## NEXTGEN CARE GUIDELINES DEMONSTRATION

This demonstration reviews usage of Care Guidelines. Details of the workflow will likely vary somewhat, depending on practice policy & clinic layout, though this should give you a good idea of NextGen functionality.

This has been prepared with EHR 5.8 & KBM 8.3. Subsequent updates may display cosmetic & functional changes.

Use the keyboard or mouse to pause, review, & resume as necessary.

• Care Guidelines are basically reminders that can be employed to help providers & staff keep track of health maintenance & disease management measures, especially those that need to be addressed on a recurring basis.

• Think of it as the page near the front of a paper chart you may have had in the past with a "do-list" that you had to manually review & update—only now the program will help you do some of that.

- Some examples are:
  - \* Vaccinations
  - \* Mammograms
  - \* Colon cancer screening
  - \* Recurring lab tests

• Initially we will start with a relatively small handful of evidence-based recommendations, supported by entities like the CDC & the USPSTF.

• Over time we may add more Guidelines, based upon changing recommendations or specialty needs.

• Those who have used NextGen for a few years will notice that Guidelines have been in existence in some form for a while. However, they were so dysfunctional that we have not attempted to use them.

• We now feel like, while they're not perfect, they are behaving well enough to start utilizing them in our practice.

- NextGen has used various terminology for Guidelines over the years, including:
  - \* Care Guidelines
  - \* Clinical Guidelines
  - \* Guidelines
  - \* Protocols
  - \* Recommended Care
- Unfortunately, you'll still see a mixture of these terms that can lead to some confusion.

• If you want to *try* to make some sense of how they currently appear to be using these terms, here goes.

\* Care Guidelines = Clinical Guidelines: The global term for all Guidelines & Recommended Care. These are made up of:

1) Guidelines (formerly, & sometimes still, known as Protocols): These are tangible things to do, e.g. vaccinations & recurring tests like mammograms, pap smears, & blood work.

2) **Recommended Care**: Less tangible things to consider, like "best practice" considerations for disease management.

• Try not to worry too much about the inconsistent terms.

• For the most part, I'll refer to Guidelines as recurrent tests & procedures. The program should tell you when these are due, remember the date they're done, & remind you when they're due again later on. This is what we'll mainly focus on.

• Think of **Recommended Care** as a list of suggestions or FYIs. They're generally not dated or "checked off."

## Activating Guidelines

- Guidelines have to be "activated," or assigned to a patient.
- All adults should have the Health Maintenance Guideline activated.
- Patients with some chronic diseases will need to have specific Guidelines activated for these problems as well.
- Patients may also have concurrent illnesses or risks that modify Guidelines, e.g. changing start age, frequency, or eliminating them.

## Our example patient is a 56 year old female with diabetes, hypertension, & tobacco abuse.

# Guidelines are accessed through a link at the top of the tabbed workflow in NextGen. Click Care Guidelines.

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# This opens the Care Guidelines popup. At the top of this you'll see a miniature version of the Order Management grid, which can come in handy.

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**Notice:** As of this writing, this popup is one that is afflicted with the display problems that NextGen so kindly bestowed upon us in KBM 8.3. So when you first open it, its appearance may be flawed or confusing. Expanding or collapsing a panel is a fairly easy way to correct the display problem—though it's annoying to have to do such a thing.

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#### Activate Clinical Guidelines

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Let's look at this popup for a minute. There are several conditions here that modify test selection, age, or frequency. They're generally self-explanatory. E.G., if the patient has had a total hysterectomy, you can check that box to exclude pap smears.

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🗖 Osteoporosis, high risk of				Add
Pneumococcal disease, high risk of				Add
Pneumonia revaccination indicator		Revaccination interva (Manually set time wh	l: nen next PPSV or	PCV is due)
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Notice the blue Information Buttons. These give you further help when deciding when to use these checkboxes. E.G., the Atherosclerosis, high risk of Info Button gives you some conditions that convey higher-than-average cardiovascular risk.

USA Risk Female836	×
Healt	h Maintenance Modifiers
Check any of the following conditions that apply.	in the r USA HM Lipid Disord
condition. These conditions may modify recomme	Inded These conditions convey increased risk of atherosclerotic diseases, meriting
No risk indicators     Diagr	enhanced lipid screening: First-degree male relative under age 50 or female under age 60 with cardiovascular disease.
Atherosclerosis, high risk of	Diabetes.
Breast cancer, high risk of	Tobacco abuse. Obesity (BMI 30 or higher).
	Provider judgment, individualized to patient.
Colectomy, total (Removes colorectal CA screening)	
Colorectal cancer, high risk of	Add
Hysterectomy, total (Removes PAP)	

When this is added, lipid screening will be recommended every 5 years starting at age 20, instead of the normal-risk USPSTF recommendations. This patient smokes, so we'll add this. A picklist will appear prompting you to select a diagnosis justifying this high risk. Sometimes there are multiple logical choices. Here we could select V15.82.



