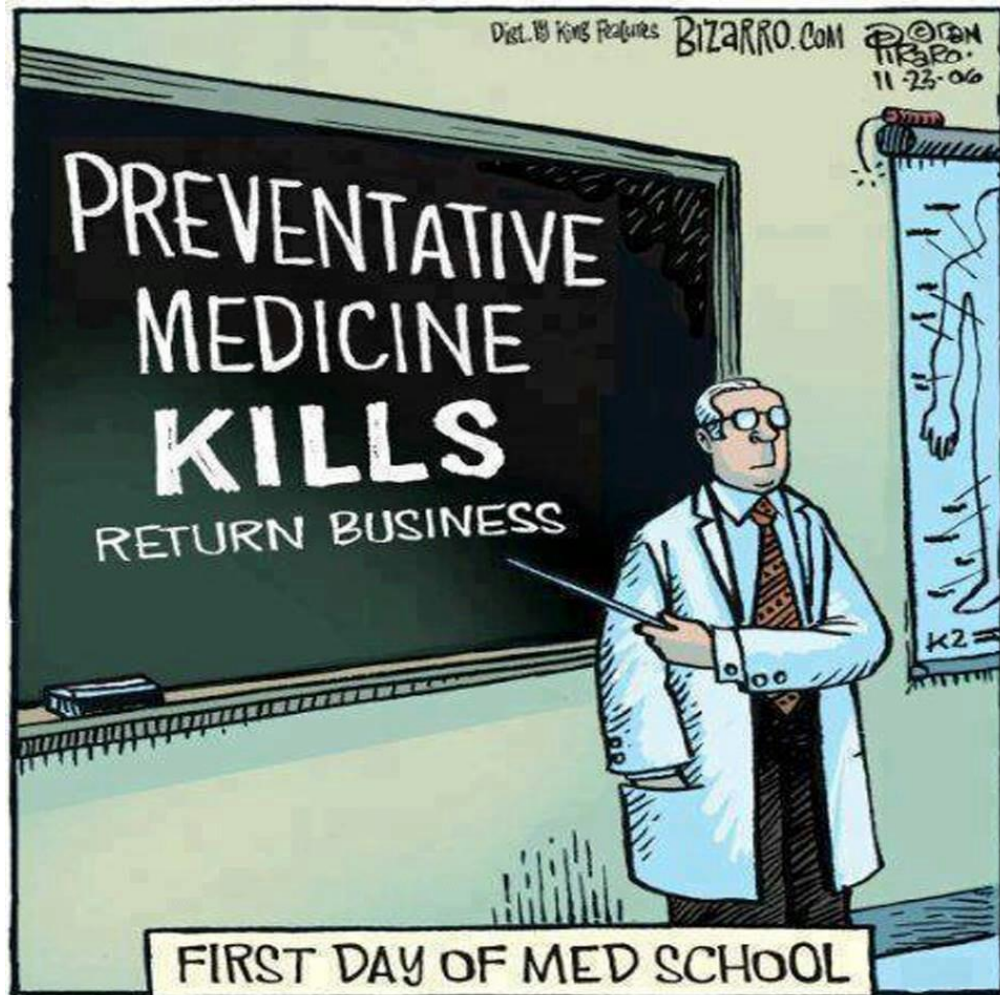


"I wish you'd come to me sooner."



# Guidelines

LCDR Greg Carlson BSN, RN, PHN

# Objectives

- What is the basis for guideline driven care?
- What is the role of the non provider in guideline driven care?
- How do I bring guideline driven care to my organization?

