Focus Group 1 Themes and Insights Summary

Listed themes are in order of number of times suggested. These reflect the aggregate data from sessions 1 and 2.

Theme Outline

1. Data Trust
    a. General Data Trust
    b. Medication Data Trust
    c. Diagnosis Data Trust
2. List Item Sorting
    a. Group by Problem (diagnosis)
    b. Duplication of List Items
    c. Cognitive Load
    d. Sorting List Items Alphabetically
3. Goals
    a. More Goal Context
    b. Patient Reported Information
    c. Goal Prioritization
    d. Social Goals Over Vital Goals
    e. Patient Goal Conception
    f. Achieved Goals
4. Practitioner to Practitioner Functionality
    a. Additional Practitioner Attribution
    b. Practitioner Collaboration Functionality
5. Diagnosis
    a. Prioritization of Diagnosis by Severity
6. Medication
    a. Tracking Medication Adherence
    b. Medications List Needs more Detail
7. Curation
    a. Custom Information Display
    b. Incorporation of A.I.
8. Miscellaneous Positive Feedback
9. Miscellaneous Negative Feedback

Existing Behavior Quote Compilation

These were areas of insight that didn't relate directly to the eCare app but shed light on practitioners' existing processes and behaviors

- Understanding SDOH
- Care Coordination - Institution to Institution
- Care Coordination - Practitioner to Patient
- Care Coordination - Practitioner to Practitioner
- Existing EMT Usage

Focus Group Themes

1.Data Trust

Data Trust – General

- Practitioners have a hard time trusting that the information in existing EHR is accurate; complete (not missing important pieces), up-to-date, and relevant (not duplicative).
- There is existing capability to access data from different patient streams. The quantity of available data is perhaps not a problem but organization/trustworthiness is
- Participants felt frustrated that their basic need for trustworthy data could not be fulfilled. They were cynical that a higher level feature like patient goal tracking could be successfully achieved.

Data Trust – Medications

- Practitioners have a hard time trusting that the medication information in existing EMR is accurate
- Certain functionalities within the EMR cause a medication date to become inaccurate, including:
    - Dosage change – For a medication, the date is updated each time a dose is updated, making it hard to understand when it was first prescribed
    - Auto-reconciliation- When med data is pulled for MAR, the date of prescription becomes the date it was pulled
    - Auto-generated medication packages- Generic medication packages can be prescribed per problem that includes meds that are available to the patient but are optional for them to take
- Practitioners have a hard time reconciling medications that originate from other institutions or providers
- There is sometimes a disconnect between what a patient has been prescribed and what they actually take

Data trust – Diagnosis

- Practitioners have a hard time trusting that the diagnosis information in existing EMR is accurate
- Practitioners recognize that sometimes they input diagnosis for their own patients incorrectly
- Problem list data from outside institutions can often be inaccurate

Data Trust - Feature Recommendations:

- Consider if medication adherence is available for incorporation, either through patient confirmation or connections to pharmacy data like SureScripts
- Further brainstorming for leveraging FHIR for data transparency

Quotes:
types of patients who are complicated, it's a struggle to get, like, veracity in the information about their care. You know, what is an accurate medication list? What is an accurate report of their most recent labs? What does an accurate kind of understanding of their social resources?

We have many, many, many more streams, really, than ever of data to capture those things, which some people have alluded to, like, for pharmacy, you know, Epic interfaces with the Surescripts system. But even with that incoming data, capturing if it's right is something that's very difficult and sometimes impossible.

the problem list in Epic, as well, and it quickly becomes a quagmire of discarded, inaccurate, and incomplete information that is useless to all

really just trusting what should be objective

at some level, totally data going in has to be trustworthy

an accurate medication list

I'm a little bit frustrated, very frustrated that we can't even do a list of medications

can't easily tell looking across different systems, definitively, what patients are taking

Hmm, like, it's really common for me to see people who just saw another doctor, another provider in some fashion, and they have like, five things that are on the list and they're not taking them

I really struggle with a lot of my patients having, um, ownership over their medication and I can't often and readily tell, like, is this old?

in my own background here, have both Epic and [my Home MAR] and orders up to reconcile what we are doing for patients in those settings right now is just mind boggling to me. And then the computer tries to help and it'll auto reconcile outside hospital meds and it looks like it was started yesterday

