



**MetroHealth**  
Devoted to Hope, Health, and Humanity

# Fellow Graduate Presentation

Kathee Liang, MD

Family Medicine

2nd Year Clinical Informatics Fellow



# About Me

## Education:

- Washington University in St. Louis
- UMass Chan Medical School

## Post Graduate Education:

- Cleveland Clinic Family Medicine Residency, Chief Resident
- MetroHealth Clinical Informatics Fellowship

## Job Experience:

- Epic Systems Implementation Consultant
- UMass Memorial Informatics Intern

## Professional Interests:

- Leveraging data and technology for process improvement
- Value based care and population health
- Health equity

## Personal Interests:

- Recreational sports
- Travel, food tours



# Agenda

- Certifications and Graduate Coursework
- Academic Presentations
- Projects
- Future Direction

# Certifications & Graduate Coursework

- Epic Notecraft for Physician Builders 2022 Versions
- Epic Physician Builder 2022 Versions
- Epic Physician Builder Analytics August 2023 Version
- Epic Healthy Planet Physician Builder August 2023 Version
- Case Western Reserve University Graduate Certificate in Health Informatics
  - CRSP 401: Introduction to Clinical Research
  - PQHS 499: Health Informatics: Management & Systems
  - PQHS 416: AI and Computing in Biomedical Health Informatics
  - HSMC 420: Health Finance
- University of Washington Fundamentals of Implementation Science

# Academic Posters & Presentations

- FMEC 2022 – Utilizing Clinical Informatics Tools to Review SGLT2i and GLP1-ra Prescribing Practices at Two Academic Institutions in Northeast Ohio
- AMDIS 2023 – TEDTalk “Inspiring Future Informaticists”
- FMEC 2023 – Teaching Epic SlicerDicer: Self-Service Reporting Tools for Residency Quality Improvement
- NAPCRG 2023 – A Comparison of Inpatient to Outpatient Social Drivers of Health (SDOH) Screening in a Public Academic Safety-Net Hospital
- OSAM 2023 – Data Analysis of Hepatitis C Treatment Before and After Elimination of Sobriety Requirement (K. Kelley)
- AMIA 2023 Annual Symposium – Comparing Patient Communication Methods: Patient Portal versus Traditional SMS Messaging to Recruit Patients to a Research Registry
- AMIA 2024 CIC – Gender Differences in Physician Electronic Health Record Proficiency and Efficiency Behaviors
- UGM 2024 – Tackling the In Basket by Reducing Normal Result Messages
- **SUBMITTED** AMIA 2024 Annual Symposium – Tobacco Use in the Socioeconomically *Disadvantaged: Insights from Aggregate Electronic Health Record Data* (C Jarrett)
- **SUBMITTED** AMIA 2024 Annual Symposium – *Using Aggregate Electronic Healthcare Record Data to Reproduce Large Scale Clinical Trial* (A Kerandi)

# Publications

Liu BD, Udemba SC, Liang K, et al. *Shorter-acting glucagon-like peptide-1 receptor agonists are associated with increased development of gastro-oesophageal reflux disease and its complications in patients with type 2 diabetes mellitus: a population-level retrospective matched cohort study*. Gut Published Online First: 22 September 2023. doi: 10.1136/gutjnl-2023-329651

*Gender Differences in Physician Electronic Health Record Proficiency and Efficiency Behaviors - Resubmitted to Family Medicine 05/2024*

*A Comparison of Inpatient and Outpatient Screening for Social Drivers of Health (SDOH) in an Academic Safety-Net Hospital – Submitted to Annals of Family Medicine as a Brief Report 03/2024*

# Projects

- TriNetX Study: Association between GLP1 and GERD
- SlicerDicer for Quality Improvement Curriculum for Family Medicine Residents
- Smoking Cessation SmartSet
- Inpatient SDOH Screening Pilot
- Gender Differences in EHR Use Study
- Simplified Hepatitis C Treatment Pathway
- Normal Results In Basket Workflow
- PSA Screening Care Gap
- Diabetes Continuous Glucose Monitoring
- Nonalcoholic Fatty Liver Disease (NAFLD) Clinical Practice Guidelines
- Positive HIV Screen BPA

# Projects

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# Smoking Cessation Updates

Storyboard, SmartSet, and Note Updates to facilitate smoking cessation counseling  
(12/6/2023)

- View smoking status on storyboard in primary care departments, directly link to Social History
- New smoking cessation counseling note with billing information
- Updated medications with prescribing guidelines and recommended sigs for nicotine replacement therapy, bupropion, and varenicline
- Updated referrals with help text
- Updated patient education materials

## Orders placed by new tools in past month



# Gender Differences in EHR Use

Retrospective observational study of ambulatory EHR use for adult primary care and medical subspecialty physicians at MetroHealth. Epic provided Proficiency Score (PS, 0 – 10), derived from customization and efficiency tool utilization. Primary outcomes were PS, time in system per day, and time in system per appointment stratified by gender. Multiple variable linear regression was used to determine if gender differences persisted with the inclusion of other factors.

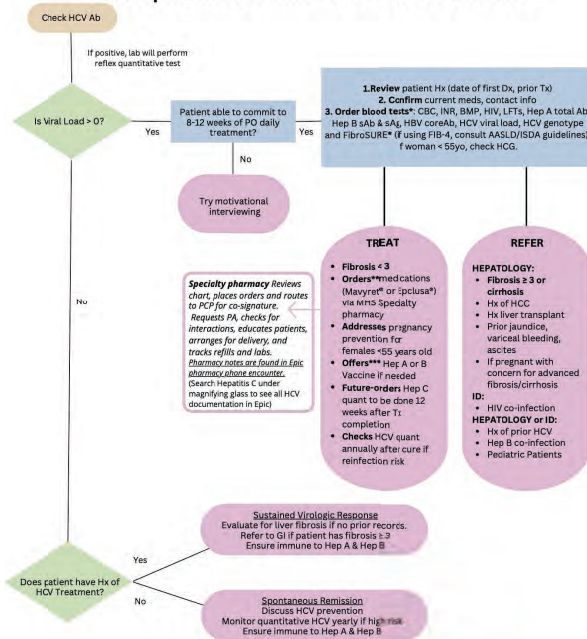
- **Women physicians have higher PS**
- **Multivariable analysis showed gender was not associated with time in EHR**
- **PS was associated with greater EHR time per appointment**
- **It important to consider if additional time in the EHR is a mark of quality care and clinical diligence**

# Simplified Hepatitis C Treatment Pathway

SmartSet and Note Template for Primary Care and Addiction Providers to treat Hepatitis C  
10/26/2023



## Simplified HCV Treatment



## Number of Outpatient Prescriptions by Authorizing Provider Specialty

Last 1 year by month

### Authorizing Provider Specialty

	2023							2024					
	Jun 12 – Jun 30	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	MTD
ID & GI	16	25	30	26	32	26	17	25	22	15	52	15	12
Primary Care & Addiction	4	3	6	11	9	8	8	10	6	8	14	15	5
Other	1	3	0	2	0	5	1	0	2	1	2	5	0
<b>Total*</b>	<b>21</b>	<b>31</b>	<b>36</b>	<b>39</b>	<b>41</b>	<b>39</b>	<b>26</b>	<b>35</b>	<b>30</b>	<b>24</b>	<b>68</b>	<b>35</b>	<b>17</b>

\*MetroHealth is a registered trademark of Laboratory Corporation of America; FibroSURE is a registered trademark of Echosens; Mavyret is a registered trademark of AbbVie Inc; Iclusa is a registered trademark of Bristol-Myers Squibb.

