

Improving Ambulatory Practice for Older Adults in an Electronic Age

Elizabeth Eckstrom, MD, MPH
Oregon Health & Science
University

With the vision and IT
expertise of:

Colleen M. Casey, PhD, ANP,
CNS
Oregon Health & Science
University



What are the Challenges?

- Multiple providers, often across systems
 - A typical Medicare beneficiary sees:
 - 2 PCPs
 - 5 specialists
 - 4 practices
- Geriatric patients are sick
 - >50% of all Medicare beneficiaries are treated for ≥ 5 chronic conditions/yr

What are the Challenges?

- Communication challenges
 - Multiple ‘consumers’ (patient, family, facility)
 - Issues to/from facilities/paperwork
 - Inter-clinic/specialist communication issues
 - Intra-clinic communication issues
- Medication issues
 - Time required to conduct med review
 - Patient difficulty managing medications
 - Facility issues around meds (reconciliation)
 - Provider knowledge of interactions-paradoxical reactions in older patients
 - Consistent conversations around decreasing meds

How your electronic system can make life easier- for you and your patients

1. Improved screening opportunities

2. Improved efficiency

- Automatic charge entry, documentation templates, flowsheets, patient care reminders, abnormal test flags
- Increased information gathering options

3. Improved care coordination

- Notification of patients admitted to ED/hospital
- Assists with medication reconciliation, sending/receiving messages, and refills process
- Quick access to information about community resources, patient education materials
- Access to outside records, ability to communicate with outside providers

How your electronic system can make life easier- for you and your patients

4. Improved patient satisfaction

- Problem list, medication list, scheduling 24/7
- Facilitates receiving test results
- Helps family stay involved

5. Improved patient safety

- Automatic alerts for drug-drug interactions, duplication medications, and potentially inappropriate dosing
- Automatic formulas (GFR)
- *Spread Geriatric Best Practices through all clinics*

6. Ability to conduct systems improvements

- Implement innovative research projects

Geriatric Care by Design.

The EMR: Considerations for Geriatric Care
Audrey Chun, MD

Epic Strategies-

1. Communication templates
2. Use of dot phrases and electronic worksheets for geriatric assessments
3. Use of electronic screening reminders for geriatric health maintenance
4. Use of 'all in one' order sets tailored for older patients
5. Implementing system-wide geriatric research projects via Epic tools

Communication Templates

- Contact information shortcut:
 - .gerofacility used in Family Comments section of Snapshot
 - .familycomm can then be inserted into any TE, electronic message, OV note, etc.
 - Entered by any team member
 - Available to anyone within the institution
- Community resources readily available
 - .gerotaichi, .geropsych, e.g.
- Fax to Facility letter template
 - Can be faxed via Communication Manager from within Epic
 - Ideal when off campus; facilities requiring faxed orders

- growth Chart
- demographics
- Problem List
- History
- Health Maintenance
- CP/Care Teams
- Letters
- Education
- AR
- Allergies
- Immunizations

Recipients of Past Communications

Colleen Casey, PHD,ANP	7/4/2011
Thomas W Huff, MD	4/28/2011
Mika T McDougall, MD	6/18/2010

Immunizations/Injections 5
None

Specialty Comments [Report](#) [Show All](#) [Edit](#)
No comments regarding your specialty

Becomes .familycomm

Family Comments [Edit](#)
Esther lives with Marcia
Home phone. 503-246-9938
Marcia's cell 503-803-0470
Amedysis home health ordered 6/30/2011

Family Comments

Esther lives with Marcia. Home phone. 503-246-9938
Marcia's cell 503-803-0470
Amedysis home health ordered 6/30/2011

Facility name: ***
Facility contact: ***
Phone: ***
Fax: ***
Family Contact name/address: ***
Primary family contact phone: ***
Secondary family contact phone: ***
Home health phone/fax/contact (if applicable): ***
Notes: ***





.gerofacility

Accept Cancel

centered on more diffuse achiness and pain, not just to operated hip. ESR done earlier this month neg for PMR. Has appointment to see Dr. Huff tomorrow who ordered Xray of both right shoulder and bilateral knees based on

Example: Use of Shortcut in Telephone Encounter

08/04/2011	Orders Only	Internal...	IMC FAC PPV	Leblanc, Krystal	
07/28/2011	Telephone	Internal...	IMC FAC PPV	Casey, Colleen, PHD,ANP	Lab Results
07/27/2011	Refill	Internal...	IMC FAC PPV	Casey, Colleen, PHD,ANP	Refill Request-gabapentin..