There are a lot of the challenges that we deal with kind of reconciling patients' medications across institutions, particularly at transitions of care

How many of these medicines are medicines the patient actually takes or how many of these medicines are medicines that are part of like a preset order package made available to the patient

some kind of call out or column or change or something that speaks to whether medicine is currently being used, scheduled, prescribed, medicine or whether it's something that's just kind of available

One thing that I always struggle with, especially around transitions of care settings, changes in settings of care, and moves between providers and facilities is, you know, when meds were started and stopped and adjusted

We have many, many, many more streams, really, than ever of data to capture those things, which some people have alluded to, like, for pharmacy, you know, Epic interfaces with the Surescripts system. But even with that incoming data, capturing if it's right is something that's very difficult and sometimes impossible.

You know, often, in Epic, you'll see the prescription, the origin of the prescription, who prescribed it, but you, you can't tell then, if that was a, you know, just a dose reduction for something they've been on forever or if that is a new prescription

The one, we're going for. If I could hover over a medicine and see what that beautiful color system when prescription doses changed and what they're actually picking up

I have a hard time trusting the dates of diagnoses being added or started mostly because I know I'm often the culprit of, you know, making some things seem more recent than it really is

I just I've had a hard time trusting the data, um, in terms of…I just I take care of a lot of patients who come from outside facilities. Both as new primary care patients and in a consulting role, and it's just never the case that everything I'm seeing on their problem list is accurate

types of patients who are complicated, it's a struggle to get, like, veracity in the information about their care. You know, what is an accurate medication list? What is an accurate report of their most recent labs? What does an accurate kind of understanding of their social resources?

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2.List Item Sorting

*List item refers to the rows in a table; diagnosis, medication, goal, etc.

Group by problem (diagnosis)

- Participants expressed a desire for a view of medications and vitals to be grouped by problem item. For example, diabetes would have a dropdown where you could see relevant medications like insulin and relevant vitals like A1C

Duplication of list items

- Participants feel frustrated about the duplication of items, particularly diagnoses.
- Problem items that are imported in Epic are at risk of becoming duplicates
- Problem items can be duplicative but different diagnoses. For example someone admitted with an altered mental state that ends up being narrowed to hepatic encephalopathy. Being able to group related diagnosis may be helpful

Cognitive Load

- Participants feel overwhelmed with the amount of information available to them and the lack of prioritization of important information. Making sense of all of the data and seeking out important information can become burdensome

Sorting list items alphabetically

- Participants highlighted the need for medications list to be alphabetically sorted

List Item Sorting - Feature Recommendations:

- Problem list with associated meds and vitals per problem
- Problem list items with collapsed duplicates (exact duplicates)
- Grouping of problems that are duplicative or associated (analogous diagnosis but not exact duplicates)
- Make the option for sorting medications alphabetically more obvious
- Determine the best default sort for medications and diagnosis i.e. chronological, alphabetical, etc,.

Quotes:
like to sort of see problem and then associated meds. So, it helps me prioritize how much work do I sort of immediately have to do here

think if you clicked on it, and you could figure out some information related to that problem. Because otherwise it's just a list of problems, which is something we have in Epic that has become, you know, practically overwhelming

think if you could click on it, and then just each of them, each of the, you know, these common diagnoses would have kind of a protocol. So, under osteoporosis, it would say like, most recent _____ scan. These medications, too, just so that you immediately can see what the current management of this particular patient

So if all of that stuff were pulled together, automatically, that would be really helpful

I would say, in general, all these active diagnoses, I would want a lot more detail. What stage? What's going on with their diabetes? Are they on insulin or not? And, so, some of those things. Even on the, like, chronic kidney disease, I'd like to see the stage in that. Um, so more specific.