© 2023 MetroHealth System  
06/17/23

# Normal Results In Basket Workflow

Results In Basket Messages for **normal** results are **not sent** by default for patients with MyChart. Normal results will continue to be automatically released to MyChart

Phase 1 11/02/2023	Phase 2 12/19/2023	Phase 3 01/23/2024
<ul style="list-style-type: none"><li>•HIV</li><li>•Hep C</li><li>•FIT</li><li>•Cologuard</li></ul>	<ul style="list-style-type: none"><li>•GC/Chlamydia/Trichomonas</li><li>•Urine Microalbumin</li><li>•Vitamin B12</li><li>•Hepatic Function Panel</li><li>•AST/ALT</li><li>•LDH</li><li>•RSV</li><li>•Flu</li><li>•COVID</li><li>•QuantiFERON GOLD</li><li>•Rapid Strep, Strep Culture</li></ul>	<ul style="list-style-type: none"><li>•Vitamin D, 25 Hydroxy</li></ul>

Hepatitis C Antibody

Method of result release to MyChart for patient and all proxies (if any are assigned)

☒ Automatic ☐ Manual release only

Send Results in Basket Message(s) if Normal and MyChart Active?

☒ Don't Send ☐ Send

Specimen Source: ☒ Blood ☐ Blood, arterial ☐ Blood, Arterial Line ☐ Blood, Capillary Stick ☐ Blood, Fetal Scalp Sampling ☐ Blood, Heel Stick ☐ Blood, Port

Priority: ☐ Routine ☐ STAT ☒ Routine ☐ ASAP ☐ Today ☐ Within 1 week

Not yet reviewed by care team. See details

Results

Fecal Immunochemical Test

Normal values: Negative

Value **Negative**

This result is normal. It was automatically released to MyChart and was not sent to your provider. If you have any questions about this result, please reach out to your provider's office

# Normal Results In Basket Workflow

Normal Results Not Routed Since Go-Live (as of 6/17/24)

Lab Name	Not Routed Count	Not Routed %	Total Count
HEPATIC FUNCTION PANEL	16257	33.4%	48690
VITAMIN B12 (CYANOCOBALAMIN)	11259	47.5%	23683
GC/CHLAMYDIA/TRICHOMONAS AMPLIFICATION	10684	58.5%	18273
HIV1 HIV2 AGAB SCRIN	10070	74.3%	13549
HEPATITIS C ANTIBODY	7918	71.8%	11032
VITAMIN D, 25-HYDROXY	6341	22.7%	27982
MICROALBUMIN, URINE	4771	39.2%	12178
FECAL IMMUNOCHEMICAL TEST (FIT)	4765	67.2%	7094
GC/CHLAMYDIA AMPLIFICATION	4154	64.0%	6489
CULTURE FOR BETA-HEMOLYTIC STREP	4095	57.1%	7168
RAPID STREP A W/CULTURE REFLEX	3253	50.3%	6464
COVID/INFLUENZA	2034	33.6%	6062
ALANINE AMINO TRANSFERASE	1717	49.7%	3457
QUANTIFERON-TB GOLD PLUS	1476	32.3%	4574
ASPARTATE AMINOTRANSFERASE	1137	48.4%	2351
RAPID STREP A-IN OFFICE	948	13.5%	7047
LAB COLOGUARD® COLON CANCER SCREEN	920	49.9%	1844
COVID/INFLUENZA/RSV	871	45.8%	1902
LDH	768	28.1%	2737
NOVEL CORONAVIRUS (COVID-19)	146	27.8%	525
RSV, PCR	24	18.2%	132
INFLUENZA/RSV,RAPID PCR	6	15.4%	39
<b>TOTAL</b>	<b>93614</b>	<b>43.9%</b>	<b>213272</b>

# Questions?

# Next Steps



Virtual Primary Care Physician

Director of Clinical Informatics and Patient Engagement



Director of Clinical Informatics in Population Health

# Next Steps







# MetroHealth

**Kiron Nair M.D.**

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Clinical Informatics Fellow



## Table of Contents

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- **Introduction**
- **Clinical Informatics Fellowship Training**
- **Selected Projects**

# Introduction

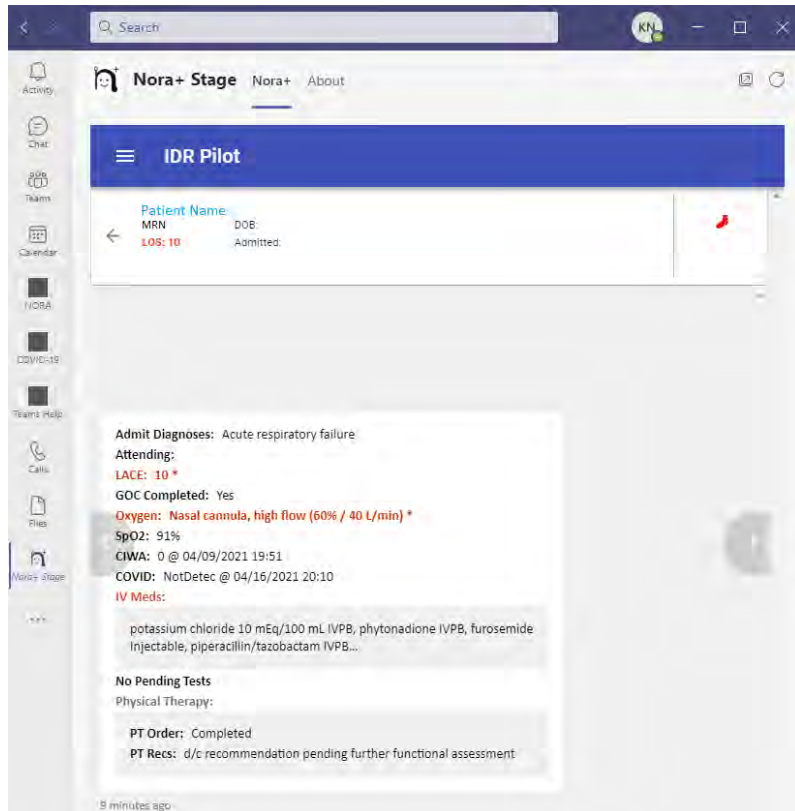
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Albany  
Medical  
College



# Discovering Informatics



 **North Shore University Hospital**  
Northwell Health®




## Interdisciplinary Rounds Chatbot to Improve Usability and Workflow Efficiency

Presentations Session 5 - Plan, Analyze, Design, Test, & Refine: Applications of Usability to Improve Care

### Kiron Nair M.D.

Assistant Professor of Medicine

Division of Hospital Medicine

North Shore University Hospital  Northwell Health®

Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

## Formal Education



- CRSP 401 **Introduction to Clinical Research**
- PQHS 499 **Health Informatics Management**
- PQHS 416 **Computing in Biomedical Informatics**
- HSMC 420 **Healthcare Finance**



- Notecraft
- Physician Builder Basics, Advanced
- Physician Builder Analytics\*
- Healthy Planet\*

