Diabetes Audit Training 2016
RPMS/DMS Selecting Patients

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Karen Mundy:

This is Karen Mundy with Cimarron Medical Informatics, and I am a member of the 2016 Diabetes Audit Team along with the other members of the OIT Division of Diabetes Treatment and Prevention. For this session, we are going to be preparing for the 2016 Diabetes Audit with the topic being "How to select your patients for the audit."

The first step that you should take is to assemble your resources. You want to get the 2016 Audit instructions and the 2016 Audit form, and the addendum to the user manual for the RPMS Diabetes Management System patch 9. These will all be available on the IHS website which I'll show you in just a moment. Currently, the addendum is listed for 2015. But as soon as the software is released, which should be the end of January, early February, then they will be posting the addendum for patch 9. But you may even find that the addendum for 2015 patch 8 may be useful in preparing.

The first thing you want to do is determine who will be audited. Will you be using your active diabetic register patients or will you be selecting a template of patients either from the register itself or from the general population? To decide which way to go, whether to use your register as it is with active patients or to go ahead and generate either from your register or from the general population, is going to be determined by how well your diabetes register is currently maintained. You may find that if your register is totally up-to-date, to use your register is just fine. If you know that the register has not been kept up-to-date, you may want to perform some reports either from your register or from your general population in order to get those patients who are truly actively receiving healthcare at your facility.

You want to include those patients who have had a diagnosis of diabetes, type 1 or type 2, in the last year or the year of the audit which would be January 1st to December 31st, 2015. You want to include those patients who are American Indian or Alaskan Native, and you would want them to have at least one visit to a primary care clinic during that audit period.

Here is a list of what we consider to be the primary care clinics overall. You may have others that you are using, other clinic codes that you are using that you do consider primary care clinics and you can certainly add those as well. What is listed here is the diabetic clinic, which is code 06; General Clinic, 01; Internal Medicine, 13; Endocrinology, 69; Pediatrics, 20; Family Practice, 28; and Chronic Disease, 50.

You want to exclude those patients who receive the majority of their healthcare elsewhere, not at your facility or if they are currently on dialysis and receiving the majority of their primary care at the dialysis unit. You want to exclude any patients who have died before the end of the audit period. And you want to exclude women who are pregnant during any part of the audit period. You want to exclude those patients that have pre-diabetes, a metabolic syndrome, an IFG or an IGT, those that have moved or those that you have been unable to contact, and for those you want have to have some type of documentation that you have tried to contact them in order to change their status in the register.

There are ways to run reports to clean up your register in order to use the register for the audit. One of those new reports is called INA to list possible inactive patients in the register. You can use QMAN to identify those register patients that have IGT or gestational diabetes but yet you've maintained them in your diabetic register, and you're going to want to not include them in your audit. And then you're going to want to update the register status for those patients to either "inactive" or "unreviewed."

You can create a template of patients that are on your register to use in the audit. You want to use QMAN to create a template of your register patients who meet the audit inclusion criteria and save them to a template to take into the audit. There are specific instructions on how to do that in the addendum for Audit 2016.

You may want to look for those patients who are possibly diabetic and should be on the register but are not. There is another new option, DXNR, patients with diabetes diagnoses and not on the register. We used to be able to receive mailman bulletins that would notify us of new diabetics that have been put into our system; however, with the influx of ICD-10 codes, those bulletins no longer work. But we will be adding that as an enhancement for next year to be able to get those mailman bulletins back. In place of that, what we do have for you to use is this DXNR, patients with a diabetic diagnosis and not on the register. This identifies patients with one or more diagnoses of diabetes that are not on the register. And the specific instructions are available in the Addendum for Audit 2016. This is a canned report and very much straightforward to use.

Now, if your register is totally messed up, then you may want to instead create a template of patients from your general population for the audit. The instructions, we will be stepping through this today, are in your addendum. You may want to follow along with these instructions for use not only for the audit but for your SDPI grants. So if your register is completely out-of-date, then we're going to go ahead and use QMAN to create a template from our entire population using our audit inclusion criteria or whatever criteria you want to use for selecting your particular patient population that you want to monitor or run reports on.

So, again, preparing for your audit, the next step after picking your patients is to be sure that your taxonomies are up-to-date. There are three taxonomies that are locally populated. And there is a separate recording on this particular procedure to update your taxonomies.