← Back    

Colleen Casey, PhD, ANP-BC, CNS
Nurse Practitioner, OHSU Geriatrics (Internal Medicine)
503-494-8562, Pager 10085

SIA MILLER 9/12/2011 4:55 PM Signed
Colleen,

Please review UA in chart (trace of blood) and advise.

Thank you,
S.Miller, MA

Facility name: McLoughlin Place Memory Care/Stephanie Horton
Phone: 503-655-3337
Fax: 503-656-2982

From .familycomm

Patient Instructions
None

Medication Reconciliation

The screenshot displays the 'Medications' section of an Epic EMR. The 'Current Prescriptions' table lists various medications with their respective dosages, frequencies, and routes. A text editor window is open, showing a comment that has been updated with a date and initials. A yellow box highlights the text in the comment, and an arrow points from this box to the 'Medication List Comments' section at the bottom of the screen.

Medication	Sig	Disp	Refills	Start Date	End Date	DAW	Comment	D/C Reason	Route
acetaminophen (TYLENOL) 325 mg Oral Tablet	Take 325 mg by mouth every four hours as needed. If pain/fever not reduced in 4hrs, notify MD.								Oral
ascorbic acid (VITAMIN C) 500 mg Oral Tablet	Take 1 Tab by mouth two times daily.	60 Tab	1	5/4/2011					Oral
bisacodyl (DULCOLAX) 10 mg Rectal Suppository	Insert 10 mg rectally once daily as needed.								Rectal
buPROPion SR 200 mg Oral Tablet Sustained Release	Take 200 mg by mouth two times daily. 2nd dose no later than 3pm.								Oral
Calcium Carbonate-Vit D3-Min (CALCIUM-VITAMIN D) 600-mg-unit Oral Tablet	Take 1 Tab by mouth two times daily. 2nd dose no later than 3pm.	100							Oral
cyanocobalamin (VITAMIN B-12) 1,000 mcg Oral Tablet	Take 1,000 mcg by mouth once daily.								Oral
ergocalciferol 50,000 unit Oral Capsule	Take 50,000 Units by mouth every seven days.								Oral
escitalopram (LEXAPRO) 20 mg Oral Tablet	Take 20 mg by mouth once daily.								Oral
ibandronate (BONIVA) 150 mg Oral Tablet	Take 1 Tab by mouth every thirty days.	1 Tab							Oral
NA PHOS,M-B/NA PHOS,DI-BA (FLEET ENEMA RECT)	Insert rectally.								Rectal
POLYETHYLENE GLYCOL 3350 (MIRALAX ORAL)	Take by mouth.								Oral
valsartan (DIOVAN) 160 mg Oral Tablet	Take 1 Tab by mouth once daily.	30 Tab	11	12/16/2010					Oral
vitamin E 400 unit Oral Capsule	Take 1 Cap by mouth once daily.	30 Cap	3	5/4/2011					Oral

Text Editor Content:
Name: MEDLIST
Content: Medication list updated per facility @TD@ @NOW@ @SIGNATURE@

Medication List Comments:
Medication list from facility has been updated in Epic on 2/25/11. -SMiller, MA

Example: Geriatric Resource Listing

Production - Hyperspace - Oregon Health & Science University - IMC FACULTY PPV

Epic Schedule Patient Lists Patient Station In Basket Chart Tel Enc Refill Enc Meds List Hou

Workbench

SmartPhrase Editor

Name: GERORESOURCES

Content Owners & Users Synonyms Rich text (bold, italics, etc.)

Arial 11 B I U S A 100%

Insert SmartText

Issue	Name/Contact number	Program	Rating	Co
Abuse, Elder	APS		+++	Ca Pt res Ok you sui ca:
Acupuncture	Lisa Thorburg 503-515-2657		+	
Alcohol Abuse Issues				Re SE for Ca
Anticoag Issues	Sara Pascoe 47631	ACC	+++	
Asian Health	Holden	Asian Health Services Center	?	Ex prc As Tw St Be
Attorney, Elder Law	Scott Strahm 503-639-8800	Strahm Law Group	++	Sir hai
Attorney, Elder Law	Jessica W. Dimitrov Attorney at Law	Dimitrov & Senescu, PLLC		Pe spi

Sh (25) [Page](#)

Info:
++
++
?:
Re
ph:
an:
lss

Open Save

Geriatric Assessment: Use of Dot Phrases

← Back    

Respiratory: No shortness of breath, cough, or pain with breathing.

Gastrointestinal: No abdominal or flank pain, anorexia, nausea or vomiting, dysphagia, constipation, hemorrhoids, melena

GU: No dysuria, hematuria, incontinence

Musculoskeletal: No joint swelling or pain.