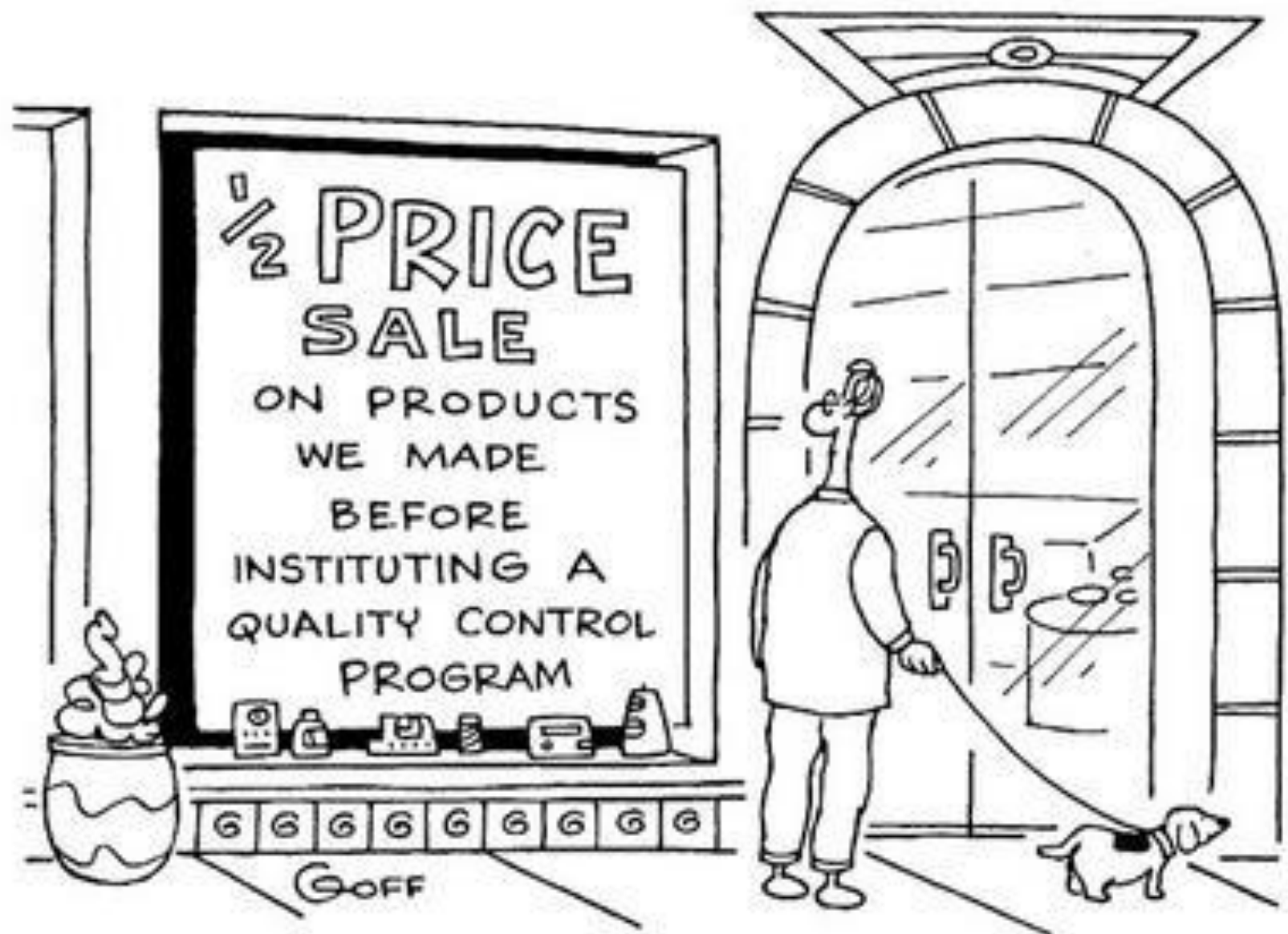
# History of Quality

- Individual observations
  - Nightingale (Mortality dropped from 42.7% to 2.2%)
- Discovery
  - Pasteur (germ theory)
  - Blue (preventing spread of germs)
- Education (Flexner 1910)
- Innovation
  - Sterilizer, X-ray, Pharmaceuticals, Immunizations

# History of Quality

- Healthcare financing (private pay, charity)
  - Kaiser (1930s) employer based plan
  - Private insurance, government
- Industry and Mass Production
  - Ford (1908) assembly lines.

“We are charged with discovering the best way of doing everything.”





# Guidelines should **NOT**

- Replace the Medical Provider
- Limit the Provider's practice
- Be inflicted on the client.
- Require extra work from the provider



# Guidelines **SHOULD**

- Ensure that minimum standard of care is offered to each client.
- Be able to be completed independently by support staff.
- Be a generalist not a specialist.