After you have selected your population or found those patients that should not be in your register as an active status, you're going to want to go ahead and change the register status of those who do not meet the criteria for being active to either "inactive" or "unreviewed." And we do recommend using "unreviewed" initially and then go back and look at those patients who are in your "unreviewed" category and review their chart and update their status. You can run your individual audit on two or three well-known or compliant diabetic patients. This will give you a chance to see where your taxonomies perhaps are not up-to-date or maybe the entry of exam data is not up-to-date, to see those deficient areas on your compliant patients that you know should meet those criteria.

Then you're going to want to run a cumulative audit on paper on your register or a template of patients that you've selected and get an overall view of the entire grouping of patients that you are going to audit, again, looking for those places where you might be deficient or perhaps places where your count is way too high. So you might have something in a taxonomy that doesn't belong and some test result is getting captured that is not correct.

You want to review your audit logic as needed. There are options in RPMS to look at that actual audit logic and be able to see what CPT codes are looked at, what ICD codes are looked at, what taxonomies are looked at et cetera to see where things might be falling through the cracks.

Then after you're satisfied with all of that, then you're going to go ahead and run and create your Audit Export file.

There are reports available to help you identify your inactive patients. Under the DMS “roll and scroll” you can go to “Reports” and run your master list. Run your master list on those patients who are active in your register. It will now display the last visit date for you and then you can see those dates and see, well, perhaps that patient does not belong as an active status in my database. Or you can use GEN which is a general retrieval mechanism that allows you to select out your patients by certain selection items, and then it also allows you to print what you want to print to show on your report. Whereas the master list is a canned report, you have no control over what actually displays, with GEN, you can run the same report but yet be able to print several different items of your choice.

To look for your inactive patients, you can use QMAN using your register as the subject or you can use QMAN using living patients as the subject if you want to look at your entire population. And again, there are examples of how to do all of these in your addendum.

I'm going to bring up this desktop. Unfortunately, expanding doesn’t do anything for us. But I'm hoping in the roll and scroll that the font will be large enough for you to see. I will tell you in advance that with visual DMS, I have no control over the size of the font so you may want to go ahead and expand your Adobe Connect session to full screen. There should be a way to select that up in your upper right-hand corner of your screen to expand your screen to full screen.

We’re going to start in “roll and scroll” and this may not be quite as bad as the visual. We’re going to go ahead and log in. This is a test database. When you look at your primary care menu and the name of your diabetes management system, your acronym may be “BDM” as it is on this particular system. It could be “DM” or it could be “DMS.” But it will say, “Diabetes Management System” and that’s where I'm going to go right now. You’ll select a register to use. I happen to have three that I am an authorized user for on this system. I'm going to go ahead and go to the IHS diabetes register. And you’ll note when this particular window comes up, we are on version 2, patch 9.

And I do want to show you where you can see the examples of all of these exercises that we’re going to go through here. It is on the addendum to the user manual version 2, patch 9. If you go to your table of contents, there are instructions on how to use your diabetes register for the 2016 Audit as well as identifying these particular groups of patients and also how to use your general population if your register is totally out of whack.

So the first place I'm going to go is into “Reports.” There is a new menu option called “List possible inactive patients in the DM register” and I'm going to run that first. You're going to enter in the name of your register and you’ll see that we do have help text here. I'm not sure why this is wrapping as it is, hopefully on yours it won’t look that way. But I'm going to put in “IHS diabetes register.” I want to look at only my active patients. That means that they are considered active on the register itself. And then I'm going to look at primary care clinics.

Now, I can list them all out like we saw on the screen. But a shortcut is to use those clinics that are in GPRA considered as a primary clinic. And you choose that by putting this hard left bracket which is the key next to the P and “BGP,” (BGP is the namespace for GPRA). So we can see we have General, Diabetic, Internal, Pediatric, Well-child, and Family practice, and I'm going to add “Endocrinology.” And if there are other clinics in your facility that you consider to be a primary care clinic (where you would be seeing your diabetic patients), you can go ahead and add them in there. The clinics you don’t want to include are those clinics that are for lab services only or pharmacy refills or administrative types of clinics. You want to include those clinics where patients are actually being treated and seen for diabetes in those clinics.