#### **Health Maintenance Modifiers**

Check any of the following conditions that apply. In the population that follows select the specific diagnosis associated with that

Since she's a smoker, we wonder if perhaps we should indicate she's at high risk of osteoporosis. But we've previously calculated a FRAX score of 5.9%, so the **Info Popup** tells us we don't need to start DEXA screens yet.



X

# As the **Info Popup** confirms, since she's a smoker (& a diabetic), she needs early pneumonia vaccines, so we'll check that checkbox.



## We'll plan on giving her Prevnar today, & Pneumovax in 2 months. Check Pneumonia revaccination indicator.



#### USA Risk Female836

#### **Health Maintenance Modifiers**

X

Check any of the following conditions that apply. In the popup that follows select the specific diagnosis associated with that condition. These conditions may modify recommended measures. See information popups for further details.

No risk indicators	Diagnosis	Code	Status	DX Module
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Colectomy, total (Removes colorectal )	Breast MRI (1) N     CA screening)	/RI interval	: ] ] [	Add
Hysterectomy, total (Removes PAP)     Mastectomy, bilateral (Removes mamn	nogram)		]	
🗖 Osteoporosis, high risk of				Add
Pneumococcal disease, high risk of	Personal history of tobacco use, pres	V15.82		Add
Pneumonia revaccination indicator	Revaccinati (Manually s	on interval et time wh	2 Months en next PPSV or F	PCV is due)
		Sa	ive & Close	Cancel
That's all	we need to do, so clic	k Sav	ve & Clos	se.

A list of Health Maintenance measures that are due appears. If some of these have been recently documented in the system, the Last Addressed & Due dates will reflect that.

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Remove	Guid	elines

Problem List

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# Click in the Condition box once more, & select Diabetes from the picklist.

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## Click in the Diagnosis box & add the appropriate Diabetes diagnosis. You have the full search tool, or you can often find the diagnosis on the patient's previous diagnosis list.

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#### Risk Indicators Health Maintenance | Clinical Guidelines History

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due	Depression Screening	11	08/12/2014	1 Year		12 Years				
due	HIV	//	08/12/2014	Once		15 Years	65 Years			
due	Influenza vaccine	11	08/12/2014	1 Year		3 Years				
due	Lipid Panel	11	08/12/2014	5 Years		20 Years				
due	Mammogram	11	08/12/2014	2 Years		50 Years	75 Years			
due	Occult Blood, Fecal, IA	11	08/12/2014	1 year		50 years	75 Years			
due	Pneumococcal vaccine	//	08/12/2014	2 Months		2 Years				1
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#### **Remove Guidelines**

#### **Problem List**

You could repeat these steps to add the **Hypertension Guidelines** as well.

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Save & Close

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Why doesn't the badge say 18—the sum of the items on the previous popup? If a test appears on more than one Guideline, it only counts it once here. And it only looks at the one that is due soonest. E.G., the Diabetes Guidelines call for a microalbumin every year, while the Hypertension Guidelines call for one every 3 years. NextGen combines those into a microalbumin every year.

( )

C Established patient 

New patient | Historian:

Vital Signs

## Using Guidelines

Once you have Guidelines activated, during an encounter they serve as prompts for all of the routine things that should be semiautomatic, so you don't have to remember them, then hunt & peck all through the chart to figure out what is due.

## You can see at a glance at the top of each template that there are Guidelines due. And, as illustrated above, you could open the Care Guidelines popup & see what they are.

08/12/2014 02:39 PM :	V Practice Visit Type 1	Office Visit			😧 ТОВ	\rm HTN	😜 DM	⊘ CAD	•
fi Intake	Histories	SOAP	Finalize	Checkout			_		
Standing Orders	Adult Immunizations   Peo	ds Immunizations	Assessment   P	rocedures   Order	Managemer	nt   Docu	ment Libraŋ	, ]	
Care Guidelines	Global Days				Panel Cont	trol: 🕤 Tog	gle 🕤 🕈	Cycle	3
General								(	•
C Established patient	: 🖲 New patient   Historia	n:							
Vital Signs								(	•

But your routine workflow may take care of some of these things. E.G., your clinic may have standing orders for diabetics to have a sugar at all visits, a HbA1c every 3 months, & a microalbumin every year. While rooming the patient, the nurse would click Standing Orders...

Services								
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fice Services	0							٢
rders								
lighlight a row to	o select)					Display ca	tegory: Office Test	s
Order Category	Lab Name		Proc. Code	Side		Diagnosis Descrip	otion	
Office Tests	Hemoglobin A1c		83036			DMII WO CMP NT	ST UNCNTR	
Office Tests	Hemoglobin A1c		83036			DMI WO CMP NT	ST UNCNTRL	
Office Tests	Hemoglobin A1		83036			ABNORMAL GLUC	LOSE NEC	
Office Tests	INR/PT		85610			LONG-TERM USE	ANTICOAGUL	
Office Tests	KOH skin prep		87220			DEDMATTIS NOS	05	-
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Since HbA1c & microalbumin are among the Guidelines, & you've just satisfied those requirements, the due count reduces by 2.