Neurologic: No weakness, numbness or tingling, dizziness, falls

Psych: No behavioural disturbances reported, no depression

Heme/Lymphatic: No abnormal bruising, abnormal bleeding or enlarged lymph nodes.

Skin: No rash.

GERIATRIC REVIEW OF SYSTEMS

ADL/IADLs: independent, lives in independent living at Towne Center Plaza; manages all own ADLs/IADLs except now has meals in dining room

Medications: self-administers

Falls: none

Nutrition: see HPI; check next time about dentures/local dentist?

Cognition: unscreened, SLUMS at future visit

Incontinence: no issues

Hearing: normal;

Vision: corrected with glasses;

Assistive Devices: as above, had been using cane earlier this year

Depression: not present

Advanced Directive: desires POLST; needs to complete AD

ROS12 point review of systems otherwise negative except as described above.

Assessment Worksheets

- Electronic worksheets and calculations with geriatric focus can be easily tracked over time and automatically entered into visit note
 - SLUMS, MMSE, ADL, Tinetti, PHQ9, GAD
 - GFR per CG (.gfrcg)

Example: Electronic Worksheet

- Chart Review
- Results Review
- Flowsheets
- Growth Chart
- Demographics
- Problem List
- History
- Health Maintenance
- PCP/Care Teams
- Letters
- Medications
- MAR
- Allergies
- Imm/Injections

Select Flowsheets to View

SLUMS EXAM [226]	
MMSE (FROM DOC FLOWSHEET) [3402]	

SLUMS Exam	4/1/2011		
Day of week (1 pt)	1		
Year (1 pt)	1		
State (1 pt)	1		
Money spent/have left (3 pts)	3		
Animals named (3 pts)	2		
Remember five objects (5 pts)	2		
Series of numbers, backwards (2 pts)	1		
Clock face markers (4 pts)	4		
Shapes (2 pts)	2		
Story recall (8 pts)	2		
Total Score	19		
MMSE (From Documentation Flowsheet)	4/1/2011	7/27/2011	
Memory Trouble	YES	YES	
Questions OK	YES	YES	
Orient Time/Year	1	1	
Orient Time/Season	1	1	
Orient Time/Month	1	1	
Orient Time/Week	1	0	
Orient Time/Date	1	0	
Orient Place/State	1	1	
Orient Place/County	1	1	
Orient Place/City/Town	1	1	
Orient Place/Building	1	1	
Orient Place/Floor	1	0	
Reg (Word 1)	1	1	
Reg (Word 2)	1	1	
Reg (Word 3)	1	1	
W-O-R-L-D	5	5	
Recall (Reg Word 1)	1	1	
Recall (Reg Word 2)	0	1	

● Abnormal/Panic
 Dates in: Columns Rows

Example: SLUMS in a note

Sorted.

Specialty	Department	Provider	Description	Enc Closed?	CSN	Release Restricted
	LAB PPV	Ppv, Lab General	Hemoglobin Low; Medicati...	Yes	1017732318	
al...	IMC FAC PPV	Casey, Colleen, PHD,ANP	Hypertension (Primary Dx)...	Yes	1016991431	
al...	IMC FAC PPV	Casey, Colleen, PHD,ANP		Yes	1017512721	
al...	IMC FAC PPV	Casey, Colleen, PHD,ANP		Yes	1017299789	
al...	IMC FAC PPV	Casey, Colleen, PHD,ANP		Yes	1017055467	
al...	IMC FAC PPV	Casey, Colleen, PHD,ANP	RE: Glucose	Yes	1016968896	

had any delirium setbacks (her usual s/s UTI). Denies frequency, dysuria, hematuria. Denies constipation. It may consider to alternative suppression. Believe she has benefited greatly from suppression.

on Mirtazapine earlier this year. Now down 4 pounds, but wants to lose the rest. Using Trazodone for sleep and sleeps great. Sometimes misses it and doesn't take everyday, goes to gym once weekly, swims weekly, Does Tai Chi 4x/week. General Appearance: W/DWN female, appears stated age, NAD. Re-evaluate and see if she still needs it. Otherwise okay on low dose.

had 2/2 incontinence/nocturia. Last SLUMS 2/2011 19/30. Betty is quite functional, is managing her own meds with Pat's help and hasn't missed any notices. No falls. Gait steady with four wheeled walker. Cognitive: MMSE, language intact, comprehension intact Psych: Appropriate and engaging manner. In the last 6 months, repeat SLUMS today. **SLUMS Exam Total Score: 20** so continues to be have memory deficits. Other family is interested in natural remedies and arnithine. Let them know some of the benefits of Curcumin (turmeric extract) supplementation 3 grams/day, Omega-3 fatty acid 2 grams/day

in the future.

