Weekly Medical Directors Briefing

July 20-24, 2020

“If it wasn’t documented, it didn’t happen.”

-- Aphorism passed on to all health care providers in their training

Poor Documentation not Solved by Electronic Health Records

One of the promises of Electronic Health Records was that it would make medical information more legible, and complete.

While computer text is undoubtedly more legible than most handwritten clinical notes, it does not solve the issue of incompleteness, and may make it worse. A long progress note can be created using templates and short-cuts, but sometimes a clinician fails to record the core information of the history of present illness and the part of the physical exam relevant to that complaint. When this happens, anyone reviewing the record would come to the conclusion that the quality of care in that visit was poor and unacceptable.

For example, a patient comes to the office complaining of back pain. The progress note includes a depression/anxiety screen, smoking history, alcohol history, review of current medications, and the medical assistant’s note of the chief complaint of back pain, for the past week since moving a heavy couch. The clinician documents no further history, and the physical exam notes that the heart sounds are normal, the lungs are clear and the patient is in no acute distress. There is no recorded back or neurological exam. The assessment is back pain, and an MRI is ordered.

This electronic medical record generated note not only gives the Partnership HealthPlan of California (PHC) medical directors no details by which to judge the medical necessity of the MRI request, it reflects either poor quality care by the clinician, or poor documentation by the clinician, and possibly both.

The consequence of this: a denial of the MRI request, the need for a repeat visit to do the relevant history and physical exam, and a delay in getting appropriate care for the member.

This issue is definitely not universal. In the process of conducting utilization management reviews and investigations of potential quality of care issues, we also encounter very complete and appropriate documentation that reflects a logical collection of historical information, a thoughtful physical exam and a delineation of the differential diagnosis considered.

Sadly, we encounter many progress notes that incompletely address the reason for the patient’s visit. When we bring this to the attention to the Medical Director of the organization, they are often unaware of the issue. This is perhaps even more concerning, that health care organizations don’t closely monitor the quality of medical records and clinical decision making.

One of the best resources to offer a clinician with poor documentation practices is the UC San Diego PACE Medical Record Keeping course. Having your clinicians periodically audit each other’s charts is another way to promote attentiveness to the quality of medical recordkeeping and clinical decision making. Having a standard set

of review criteria is important; Family Practice Management has an article on this topic with an example.

Physician Assistants are required by the Medical Board to have a percentage of charts reviewed by their supervising clinician, a good opportunity to identify poor documentation practices. Although physician review of a sample of Nurse Practitioner Charts is not required by the State of California, it is also a best practice to do this on at least an annual basis, as part of a yearly performance evaluation.

One final note: excellent documentation practices help prevent medical liability lawsuits and licensure actions by California Medical Board/Nursing Board. It is better to have a system to improve documentation and decision making before such actions force the issue.

For a collection of de-identified humorous examples of actual medical records PHC has reviewed, see the www.phcprimarycare.org blog.

This Week's News

Many Enhancements in 2020 Partnership Quality Dashboard (PQD)

Several new features have been added to Partnership Quality Dashboard (PQD) QIP Internal View for measurement year 2020. Current and previous year PCP QIP data is available on PQD: https://phcbiaprod.partnershiphp.org/#/site/PHC/workbooks/170/views

If you are a primary care provider for PHC, and you would like to gain access to PQD, please email the PQD Team at PQD@partnershiphp.org

New this year are changes to the **Home View**:

- Claims Timeliness score – the percentage of claims at the parent organization level that are received by PHC within 90 days of the date of service. This is to encourage timely billing and data capture through claims. Providers can export a drill-down report of claims received outside of 90 days.
- Inclusion of the Patient Experience measure performance for measurement years 2018. Performance data for PCPs eligible under the Survey or CAHPs options in 2018-2019 can be viewed. CAHPs scores are displayed and performance is ranked in a bar chart by sub-region. (Due to COVID-19, there will not be a 2020 survey)
- Projected QIP payout at the parent organization level. This snapshot shows a donut chart of Total QIP $ Earned and Total dollars the org stands to earn if performance was 100%.
- Number of patients needed to treat at the parent organization level to meet Full Points targets in 2020.
- Highest and Lowest performing providers identified. Based on overall, year-to-date QIP score. The Top and Bottom 20 ranked organizational providers are displayed.
- New Monitoring Measures shown: On both the Provider and Home views, performance for measures that were removed from the QIP Core Measurement set in 2020 in response to COVID-19 can still be viewed, and are labeled as "Core" or "Monitoring" on the dashboard.

Changes to the **Provider View** include:

- 2020-2021 Measure Strategy Timeline – Link to infographic on the Provider view for PCPs with a recommended timeline for scheduling member outreach and clinical focus by measure, to maximize QIP performance.
- Hyperlink to the 2020 QIP measure specification document. Select the menu icon for a quick link to the PCP QIP specs.

Oxygen Saturation Monitors, BP Monitors, and Thermometers – Free for PHC Members

In response to COVID-19, PHC has obtained a limited supply of blood pressure monitors, oxygen saturation monitors, and thermometers to be given at no cost to PHC members who are patients of Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services (IHS). PHC would like your help in getting these supplies distributed to our members and your patients that would benefit from this medical equipment.

These supplies will be on a first-come, first-served basis. Interested providers will need to complete the DME Request Form on our website. Complete the form and submit to request@partnershiphp.org or fax to 707-420-7855.

Providers will be expected to connect with the selected PHC members to ensure the member can use the equipment properly.

PHC Educational Opportunities and Events

Accelerated Learning Education Programs

CME/CE credits available

We acknowledge that the COVID-19 response is changing how health centers and practices approach their daily work and QIP efforts. Wishing to be mindful of the situation, we solicited feedback regarding your ability to participate in the upcoming scheduled webinars. The information received back indicates that most would like the webinars to continue as planned. We want to continue to provide education and resources to help practices on the PCP QIP measures, and will maintain the currently scheduled webinars:

Cervical and Breast Cancer Screening (CCS & BCS)

Date: Tuesday, August 25, 2020
Time: Noon – 1 p.m.
Sign-Up Now

Recommended Educational Opportunities Outside of PHC

Sharpening Our Vision for Compassionate Care in the Face of Serious Illness

The Coalition for Compassionate Care of California has moved its excellent annual conference to a virtual format. PHC is sponsoring continuing medical education credit for this event. The content has been concentrated down to two half days of nationally recognized speakers, with an optional virtual poster session in the evening between events. Full details will be posted in the next week or so.

Date: August 24-25, 2020
Time: 8 a.m. – Noon
Sign-Up Now

2020 State of the Art Conference

CME/MOC credits available

CSAM State of the Art brings together national experts to share frontiers of research, treatments, and policies in the field of Addiction Medicine. This year we do so under the overarching theme of **Frontiers of Access to Care**. Due to the pandemic, our conference will be entirely virtual, and for the first time will span across four weeks. Leading up to the plenaries, half-day workshops will be offered in primary care for individuals with addiction; implementation of treatment in correctional health; motivational interviewing, and addiction psychiatry. The CSAM Addiction Medicine Board Exam Preparation Workshop will be offered August 28th and 29th, and then be posted on the Education Center. Poster presentations will be available on demand.

Dates: August 28 – September 25, 2020
Sign-Up Now