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î	Intake	Histories	SOAP	Finalize	Checkout					
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Gen	eral								۲	
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Vita	l Signs								۲	

# Later in the visit the provider does a physical exam, including a diabetic foot exam.

08/12/2014 02:39 PM : "*USA SOAP	836" ×	
Physical Exam		$\odot$
One Dave Super	Diabetic Foot Exam	×
Constitutional	Care Guidelines	Panel Control: 🕤 Toggle 🕢 🔹 Cycle 🔳
Diabetic Foot Exam Ears		
Nose   Mouth   Throat	Foot Measurement/Footwear Evaluation & Counseling	٢
Breast	Foot Measurement Footwear Evaluation	aget and finding in ageh
Respiratory Cardiovascular	By documenting at it	east one tinding in each
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Skin   Hair	of the visual, tuise,	a Sensory sections, you
Psychiatric	Diabetic Patier satisfy the Diabetic	Cuideline for a foot ⊙ I
Additional		
	- come exam, so the Due Co	ount reduces one more.
	Chara	cters left: 250
Assessment/Plan	Exam	
A	Visual Inspection	Pulse Exam
My Plan	All normal Right: Left: Ri	ight: Left: Right: Left:
A/P Details Labs	Change in the foot since last evaluation?     Weakness in the ankle or foot?	Dorsalis pedis: IM Normal
Diagnostics	Foot Structure: 🗌 Right normal 🔲 Left normal	Right: Left:
Referrals Office Procedures	Right: Left: Amputation:	Brachial systolic pressure:
Review/Cosign Orders	Findings: Severity: Side: Location:	Ankle systolic pressure:
Office Diagnostics	Findings: Severity: Side: Location:	Ankie Brachial Index:
Physical Therapy Orders Health Promotion Plan	Ulceration: <ul> <li>No</li> <li>C</li> <li>Yes</li> </ul>	♦ Monofilament Exam C Abnormal
realin Fromotion Flam	Location: Side: Size (cm): Severity: Status:	Right: Left:
		Two Point Discrimination:
		Achilles reflex:
	Comments:	

## In the course of the visit the nurse gives Tdap & Prevnar, & the Due count drops a couple more.

			Pediatric	Adult	
Alert:		O Detail document O Reviewed, no chan	ges C Reviewed, updated	🚺 Last upd	ated/detailed (
) New Order →   🛃	Refresh 🎒 Print		▼ Administe	red Only(3) Pending (	Only(0) 🍞 Filt
Immunization	Status		Dose 1		
Pneumococcal	· · · · · · · · · · · · · · · · · · ·	08/12/2014			
Td	Current	08/12/2014			
Tdap		08/12/2014			
Td Tdap	Current	08/12/2014 08/12/2014			

## (If it was during flu season, we'd give that vaccine as well.)

No	w I	et's look	at Care G	uidelines	to see wh	iere	We.	stan	d	
08/12/2014 02:3!	) PM : "*	USA SOAP 836" ×				€ ТОВ	€ HTN	€ DM	⊘ cad	0
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Star ding (	ake Orders	Adult Immunizations	Peds Immunizations	Assessment   I	Procedures   Order	Managemer	it   Docu	ment Librar	y ]	
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	C Detailed document Mammogram Last Addressed: Goal: Guideline BMP Colonoscop	C Reviewed, updated C Rev PHQ   Cli Category: DIAGSTUDY Prior Status: Prior Result: Prior Action: Status: Place order on Status due due due	iewed, no change Last inical Guidelines History Actio Row Select C Dyc Actior 63/12/2014 08/12/2014	<pre>update/detailed doc:      Ris     Cg Protocol Status     Completed     Performed Elsewh     Excluded     Declined     Hold Testing  Due </pre>	Choose Date Completed         Image: Star Mon we Wed Thu Fri Sat         5         5         6         7         29         30         1         2         3         4         5         6         7         29         30         1         2         3         4         5         6         7         29         30         1         2         3         4         5         6         7         29         30         12         13         14         15         16         17         18         19         20         2         3         4         10day         0K         Close         All					
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SA Care Guidelines 836						
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	Guideline	Status	Due	Action		
	BMP	due	08/12/2014			
	Colonoscopy	due	08/12/2014			
	Consider antiplatelet drugs		08/12/2014			
	Consider statin		08/12/2014			
	Depression Screening	due	08/12/2014			
	Dilated eye exam	due	08/12/2014			
	First line medsthiazides, ACEI/ARB, (	ССВ	08/12/2014			
	Goal <140/90 under age 60; <150/90 (	over age	08/12/2014			
	HIV	due	08/12/2014			
	Influenza vaccine	due	08/12/2014			
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	HIV	due	08/12/2014			
	Influenza vaccine	due	08/12/2014			
	Lipid Panel	due	08/12/2014			
	Occult Blood, Fecal, IA	due	08/12/2014			
	Recommend sodium restriction		08/12/2014			
	Pneumococcal vaccine		10/12/2014	Completed on 08/12/2014		
	Hemoglobin A1c		11/12/2014	Completed on 08/12/2014		
	Foot exam		08/12/2015	Completed on 08/12/2014		
	Microalb (quant)	1000 KAA 30	08/12/2015	Completed on 08/12/2014		
	Mammooram	Completed	01/01/2016	Performed Elsewhere on 01	/01/2014	