## Formal Education

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University  
Hospitals

**Epic Inpatient Implementation Elective**



**Quality, Safety and Patient Experience**  
Elective with Chief Quality Officer



**Cleveland Clinic**

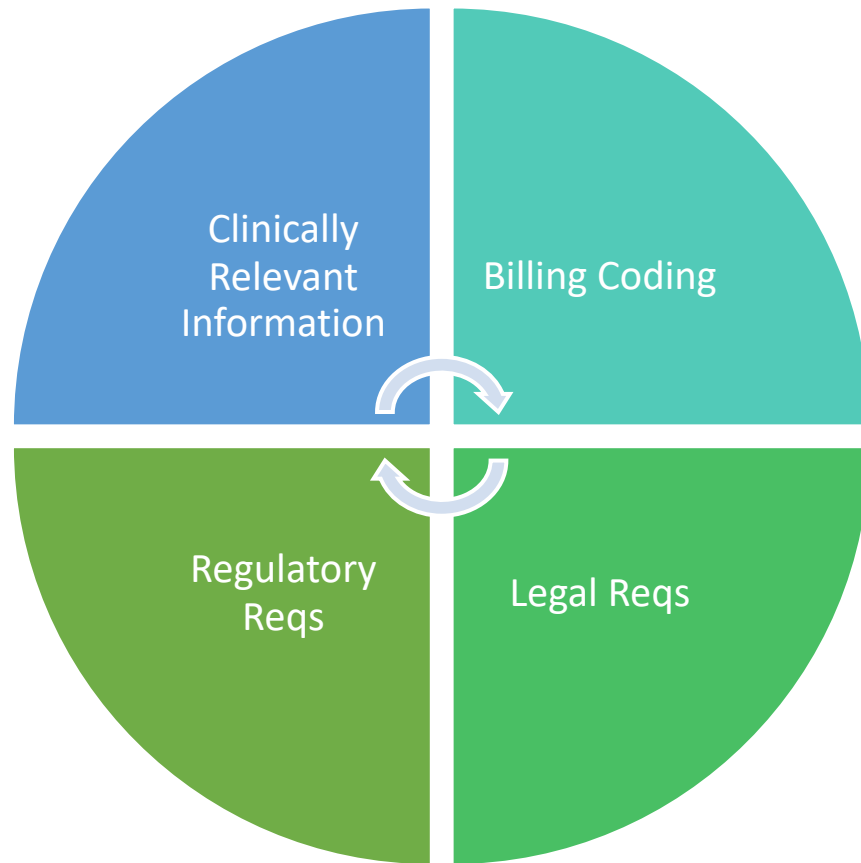
**Inpatient Informatics Elective**

## Selected Projects

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- Hospital in the Home Patient Dashboard
- **Improving Inpatient Documentation**
  - **Standardized Hospital Medicine Note Template**
  - **Transitions of Care Documentation**
  - **Discharge Medication Reconciliation Improvement**
- **Inpatient SDOH Screening Pilot**
- **Standardization & Maintenance of the On-Call Finder**
- Recreating Landmark HTN Trials in COSMOS
- Food as Medicine Referrals to Food Clinic

# Improving Inpatient Notes



- Note Bloat
- Problem List Reconciliation
- Lack of Standardization



## Standardized HM Note Template

**PHYSICAL EXAM:**  
There were no vitals taken for this visit.

\*\*\*

**DATA** (Review and Interpretation of Data (including Tele, EKG, Labs, Imaging):

- Labwork
- Imaging
- Telemetry is notable for
- EKG is notable for

☐ X-ray is notable for \*\*\*

☐ CT is notable for \*\*\*

☐ MRI is notable for \*\*\*

☐ Ultrasound is notable for \*\*\*

☐ Echocardiogram is notable for \*\*\* or imaging that will be

☐ \*\*\* is notable for \*\*\*

TIP Document below the medical necessity for labwork or imaging that will be done tomorrow or the following day

Imaging  as well as routine labwork  are needed tomorrow for

\*\*\*

- Removed auto-pull in of labs/imaging, focus on documenting interpretation
- Reminders for problem list reconciliation
- Improved readability and usability
- Documentation of high risk meds/communication

INTERVAL HPI: no further chest pain to be weaned down to 2L O2 via NC.

**PHYSICAL EXAM:**  
There were no vitals taken for this visit.  
Lungs: no wheezing, lung sounds clear  
Heart: +S1/S2, no murmurs, no JVD  
Extremities: +2 bilateral pitting edema

**DATA** (Review and Interpretation of Data (including Tele, EKG, Labs, Imaging):

- Labwork BMP is notable for elevated
- Imaging X-ray is notable for pulmonary
- Telemetry is notable for
- EKG is notable for

☐ Atrial Fibrillation

☐ Atrial Flutter

☐ Normal Sinus Rhythm

☐ Sinus Tachycardia

☐ Sinus Bradycardia

☐ 1st Degree AV Block

☐ Type 1 Mobitz

☐ Type 2 Mobitz

☐ Supraventricular Tachycardia

☐ Ventricular Tachycardia

☐ Ventricular Fibrillation

☐ \*\*\*

TIP Document below the medical necessity for labwork or imaging that will be done tomorrow or the following day

Imaging  as well as routine labwork  are needed tomorrow for

\*\*\*

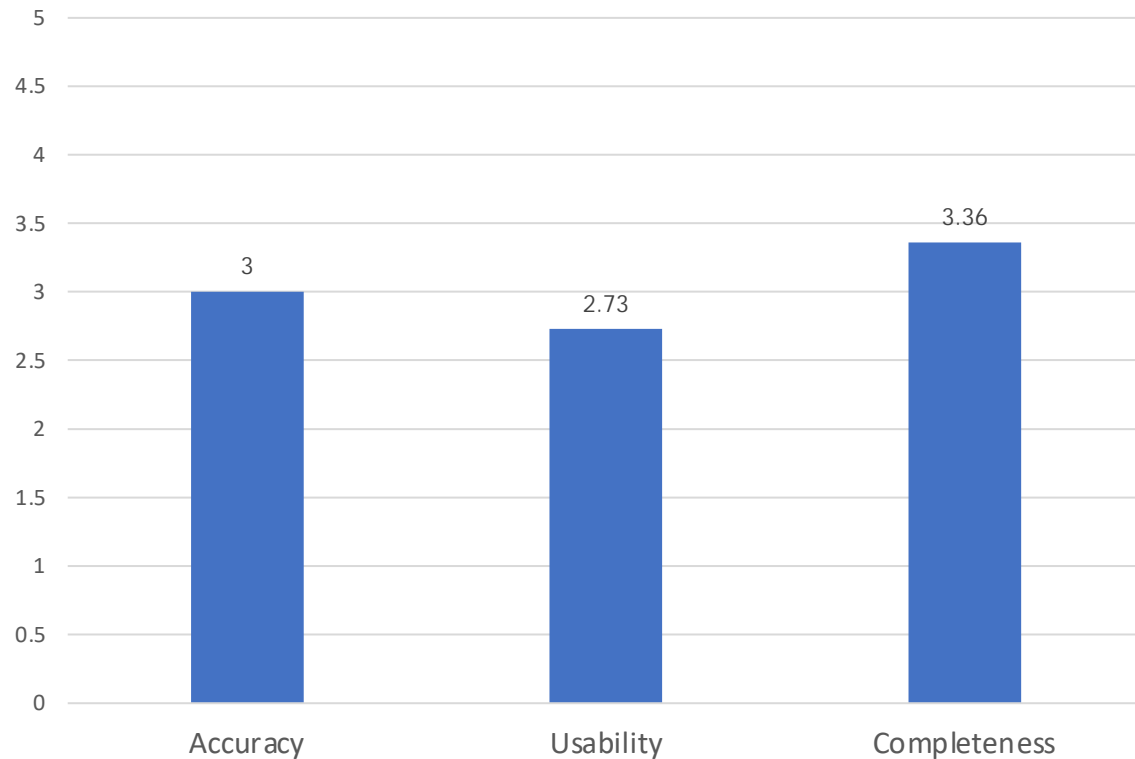
## Template Use, Timeframe: 11/03/23 – 01/10/24