And then you're going to want to use your audit date. So you want them to have been seen during your audit period, January 1, 2015 to December 31, 2015. And browse this to the screen. Most if not all of the reports that we’re going to look at will ask us whether or not we want to exclude our demo patients,

and indeed we do. This will take a moment. It has to review all of the patients that are in your IHS Diabetes Register and to see if they have had a visit and that they're active in the register, and to see if they have indeed had a visit in the past year in a primary care clinic. So this will just take a moment.

All right, so here we have our list. You'll see that the status will all be active. We're looking in the IHS Diabetes Register for January 1 through December 31 of 2015. This shows us the patient name, the health record number, the status, the case manager if there is one, the patient's last visit, and then how many diagnoses of diabetes this patient has had. And you'll see this right chevron over to the right that says there's more information. So let's move over here by using your right arrow. You push it to the right and it will move it over to the right. We see in this last column the last diagnosis of diabetes.

This is a rather old database so we don't have a lot of current data on these patients. So considering that we're looking at 2015, we'd think, "Well, these patients are pretty much out of date here." But let's look down to see if we can find anything that is really out of whack and we'll want to remove them.

Well, there's one from 2011. So even if we were running a 2013 Audit, that person in 2011 is probably not active. So I'm going to go ahead and grab that health record number, 124801. Let's see if there are any others here without taking too much time. Oh, there's one from 2008, 107390. Again, this is a list of patients in your register that are considered active in your register and would be included in your audit should you run the audit on your register. So we're going to want to clean them up.

So we're going to go back to IHS diabetes register, we want to go back to PM for "Patient Management" and pick our patient. And we want to go ahead and change this status to "unreviewed." But you can see with patient management functions there are all other kinds of functions you can do. You can actually look at their last visit which would be the same date we just saw on that report to see what kind of visit it was and so forth. But we're just going to go ahead and edit our register data and make this unreviewed. Now, if you don't know what your choices are you do two question marks and you'll see that there are others, "Active, inactive, transient, unreviewed, deceased, non-IHS, and lost to follow-up."

A comment here. If you make someone "deceased" in the register, that does not update RPMS Patient Reg. However, if someone were to update RPMS Patient Reg and put a date of death in a patient registration, that will automatically update the status in your register to "deceased." So, "Deceased," "Non-IHS," if you have non-Native American,/Alaskan Natives in your register, which is fine, if you want to put them as "Non-IHS," that's fine as well. "Lost to follow-up" and "non-compliant," well, we're just going to make them "unreviewed." Up hat or shift-6, caret, down to the bottom of the screen, save, and exit. That's how you would update. And that patient would no longer be included in the audit.

We'll go back to our reports. Let's look at those DXNR patients with diabetic diagnoses but they're not on the register. You choose the name of your register, and I'm going to choose a different register for this purpose because I think my register has fewer people on it, and then the beginning visit date, January 1, 2015 to December 31, 2015. And then it says, "How many diagnosis do you want the patient to have had in this time period? Do you want him to just have one? Do you want him to have two? Do you want them to have three?" It's up to 99. We'll go ahead and just say one, and then browse to the screen. And we're going to exclude our demo patients.

So now the report has to look at the entire list of patients in your database, find those that are not on your register that have had a diagnosis of diabetes in the year 2015.

Once this report concludes, what we're going to do is look at those individual patients and look actually at their visits to see if that one diagnosis of diabetes was accurate. For example, you want to check to make sure that it wasn't a CHR visit where somebody was going out to just do a diabetes screen on a patient, to do a finger stick, and they somehow inadvertently recorded it as an actual diabetic diagnosis

or whether it was some other kind of PCC data entry error to make sure that this patient is truly considered diabetic and that you do want to track them in your register.

All right, here we go. So we do see we do have a few patients here. To see them all, we can go ahead and hit enter. We don't get a total number of patients, but we can see there are quite a few of them that have not been put into our register. It does show us our community of residence so that we may find that maybe we don't want to monitor those patients that live in Peach Springs so we wouldn't want to add them into our register.

Well, here, for example. Ariel has had two diagnoses of diabetes. Here's that chevron again, so you can move over to the right using your right arrow key. And we do see the last visit and then how many diagnosis of diabetes they've had and the last time they were diagnosed. So this is one that we would definitely want to add into our register. I'm going to write her number down in order to update and get her into the register.

And then there are the others. What I might mention again is you might want to look at their diagnosis of diabetes, make sure that it was a valid selection and that the provider did indeed mean to give them a diagnosis of diabetes, especially if there is only one within the year because you would have expected if they diagnosed somebody with diabetes that year that they would actually have come in more than one time in that entire year.

