Welcome to Today’s Expert Webinar for the 2019 MQii Learning Collaborative: 
*Optimization of the Electronic Health Record (EHR) for Nutrition Care*

Wednesday, August 7, 2019
We will get started promptly at 
3:00PM ET 
(2:00PM CT; 1:00PM MT; 12:00PM PT) 
*All phone lines have been muted*
Welcome to Today’s Expert Webinar for
the 2019
MQii Learning Collaborative:
Optimization of the Electronic Health
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Today’s Agenda

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and introduction to the webinar</td>
<td>Kelsey Jones</td>
</tr>
<tr>
<td>One hospital’s experience with electronic Clinical Quality Measures (eCQMs) capture: a description of structured data options in the nutrition care pathway</td>
<td>Cassandra Kight, PhD, RDN, CNSC, <em>Clinical Nutrition Specialist at University of Wisconsin Hospital &amp; Clinics</em></td>
</tr>
<tr>
<td>The role of nutrition documentation in the EHR at a large health system: improving EHR nutrition documentation and data use</td>
<td>Curt Calder, MBA, RDN, <em>Clinical Informatics Analyst at Intermountain Healthcare</em></td>
</tr>
<tr>
<td></td>
<td>Questions – 15 mins</td>
</tr>
</tbody>
</table>
• Structured data to capture MQii data elements

• Data selected to map to electronic Clinical Quality Measures needs to be specific to the initial assessment in response to patient screening at risk

• Leaping to create “new” buttons can negatively impact current RDN workflows
UW Health – University Hospital

- Integrated health system of the University of Wisconsin-Madison serving more than 600,000 patients each year in the Upper Midwest and beyond
- UW Health includes University Hospital, a 505-bed regional referral center with a Level One trauma center, Burn Unit, one of the nation's largest organ transplant programs, certified comprehensive stroke center, and the UW Carbone Cancer Center
Learning Objectives

• Describe structured data options for capture of steps in the nutrition care pathway
• Apply options for structured documentation to capture MQii electronic Clinical Quality Measures (eCQM)
• Describe factors to consider prior to selecting data elements for MQii
Malnutrition Care Continuum

**Electronic Clinical Quality Measure**

**Screening**: Nutrition screening using a validated tool for all patients with a hospital admission

**Assessment**: Nutrition assessment using a standardized tool for all patients identified as at-risk for malnutrition

**Diagnosis**: Documentation of nutrition diagnosis for all patients identified as malnourished

**Care Plan Development**: Establishment of a nutrition care plan for all patients identified as malnourished or at-risk for malnutrition

**Intervention Implementation**: Implementation of a nutrition care plan including treatment for all patients identified as malnourished or at-risk for malnutrition

**Monitoring / Evaluation & Discharge Planning**: Implementation of processes, including discharge planning, that support ongoing monitoring and support the care of patients identified as malnourished or at-risk for malnutrition
• Everyone in health care uses an EHR to provide and document patient care

• *Nutrition clinicians* are health care disciplines who provide direct patient care that influences nutrition care
  – Physicians & Advanced Practice Providers
  – Pharmacists
  – Nurses
  – Dietitians

• Nutrition clinicians provide care in the inpatient, ambulatory and/or long-term health care setting
Implementing MQii: Know Your Data

• MQii project team should understand the data structure of their software to optimally engage with teams who will extract the data to send to Avalere.

• What data is stored in a way that can be retrieved into a data pull?
  – Date of birth: Yes
  – Diet history *typed* into a progress note: No
Definition: Structured Data

- Resides in a fixed field and the response is stored in a database
- Can be easily retrieved into reports, flowsheets, graphs, and for data analysis
- Structured data is unambiguous, specific, defined, usually within allowed parameters
- Options for entering data include checkboxes, dropdown lists, buttons, and calculator fields
- Diagnoses, procedures, allergies, medications, etc. are selected from those available in a database
  - Other
Our MQii Project Path

- *Started* with data mapping
- Our Information Systems and Nursing Informatics team members had limited availability due to another major project in the organization
- Department management agreed to proceed knowing our new data build would be minimal
Standardized and validated nutrition screening tools generate a score.

Screen score is structured data visible in flowsheet rows or Nutrition Navigator.

Nutrition screen score can trigger automatic notification or consults, be included in daily reports and patient lists, and be tracked for quality improvement and regulatory requirements.
Nutrition assessment data includes medical/surgical/social history, procedures, imaging results, biochemical data, medications, food/nutrient intake, anthropometrics, & physical exam findings.