An extremely general practitioner



# Preventive & Screening Services



**Medicare.gov**

The Official U.S. Government Site for Medicare

PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA

# Breast Cancer: Screening

|                           |   |          |
|---------------------------|---|----------|
| Women aged 50 to 74 years | The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. | <b>B</b> |
|---------------------------|---|----------|

|  |   |
|--|---|
| Breast Cancer Screening by Mammography | The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. Women age 40 to 49 should be counseled on risks and benefits of mammography; mammography is covered if woman chooses. |
|--|---|

## Mammograms

### How often is it covered?

Medicare Part B (Medical Insurance) covers a:

- ♦ Screening mammogram once every 12 months (11 full months must have passed since the last screening)
- ♦ Diagnostic mammogram when medically necessary

# Stay out of the Specialist Weeds

## Breast cancer

- **Women ages 40 to 44** should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
- **Women age 45 to 54** should get mammograms every year.
- **Women 55 and older** should switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- **All women** should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. They also should know how their breasts normally look and feel and report any breast changes to a health care provider right away.

# Enable the support staff



# What Next Exercise

Identify who?

Due/Near Due

Is it visible



When do I offer?

Are visits required

Dx Codes/Orders



How do they respond?

Scripting

EHR Documentation

Colorectal CA Screening (50-75)

- FOBT (every year) or
- Colonoscopy (every 10 years)
- Sigmoidoscopy

Breast CA Screening (F 50-75)

- Mammogram (every 2 years)

Visit Planning –DUE

- Results in chart that didn't update guidelines?
- Update "last addressed" date!

Rooming Client

- Explain DUE Screening Exams
- Use Scripting!