User Type	Result
Attending Physicians	11
APPS	15
Total	26

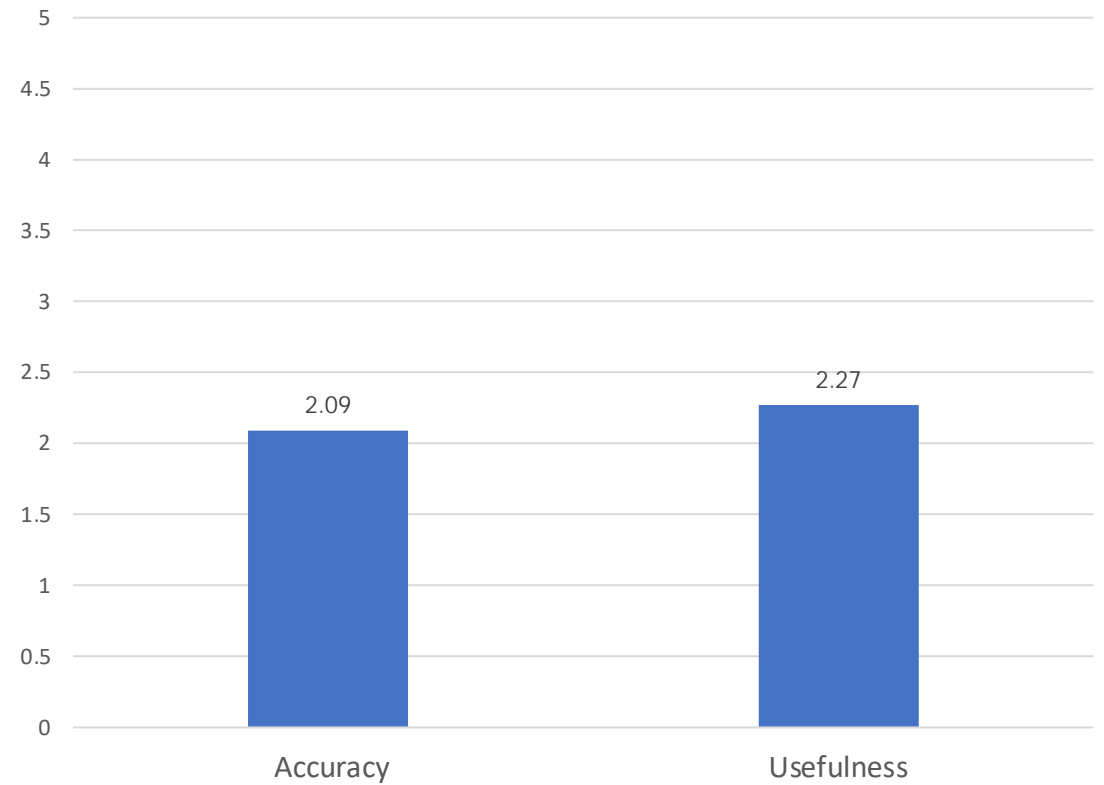
Measure	Result
Total Number of Uses	1350
Average Number of Uses per Week by any User	20
Average Number of Uses per User	52