Example: Cockcroft-Gault in a note

- Hyperspace - Oregon Health & Science University - IMC FACULTY PPV

Schedule Patient Lists Patient Station In Basket Chart Tel Enc Refill Enc Meds List House Census for MD's MyChart Results F

Workbench

SmartPhrase Editor

Name: CMCNOTE ID: 221956 Type: User

Content Owners & Users Synonyms Rich text (bold, italics, etc.)

Arial 11 B I U S A 100%

Insert SmartText

PERTINENT FAMILY HISTORY
@CAPHIS@ @FAMHXP@

SOCIAL HISTORY
@SOC@

OBJECTIVE
@VSC@ @GFRCG@

General Appearance: WDOWN @SEX@ appears stated age, NAD.
Eyes: PERRL***, sclera clear, EOM intact
HEENT: TMs and AC normal***; moist, pink mucous membranes; pharynx without exudate. Uvula mid-line. Teeth***. Hearing grossly intact with ***
Neck: Supple, no masses, no LAD, no JVD

SmartLists

Default And
Or Nor
None Paragraph
Sentence

<< Add Edit List

Short Description
(250 characters max.)
[Populate from SmartPhrase text](#)

OHSU Internal Medicine and Geriatrics

OBJECTIVE
BP 114/70 | Pulse 66 | Ht 174 cm (5' 8.5") | Wt 73.029 kg (161 lb) | BMI 24.12 kg/(m²) Estimated Creatinine Clearance: 50.7 ml/min (based on Cr of 0.72).

General Appearance: WDOWN female appears stated age, NAD.
Eyes: PERRL, sclera clear, EOM intact
HEENT: TMs and AC normal; moist, pink mucous membranes; pharynx without exudate. Hearing grossly intact.
Neck: Supple, no masses, no LAD, no JVD
CV: S1, S2. RRR, no m/r/g appreciated; pulses 2+ bilaterally
Pulm: CTA bilat. No adventitious sounds. Intermittent cough during OV.

Use of Screening Reminders

- Standard geriatric screening intervals can be selected
- Dates tracked, many automatically
- Comments can be added
- Includes colonoscopy, cervical cancer screening, mammogram, bone density, PPV, flu vaccine
- Can include TSH, lipids, DM set, PHQ9, PSA, Vitamin D, Cognition, Falls, Zoster tailored to patient

EHR Health Maintenance

Due Date	Topic	Date	Date
9/2/1974	ZOSTER VACCINATION		
10/1/2011	INFLUENZA VACCINE (FLU SHOT)	12/22/2010 (Decline	
1/26/2012	VITAMIN D MONITORING	1/26/2011	7/19/2010
Completed	PNEUMOCOCCAL VACCINE (PPV)	12/22/2010 (Decline	
Completed	OSTEOPOROSIS SCREENING	10/21/2007	10/8/2007

Health Maintenance Modifiers

Colon Cancer Screening: Exclude-Not indicated
Lipid Screening: Exclude-Not indicated
Mammogram: Exclude-Not indicated
Osteoporosis Screening: Once
Pap Smear: Exclude-Not indicated
PPV>65: 1 dose after 65
Vitamin D Monitoring: Every 1 yr
Zoster Vaccination: Once

cog

Accept Cancel

Category Select

Search: cog

Title
Cognition Testing: Every 1 yr
Cognition Testing: Exclude-Discussed and refused
Cognition Testing: Exclude-Not indicated

3 categories loaded.

Accept Cancel

Health Maintenance

PPV>65: 1
 Pap Smear: Exclude-Not indicated
 Mammogram: Exclude-Not indicated
 Osteoporosis Screening: Once
 Colon Cancer Screening: Exclude-Not indicated
 Lipid Screening: Exclude-Not indicated
 Zoster Vaccination: Once
 Vitamin D Monitoring: Every 1 yr

Health Maintenance Plans

INFLUENZA VACCINE 6 MOS AND OLDER
 OSTEO SCREENING ONCE
 PPV > 65 1 DOSE
 VITAMIN D MONITORING: EVERY 1 YR
 ZOSTER VACCINATION: ONCE

Health Maintenance Summary

ZOSTER VACCINATION	Overdue	9/2/1974
VITAMIN D MONITORING	Next Due	1/26/2012
INFLUENZA VACCINE (FLU SHOT)	Next Due	10/1/2011

Legend

Overdue Due On Due Soon Postpon

Override Type Abbreviations

Done	Done
Declined	Declined
Postponed	Postpone until next year
Prv Comp	Previously completed
(N/S)	Reason not specified

