not been done appear in red. When the template is opened, all elements of diabetes are automatically searched by the computer and the elements of diabetes care which have not been done are automatically completed. The completed items are noted in green on this template. Eventually, all items on this template will be automated but SETMA has started with diabetes.

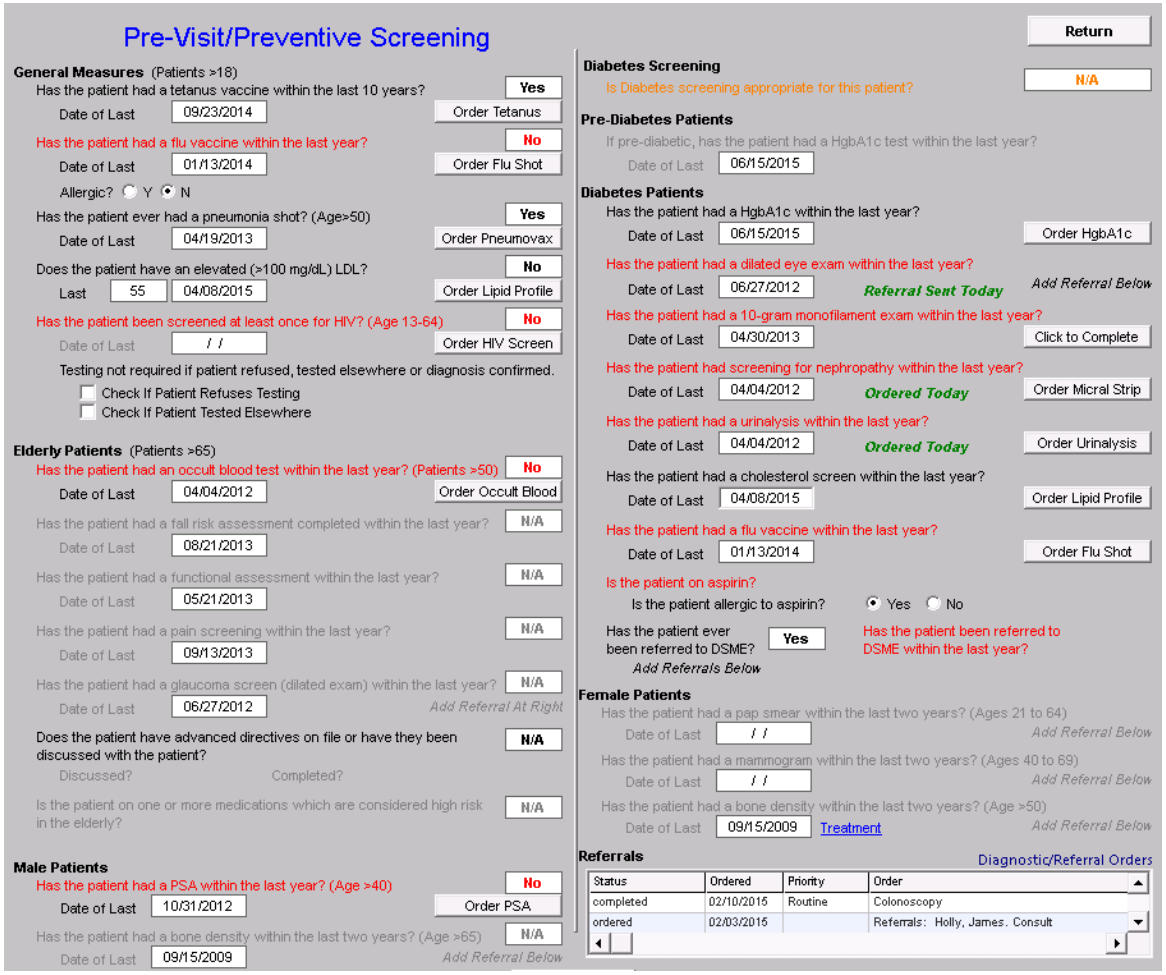
Pre-visit/Preventive Screening

- Once any non-automated measures have been dealt with, the nurse and/or provider will click the button entitled "Return." At that time, three documents will be automatically created. They are discussed and illustrated below. There is a document for the nurse, for the patient and for the healthcare provider. All members of the ambulatory healthcare team will receive all information given to the other members of the team:
  1. The information given to the nurse will also appear on the document prepared for the patient and for the provider.
  2. The information given to the patient will also appear on the document provided for the nurse and the provider.
  3. The information given to the provider will also appear on the document provided to the patient and the nurse.