	Clinical Guidelines				Add Edit
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### **Clinical Guidelines**

Back on the Care Guidelines popup, when the test results have returned, the status for those tests will change to result received (or Completed), & their due-dates will advance.

			All	
Status	Due	Action		-
due	08/12/2014			
	08/12/2014			
Completed	08/13/2014	Completed on 08/13/2014		
	10/12/2014	Completed on 08/12/2014		
	11/12/2014	Completed on 08/12/2014		
	08/12/2015	Completed on 08/12/2014		
	08/12/2015	Completed on 08/12/2014		
result received	08/13/2015	Completed on 08/13/2014		
result received	08/13/2015	Completed on 08/13/2014		
result received	08/13/2015	Completed on 08/13/2014		
result received	01/01/2016	Performed Elsewhere on 01/01/2014		
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56 year old female presents for ch Do not launch HPI abdominal pain back pain chronic conditions cold symptoms cough	Reason for Visit       History of Present Illness         chronic conditions       USA PHQ-2 Depression Screening 836         Depression Screening - Patient Health Questionnaire (PH)	Q-2)	*	Exclusions	► Intake Comm
56 year old female presents for ch Do not launch HPI abdominal pain back pain chronic conditions cold symptoms cough diabetes (follow up)	Reason for Visit       History of Present Illness         chronic conditions       USA PHQ-2 Depression Screening 836         Depression Screening - Patient Health Questionnaire (PH         Over the last 2 weeks, how often have you been	Q-2) Notat Se	veral More than half	S Exclusions	⊱ Intake Comm
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56 year old female presents for ch Do not launch HPI abdominal pain back pain chronic conditions cold symptoms cough diabetes (follow up) earache fever headache hypertension (follow up) musculoskeletal pain PAP test	Reason for Visit       History of Present Illness         chronic conditions       USA PHQ-2 Depression Screening 836         Depression Screening - Patient Health Questionnaire (PH         Over the last 2 weeks, how often have you been         bothered by any of the following problems?         1. Little interest or pleasure in doing things         2. Feeling down, depressed, or hopeless	Q-2) Not at Se all c O	everal More than half days the days C C C C	Exclusions Nearly every day C C	⊱ Intake Comm
56 year old female presents for ch Do not launch HPI abdominal pain back pain chronic conditions cold symptoms cough diabetes (follow up) earache fever headache hypertension (follow up) musculoskeletal pain PAP test rash	Reason for Visit       History of Present Illness         Chronic conditions         USA PHQ-2 Depression Screening 836         Depression Screening - Patient Health Questionnaire (PH         Over the last 2 weeks, how often have you been bothered by any of the following problems?         1. Little interest or pleasure in doing things         2. Feeling down, depressed, or hopeless         Patient Health Questionnaire (PHQ-9)         PHQ-2 S	Q-2) Not at Se all c Core: 0 PHQ-2 d	everal More than half days the days C C C C depression screen is neg	Exclusions Nearly every day C C opative.	⊱ Intake Comm
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Finally, note that you *could* manually update Recommended Care items, like **Consider statin**. But these are just FYI Best Practice suggestions, & don't add to the badge count, so you don't really accomplish much by doing that.

			Update
order on Row Select	Due within:	Filter: All	
Due	Action		
esting 08/12/2014	Resume testing on 08/13/2015		
08/12/2014			
08/12/2014			
08/12/2014			
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eted 08/13/2015	Completed on 08/13/2014		
eted 01/01/2016	Performed Elsewhere on 01/01/201-	4	
08/12/2024			
		Add/Update	Edit
			Add/Update

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# Other Tips

While Guidelines are helpful, they're not perfect, & there are a few technical limitations, glitches, & practical considerations to deal with.

So here are some things that could come in handy to know.

USA Care Guidelines 836

You als

cardia

We've added a section on the Care Guidelines popup where you can add notes about things that aren't covered in the established Guidelines. For instance, here we've indicated that we need to repeat CT of the chest 6 months after the last scan.