DHSU General Internal Medicine and Geriatrics-July 2011

Geriatric Health Maintenance

Test/Screening	Start Age	Frequency	Comment	Is there a USPSTF rec.? /other rec.	Currently in Epic (Y/N)
Labs					
Lipids	65	Every 5 years	If normal until age 75. Every year if high-risk patients (CAD, DM, stroke, tobacco use, obesity, etc.). If on statin, no upper age limit.	Y	Y
Thyroid (TSH)	<65	Yearly	If on thyroid medication. No routine screen recommended. Consider if symptomatic, memory changes, etc.		Y
Vitamin D (25-OH)	65	Yearly	Replete if level < 30	NOF	Y
Diagnostics					
Colonoscopy	50	Every 10 years	If normal, until age 75 (or yearly FOBT/q 5 year sigmoidoscopy) Every 5 years if tubular adenoma, etc.	Y	Y
Mammography	50	Every 2 years	If normal, until age 75	Y	Y
PAP	21	Every 3 years	If normal, until age 65 if low risk (single partner, sexually inactive, no hx of abnormal, no hx of cervical cancer)	Y, ACS	Y
Bone Density (DXA)	65	Once (minimally)	Every 5 years if not on medication Every 2 years if diagnosed with osteoporosis/on meds; consider starting at age 60 if increased risk (< 70 kg, no estrogen tx)/hx of fractures	Y	Y (but q2 even if not on meds)
AAA (aneurysm)	65	Once, males	One-time in men aged 65-75 who have ever smoked (≥ 100 cigarettes) or 1 st degree FMH of AAA	Y	Y
Prostate (PSA)	50	Every 4 years?	No recommendation for men < 75 (grade I); do not screen > 75 (grade D)	Y	Y
Diabetes Care					
Hemoglobin A1C	<65	Every 6 months	Screening: Every 3 yrs if SBP > 135/80 mmHg Testing: More frequently if medication changes For patients ≥ 75, target of 7-8 acceptable		Y
Monofilament	<65	Yearly			Y
Urine Albumin	<65	Yearly	If maximum dose of ACEI or BP well controlled, may not be recommended		Y
Immunizations					
PPV (pneumonia)	65	Once after age 65		Y	Y
Shingles	60	Once after age 60		Y	Y
Tetanus	65	Every 10 years	Tdap if exposed to kids/grandkids	Y	Y
Influenza	65	Yearly		Y	Y
Other Screenings					
Vision Exam	65	Yearly	With dilation		Y for DM

“All in one” Order Sets (Smartsets)

- Development of one-stop clinical interface that includes orders, note templates, worksheets, patient instructions, LOS
 - Medicare Wellness Visits (built to satisfy Medicare requirements)
 - Annual Wellness Visit Smartset
 - Welcome to Medicare Smartset
 - Driving Smartset
 - Falls Smartset
 - Geriatric Health Maintenance Smartset

Example: Medicare AWWV

Sent By: Lorrn Aldridge, RN

TELEPHONE/REFILL ENCOUNTER

Contacts

Reason for Call

MyChart Result Rel...

Allergies

Problem List

Medication List

Verify Rx Benefits

Reconcile Dispos...

Relevant Enc

SmartSets

BestPractice

Documentation

Meds & Orders

Disposition

Routing

Pt. Instructions

Follow-up

Comm Mgt (Letters)

Close Encounter

SmartSets

Opened SmartSets

Associate Primary Dx New Dx Providers

Pharmacy FRED MEYER #701375 11565 SW PACIFIC HWY TIGARD OR 503-293-7085 503-293-7078 503-293-7085

MEDICARE ANNUAL WELLNESS VISIT

How to Use the Medicare Annual Wellness Visit SmartSet

Required Components: Medicare Annual Wellness Visits

Reason for Visit

Reason for Visit

Annual health maintenance examination [edit](#)

Progress Note

START HERE to start progress note. CLICK 'edit'

.medicareannualnote [edit](#)

Immunizations

Immunizations - Covered by Medicare for Clinic Staff Administration

STAFF TO GIVE: INFLUENZA VIRUS VACC [MED00029] - Recommended annually, covered
Back Office - Supplied by Clinic

STAFF TO GIVE: PNEUMOVAX 23 2+ YRS [MED00043] - Recommended once after 65 if 1st dose was given prior to age 65 and 5 yrs has elapsed since dose #1, covered
Back Office - Supplied by Clinic

STAFF TO GIVE: HEPATITIS B VAC RECOMBINANT ADULT [MED00024] - Recommended for beneficiaries at medium to high risk, covered with copay/deductible
Back Office - Supplied by Clinic