Pre-visit/Preventive Screening



Pre-visit/Preventive Screening



Pre-Visit/Preventive Screening

Return

General Measures (Patients >18)

Has the patient had a tetanus vaccine within the last 10 years? Yes
Date of Last 09/23/2014 — Order Tetanus

Has the patient had a flu vaccine within the last year? No
Date of Last 01/13/2014 — Order Flu Shot
Allergic? Y N

Has the patient ever had a pneumonia shot? (Age>50) Yes
Date of Last 04/19/2013 — Order Pneumovax

Does the patient have an elevated (>100 mg/dL) LDL? No
Last 55 04/08/2015 — Order Lipid Profile

Has the patient been screened at least once for HIV? (Age 13-64) No
Date of Last / / — Order HIV Screen
Testing not required if patient refused, tested elsewhere or diagnosis confirmed.
Check If Patient Refuses Testing
Check If Patient Tested Elsewhere

Elderly Patients (Patients >65)

Has the patient had an occult blood test within the last year? (Patients >50) No
Date of Last 04/04/2012 — Order Occult Blood

Has the patient had a fall risk assessment completed within the last year? N/A
Date of Last 08/21/2013

Has the patient had a functional assessment within the last year? N/A
Date of Last 05/21/2013

Has the patient had a pain screening within the last year? N/A
Date of Last 09/13/2013

Has the patient had a glaucoma screen (dilated exam) within the last year? N/A
Date of Last 06/27/2012 *Add Referral At Right*

Does the patient have advanced directives on file or have they been discussed with the patient? N/A
Discussed? Completed?

Is the patient on one or more medications which are considered high risk in the elderly? N/A

Male Patients

Has the patient had a PSA within the last year? (Age >40) No
Date of Last 10/31/2012 — Order PSA

Has the patient had a bone density within the last two years? (Age >65) N/A
Date of Last 09/15/2009 *Add Referral Below*

Diabetes Screening

Is Diabetes screening appropriate for this patient? N/A

Pre-Diabetes Patients

If pre-diabetic, has the patient had a HgbA1c test within the last year?
Date of Last 06/15/2015

Diabetes Patients

Has the patient had a HgbA1c within the last year?
Date of Last 06/15/2015 — Order HgbA1c

Has the patient had a dilated eye exam within the last year?
Date of Last 06/27/2012 *Referral Sent Today* *Add Referral Below*

Has the patient had a 10-gram monofilament exam within the last year?
Date of Last 04/30/2013 — Click to Complete

Has the patient had screening for nephropathy within the last year?
Date of Last 04/04/2012 *Ordered Today* — Order Micral Strip

Has the patient had a urinalysis within the last year?
Date of Last 04/04/2012 *Ordered Today* — Order Urinalysis

Has the patient had a cholesterol screen within the last year?
Date of Last 04/08/2015 — Order Lipid Profile

Has the patient had a flu vaccine within the last year?
Date of Last 01/13/2014 — Order Flu Shot

Is the patient on aspirin?
Is the patient allergic to aspirin? Yes No

Has the patient ever been referred to DSME? Yes
Add Referrals Below
Has the patient been referred to DSME within the last year?

Female Patients

Has the patient had a pap smear within the last two years? (Ages 21 to 64)
Date of Last / / *Add Referral Below*

Has the patient had a mammogram within the last two years? (Ages 40 to 69)
Date of Last / / *Add Referral Below*

Has the patient had a bone density within the last two years? (Age >50)
Date of Last 09/15/2009 Treatment *Add Referral Below*

Referrals Diagnostic/Referral Orders

Status	Ordered	Priority	Order
completed	02/10/2015	Routine	Colonoscopy
ordered	02/03/2015		Referrals: Holly, James. Consult

Pre-visit/Preventive Screening

- We believe that when complete, the Automated Team functions will free up 25-35% of the healthcare providers' time, allowing all quality issues to be completed successfully and allowing the healthcare provider to spend more time with the patient.
- The question is, "Will automation help in the Maintenance of Board Certification and will it facilitate SETMA providers continue meeting the standards for NCQA Diabetes Recognition and Cardiac and Stroke Recognition, NCQA Tier III PC-MH, AAHC PC-MH and Ambulatory Care standards, URAC PC-MH and the Joint Commission PC-MH and Ambulatory Care Standards?"

Pre-visit/Preventive Screening

- The question is, “Will the Automated Team functions, which should have all SETMA providers consistently fulfilling all quality metrics and patient information materials, improve outcomes of care?