Influenza vaccine du 08/12/2014 Recommend sodium restriction 08/12/2014 HV 08/13/2014 Completed on 08/13/2014 Pneumcococcal vaccine 10/12/2014 Completed on 08/12/2014 Hemoglobin A1c 11/12/2014 Completed on 08/12/2014 Foot exam 08/12/2015 Completed on 08/12/2014 Microalb (quant) 08/12/2015 Completed on 08/12/2014 BMP Completed 08/13/2015 Completed on 08/13/2014  Notes/Other  Notes/Coher  Notes/Coher  ACC/AHA ASCVD Risk Estimator ACC/AHA 10-Year CV Risk (%): 5.5 Date Calculated: 8/12/14  FRAX 10-Year Major Osteoporotic Fx Risk (%): 5.9 Date Calculated: 8/12/14 (Compare to average 65 YOWF risk of 9.39	Influenza vaccine du 08/12/2014 Recommend sodium restriction HV NP meumococcal vaccine 10/12/2014 Completed on 08/13/2014 Hemoglobin A1c 10/12/2014 Completed on 08/12/2014 Foot exam 08/12/2015 Completed on 08/12/2014 Microabi (quant) 08/12/2015 Completed on 08/12/2014 BMP Completed 08/12/2015 Completed on 08/12/2014 Motes/Other Notes/Cher Notes/Cher Notes/Reminders/Comments: 1.5 cm RUL nodule unchanged on CT 5/25/14. Repeat CT ~ 11/25/14. ACC/AHA ASCVD Risk Estimator ACC/AHA 10-Year CV Risk (%): 5.5 Date Calculated: 8/12/14 FRAX 10-Year Major Osteoporotic Fx Risk (%): 5.9 Date Calculated: 8/12/14 (Compare to average 65 YOWF risk of 9.39 I ave a spot to record sk & FRAX calculations.	60	ror ugo	00/12/2014		
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## If desired, you can use the Filter dropdown arrow to display only items related to a specific Guideline.

Colonoscopy Last Addressed: Catego Prior Stat Prior Resu Prior Action	ry: DIAGSTUDY us: ult: on:		Star Stop Ini Hold	t Age: 50 Years o Age: 75 Years terval: 10 Years Date: 08/13/2014 Same as prior
Goal:	Status:		Action:	Update
	Place order on	Row Select	Due within:	Filter: All
Guideline	Status	Due	Action	
Colonoscopy	Hold Testing	08/12/20	lakbm Udp Cf Ca Reasons	xI I
Consider antiplatelet drugs		08/12/2		
Consider statin		08/12/2	Reason	
Dilated eye exam	due	08/12/2	All	
First line medsthiazides, ACEI/ARB, CCB		08/12/2	Health Maintenance	
Goal <140/90 under age 60; <150/90 over ag 60	ge	08/12/2	Hypertension	
Influenza vaccine	due	08/12/2		
Recommend sodium restriction		08/12/2		
HIV	Completed	08/13/2		
Pneumococcal vaccine		10/12/2		
Occult Blood, Fecal, IA	Completed	08/13/2		
Mammogram	Completed	01/01/2		
Td, preservative free, (7 yrs and older)		08/12/2		-
			<u>R</u> efresh	OK Cancel
Notes/Other				$\odot$
Screening Questions				۲

### **USA Care Guidelines 836**

## There is also a Due within option. This could come in handy if you only wanted to see things coming due soon.

	Colonoscopy Last Addressed: Category: Prior Status: Prior Result: Prior Action:	DIAGSTUDY			Start Age Stop Age Interva Hold Date	: 50 Years : 75 Years : 10 Years : 08/13/2014 Same as prior	
	Goal:	Status:		Action:		Update	
	Γ	Place order on Ro	ow Select	Due within:	Filte	G AII	
	Guideline	Status	Due	Action			
	Colonoscopy	Hold Testing	08/12/2014	Resume testing on 08	13/2015		I
	Consider antiplatelet drugs		08/12/2014				
	Consider statin	dua	08/12/2014				
	First line made, this sides, ACEI/ADB, CCB	due	08/12/2014				
	Goal <140/90 under age 60; <150/90 over age 60		08/12/2014				
	Influenza vaccine Recommend sodium restriction	due	08/12/2014				
	HIV	Completed	08/	erval	×		
Unfor doesn'	tunately, this ju t work right nov	S <sup>†</sup> Piete Complete V.	10/: 08/ Weeks 01/ 08/ Months Years:		OK Cancel	v Vpdate Edit	1
	Notes/Other					$\overline{\bullet}$	
	Screening Questions					۲	

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It is technically possible to place orders for Guideline items here, which would be handy. However, in our environment, it is simpler for users to place orders through the Order Module, Diagnostics tab, or whatever other way you've learned to do it.