Immunizations - NOT Covered by Medicare for Clinic Staff Administration

Lab Tests

Medicare Screening Lab Tests

Additional Lab Tests - Not part of Medicare Annual Visit but may be indicated with appropriate coding

Imaging

Breast Cancer Screening (Female beneficiaries =>40; every 2 yrs if normal, until age 75; covered)

MA DIGITAL MAMMO SCREEN BILAT
Routine

Osteoporosis Screening - (Beneficiaries => 60 at risk for osteoporosis; every 2.5 years with shorter or longer intervals determined if medically indicated; covered)

CONSULT TO BONE DENSITOMETRY

CONSULT TO BONE DENSITY (GABRIEL PARK)

Orders

Note Template

Use of Electronic Lists

Speech Therapy (Neurocognitive Training)
referral to Geriatric Consult Clinic
Vitamin D
TSH
RPR
CMP
B12

The screenshot shows a software interface with a toolbar at the top containing font settings (Arial, size 11, bold, italic, underline, strikethrough, alignment) and a 100% zoom level. Below the toolbar, there is a text area with the following content:

Patient instructions have been provided based on Betty's history and exam.

We discussed the risks and benefits of the following screenings and immunizations t

Screenings
{MEDICARE HM SCREENING:311941}.

Focused Screenings
{MC FOCUSED SCREENING:311953}

Immunizations
{MEDICARE IMMUNIZATIONS:311942}

Referrals
{MEDICARE REFERRALS:311943}

At the bottom left, there is a dropdown menu labeled "Sign at exit WS".

On the right side of the screenshot, there is a blue highlighted area containing the following text:

Patient has a SLUMS \neq / < 26 and the following have been ordered: {SLUMS SCORE:311950}
Patient has positive depression screen and the following have been ordered: {POS DEPR:311957}
Patient has a positive falls screen and the following have been ordered: {POS FALL SCREEN:311951}
Patient has indicated trouble hearing and {AGREES TO/REFUSES:311952} an audiology consult
POLST: {POLST:312052}
Advance Directive: {AD:312053}

Patient Education

Name: MEDICAREAVS ID: 28

Content Levels Synonyms Rich text (bold, italics, etc.)

Arial 11 B I U S A 100%

abc ↶ ↷ ↻ ↺ + Insert SmartText ↵ ↶ ↷ ↻ ↺

You had your Medicare Annual Wellness Visit today.

This is your 5 to 10-year plan for obtaining preventive care based on recommended guidelines and Medicare coverage. Recommendations are primarily based on US Preventive Services Task Force Guidelines (USPSTF). For more information, go to <http://www.USPreventiveServicesTaskForce.org>. Please also see <http://www.medicare.gov/navigation/manage-your-health/preventive-services/preventive-service-overview.aspx>, Medicare's website, for complete information.

@HMLIST@
@HMMODIFIERS@

Topic	Who	Recommendation	Medicare Coverage
{Providers, please use F2 to select Medicare HM topics pertinent to patient as required by Medicare:312039}			

* Shorter or longer intervals may be medically indicated
+ No USPSTF recommendation regarding frequency of screening

Smart
 Def
 Or
 Nor
 Ser

Short D
(250 ch
Populat
Medical
plan for
preveni

Customize
AVS here:

After Visit Summary

- Go to Patient Instructions and enter .medicareavs

Documentation (F3 to enlarge)

Colon Cancer Screening: Exclude-Not indicated
 Lipid Screening: Exclude-Not indicated
 Mammogram: Exclude-Discussed and refused
 Osteoporosis Screening: Exclude-Not indicated
 Pap Smear: Exclude-Not indicated
 PFV>65: 1 dose after 65
 Vitamin D Monitoring: Every 1 yr
 Cognition Testing: Every 1 yr

Topic Who Recommendation Medicare Coverage

{AVS HM PNEUMOCOCCAL VACCINE:TXT,310549}
 {AVS HM INFLUENZA VACCINE:TXT,310550}
 {AVS HM HEPATITIS B VAC:TXT,310551}
 {AVS HM CARDIOVASCULAR SCREENING TEST:TXT,310552}
 {AVS HM DIABETES SCREEN TEST - FBS OR GTT:TXT,310553}
 {AVS HM DIABETES SELF-MGMT TRAINING:TXT,310554}
 {AVS HM MEDICAL NUTRITION:TXT,310555}
 {AVS HM SMOKING CESSATION:TXT,310558}
 {AVS HM GLAUCOMA SCREENING:TXT,310557}
 {AVS HM SCREENING PAP/PELVIC:TXT,310559}
 {AVS HM BONE MASS MEASUREMENT:TXT,310560}
 {AVS HM COLORECTAL CA SCREENING:TXT,310561}
 {AVS HM PROSTATE CA SCREENING:TXT,310562}