Client  
Agrees

Done  
Elsewhere

Client  
Declines

Order  
Lab/Diagnostic

Records  
Release

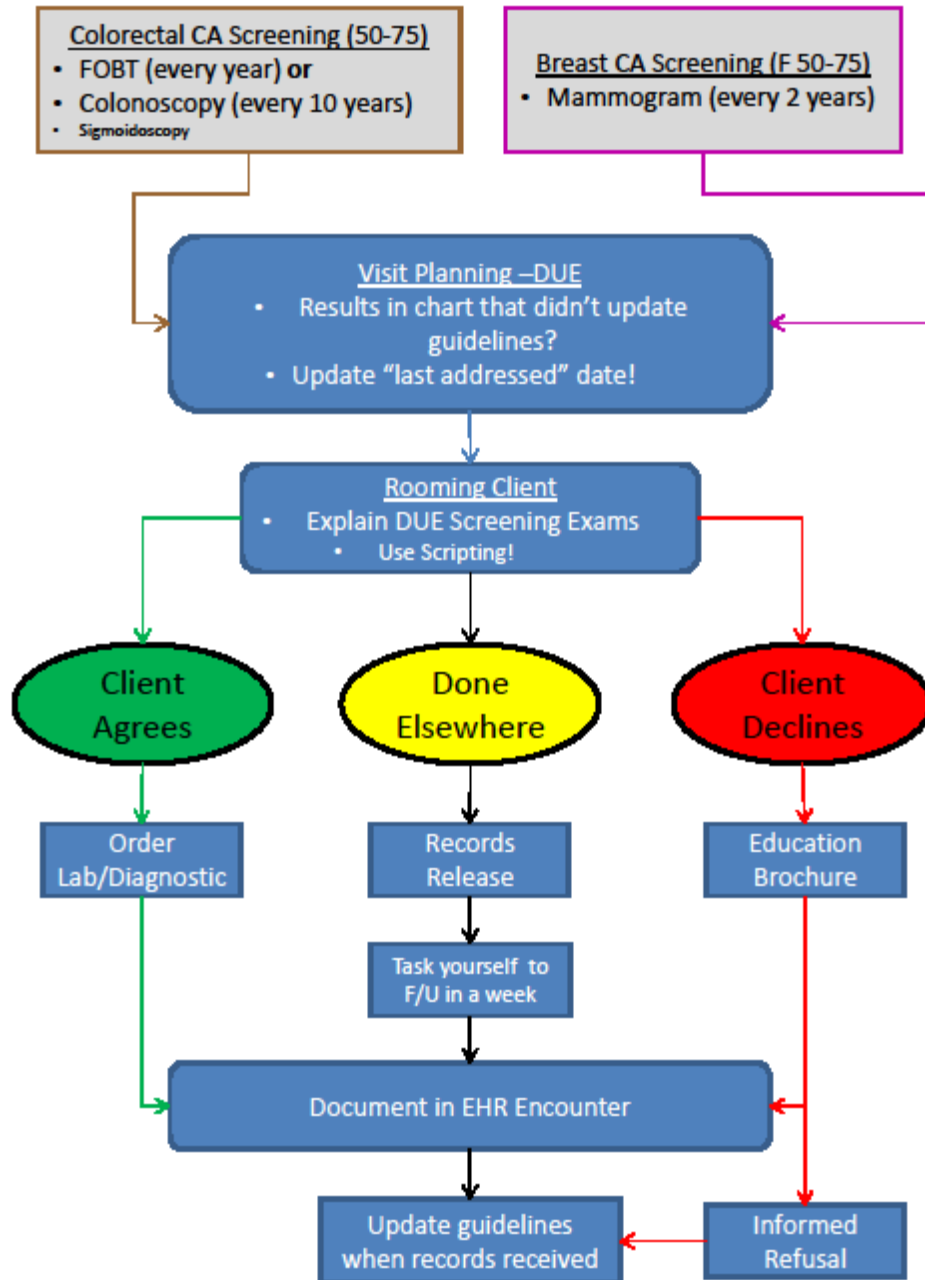
Task yourself to  
F/U in a week

Education  
Brochure

Document in EHR Encounter

Update guidelines  
when records received

Informed  
Refusal







# Scripting. Train...and retrain.

- Support staff should be able to speak conversationally about:
  - What the test is
  - Why the test is important
- Support staff should be able to:
  - Elicit the client's feelings on the importance of this test in the context of their life.
  - Dispel myths in a **non-confrontational** way



## **Colorectal Cancer and FIT/FOBT: Facts and Talking Points for Staff to Use with Patients**

### **Facts about colorectal cancer and screening:**

- 2nd leading cause of cancer death in the United States
- More than 50,000 Americans die of colorectal cancer each year
- Colorectal cancer is often preventable with screening
- Early detection and treatment saves lives
- There are more than 1 million colorectal cancer survivors in the United States
- Colorectal cancer screening is recommended between the ages of 50 and 75

### **Facts about FOBT and FIT kits**

- They work by detecting small tiny amounts of blood that can come from colon polyps or early stage colorectal cancer
- If done every year, they can help find polyps and cancers before they become life threatening.
- Studies have shown that high quality FOBT and FIT kits, if done correctly and followed up well, can be similarly effective to colonoscopy for most people.
- They are done at home and mailed into the lab.
- If the FOBT or FIT results are abnormal, you need to get a colonoscopy.
- If you choose to get FOBT or FIT, you need to do it every year, just like a flu shot

### **Useful Talking Points for Use with Patients**

- We have something extra to offer you today!
- It looks like you are due for a home colon test
- Colon cancer screening can save lives
- Just like a flu shot, all our doctors and nurses recommend home colon tests
- It's very easy -- you can do it in the privacy of your home and mail it in
- We'll make sure the results get to your doctor

### **Reminders After Giving the Kit To Patients**

- Put the kit in the bathroom so it will be there when you need to use it
- Try to complete the kit in the next week if possible
- Write the collection dates on each completed kit
- Mail the kit in as soon as possible after you finish collecting the stool
- Call us if you have a problem with the kit
- Talk to your doctor if you have any other questions about FOBT or FIT

# Scripting

- “Colorectal cancer screening is a very important part of your care here at... I would like to order a stool test for you to complete this week at home.”
  - LISTEN FOR THEIR RESPONSE
    - Heck No.
    - I Don't Know?
    - Let's Go!!!

# Scripting

- Let's Go
  - “Great. I will put the order in. We will call you in a week with the results.”
- I Don't Know
  - Conversational talking points!!!
- Heck No
  - “Cancer prevention is more much successful than late treatment.”
  - “How important is cancer screening to you?” 0-10
    - “Why not a...2?”
  - “Can I give you some more information?”

## Who should get screening mammograms?

### Women aged 40 to 49

Should talk to their Doctor about their Breast cancer risk and Their need for screening exams.



### Women aged 50 to 74

should have regular screening exams.

- Mammograms work best for women aged 50 and over because their breast tissue is fatty.
- Changes are easier to detect when breast tissue is fatty rather than dense.



### Women aged 75 & over

should talk with their doctor about the need for screening exams.



## When do I return?

Women aged 50 to 74 return every two years (some women return every year if recommended by their doctor.)

Women aged 75 & over you may continue to benefit from regular screen exams. Talk with your doctor.

## Make sure to come back for your next exam!

- Your return exams are even more important than the first one.
- Current and previous exams are compared so small breast changes can be found.

*Big or small, it is important to get screening exams, your breast size has nothing to do with your cancer risk.*

# UNITED INDIAN HEALTH SERVICES

## It's to know about... Breast Cancer Screening and Life Goes On



United Indian Health Services, Inc.  
Potawot Health Village  
Medical Department  
1600 Weeot Way  
Arcata, CA 95521-4734  
(707) 825-5000





United Indian Health Services, Inc.