You see how frequently they're getting it if it's a blood pressure medicine with a hold parameter. Their vital is right there

a conglomerate/conglomeration format where you're getting, you know, a med list next to a problem next to, maybe, their last set of vitals, you know, kind of one view that shows a bit of a summary

what I really want to know is that they've got diabetes and here are the pertinent comorbidities, like, grouped under that. I don't want six different things on the problem list

I appreciate a lot that there's not duplication on this diagnosis list

also thinking about the duplication thing, and I wonder if that if this is just a function of the way the diagnoses were created and if there might still be a risk of duplication

I would say duplicate or near duplicate items should be eliminated or minimized

three different problem lists that didn't come together that became one big problem list. That would be not helpful. I mean, that's a major problem. The fact that, presumably, that's a problem because different hospitals tend to do things differently and, therefore, you can't just push them together with a computer

I do feel like the near duplicate, um, and maybe this is the advantage if this is a smaller. You know, the thing with Epic is everybody can adjust the problem list and so you get altered mental status, which is actually hepatic encephalopathy and the admission. And then, when they get discharged, they've got three different diagnoses for altered mental status. And they kind of carry forward if they don't get resolved appropriately

but I would be a fan of no duplicates

ease of seeing Labs and studies and vitals basically all the objective stuff that I wish the EHR had made easier

I think with the patients a lot of times there's too much information to try to accurately understand what's going on, and synthesizing sort of important points about their care is pretty difficult to do right now

the important things aren't very easy to find

It is not that there's information missing, is that it's hard to find because it's probably there in the note somewhere

the problem list in Epic, as well, and it quickly becomes a quagmire of discarded, inaccurate, and incomplete information that is useless to all

I think one thing that is surprising to me is that these are not alphabetical, or don't seem to be in any sort of organized way. I mean, I have a lot of patients in facilities and they always come in with a MAR that's alphabetical

And if my med list isn't alphabetical, it drives me crazy. So you could, I mean, maybe there's just a way to, you know, click a tab and that will automatically make it alphabetical for you. I mean, the other thing would be to kind of group it by problem, which is a really nice way to look at things a lot of times

if you could have it by, like, make it alphabetical or reason or, really, who prescribed it or where it came from…all those things would actually be really helpful.

3.Goals

More goal context

- Practitioners want more information about why a goal is important. Goals can be interrelated or indicative of other issues and additional explanation can help illuminate hidden problems.
- It may be worth considering if we want to flag goals that conflict or are unachievable
- There is a need to clearly differentiate information that is submitted by the patient from clinical information
- Give goals a priority value and allow sort/filter based on priority

Social goals over vital goals

- Some participants felt that the social/functional goals are more applicable to patients than quantitative vital goals

Patient goal conception

- Participants would like to hear what the patients think about their goals, how they feel their progress is going and if they feel their goal is achievable

Patient reported information

- Participants value patient reported information but also feel concerned about the validity of it. Patient reported data needs to be contextualized and verified by the the physician in some way

Goal prioritization

- The goal section has the potential to become unwieldy. It may be beneficial sort them by urgency or patient priority

Achieved goals

- It is currently unclear what happens to goals when they are achieved, if they remain, are deleted, or go into a new bucket.

Goals - Feature Recommendations:

- Add more room for information about goals, prompt patients for more detailed info

- Ability to flag goals that conflict or refused
- Allow patients to submit progress and track subjective progress and attitude toward goal
- Create an additional table for achieved goals, or some solution for these to be closed
- Ability to prioritize goals, but from whose perspective

Quotes

I would love the opportunity for a little bit more narrative about current status. Um, maybe that could be like a carrot drop down? So, for instance, we've got the walk around the block without pain. But is it such that the patient can't walk to the door? The patient can't walk at all? I don't know where the patient identifies themselves being.

Sometimes I want to know why. The goal is important, which I got to talk this one out to know if it's actually a helpful contribution here. Like, um, I know why I want to reduce meds, or we'll use the example here, a pain med, but, like, is it because we're worried that there's a specific side effects? Sedation? Dizziness

there are sometimes other things you can do to address those "why" issues if you run into a roadblock with meeting that goal. So, if the issue is dizziness, but somebody also cares about their blood pressure and they're having ____, there are other things you can do to help support ____ without totally throwing their, you know, the baby out with the bathwater with respect to their blood pressure

maybe we need to say, like, well, the block is actually where the grocery store is, and we need to work with them on getting the home food delivered

is there a way to have the context about walking around the block indicated on the note from January 5th, 2022? So I can go to that note or something? I don't know

Similarly, I guess if, you know, the patient has a goal to be able to walk around the block and then you have a goal of, you know, maybe they've got congestive heart failure and you want your blood pressure less than 120, which probably means they can't walk around the block. Is this planner going to give us red flags that our goals are not aligned

the goals, at least how I would utilize it, would be probably more of these, like, social and functional goals that may not really have a pertinent most recent result

but I do think that most of the goals that I set for patients are kind of captured pretty well in a more narrative form. Or a little bit more, like, you know, go to all your appointments or stuff like that. Um, versus, like, you know, do this explicit thing

sometimes, what's curious to me, when I'm thinking about goals, is, like, what are they willing to do to get to this goal or what can they do

Like, a lot of these things we can work towards the goal, but where the rubber meets the road is how easy it is, or how willing the patient is to do that?