# Improving Transitions of Care Documentation

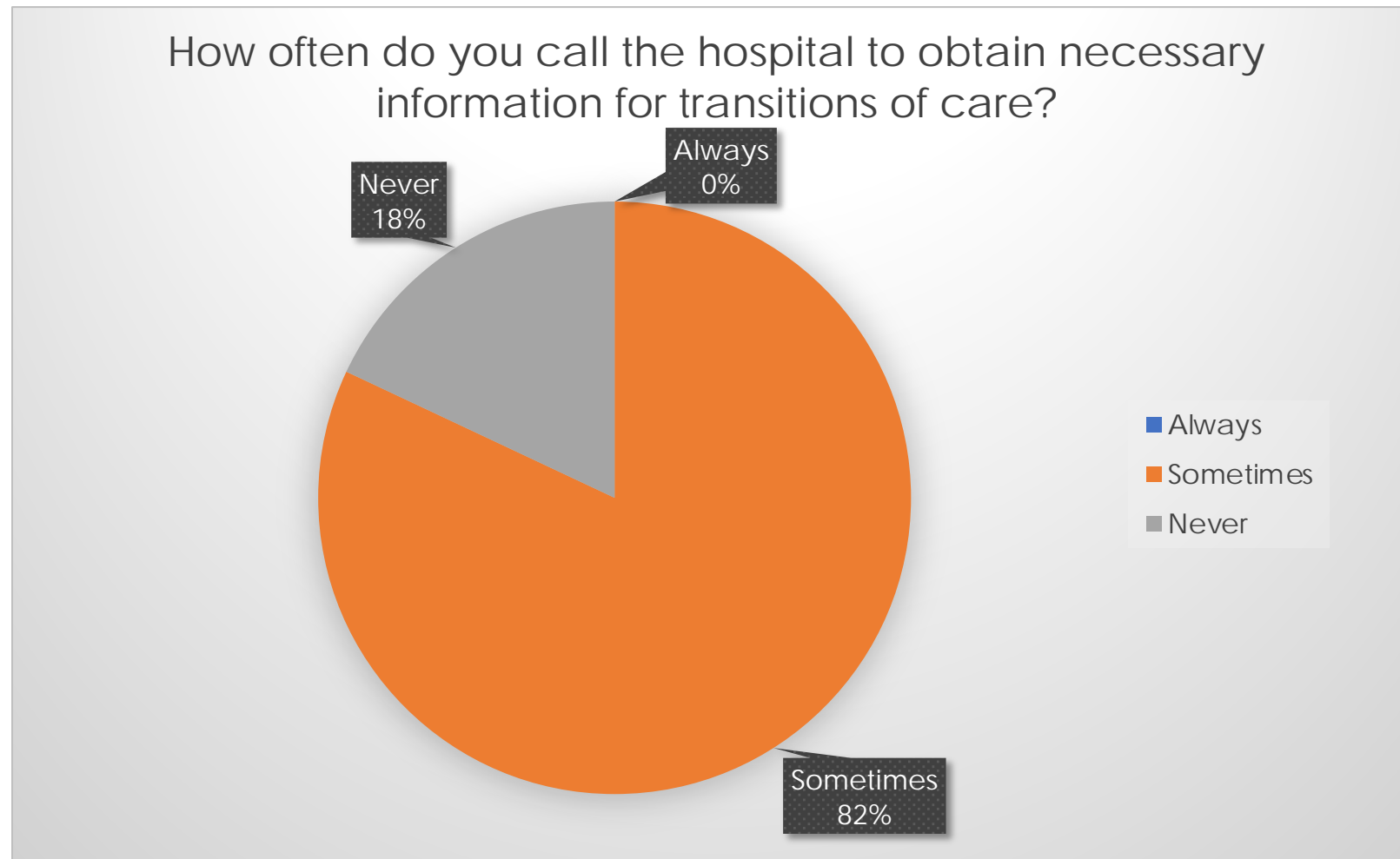
Discharge Summary Content Evaluation



Med Rec Content Evaluation

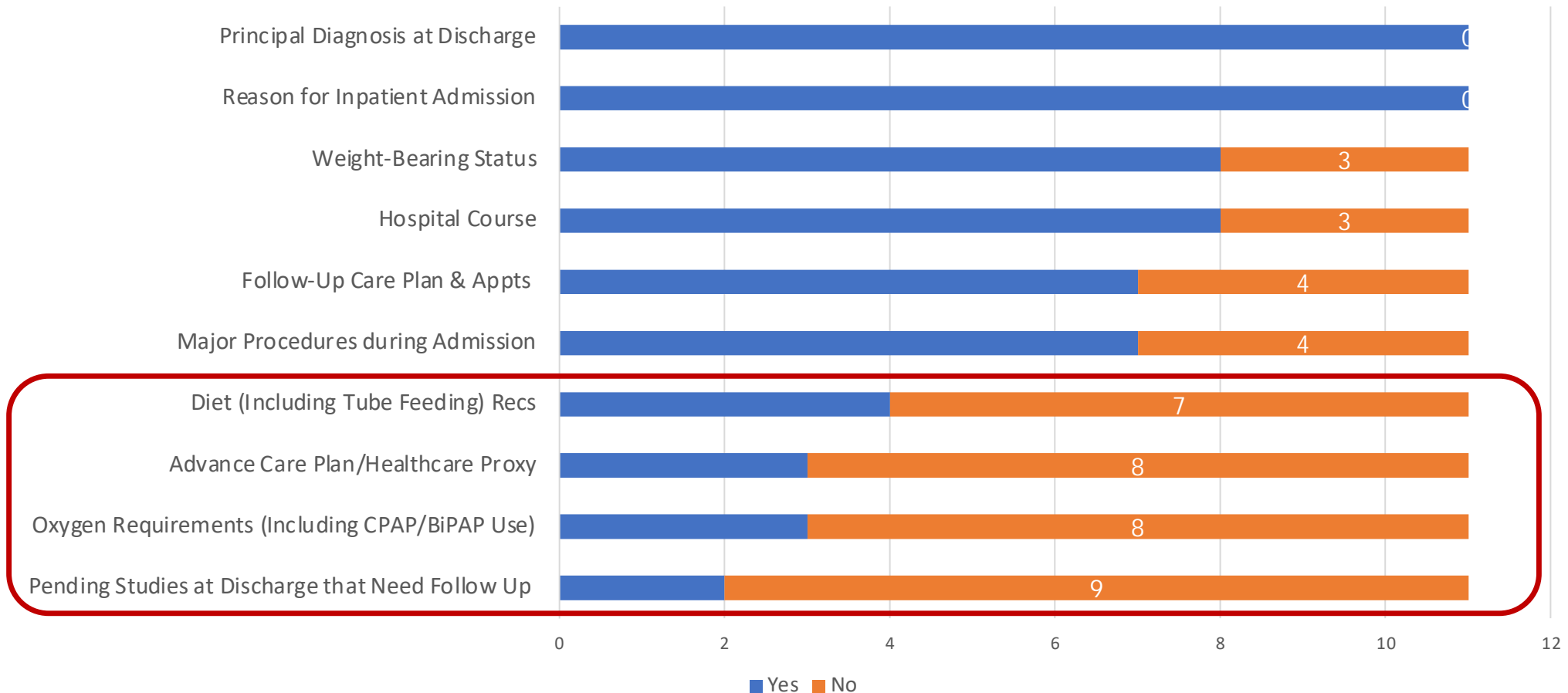


## Transitions of Care Documentation






# Transitions of Care Documentation

Discharge Summary Component Present



# Facility Discharge Form & BPA

NoteWriter   Clear Facility Form 

Form **Facility Form**

**This is required to be filled out if patient is being discharged to a FACILITY.**










































Lines

PICC	Midline	Port
Urinary Catheter	Suprapubic Catheter	

Drains

JP Drain	Penrose Drain	Pigtail Drain	Chest Tube
Wound-Vac	Nasogastric Tube	PEG Tube	

Additional Information for Lines/Drains:



## Standardization of Processes & Workflows – On Call Finder

**On-Call Finder**

Send Text Page by Pager Number MH Phone Directory

◀ Sep ▶ | ◀ 2023 ▶

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Facility  
THE METROHEALTH SYS...

Specialty  
Search specialties

Provider Team  
Search teams

Infection Prevention CS  
Inspire IP CS  
Lactation CS  
Legal  
Medical Stepdown  
Medicine Resident Admis...  
**MICU**  
MICU B

**MICU**

Currently on-call

**1st call**

**Team Pager, Micu**  
**Primary Team Contact**  
07:00 Sep 1 to  
19:00 Sep 1

Pager  
000-000-0000

**2nd call**

**Seneviratne, Chandula, MD**  
07:00 Sep 1 to  
19:00 Sep 1

On-Call Phone 000-000-0000 Pager Phone

**3rd call**

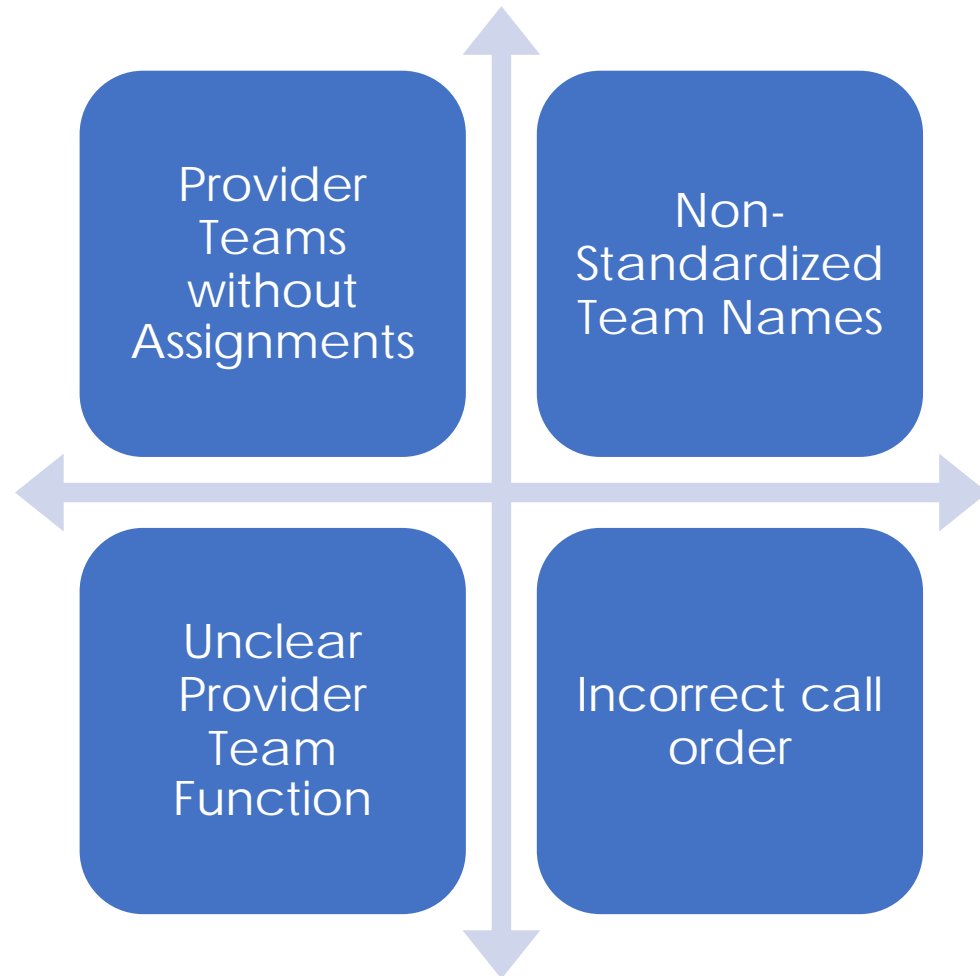
**Khalid, Faiza, MD**  
**Primary Team Contact**  
07:00 Sep 1 to  
19:00 Sep 1

On-Call Phone 000-000-0000 Pager Phone

Off-shift



## Standardization of Processes & Workflows – On Call Finder



### Consults

	Pager	Notes
Cardiology	<a href="#">Click here</a>	<ol style="list-style-type: none"> <li>1. After hours fellow is in the first column (If link does not work, go to Miv&gt;On call schedule&gt;Cardiology)</li> <li>2. Use "On-Call Finder in Epic. It's usually correct.</li> <li>3. Call 3C (83731), ask for on call for respective service</li> <li>4. Overnight, call CICU (75722), ask resident for name of on-call fellow. They usually know.</li> </ol>
Dental	<a href="#">207-6745</a>	
Derm		<a href="#">See MIV</a> - Dermatology
Endocrine	<a href="#">207-6557</a>	"Endocrinology consult"
ENT	<a href="#">207-0224</a>	
GI	<a href="#">207-6184</a>	
Heme+Onc	<a href="#">207-3153</a>	
ID	<a href="#">207-2929</a>	"Infectious Disease"
IR		See SmartPhrase 001PHONEIMAGING
Neuro	<a href="#">207-5355</a>	
Neurocritical Care	<a href="#">207-2227</a>	207-6834 for NCC NPs
NeuroSurgery	<a href="#">207-6301</a>	
OB	<a href="#">207-6886</a>	<-----Obstetrics
GYN	<a href="#">207-6806</a>	<-----Gynecology
(GYN-ONC)	<a href="#">207-7822</a>	<-----Gyn Oncology
OMFS	<a href="#">207-1111</a>	
Ophtho	<a href="#">207-3446</a>	



# Standardization of Processes & Workflows – On Call Finder

## On-Call Finder Naming Convention

Revised April 2023

The Naming Convention will be derived by combining input from the column "Provider Team Name" and the input from the column "Type of Provider Team" (limited to the fields below).

- **Inpatient (IP)**
- **Outpatient (OP)**
- **ED (ED)**

These designations will be separated by "/"

\*\*Please note that the field Admitting Service is not incorporated into the naming convention, although it is the last field in the Type of Provider Team column.