Update		Action:		Status:	Goal:
	Filter: All	Due within:	Row Select	Place order on	I
		Action	Due	Status	Suideline
		Resume testing on 08/13/2015	08/12/2014	Hold Testing	Colonoscopy
			08/12/2014		Consider antiplatelet drugs
			08/12/2014		Consider statin
			08/12/2014	due	Dilated eye exam
			08/12/2014		First line medsthiazides, ACEI/ARB, CCB
			08/12/2014		Goal <140/90 under age 60; <150/90 over age 60
			08/12/2014	due	nfluenza vaccine
			08/12/2014		Recommend sodium restriction
		Completed on 08/13/2014	08/13/2014	Completed	1IV
		Completed on 08/12/2014	10/12/2014		neumococcal vaccine
		Completed on 08/13/2014	08/13/2015	Completed	Dccult Blood, Fecal, IA
		Performed Elsewhere on 01/01/2014	01/01/2016	Completed	lammogram
			08/12/2024		rd, preservative free, (7 yrs and older)
Edit	Add/Update				
0					Noter/Other
U					
					Notes/Other Screening Questions

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### Activate Clinical Guidelines

 Individual Guideline items can be removed. For example, suppose our patient is allergic to flu vaccine. Select it on
 the Activate Clinical Guidelines popup, then click Remove.

	nhy celected quideline  Due within:				Add	tananca I d	Tinical Guide	lines Histor	
itatus		Last Addressed	Due	Interval	Interval Chng Reason	Start Age	Stop Age	Hold	Resume
ue	HIV	11	07/23/2014	Once		15 Years	65 Years	-	
Je	Lipid Panel	11	07/23/2014	Once		45 Years			
ue	Mammogram	11	07/23/2014	2 Years		50 Years	75 Years		
ue	Occult Blood, Fecal, IA	11	07/23/2014	1 year		50 years	75 Years		
ue	Td, preservative free, (7 yrs and older)		07/23/2014	10 Years		11 Years			
	Influenza vaccine	05/03/2014	05/03/2015	1 Year		3 Years			
	Depression Screening	07/08/2014	07/08/2015	1 Year		12 Years	1		
	Colonoscopy	04/30/2014	04/30/2024	10 years		50 years	75 Years		
move Gu	lidelines					N. (			۲
ect a condition	enance Remove Remove	guidelines)			Influenza vaccine Remove	guideline			
oblem Li	st								$\bigcirc$

The [i] information popups can be helpful reminders about current recommendations, tempered with a few conservatively-rounded corners to help them be as broadly applicable in NextGen as possible for our practices.

SA Risk Female836	
Hea Check any of the following conditions that apply condition. These conditions may modify recomm No risk indicators Atherosclerosis, high risk of Breast cancer, high risk of Colectomy, total (Removes coloractal CA screening)	USA HM Lipid Disord         These conditions convey increased risk of atherosclerotic diseases, meriting enhanced lipid screening:         First-degree male relative under age 50 or female under age 60 with cardiovascular disease         Diabetes.         Hypertension.         Tobacco abuse.         Obesity (BMI 30 or higher).         Provider judgment, individualized to patient.
<ul> <li>Colorectal cancer, high risk o</li> <li>For instance, here is the second sec</li></ul>	the Atherosclerosis, p. Add Add
(irrelvant over age 65)	Revaccination interval: (Manually set time when next PPSV or PCV is due) Save & Close Cancel



# Here are the colon cancer, prostate cancer, & osteoporosis info popups.



Routine PSA screening is not recommended.

Perform PSA only upon patient request after discussion of risks vs. benefits.

Close

Here is the pneumonia vaccine info popup. This is particularly useful now that two different pneumococcal vaccines are recommended for adults in a variety of circumstances that can be a little hard to remember. (And be warned: the recommendations may well change again in late 2014.)

	Pneumococcal Vaccine Recommendations
Defini	tions:
PPSV	Polysaccharide vaccinePneumovax.
PCV:	Conjugate vaccinePrevnar.
Routin	e Vaccination
PPSV	once at age 65 for most people.
Repe af	at at age 65 for those previously vaccinated; for those vaccinated age 61-64, repeat 5 years ter that vaccination date.
Enhar	ced Vaccination
For a C	ge 2-64 with chronic diseases (cardiovascular, lung, DM, liver, alcoholism, immunocompromise, KD, nephrotic syndrome, cochlear implants, CSF leaks, upon initial diagnosis of HIV, smokers, sidents of longterm care facilities, and functional/anatomic aspleniaincluding sickle cell disease
	PCV, followed by PPSV23 at least 8 wks later. (If PPSV has already been given, give PCV at least 1 year later.)
	If patient receives PCV from age 2-18, give another dose after 19th birthday.
For a	ge 19-64 with immunocompromise, CKD, nephrotic syndrome, or functional/anatomic asplenia cluding sickle cell disease:
	Give 2nd dose of PPSV 5 years after the first dose.