I'm okay with patient reported information, but again, sometimes it's garbage

if there's a way to have it, but in the same breath in the same shot as, you know, the clinic ones so, you know, two different coded lines or color coded numbers or something that, you know, the clinic ones are in a bigger font and the home ones are in a smaller font

also agree that I would like patients to input things because then they give us a little glimpse into what's actually going on at home, whether that's supplements or some history that I truly had no idea about,

patient reported and then after, like, a clinician verifies that it could change color or go from italicize to normal something like simple stylistically. Say, like, someone needs to just talk about that because that's an unverified and then we can verify and integrate it in a way that feels a little bit more trustworthy

thoughts, I think patient reported diagnoses are something that need to be carefully thought out, you know, patient reported more objective. Data is one thing. Um, and this is something I know we've struggled with in Epic is how to reconcile data.

looking at this all, those goals are kind of the same priority. I think being able to understand, from a patient-provider standpoint, how to rank things. I think it's important for me to know that, if blood pressure's my focus, cause that's what I'm focused on, but the person's priority is how to organize and actually get to appointments, like, that needs to and their diabetes is not controlled

It seems it has the opportunity to become unwieldy, as well, because sometimes my patient has twenty-seven goals, and I have twenty-seven goals. I don't know how you would set this up to really prioritize, or maybe you do it that way…you have the patient indicate what is your top goal?

it would be really nice if we were getting these little reminders or somehow being noted, this doesn't fit what the patient's goals. I mean, you know, again, I'll have somebody who's like, he doesn't want _____ and then all of a sudden something happens, and he's got three specialists trying to give him procedures and I'm like, wait a minute. He's 96. He doesn't want _____,

What's the next step if it's achieved? Do you just turn it to achieved and leave it there or it? Does it go to a different place?

Or else, just knowing, like, once they're achieved, they drop down to somewhere else, or you know do you even need that column if that's the only option?

I'm thinking about the achievement status, like, there's in progress, and I guess it would be achieved, but there might be also, like, something like, on hold or something like that. So, it's not just cluttering it up

4.Practitioner to Practitioner Functionality

Additional practitioner attribution

- Participants expressed wanting to see the physician source for diagnosis
- and also who is currently managing a given diagnosis
- Participants wanted to see what a practitioner's specialty is
- It could be beneficial to have a detailed hover with detailed practitioner info

Practitioner collaboration functionality

- Participants expressed a desire for a way to communicate with other practitioners in the application
- Practitioners are already spending a lot of time communicating with other practitioners gathering information and closing information gaps

Practitioner to practitioner - Feature Recommendations:

- Reconsider if we should include more practitioner contact info to enable prac to prac communication
- Review if practitioner specialty data field is available in FHIR - specialty MD,RS,etc - Role, License
- Add practitioner attribution to diagnosis- not possible
- Hover with detailed practitioner info
- In-app practitioner to practitioner communication

Quotes:
having some way to understand who is doing what. So, somebody who's often just focused on one particular part of complex care hypertension, it's nice to be able to kind of say, yes, I'm doing that. And then when I'm no longer doing that

it would be really helpful for me to say, like, who's still actively involved in X management and that if someone is timed out or a specialist said you're good, you don't need to follow up with me anymore. Follow up with your _____(provider)

in additional information with the source of, like, who, at OHSU? Which are their so specialists? Is it just primary care only? Being able to see kind of who's a part of that management team can make it a little bit less cumbersome

I'd kind of be curious, the specialty of the prescribing clinician

want to know who that person's specialist is for those associated medications

dose was reduced recently by this person or something like that

I wanted to go back and recall the idea of identifying who Dr. _____ or _____ is. It'd be nice like, thinking about the idea of this covering a wide swath, and maybe beyond in the future, like knowing who people are a little like parentheses cards. You know, _____ would be really helpful. Um. I also think, in terms of goals, it's kind of nice to know not just “expressed by” but it'll look like how much of the discussion happened?