If the Provider Team answers "Yes" to any fields in the "Consult Status" column, it is determined to be a consulting service. Therefore "CS" would have to be added to the end of the name.

\*\*Please note that CS is NOT preceded by "/"

In the example given below, the Provider Team Name is "Orthopedics Adult/Peds", and for the responses to the Type of Provider Team column fields, they responded "Yes" to Inpatient (IP), ED (ED), and Consult (CS). Therefore the standardized name would be: **Orthopedics Adult/Peds IP/ED CS**

Team ID	Specialty	Provider Team Name	Type of Provider Team	Consult Status	Provider Team Comments	Administrator Responsible for OCF Information Maintenance
Team ID	Specialty name	Provider Team Name	Inpatient: <u>Yes/No</u> Outpatient: <u>Yes/No</u> ED (sees patients in ED): <u>Yes/No</u> Admitting Service: <u>Yes/No</u>	IP Consults from Main Campus: <u>Yes/No</u> IP Consults from Parma: <u>Yes/No</u> IP Consults from CH: <u>Yes/No</u> OP Consults: <u>Yes/No</u>	Additional information useful when contacting this team, for example to help distinguish between similarly named teams.	Name of administrator, chief resident, fellow, etc. responsible for maintaining call schedule

Team ID	Specialty	Provider Team Name	Type of Provider Team	Consult Status	Provider Team Comments	Administrator Responsible for OCF Information Maintenance
127	Orthopaedics	Orthopedics Adult/Peds	Inpatient: Yes Outpatient: No ED (sees patients in ED): Yes Admitting Service: Yes	IP Consults from Main Campus: Yes IP Consults from Parma: Yes. P Consults from CH: No OP Consults: No	Consult for injuries involving upper extremity from the shoulder to (BUT NOT INCLUDING) the wrist area. For injuries involving the wrist and hand, consult Hand (Ortho/Plastics) IP CS.	Kevin Kucera

# Improving Efficiency – On Call Finder

## On-Call Finder

Send Text Page by Pager Number MH Phone Directory

◀ Sep ▶ | ◀ 2023 ▶

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7

Facility  
THE METROHEALTH SYS...

Specialty  
Search specialties

Provider Team  
IR

Inspire IP CS  
Radiology IR IP/OP/ED CS  
Radiology Stroke/Neuro IR CS

## Radiology IR IP/OP/ED CS

Team Comment

IR suite/control room  
IR scheduling:

For procedures that require intravascular access.  
See "Radiology Procedure Services" for other procedures.

The IR call phone number is to consult for a case or clinical question that has to happen before the day team gets in at 730 M-F, excluding holidays. Emergent cases. Please do not wake the home call resident at night for scheduling questions (to ensure a case is on the AM schedule or to schedule outpatient follow-up) or to give a "heads up" about a case. If unsure, the Diagnostic Radiology Resident in the ED on call is awake and can be reached at

Currently on-call

1st call

IP

Phone One, Interventional Radiology

Primary Team Contact

08:00 Sep 14 to 17:00 Sep 14

On-Call Phone Phone

2nd call


Litam, Patrick, MD

08:00 Sep 14 to 17:00 Sep 14

Chat


Pager Phone

18

 MetroHealth

## Improve User Experience – On Call Finder

**Hand (Ortho/Plastics) IP/OP/ED CS**

 **Team Comment**


Consult for injuries involving the hand and wrist only. For injuries involving upper extremity from the shoulder to the wrist area, contact Orthopedics (non-Hand) provider team.

Inpatient: Yes  
Outpatient: Yes  
ED (sees patients in ED): Yes  
Admitting Service: Yes  
Consult: Yes

IP Consults from Main Campus: Yes  
IP Consult from Parma: Yes  
OP Consults: Yes


**Currently on-call**

**1st call**

**Resident Pager, Orthopaedic**  
08:00 Oct 8 to  
08:00 Oct 9

Pager

**2nd call**

**Liu, Boshen, MD**  
08:00 Oct 8 to  
08:00 Oct 9

Phone

## Results - On Call Finder

Action	Number of Teams
Renamed as per Standardized Naming Convention	104
Team Comments Added	119
Information verified with specialty	145

## OCF Maintenance System

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OCF Core Team – Capacity Command

Quarterly Audits for Blank Teams

Monthly OCF Core Team Meetings

Issue Tracker & Admin Database

## Inpatient SDOH Screening

### CMS Mandate for Inpatient Screening

- Screen all admitted adults for the 5 SDOH domains

**Transportation**

**Interpersonal Safety**

**Food Insecurity**

**Housing Instability**

**Utilities Difficulty**

- 2024: required reporting on screening rates
- 2025: pay for performance

### Joint Commission Requirements

- Screening for patients from a selected population
- Connect patients with resources
- Track progress in reducing disparities

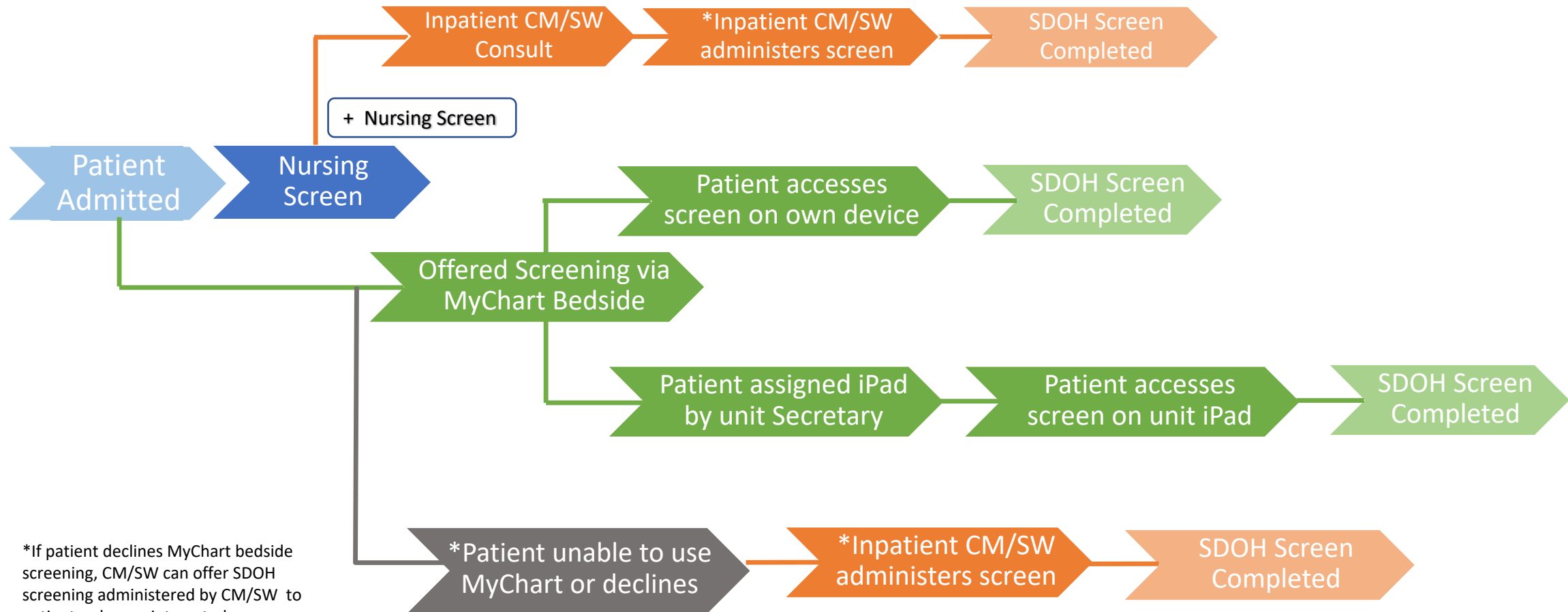


## Multidisciplinary Workgroup

- **Care Coordination**
  - Linda Krause, Dir. Care Coordination
  - Andrea Colson, Operations Manager
  - Allison Turton, Supervisor Population Health, Care Management
- **Clinical Informatics**
  - Dr. Kiron Nair, CI Fellow (**Project Leader**)
  - Dr. Katherine Liang, CI Fellow
  - Dr. Johnbuck Creamer, Director of Clinical Informatics for Inpatient Care
  - Antonella Vicario, Systems Instructor
  - Barb Krakovsky, Systems Analyst
  - Stacy Farnan, Sr Clinical Informatics Analyst
- **Patient Education**
  - Michelle Menke, Mgr. Pt Education
  - Marilee Santiago, Dir Education/Training
- **Nursing**
  - Kimberlee Legarth, Director of Nursing Services
  - Angela Marvin, RN, Nurse Manager 6E
  - Ruby Jackson, RN, Nurse Manager 8E
- **Population Health Research Institute**
  - Dr. Sarah Sweeney, PHRI Fellow
- **Institute for Hope**
  - Mark Kalina, Sr Analyst
  - Ekaterina Dubovikova, Change Management Advisor
  - Sarah Woernley, Nurse Manager
- **Information Systems (IS)**
  - Andrea Orosz
  - Noelle Wiser