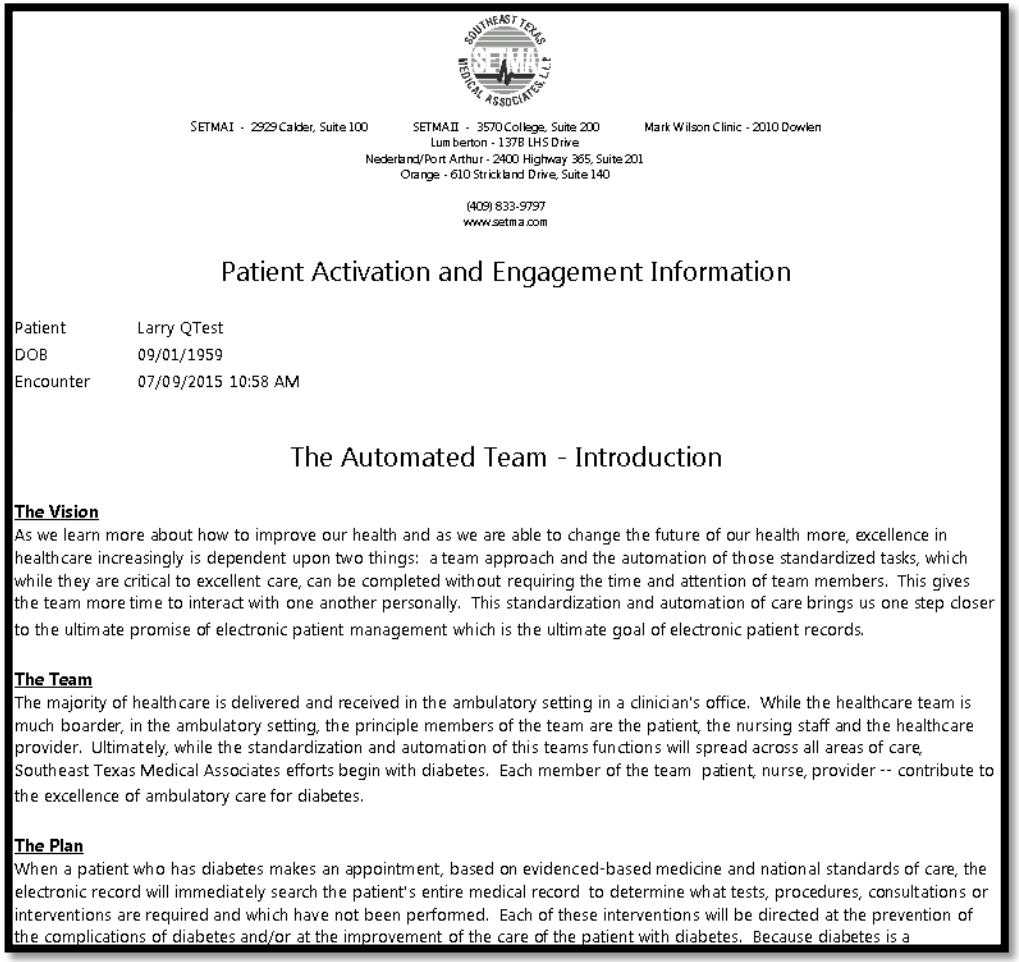
- We know what our outcomes performance has been with clinical decision support (CDS) tools, with this expansion of the CDS tools into the Automated Team functions, will our performance and patient outcomes continue to improve? We expect so, but only time will tell.

Patient Engagement and Activation

- While decreasing stress on providers and freeing up more time for patient interaction are important goals of The Automated Team, the greatest promise for improving outcomes come form patient engagement and activation.

- To facilitate patient activation and engagement, the patient will be informed by staff teaching and by a document as to the tests, procedures and referrals which have been initiated by automation.

Patient Engagement and Activation – Patient Document



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Patient Activation and Engagement Information

Patient Larry QTest
DOB 09/01/1959
Encounter 07/09/2015 10:58 AM

The Automated Team - Introduction

The Vision
As we learn more about how to improve our health and as we are able to change the future of our health more, excellence in healthcare increasingly is dependent upon two things: a team approach and the automation of those standardized tasks, which while they are critical to excellent care, can be completed without requiring the time and attention of team members. This gives the team more time to interact with one another personally. This standardization and automation of care brings us one step closer to the ultimate promise of electronic patient management which is the ultimate goal of electronic patient records.

The Team
The majority of healthcare is delivered and received in the ambulatory setting in a clinician's office. While the healthcare team is much boarder, in the ambulatory setting, the principle members of the team are the patient, the nursing staff and the healthcare provider. Ultimately, while the standardization and automation of this teams functions will spread across all areas of care, Southeast Texas Medical Associates efforts begin with diabetes. Each member of the team patient, nurse, provider -- contribute to the excellence of ambulatory care for diabetes.

The Plan
When a patient who has diabetes makes an appointment, based on evidenced-based medicine and national standards of care, the electronic record will immediately search the patient's entire medical record to determine what tests, procedures, consultations or interventions are required and which have not been performed. Each of these interventions will be directed at the prevention of the complications of diabetes and/or at the improvement of the care of the patient with diabetes. Because diabetes is a

Patient Engagement and Activation – Patient Document

Automated Orders for Larry QTest

The following tests, procedures and referrals have been made for you. The reasons for each of them have been listed below. You will be contacted for the time and place for any referrals made.