I think one thing that would make this more enticing and, I think, the way we thought, or how we started was thinking about okay, we have five different people thinking about the care of this patient, as providers

Hey, everyone worried about low blood pressure, right? Now what do you guys think? Should we decrease the dose and, like, have some sort of a conversation, instead of a phone call that needs to happen? Or, you know, maybe it does happen in Epic but if there was a way to make that fluid, then I feel like that could be enticing

could imagine that might be more useful is if there was, maybe, something that had a high priority, the key problems or really, um, you know, issues that are that are happening right now that you want to address

That might be a way to have it back and forth, even if it didn't require a thought process we could talk it out, we could interact in that way there

5.Diagnosis

Prioritization of diagnosis by severity

- Participants want to be able to sort diagnosis by severity. Because of the volume of unprioritized information, it can be easy to overlook diagnosis that are severe and need to be considered
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Diagnosis - Feature Recommendations:

- Diagnosis given severity rating, ability to sort diagnosis by severity

Quotes:
wonder about ordering of things, and one of the challenges of the problem list I find is that you, you find, you know, stage four cancer and horrible things right next to knee pain in the stub toe, which really can make use of lists like that challenging. So, can it be drivable or movable or a way that the providers can look at it and see kind of a problem list that's by a priority?

could imagine that might be more useful is if there was, maybe, something that had a high priority, the key problems or really, um, you know, issues that are that are happening right now that you want to address

It seems like it would be helpful to have some AI in the background, and when we are having our visit with the patient, and doing this goal setting, that AI would be automatically able to re-prioritize based on what was brought up that visit

6.Medications

Medication adherence

- There is currently medication adherence data in Epic which the participants find favorable. It gives a red, yellow, green ranking for the number of times a patient has filled a script

Medications list item needs more details

- The medications list likely needs more space to allow for the more detailed dose information that can occur in practice

Medications - Feature Recommendations:

- Consider if medication adherence is available for incorporation, either through patient confirmation or connections to pharmacy data like SureScripts
- Revise medications list to allow more space in dose field

. So if it's scheduled, you make sure they're getting it. Not refusing it. You see how frequently they're using it and, in my perfect world, would be, like, a dropdown carrot within your grid for the last two weeks

Currently in Epic, there's like an adherence…it's not a tab, but it's, like, medication orders you can hover over and it will almost show you this, like, color coordination of how frequently a patient's filling a medication

What I like about that is there's, like, a green, a yellow and red being like, they're filling it about 75% of the time. They show yellow it's like, yeah, maybe half. Maybe a little less than half. They've maybe filled at once. They're not getting this recurrently.

It will show us the difference between a prescription that was actually filled at a pharmacy and a prescription that's, like, just in the list right now

How would this look with more complex meds? So, with cardiac meds, like, diuretics, the dosing is often a little more complicated than just a set dose once or twice a day. So, will this support that?

Yeah, I just wonder whether there would be enough space if it's like, 80 in the morning and 40 at night or different doses three times a day or sometimes it's one amount on Monday, Wednesday, Friday, and a different amount on the other days. So, I would be curious how that would look in this format.

7. Curation

Custom information display

- Participants expressed desire for customization of how they see information
- Participants noted that synopsis specific to the patient could be beneficial

Incorporation of A.I.

- Participants expressed desire for AI functionality to help prioritize goals, treatment, and reconcile contradictory treatments and medications

Curation - Feature Recommendations:

- Addition of A.I. to sort goal priorities and flag treatment conflicts
- Customization of information display per user

It seems like it would be helpful to have some AI in the background, and when we are having our visit with the patient, and doing this goal setting, that AI would be automatically able to re-prioritize based on what was brought up that visit

Yeah, I mean, I think, some sort of visual representation…I was sort of envisioning, like, you know, a chart where, like, orthostatic hypertension goes up and heart failure goes down. And that is, you back off like your heart failure is going to get worse and, like, you know, that's how I think, you know, and that's when I see people, it's always that balance of competing risks and competing goals

want to try this because I think that this is going to be better for you in the long term, but we need to weigh it against this other challenge that you're having. Right? And figuring out a way to have the computer help us do that is super important.

the challenge with something like this is that different people want different pieces of information at different levels of nuances

a personal problem list with personalized information is the way that, you know, I personally, have gotten around this is at the top of my note

Is there a way to make this very flexible and very patient specific

But they're always, you know, they're often more nuanced, specific things that are hard to track in our current flow sheets and our current synopsis views, um, that are that are specific to the patient

8.Misc. Positive Feedback

Miscellaneous positive feedback encompasses points that we may want to consider keeping or expanding upon in our next iteration.