## Screening Workflow - MyChart Bedside Patient Self-Screen vs CM/SW Administered Screen



\*If patient declines MyChart bedside screening, CM/SW can offer SDOH screening administered by CM/SW to patients who are interested.



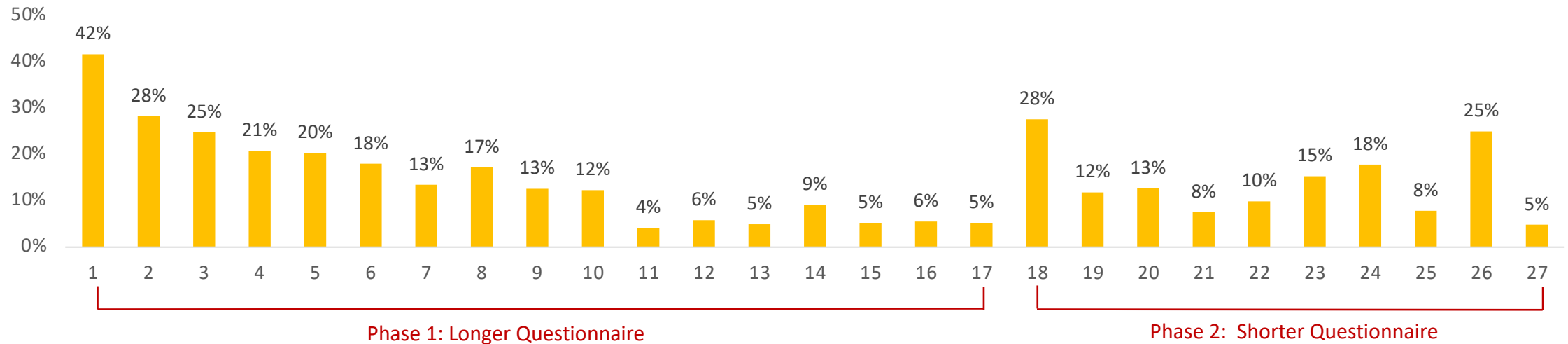
## Workflows To Address SDOH Risks and Requests for Assistance

-  Duplicative workflow involving CM/SW and I4HOPE
-  Workflow requiring CM/SW
-  Workflow requiring further development

Risk	Discharge Centric	Screening Method	Responsible Party During Admission	Routing Method
Digital Connectivity	Discharge Centric	MyChart Bedside	I4HOPE CHW	Automatic InBasket Routing to SDOH Request for Assistance Pool
Food Insecurity	Discharge Centric	MyChart Bedside	IP SW/CM	Patient List Notification for CM/SW AND Automatic InBasket Routing to SDOH Request for Assistance Pool
Transportation Needs	Discharge Centric	MyChart Bedside	IP SW/CM	Patient List Notification for CM/SW AND Automatic InBasket Routing to SDOH Request for Assistance Pool
Interpersonal Safety	Discharge Centric	MyChart Bedside	IP SW/CM	Patient List Notification for CM/SW AND Automatic InBasket Routing to Trauma Recovery Pool (they would like it turned off)
Housing Instability	Discharge Centric	MyChart Bedside	IP SW/CM	Patient List Notification for CM/SW AND Automatic InBasket Message to SDOH Request for Assistance Pool
Utility Difficulties	Discharge Centric	MyChart Bedside	IP SW/CM	Automatic Workbench Report for currently shut off - via clarity report excel, pulled out of Epic and emailed to Sarah W, CHW, Mark Kalina. Mychart request for assistance Yes and shut off goes to SDOH assistance pool, /Patient List Notification for CM/SW (!). Should go to CM/SW since CHW not available on weekends .
Food Insecurity	Discharge Centric	CM/SW Navigator	IP SW/CM	Patient List Notification for CM/SW
Transportation Needs	Discharge Centric	CM/SW Navigator	IP SW/CM	Patient List Notification for CM/SW
Interpersonal Safety	Discharge Centric	CM/SW Navigator	IP SW/CM	Patient List Notification for CM/SW
Housing Instability	Discharge Centric	CM/SW Navigator	IP SW/CM	Patient List Notification for CM/SW
Digital Connectivity	Discharge Centric	CM/SW Navigator	IP SW/CM	Patient List Notification for CM/SW
Utility Difficulties	Discharge Centric	CM/SW Navigator	IP SW/CM	Automatic Workbench Report for utilities are currently shut off - going into same excel sheet/Patient List Notification for CM/SW (!)
Physical Activity	Non-D/C Centric	MyChart Bedside	Automatic EMMI Content	Automatically Sent via MyChart
Stress	Non-D/C Centric	MyChart Bedside	Automatic EMMI Content	Automatically Sent via MyChart
Social Connections	Non-D/C Centric	MyChart Bedside	Automatic EMMI Content	Automatically Sent via MyChart
Financial Resource Strain	Non-D/C Centric	MyChart Bedside	I4HOPE CHW	Automatic InBasket Routing to SDOH Request for Assistance Pool
Housing Problems	Non-D/C Centric	MyChart Bedside	I4HOPE CHW	Automatic InBasket Routing to SDOH Request for Assistance Pool
Education	Non-D/C Centric	MyChart Bedside	I4HOPE CHW	Automatic InBasket Routing to SDOH Request for Assistance Pool
Employment	Non-D/C Centric	MyChart Bedside	I4HOPE CHW	Automatic InBasket Routing to SDOH Request for Assistance Pool
Physical Activity	Non-D/C Centric	CM/SW Navigator	Automatic EMMI Content	Automatically Sent via MyChart - both for request help, and at risk
Stress	Non-D/C Centric	CM/SW Navigator	Automatic EMMI Content	Automatically Sent via MyChart - both for request help, and at risk
Social Connections	Non-D/C Centric	CM/SW Navigator	Automatic EMMI Content	Automatically Sent via MyChart - both for request help, and at risk
Financial Resource Strain	Non-D/C Centric	CM/SW Navigator	IP SW/CM	Currently no routing method created
Housing Problems	Non-D/C Centric	CM/SW Navigator	IP SW/CM	Currently no routing method created
Education	Non-D/C Centric	CM/SW Navigator	IP SW/CM	Currently no routing method created
Employment	Non-D/C Centric	CM/SW Navigator	IP SW/CM	Currently no routing method created