Dilated Eye Examination

All patients with diabetes need an annual dilated examination performed by an ophthalmologist. The most common cause of blindness in the United States is uncontrolled diabetes. The annual examination allows complications to be recognized early when treatment can be undertaken to preserve your sight. Note: If a referral has been made for you and you have had a dilated eye examination in the past six months, please let your provider and/or your nurse know.

10-Gram Monofilament Examination

The most common cause of non-traumatic amputations of a limb in the United States is uncontrolled diabetes. The first step toward losing a limb is the loss of sensation in the lower extremity. It is very important that every person with diabetes has an examination of sensory perception in the lower extremity. This is done with a non-invasive examination with a 10-gram monofilament. This examination will be completed in the office by your nurse. It is an important part of the care of your diabetes.

Podiatry

All patients with diabetes should have their feet examined at each visit. In addition to the sensory examination, the feet are examined for ulcers, wounds, infections or other skin abnormalities. Patients with diabetes should not trim their own toenails, go barefoot or subject yourself to potential foot or toe injuries. If you have decreased or absence sensory perception you should be seen by a podiatrist annually. The sensory examination and proper foot care are the first steps to preserving your limbs./.

Urinalysis (UA)

Because your urine is produced by the kidneys, an examination of your urine will tell your healthcare provider a great deal about the health of your kidneys. Annually, all patients with diabetes should have their urine examined for infection, protein, glucose and other abnormalities.

Patient Engagement and Activation – Nurse Document

SETMAI - 2929 Calder, Suite 100 SETMAII - 3570 College, Suite 200 Mark Wilson Clinic - 2010 Dowlen
Lumberton - 1378 LHS Drive
Nederland/Port Arthur - 2400 Highway 365, Suite 201
Orange - 610 Strickland Drive, Suite 140

(409) 833-9797
www.setma.com

Nursing Responsibilities

The following need to be completed for this patient.

- 10-gram Monofilament Foot Exam
- Evaluation of Renal Status
- Cardiometabolic Risk Syndrome Assessment
- Framingham Risk Assessment
- Discuss Flu Vaccination

The following tests/procedures have been ***automatically*** ordered for this patient. Be sure to send the patient to the lab and make sure they are aware of referrals that were created.

- Urinalysis
- Micral Strip
- Referral for Dilated Eye Exam

Patient Engagement and Activation – Provider Document

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Provider Responsibilities

The patient's most recent lab values are as follows.

HbA1c	5.7 %	06/15/2015
Cholesterol	111	04/08/2015
LDLC	55	04/08/2015
Triglycerides	77	04/08/2015
HDL	41	04/08/2015

The following tests/procedures have been ***automatically*** ordered for this patient. Be sure to send the patient to the lab and make sure they are aware of referrals that were created.

Urinalysis
Micral Strip
Referral for Dilated Eye Exam

SETMA's Automated Team Function

UTHSCSA School of Medicine
Family Medicine Grand Rounds
July 22, 2015

Goals and Objectives for Grand Rounds

1. Principles of Practice and EMR Development
2. Recognizing and Benefiting from Seminal Moments in Practice Transformation
3. How to address provider fatigue and/or burn-out
4. The Progression from Clinical Decision Support and Disease Management Tools to Process Automation
5. Improving Provider Performance and Satisfaction with Automation
6. Developing Tools for Provider and Patient Collaboration

Summary

The pressures on primary care providers have increased as more and more tasks are required of them at each patient encounter. As the demands of patient-centered care increase, team work and automation of functions are critical to help take the pressure off of primary care providers while maintaining their professional satisfaction and the quality of their performance. SETMA's Automated Team is an important contribution to this need. The following link gives a detailed explanation of The Automated Team:

Questions for CME

1. From where did the principles of SETMA's EMR and Practice Design come?

    a. NCQA standards
    b. American Board of Family Medicine
    c. Peter Senge's The Fifth Discipline
    d. The American Medical Association

2. What is the logical extension of clinical decision support and/or electronic disease management tools?

    a. Quality improvement metrics
    b. Automation and Standardization of Provider Performance
    c. Family Medicine Board Certification
    d. The Cortez Initiative

3. All of the following are conditions where performance improvement is not cheating except?

    a. The test questions are given to you before the examination
    b. The test is an open-book test
    c. There is no time limit for taking the test
    d. The test is supervised and can only be taken on a designated testing date and place

4. The value of laboratory testing, procedure results or outcomes testing or improved by all of the following except?

    a. Who orders the test or the procedure.
    b. The provider reviews the results
    c. The results are used to treat the patient.
    d. The test is performed by a certified an/or accredited laboratory.

5. All of the following are elements of determining how many tasks a provider can and/or will perform at each encounter?

    a. How important is the task
    b. How much time does it take
    c. How much does the provider gets paid to do the task
    d. How much energy does it take

Video of Dr. Holly's Presentation