{Providers, please use F2 to select Medicare HM topics pertinent to patient as required by Medicare.312039}

Sign at exit WS

Topic Who Recommendation Medicare Coverage

Pneumococcal Vaccine	All Medicare beneficiaries	Once after 65	Covered
Screening Pap/Pelvic	Medicare beneficiaries	May discontinue screening at age 65 if low risk; otherwise every 3 years	Copay/deductible
Bone Mass Measurement	Medicare beneficiaries >/=60 at risk for	At least once >/= 65 (>/= 60 with risk factors)	Covered

Sign at exit WS

Use F2
to
complete
AVS

Implementing Geriatric Research Projects via EPIC



STEADI Stopping Elderly
Accidents, Deaths & Injuries

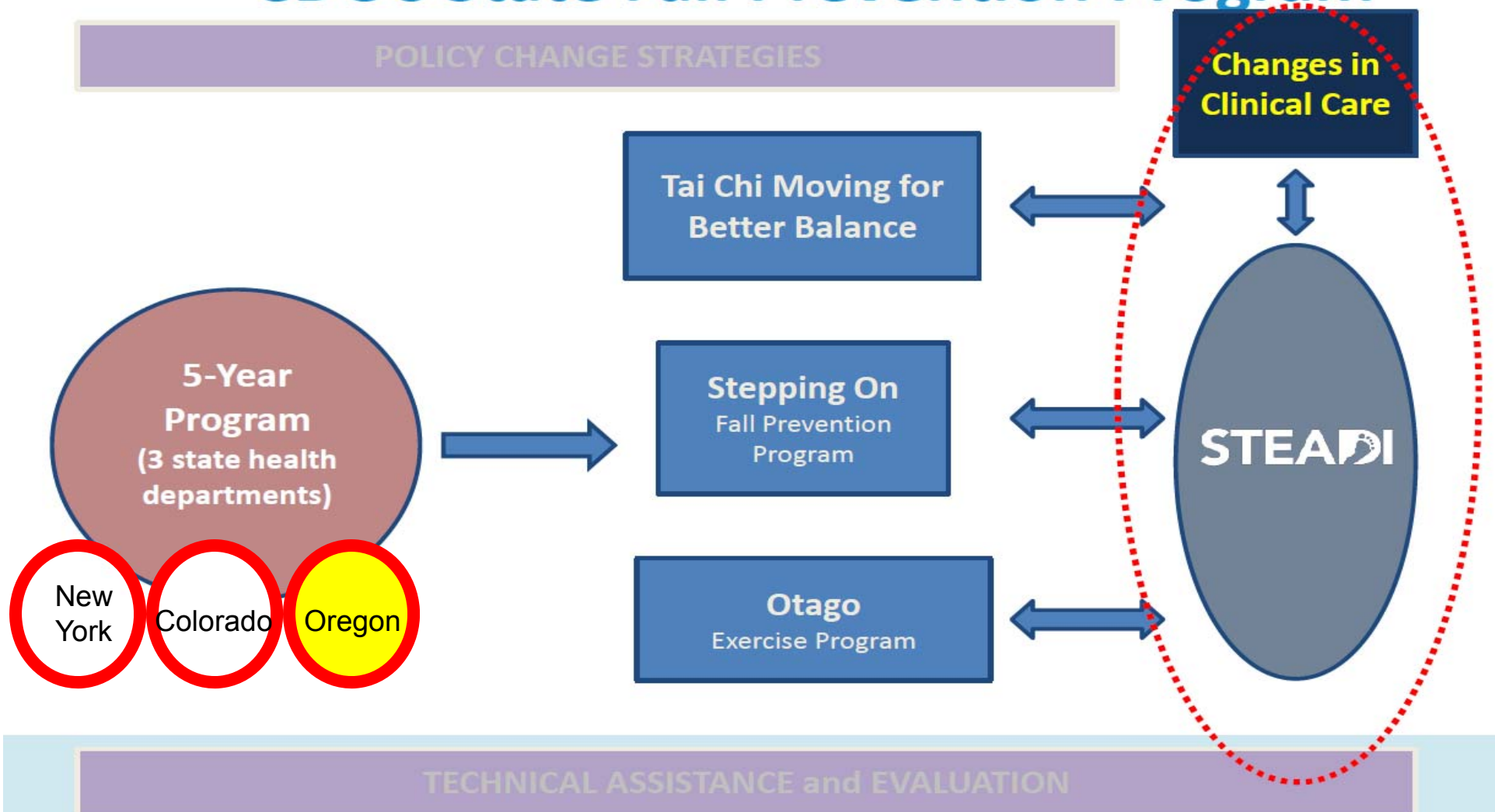
The STEADI Project at OHSU



Colleen Casey, PhD, ANP
Elizabeth Eckstrom, MD, MPH



CDC's State Fall Prevention Program



STEADI Dotphrase for Providers

.falseevaluationandassessment (built into STEADI Smartset but can be used separately also) includes:

HPI: Patient's self-risk fall assessment score: (from STEADI doc flowsheet)

Number of times patient has fallen in past year: ***

Patient is worried about falling or feels unsteady: {YES/NO:63}

Medical Conditions contributing to fall risk include: ***

Medication list reviewed for medications that put patient at increased fall risk.

Medications contributing to fall risk include: ***

Timed Up and Go: (from doc flowsheet)

Vision: (from visual acuity doc flowsheet)

@VITP@

Assessment and Plan: @FNAMECL@ has been evaluated for their risk of falling. The following contributors were identified:

- Orthostasis: {YES/NO:63}. Plan: ***
- Vision: {YES/NO:63}. Plan: ***. Includes consult to optometry, ophthalmology.
- High Risk Medications: {YES/NO:63}. Plan: Will attempt to taper/DC the following medications if possible: ****
- Neuromuscular issues: {YES/NO:63}. Plan: Consult to PT, OT, home safety evaluation, podiatry
- Other referrals ordered: ***
- Additional testing ordered: {IMC ADDITIONAL TESTING:325055}
- Medications ordered: {IMC MEDICATIONS ORDERED:325056}

STEADI DocFlowsheet— High Fall Risk

- Selecting Greater than or equal to 4 (visual acuity, vitals, and TUG will pull in automatically or prompt MA to perform):

The screenshot displays the STEADI DocFlowsheet software interface. The main window shows a patient's flowchart with various assessment items. A 'Selection Form' dialog box is open over the 'TUG (Up and Go)' item, allowing the user to select a single option. The dialog box contains the following text:

Selection Form

15 seconds or less
Above 15 seconds

Accept Cancel

The background interface includes a menu bar with options like File, Add Rows, Add LDA, Cascade, Add Col, Insert Col, Last Filed, Graph, Go to Date, Values By, Refresh, and Legend. The main area shows a table with columns for 'Patient Self Risk Assessment Score' (set to 'Greater ...'), 'Visual Acuity' (Both Eyes (OU)), 'Orthostatic BP', and 'TUG (Up and Go)'. The 'TUG (Up and Go)' section is currently selected, and the 'Selection Form' dialog box is open over it.

STEADI Smartset

Orders

Orders

- HOME HEALTH SERVICES [CNSLT0078]
External Order
- PHYSICAL THERAPY REFERRAL [REHAB00001]
Internal referral
- PHYSICAL THERAPY REFERRAL [REHAB00001]
External Order
- CONSULT TO FAMILY MEDICINE AT SOUTH WATERFRONT - PODIATRY [CNSLT0270]
Internal referral
- REFERRAL TO PODIATRY [CNSLT0078]
External Order
- CONSULT TO OPHTHALMOLOGY [CNSLT0006]
Internal referral
- CONSULT TO OPTOMETRY & OPHTHALMOLOGY [CNSLT0078]
External Order
- Cholecalciferol, Vitamin D3, (VITAMIN D3) 1,000 unit Oral capsule
- VITAMIN D, 25-HYDROXY, SERUM [LAB00539]
Routine, Lab Collect
- Calcium 600 mg Oral capsule

Community Exercise Program: Tai Chi: Moving for Better Balance

- Simplified 8-form format, developed at Oregon Research Institute in Eugene by Fuzhong Li, PhD and Elizabeth Eckstrom, MD, MPH)
- Low cost; no special clothing or equipment needed
- For seniors with varying levels of mobility; can be modified for seated participants
- Group program is at least 12 weeks, 2 times per week
- Can decrease fall risk by 55%, also shown to benefit Parkinson's patients and visually-impaired seniors



Li, *Journal of Gerontology: Med Sci*, 2005
Li, *New Eng J Med*, 2012
Chen, *Age and Ageing*, 2012

Ongoing Considerations

- More accessible geriatric best practices to non-geriatric providers/trainees
- Good communication and EHR savvy does not equate to good care!
- Addressing issues of provider/staff buy-in
 - Didactic vs. clinical Epic training of residents?
- Where is the patient in all this improved communication?
 - MyChart still largely untapped potential resource