Participants had a favorable perception of

- Source (institution and practitioner) attribution
- Minimalist design
- Medication history with collapsed dose changes
- Patent entered goal data

Quotes
I like that it is displaying the source; sometimes it's extraordinarily difficult to understand where or when problems are coming into a patient's chart

I like the look of this generally speaking, like, it's pretty minimalist

One thing I do really like is when you scroll down was the other health concerns. I love that piece of information. Um, which is effectively, you know, what gets often lumped into social history

I'd also love, like, right below the current med list, like, meds that had been stopped in the last 30 days, you know, or some arbitrary time frame there. Because that's also sometimes just as important to me as what they're on is what they've recently been taken off of and I love the dropdown carrot for recent dose changes

like that's a combination of sort of patient-entered data, so expressed by the patient, and then, um, and then provider entered data and I think that's really cool

Yep, but, I mean, otherwise, like, the format is very nice here and clean and easy to look at and, you know, for these very common metrics of things that we follow, this is a nice way of looking at it.

9.Misc. Negative Feedback

Miscellaneous negative feedback encompasses insights that were only brought up once but still need to be considered. They were not pervasive enough to be considered themes but remain important feedback that should be considered for product revisions.

Participants had an unfavorable perception of

- Source (institution and practitioner) attribution
- Similarities to existing EHR, participants did not feel that this product did not feature enough differentiating features to merit use
- Diagnosis dates, initial diagnosis and initial recording appeared duplicative

- Inactive diagnosis list has potential to become too long
- Order of medication details, preferred “name, dose, reason” order

Feature Recommendations:

- Differentiate initial diagnosis and initial recording dates
- Change order of medication detail to“name, dose, reason”

Quotes
I also have absolutely zero need of that source column. I mean, that might be because I'm a ____ and I take ownership over everything

Then you have date of initial diagnosis and the date of initial recording, or I don't know why there would be two diagnoses? First record I don't know why there would be two columns there. That could just be one column that says, you know, date of diagnosis

I was just looking the last or the end here with the inactive diagnoses. Uh, you know, give it time and that's gonna be way too long. Um, so I don't know how useful it is. Um, but I was thinking, like, where, is that line of your details

It's probably just personal. I'd like to see the name, then the dose, then the reason. Just so I know lisinopril 20 milligrams is kind of the first thing that I see rather than lisinopril, 20 milligrams, hypertension. That might just be personal.

guess one of my questions here is how is this different from the problem list that I'm already using in Epic? Which, you know, I've meticulously written in the most detailed diagnosis so I can just copy it into my billing for that day, or my coding for that day and, you know…how is this different? Why would we use this instead of what we're already using

So, just overall, I'm not sure how much different this looks than what I see in Epic now. So, I'm not, I don't know how we would use this differently if we're supposed to use this instead of Epic, which I don't think we are. Nothing here would make me want to use this instead of just the regular Epic that I've already got

But, um, I do worry that a lot of what has been presented is pretty similar to what already exist

I agree. And definitely don't group it by source. I mean, it doesn't really matter which outside system something came from

Existing Behavior Quote Compilation

Understanding SDOH

And a lot of time on social determinants of health for my patient population, sometimes synthesizing, capturing, and reviewing that data is

thinking about things like conditions that generally tend to be costly. Right? So, like, either costly in time or financially like diabetes or heart failure. Um, or, uh, for example, you know, patients with end stage renal disease

learning those patients have transportation difficulties learning those patients have financial difficulties often really colors the care that we deliver to them,

it's kind of, I think, a lot to ask patients, especially my older sometimes cognitively impaired patients to really understand the nuance of all their meds as well

Care Coordination - Institution to institution

I do not believe that that information is well shared across institutions. Certainly not in a way that's useful. I think that that oftentimes really disrupts or disturbs care transitions for patients

Yeah, I spent a lot of time after visits communicating with facilities, outside hospitals, primary cares when I'm in a consulting role as a geriatrician, and just trying to know what, what, um, objective things we're even working with to make change or adjust care.

the medication challenges, especially when folks are being seen outside even if it's, um, a system that interfaces with Epic.