1600 Weeot Way  
Arcata, CA 95521  
(707) 825-5000

### Informed Refusal – Breast Cancer Screening

The American Cancer Society recommends routine screening for breast cancer.

United Indian Health Services Inc. (UIHS) medical records indicate you are either overdue for breast cancer screening, or overdue for follow-up of an abnormal test.

Your medical provider recommends the following:

- ☐ Mammogram procedure to screen for breast cancer
- ☐ Follow up of abnormal mammogram

I understand that these tests/procedures are recommended to prevent and diagnose breast cancer.

I understand that by refusing the services UIHS has offered, I am placing myself at risk of not being properly screened, diagnosed, or treated for breast cancer. I acknowledge that I have been informed of and understand the risks of refusing these services, which include but are not limited to: delayed diagnosis of breast cancer, surgery that may not have been necessary with early diagnosis, spread of breast cancer to other parts of the body and death. I accept full responsibility for my actions and hereby irrevocably and unconditionally release and forever discharge any person or entity, including but not limited to any health care provider, health care facility, United Indian Health Services Inc. and its employees, volunteers and agents, who are involved directly or indirectly with my care from any liability, claim or cause of action arising out of my refusal to obtain the recommended services and procedures described above.

Knowing these facts, I choose to decline breast cancer screening/treatment at this time. I may change my mind and accept cancer screening/treatment at any time. I have read and fully understand the information on this declination form.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse

☐ **Alcohol Screening**  
*(q1 Year, 18 Years- 99 Years)*

10/07/2016

due

//

[comments]

Care Guideline Management

Care Guidelines

Orders Module

A/P Details

Panel Control: 

Toggle

Cycle

Screening Tools

Alcohol Screening: 

CAGE Questionnaire

+ Alcohol screening (Z13.89)

Education

Alcohol Screening: Alcohol Misuse CAGE = 0

Alcohol Screening: Alcohol Misuse CAGE = 1+

| # | Detail Type  | Description  |
|---|--------------|--|
| 1 | Assessment   | Alcohol screening (Z13.89).  |
|   | Patient Plan | The more you know about Low-Risk Drinking, the healthier you will be.<br>Please call 707-825-5060 for additional information or support.                               |
|   | Patient Plan | Introduced Amy from Behavioral Health to provide more information and support on Low-Risk Drinking.<br>Please call 707-825-5060 for additional information or support. |

CAGE Alcohol Screening Test

The CAGE Questions

Felt need to Cut down drinking?

No

Yes

1

Ever felt Annoyed by criticism of drinking?

No

Yes

1

Had Guilty feelings about drinking?

No

Yes

1

Ever take morning Eye-opener?

No

Yes

1

Score: 4

Scoring:

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

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Comments:

Warm hand off to Amy in Behavioral Health

Characters left: 100

Save & Close

Cancel

|                            |                                   |                            |                               |
|----------------------------|-----------------------------------|----------------------------|-------------------------------|
| Client: <i>Test Client</i> | Resource: Antoinette Martinez, MD | PCP: Unassigned            | DOS: <input type="checkbox"/> |
| Gender: Female             | <i>Address</i>                    | Status: Indian Beneficiary | Top 3 Payers:                 |
| MRN: <i>900000</i>         | <i>City, State</i>                | Portal: Enrolled           | • PHC Special Member          |
| DOB: <i>1/1/98</i>         | <i>(Phone#)</i>                   | [C] Care Consent: No       | • Code 18                     |
| Age: 18 Years              |                                   | Tobacco: No                | • PHC VSP                     |

| Visits: | Last                             | Next                              |
|---------|----------------------------------|-----------------------------------|
| Dental: |                                  | 05/30/17 Oral Hygiene Instruction |
| OB:     | 04/12/17 OB Prenatal - Initial   | 06/03/17 Medical Visit-OB         |
| Vision: | 04/12/17 Eye Exam, Comprehensive |                                   |

| Vitals: | Value   | Date     | Next Visit Details:                  |
|---------|---------|----------|--------------------------------------|
| Height: | 5'05"   | 04/12/17 | Date/Time: <i>5/24/17</i> 1:40:00 PM |
| Weight: | 127 lbs | 04/12/17 | Location: PHV - MED                  |
| BMI:    | 21.13   | 04/12/17 | Resource: Antoinette Martinez, MD    |
| BP:     | 118/64  | 04/12/17 | Event: Medical Visit-OB              |
|         |         |          | Details: 31 Weeks Ob apt             |