	The complexity of the adult pre-65 pneumococcal vaccine recommendations makes it just about impossible for the
	Guidelines to work perfectly. A good strategy when first
	applying the Guideline would be to think ahead of time
JS	what needs to be done. For example, "I have a 45 year 💻
	old smoker. He needs Prevnar today, then Pneumovax in 2
	months." So I'll give Prevnar, check the Pneumonia
	revaccination indicator checkbox, then set the
	Revaccination interval to 2 months.
1	Breast cancer, high risk of 🕕 🚺 🗛 🖓
	🔽 Breast MRI 🕕 MRI interval:
1	Colectomy, total (Removes colorectal CA screening)
1	Colorectal cancer nigh risk of
	Hysterectomy cotal (Removes PAP)
	Mastectory, bilateral (Removes mammogram)
	Osteoporosis, high risk of Osteoporosis, high risk of Add
	Preumococcal disease, high risk of (irrelvant over age 65)
1	Pneumonia revaccination indicator Revaccination interval (Manually set time when next PPSV or PCV is due)
	Save & Close Cancel
	(Save & close ) (Calleer)

## But that requires a lot of forethought, & won't always be practical. This might be a good time to just make use of the Notes/Reminders/Comments field to leave yourself a clue.

USA Care Guidelines 836	Automatical Colonard		Concern Process of Street	
	Last Addressed: Cat Prior 9 Prior 1 Prior 4	egony: itatus: Result: cction:		Start Age: Stop Age: Interval: Hold Date: Same as prior
		Status:	Action:	Update
		Place order on Row Select	Due within:	Filter: All
	Guideline	Status Due	Action	
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	Notes/Other			۲
	Notes/Reminders/Comments: Prevnar given 9/18/14. Plan Pneumov	ax 11/18/14.		
	ACC/AHA ASCVD Risk Estimator	ACC/AHA 10-Year CV Risk (%) ic Fx Risk (%): Date Calcul	Date Calculated:	to average 65 YOWF risk of 9.3%)

ct Past Vaccines to Ad	d to Patient's Record				
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/				Pneumococcal conjugate PCV 13 (90670	))
HPV, quadrivalent (906	549)		Tda	P	
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ifluenza, high dose se	asonal (90662)		Zos	ter (Due Now)	
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inueriza, seasonai, inj imococcal (Current)	jectable, preservative free	5 yrs or older (30656)			
neumo (2 vrs or older	)(PPV) (90732)				
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5peakir record Nhile t Such do	ng of vac historic that is lo ates. So	ccines, t al vacci ogical, t the wo	the <b>Orde</b> nes using he Guidel rkflow is	r Module nor a partial da ines don't se smoother if	w allows you to te, as seen here em to recogniz you record an

Recall for **Diabetic Foot Exams** I said you'd satisfy the Foot Exam guideline by documenting at least one finding in each of the Visual, Pulse, & Sensory sections. Well, through trial & error I've discovered that it sometimes seems to take TWO items from Visual to make the beast work. I assume this is a flaw, but you might keep this in mind.

Breast Respiratory Cardiovascular Abdomen Genitourinary Skin   Hair	Foot measurement performed: O No O Yes       Footwear Evaluation performed: O No O Yes       Exclusions       Counseled on proper footwear: O No O Yes         Details:	
Musculoskeletal Psychiatric	Diabetic Patient Counseling	
Additional	C No C Yes Comments:	
Assessment/Plan	Exam	
Assessments My Plan A/P Details Labs Diagnostics Referrals Office Procedures Review/Cosign Orders View Immunizations Office Diagnostics Physical Therapy Orders Health Promotion Plan	Visual Inspection       Right: Left:       Right: Left:       Right: Left:       Dorsalis pedis:       Image: Mormal         Change in the foot since last evaluation?       Image: Weakness in the ankle or foot?       Image: Mormal       Image: Mormal <t< td=""><td>11 11</td></t<>	11 11

LOTS of patients have both diabetes & hypertension. The **Hypertension Guideline** adds nothing that isn't already on the **Diabetes Guideline**. While there is no harm in adding both

guidelines, to save time just add Diabetes.

Age: 51 Years			(	How to us	e this template: 🕕
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Ngkbm Dbp CareGuidelus List	Interval Chng Reason	Start Age	Stop Age	Hold	Resume
Chr Diabetes Health Maintenance Hypertension Peds Thyroid replacement				(	► Save & Close
Refresh OK Cancel					

When you first add a Guideline, it USUALLY recognizes if a required test has recently been done, like the lipid panel here. But this doesn't seem to work 100% of the time, so you may need to manually update the Completed Date at first. After that, it should take care of itself.

C Detailed document	C Reviewed, updated C F	Reviewed, no change	Last update/detailed doc:	//
Last Addressed:	Category: Prior Status: Prior Result: Prior Action:	Clinical Gubelines F	listory   ◆ Risk Indicators Health	Maintenance   Diagnostics Start Age: Stop Age: Interval: Hold Date: Same as prior
	State	:21	Action:	Update
	🗌 Place order	on Row Select	Due within:	Filter: All
Guideline	Status	Due	Action	
Influenza vaccine	due	11/13/2013	Completed on 11/13/2012	
Depression Screening		07/24/2015	Completed on 07/24/2014	
Tetanus		06/10/2018		
Lipid Panel		06/13/2018	Completed on 06/13/2013	
Colonoscopy		10/10/2022	Completed on 10/10/2012	
FOBT		10/10/2022		

Also, sometimes when you apply a Guideline to an established patient, it seems like all the dates don't fully sort themselves out until the *next* encounter.