There are often pieces of information missing as well. Um, you know, critical lab results are often missing, um, results done at other institutions that are not in, um, you know, don't share, uh, don't use Epic.

I'm, you know, some specialist and then people receiving primary care at other institutions, you know, I find it much harder to coordinate complex care

So, um, in many cases I do end up calling outside primary care providers and specialists and things.

will have occurred, let's say, you know, they've had, at an outside hospital, and now ___. I just had a guy yesterday who I'm getting a note from the ophthalmologist that he's got his cataract surgery scheduled in February and I was like, oh, you just had a _____ last week, I don't really think this is the best time for you to get your eyes fixed! So there's a lot coming in. So, then, okay, well, what matters most to you? How do we think about this? And I think I do a lot of _____, which is, I'll sit there and I'll kind of type messages to the various specialists.

are patients who I say, it's probably not a good idea for you to see me if you've had this done elsewhere, and you get your care elsewhere. The biggest challenge I usually tell people you should just see a cardiologist at the VA because there are such challenges with communication and transmission of information that it becomes effectively impossible to provide, um, you know, well, coordinated care.

Care Coordination - Practitioner to Patient

I sort of start with the big picture, kind of that care planning context and I tend to really rely hard on the patient's priorities care model

just trying to open a really candid on a space for them

but also the bigger picture of a good day, a bad day, a day worth living, their wishes, their preferences, then I kind of work backwards and say with that lens. Now, I'm going to be an internist and look at all your medical conditions

and see how I can pair what we're doing or not doing with great intention in each of those decisions for each of these conditions t

family caregivers is getting the person who actually does the medication management, or if there's multiple people to kind of confer what's actually getting administered to a patient who is not doing it themselves. So that can be can be a really cumbersome process

a role I find myself in is helping the patient understand what's going on, and synthesizing information from, like, a specialist they might see or a note that they couldn't quite comprehend or understand.

when I'm thinking about care planning with my patients. I always try to start with what's the most important thing to you? What matters the most? What do we really need to focus on?

Care coordination - Practitioner to Practitioner

it's frequently multiple asynchronous messages with different providers that I try to synthesize with the patient, and then try to come up with a plan for some sort of process going forward with them for care

asynchronous messaging, too, is really important

I have found that folks are usually pretty responsive, especially from a personal outreach.

themes we're getting here from everybody is that we do a lot of writing to each other

it would be really nice if we were getting these little reminders or somehow being noted, this doesn't fit what the patient's goals. I mean, you know, again, I'll have somebody who's like, he doesn't want _____ and then all of a sudden something happens, and he's got three specialists trying to give him procedures and I'm like, wait a minute. He's 96. He doesn't want _____,

Existing EMR Processes

How that all gets documented is kind of a different thing. Like, a lot of it is talking to me in person or just forwarding a note with what they've documented that day, but, um. I would say that Epic has gotten better about me being able to see the specialist notes or outside notes, outside tests, images, those type of things sometimes are a little harder still

There's some things, yeah, some things you can use, like food insecurity is a diagnosis, housing instability…so there's different things that I will add to a problem list like that. But, you know, reliant on family member for transportation, there's a social history tab with free text that I usually will kind of update there, review and update

I tend to have a little paragraph that I carry forward each visit right at the top of the note. You know, living independently, but two daughters come in twice a week to help out. Doesn't drive any more, you know, just a few of those. Important things that help keep me on track. Cares most about, you know, being able to be with her grandkids

the MAR, and it's a grid where you get a check box of how frequently they're getting every medicine

Epic will show us using, essentially, a combination of CareEverywhere and Surescripts, which is like the third party pharmacy information exchange

it's like one of the million things I forget to do in Epic. But, I do think it's good. I mean, I noticed that, too. That was one of the first things I thought was, like, I guess that's really good, but it forces a reason onto everything

I use the snapshot tab a lot

the snapshot tab is only as valid as, you know, the information put it into it. You know, the patient problem is only valid if you keep it cleaned up and stuff like that

I like a summary shot, a place to start