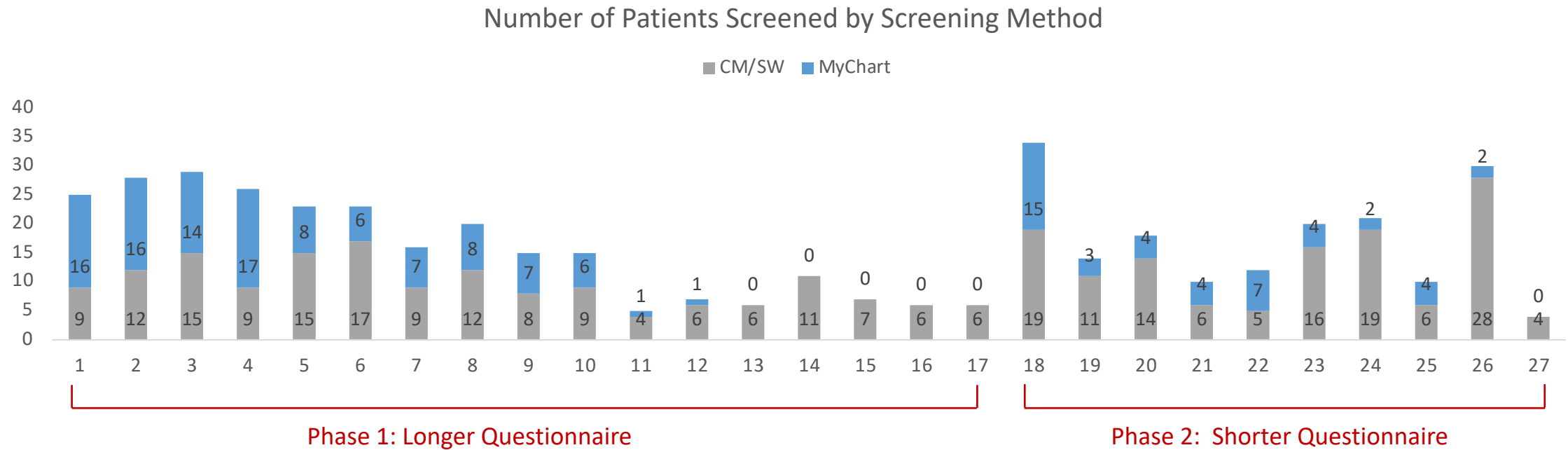
## Data – Percentage of Patients Screened 2/11/23 – 08/19/23

Percent of Admitted Patients Screened

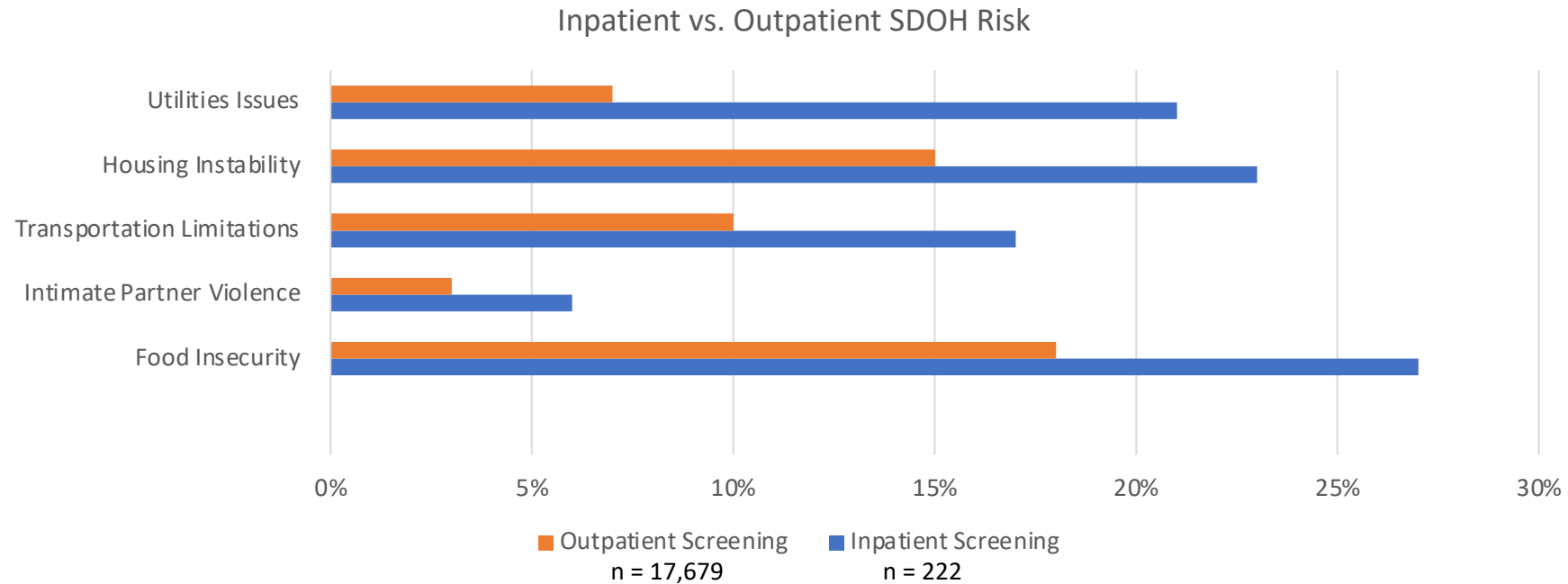


Week Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	TOTAL
Overall Screened	25	28	29	26	23	23	16	20	15	15	5	7	6	11	7	6	6	34	14	18	10	12	20	21	397
MyChart	16	16	14	17	8	6	7	8	7	6	1	1	0	0	0	0	0	15	3	4	4	7	4	2	146
% Patient Screened on MyChart	64%	57%	48%	65%	35%	26%	44%	40%	47%	40%	20%	14%	0%	0%	0%	0%	0%	44%	21%	22%	40%	58%	20%	10%	37%
Admitted Patients	60	99	117	125	113	128	119	116	119	122	121	121	122	121	133	108	114	123	118	142	132	121	131	118	2843
% Admitted Patients Screened	42%	28%	25%	21%	20%	18%	13%	17%	13%	12%	4%	6%	5%	9%	5%	6%	5%	28%	12%	13%	8%	10%	15%	18%	14%

## Data – Screening Method By Numbers 2/11/23 – 08/19/23



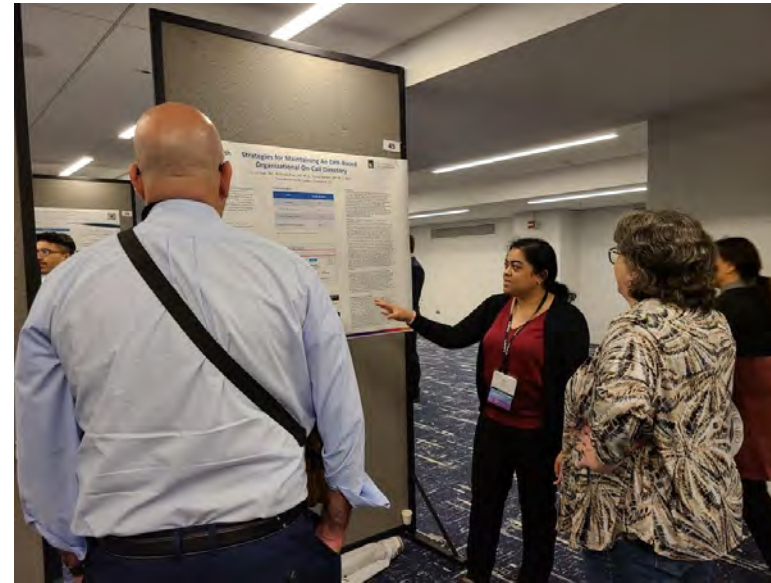
## Risk Distribution Inpatient vs. Outpatient Screening



Comparison of risk distribution during the same screening time period (02/2023 – 04/2023).  
Higher risk seen all 5 CMS-required domains for Inpatient Screening. These findings were statistically significant.

# Committees and Scholarship

- National Committees
  - AMIA Clinical Informatics Program
  - Directors Marketing Committee
  - Physicians in AMIA Job Description Working Group
- Conference Presentations
  - AMIA CIC 2023
  - Epic XGM 2023
  - AMDIS 2023 Physician-Computer Connection Symposium



## After Fellowship

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**Medical Director for Inpatient Informatics,  
Hospitalist**