There will be some test results we don't get back electronically in the system, or some times when a patient has had the test done elsewhere. A good example is a mammogram report your patient gives you from elsewhere. You can tick the Guideline off as completed as illustrated above, but if you would like to enter the RESULT as well, you have an option to do that by going to the **Histories Tab**, **Diagnostic Studies section**, & clicking Add.

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# Notes About The Guidelines Themselves

• We currently have Guidelines set up for a small handful of conditions, though they will cover a lot of our patients' needs.

• These Guidelines are evidence- or consensus-based to the extent possible, & follow recommendations from authoritative sources, such as USPSTF, CDC, ACIP, AAFP, AHA, ADA, occasionally tempered by practical concerns, technical limitations, or P4P requirements.

# What Guidelines Do We Have Established?

• We may we establish some other Guidelines in the future, but it has thus far been...challenging...to get these things to work, so these will give us a good starting point to gain experience & test behavior.

• These are not expected to cover every possible clinical scenario, & provider judgment will always be required to individualize general recommendations.

# What Guidelines Do We Have Established?

- We currently have Guidelines set up for the following conditions:
  - Health Maintenance
  - Diabetes
  - Hypertension
  - Thyroid replacement
  - Abdominal aortic aneurysm screening
- The following slides will briefly summarize the measures included on each of these.

# Health Maintenance Guidelines

- Breast cancer screening
  - For average-risk females, mammogram Q 2 years age 50-75.
  - For high-risk females, mammogram Q 1 year age 40-75.
- Cervical cancer screening
  - For females age 21-29, pap smear Q 3 years.
  - For females age 30-65, pap + HPV testing Q
     5 years.
- Colon cancer screening
  - For average risk patients:
    - Fecal Immunochemical (or similar) occult blood test Q 2 years age 50-75.

or

- Colonoscopy Q 10 years age 50-75.
- Depression screening
  - PHQ-2 or other screening tool once yearly starting age 12.

- HIV screening
  - At least once during age 15-65.
- HPV vaccine
  - Series of 3 vaccines during age 9-26.
- Influenza vaccine
  - Yearly for everyone.

- Lipid screening
  - For average-risk males, lipid panel Q 5 years starting age 35.
  - For average-risk females, lipid panel once at age 45.
  - For high-risk males & females, lipid panel Q
    5 years starting age 20.

- Osteoporosis screening
  - For average-risk females:
    - Bone density study at age 65.
    - Repeat in 2 years.
    - If still normal, discontinue testing.
  - For high-risk females:
    - Bone density study Q 2 years starting at age 50.

Health Maintenance Guidelines Pneumonia vaccines PPSV: Polysaccharide vaccine (Pneumovax) PCV: Conjugate vaccine (Prevnar)

- Routine vaccination:
  - PPSV at age 65 for everyone.
    - If given age 61-64, repeat 5 years after that.

Pneumonia vaccines

PPSV: Polysaccharide vaccine (Pneumovax) PCV: Conjugate vaccine (Prevnar)

- Enhanced vaccination:
  - For age 2-64 with chronic diseases (cardiovascular, lung, DM, liver, alcoholism, immunocompromise, CKD, nephrotic syndrome, cochlear implants, CSF leaks, upon initial diagnosis of HIV, smokers, residents of longterm care facilities, or functional/anatomic asplenia—including sickle cell disease):
    - PCV followed by PPSV at least 8 weeks later. (If PPSV already given, give PCV at least 1 year later.)
    - If PCV given age 2-18, give another dose after 19<sup>th</sup> birthday.
  - For age 19-64 with immunocompromise, CKD, nephrotic syndrome, or functional/anatomic asplenia—including sickle cell disease:
    - Give 2<sup>nd</sup> dose of PPSV 5 years after the first dose.

- Tetanus vaccination:
  - Tetanus vaccine Q 10 years starting age 12.
  - At least one dose after age 12 should be Tdap.

#### Abdominal Aortic Aneurysm Guidelines

• Limited abdominal ultrasound once age 65-75 for men who have ever smoked.

### Diabetes Guidelines

- BMP yearly.
- Dilated eye exam yearly.
- Comprehensive foot exam yearly.
- HbA1c Q 3 months.
- Lipid panel yearly.
- Urine microalbumin yearly.

## Hypertension Guidelines

- BMP yearly.
- Urine microalbumin Q 3 years.

#### Thyroid Replacement Guidelines

• TSH Q 2 years.

# This concludes the NextGen Guidelines demonstration.

If life gives you lemons, make lemonade, but if life gives you salmon, don't make salmonella.

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