#### Guidelines Due:

| Protocol(s)        | Guideline                  | Status | Due Date   | Action |
|--------------------|----------------------------|--------|------------|--------|
| Health Maintenance | Chlamydia/GC Amplification | Due    | 04/12/2017 |        |
| Health Maintenance | Diabetes Screen            | Due    | 04/12/2017 |        |
| Health Maintenance | HIV Screening              | Due    | 04/12/2017 |        |
| Health Maintenance | TB Risk Assessment         | Due    | 04/12/2017 |        |

#### Outstanding Orders:

| Order # | Ordered    | Order Type                                      | Status  |
|---------|------------|---|---------|
| 764704  | 04/12/2017 | Referrals, Physical Therapy, Evaluate and treat | ordered |

Patient Problems: None

HT: \_\_\_\_\_

WT: \_\_\_\_\_

Name:

Date of Birth:

## Advance Directives Review

1

Do you have an advance directive or living will?

☐ Yes☐ No

## Alcohol Screening

2

Have you felt the need to cut down on your drinking?

☐ Yes☐ No

Have you felt annoyed by criticism of your drinking?

☐ Yes☐ No

Have you had guilty feelings about drinking?

☐ Yes☐ No

Do you ever take a morning "eye-opener"?

☐ Yes☐ No

## Depression Screening

3

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure doing things.

☐ Not at all☐ Several days☐ More than half the days☐ Nearly every day

2. Feeling down, depressed, or hopeless.

☐ Not at all☐ Several days☐ More than half the days☐ Nearly every day

## Domestic Violence Screening

4

Within the past year, or since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?

☐ Yes☐ No

Are you in a relationship with a person who threatens or physically hurts you?

☐ Yes☐ No

Has anyone forced you to have sexual activities that made you feel uncomfortable?

☐ Yes☐ No

## TB Risk Assessment

5

Have you been told you were immunosuppressed?

☐ Yes☐ No

Have you had close contact to someone with infectious TB disease at any time?

☐ Yes☐ No

Were you born in a country other than the United States, Canada, Australia, New Zealand, or Western Europe)?

☐ Yes☐ No

## Tobacco Assessment

6

Have you ever used tobacco products? (smoked or smokeless)

☐ Yes☐ No

Do you spend time in places where others smoke or vape?

☐ Yes☐ No



**A committee is a group of people who individually can do nothing, but who, as a group, can meet and decide that nothing can be done.**

**THE PRACTICAL ALTERNATIVE TO WORK**

# Key Players

- **Non-Provider clinical staff responsible for training support staff.**
- **Provider staff responsible for wrangling cats.**
- **EHR Staff / (CAC)**
- Other department staff for specific guidelines.



# Don't forget your CAC

- **Start with your list of Guidelines**
  - Figure out what tests in your system would complete it.
  - Figure out how results for these tests are stored in your system.
  - Figure out how your system prompts staff when these tests need to be done *and for who*.

# Diabetes Screening

MD

- Get provider consensus on preferred test.
- Identify alternate labs acceptable for screening.

RN

- Confirm with billing which screening ICD10 is billable
- Get a list of lab codes from Lab for CMO review.

EHR

- Test automatic completion of guideline.
- Confirm that screening code does not trigger diabetes guidelines/recalls.



# Depression Screening

MD

- Identify depression screening tools that actually modify provider decision making.

RN

- Work with BH to train medical staff on screening/script
- What screening tools are in EHR

BH

- BH schedule to facilitate real time response.
- Identify contact number for medical



# Now What?

- You have built your list of guidelines.
- You have trained all your staff.
- You have developed provider free workflows for practice standards.
- HOW DO WE SUSTAIN THIS
  - Real-time information that is accessible to staff.
  - Visible feedback from managers (score boarding)

# Sustainability – BMJ (2015)

- This is the first systematic review of the literature. 14 studies with 18 sustainability evaluations.
- This review shows that in half of the sustainability studies professionals fully sustained in their adherence to a clinical practice guideline more than 1 year after active implementation.
- Ament SMC, de Groot JJA, Maessen JMC, et al Sustainability of professionals' adherence to clinical practice guidelines in medical care: a systematic review BMJ Open 2015;5:e008073. doi: 10.1136/bmjopen-2015-008073

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