So I'm going to go ahead and add my patient to my register which is number two. And using the health record number, it's going to know that this patient is not on my register and do I want to add them, and I'm going to say yes. So here then, we can update their information, look at their other information, look at their lab tests, et cetera, in Patient Management. And this particular Patient Management option is reviewed in the recording for an Overview on the DMS Application.

So next, what I want to do is to use QMAN to identify patients in our general population who we're going to want to use for the audit. And you can use this procedure also to find other members of your population that you may want to select, for example, for your SDPI grants or for any other group of patients that you may want to review, to run reports on, or to set up a register.

So what we're going to do is move over to QMAN. And some of you may have QMAN on your diabetes application menu. If not, you can simply jump to QMAN.

QMAN wakes up, gives you the information here. This is confidential information. If you have the security keys to look at clinical information, then you will see that you do have access to clinical data. Otherwise, it wouldn't be permitted and all you could look at would be demographic data.

We're going to do a search, and we're going to search our living patients. Because obviously, those that we want to have in our audit period, and this is for using for the audit, we want to have living in the audit year. Next, we want them to have had a visit in a clinic, a primary clinic, one of our primary clinics. So I'm going to do that hard left bracket and "BGP." Here we've got those. And I'm going to go ahead and enter in "endocrinology." So those are the clinics we're going to be looking at. We want them to have had a visit in one of these clinics during the audit year. The next condition of the visit is during the Audit period. The starting date is January 1, 2015 to December 31, 2015. And then next will be that they had had a diagnosis of diabetes. So that's all for the visit. We just want to make sure that they have had a visit to a primary care clinic.

The next would be diagnosis. We want to make sure that they have a diagnosis of diabetes, looking at ICD-9 and ICD-10, because we didn't switch to ICD 10 until October. So there is a taxonomy of diabetes diagnoses that is available for you to use so you don't have to know them all. And I'm just going to put in SURV because I never know if the I comes before the E or not. And here we go, we look at a list of different surveillance taxonomies and there is the one for diabetes, number 13. It's

going to show us all of the diagnoses that are included. And where we used to in the ICD-9 would be able to put just 250.0 to 250.93, we now have all these ICD-10 diagnoses as well.

So there are no other diagnoses. If you want to save this as your own taxonomy you can do that, but we're not going to do that. But what is important is that we want them to have this diagnosis of diabetes during the Audit period. So again, we're going to use that condition of "during" and then the Audit period. There are no other diagnoses of diabetes. So here we see QMAN is looking at our patients who are living today, have had a visit to one of the primary care clinics during 2015, and that they have had a diagnosis of diabetes during 2015.

And now we're going to want to store the results of this search in a FileMan search template, number four. And you're going to want to name your template something that makes sense to you, but we always suggest you use your initials first and then something that makes sense. The reason to use your initials is because if you've created a lot of templates you might not remember what you called it but hopefully you can remember your initials.

So here I did "KLM DM Audit, Patients 2016." And then we're going to go ahead and let this run in the foreground and it will look for all of those patients who have had a visit in 2015 that have also had a diagnosis of diabetes. So then we can use this template in our audit. We know these are active patients, they've had visits and they've had diagnoses of diabetes. We can then, if we wanted to, create a new register of these patients in order to use them in a new register, update their case management and such, run the reports and such to see where they may need their healthcare looked at and reviewed. This particular exercise is in the addendum, as well as how to use a template of your register patients in order to pull out those patients that are current.

Lastly, what I want to show you on the addendum, let's see here. Again, I pointed out here, these particular reports that you can use to clean up your register or to find a template using the general population just like I displayed here. You can also look at the guidelines for selecting your patients, those to include and those to exclude

And from your Indian Health Service website, if you go to "Providers" and "Health and Wellness Programs - Diabetes Treatment and Prevention" and go to "Audit," you can pull down your audit resources from here, the instructions for 2016 and the form, and the addendum for 2016 will be available when the software is released. And if you want to look at specific RPMS DMS application information, we can get the initial user manual for the Diabetes Management System. And the addendum for Audits 2015 and 2016 will be available, again, when the software is released.

This concludes the session on preparing for the Audit and identifying your patients. I thank you for your time. And, if you would, please click on the survey for this particular presentation. We enjoy your feedback. And also, hopefully, you will find this useful.