Incorporate structured nutrition assessment data into charting templates, where appropriate.

If data is captured in a structured format, it can be incorporated into clinical notes regardless of who entered the data.
Structured Nutrition Assessment Data: Examples

- Nutrition-focused Physical Exam: @NFPE@
- Nutrition Orders: @NUTPRINTGROUP@
- Lab data: {IPNUTRLABS:41795}
- Medications: {CLINICAL NUTRITION MEDICATIONS:3100015}
- Body Composition/Weight History:
  - @FLOWREFRESH(11:FIRST:)
  - @FLOWREFRESH(312845:FIRST:)
  - Admission @FLOWREFRESH(14:FIRST:)(***)
  - @FLOWREFRESH(2000001:FIRST:)
- Nutrition Goals: {CLINICAL NUTRITION GOAL(S):3100006}
- Severe Protein-Calorie Malnutrition (@FLOWREFRESH(385019::1)@) diagnosed based upon the following criteria:
  - @FLOWREFRESH(385025,385028,385029,385032,385033::1)@
eCQM2: Nutrition Assessment

- For MQii, which structured data element is unique whose response will capture the RDN completed an assessment in response to a positive nutrition risk screen?
- Diagnosis of malnutrition ≠ Assessment performed
- Options include:
  - New button/flowsheet row for Nutrition Assessment
    - Need to think of impact on staff for change in workflow
  - Nutrition focused physical exam documentation
  - Structured data field specific to completion of an assessment we selected: eNCP Nutrition Diagnosis
    - Nutrition Diagnosis: @TD@: {NUTRITION DX:33276}
- Asking data analysts to look for a progress or consult note around the screen date would be arduous and non-specific
Diagnosis of malnutrition has clinical and billing implications

- Nutrition care providers, the Nutrition Committee, clinical documentation specialists, and coders need to agree on the malnutrition criteria that all clinicians use.
- Structured documentation of malnutrition can be shared among clinicians and incorporated into charting templates.
- Structured malnutrition diagnosis allows it to be monitored over time, across health care settings. Malnutrition is rarely resolved within one encounter.
Communication of the Malnutrition Diagnosis

- Between RDNs who diagnose malnutrition and medical providers responsible for documentation of the diagnosis
  - EHR alert using decision support tools (e.g. Best Practice Alert)
  - Attestation workflow
  - Creation of system-wide link to malnutrition diagnosis for charting
  - Document malnutrition plan of care

- Add malnutrition to the Problem List
  - Hospital may allow non-provider clinicians to document diagnoses that require interdisciplinary plan of care. Start a conversation if yours does not currently allow. Problem list diagnoses are not used for coding.
  - Allows the diagnosis to travel with the patient across health care settings
eCQM3: Malnutrition Diagnosis Options

- eNCP Nutrition Diagnosis by RDN if facility captures
- Malnutrition diagnosis on the Problem List entered by providers or RDN
  - Problem list is not encounter specific
  - We have been adding malnutrition to the Problem List almost 4 years
- **Structured data entry of malnutrition diagnosis by RDN, separate from eNCP diagnosis**
Severe Protein-Calorie Malnutrition (Chronic Illness) diagnosed based upon the following criteria:

- Body Fat: Severe Depletion
- Muscle Mass: Severe Depletion
- Weight loss > 10% in 6 months

The diagnosis of malnutrition has been discussed with patient and ***. They verbalized understanding of the diagnosis and participated in development of the nutrition care plan. The interventions to address malnutrition are listed below.
Nutrition care plan includes structured interventions designed to help resolve the nutrition diagnosis:

- *Diet orders* entered and integrated with food and nutrition service management software
- *Oral nutrition supplements*
- *Enteral nutrition orders*
- *Parenteral nutrition orders*
- Medications (recommend only)
- *Vitamin and mineral supplements*
- Education
- Coordination of nutrition care

*All patients, delegation protocol
**EN delegation protocol
***PN delegation protocol, for Nutrition Support Service RDNs
Challenges to Use of Structured Nutrition Interventions

• If I build it, they will come…. Maybe not…
• Many RDNs already used formatted Smart Phrases for their patient population’s interventions
• Selection of structured Nutrition Interventions in the Nutrition Navigator was an extra step
• Compromise was to select Interventions in the Nutrition Navigator for patients diagnosed with malnutrition, during MQii
<table>
<thead>
<tr>
<th>MQii Data Template</th>
<th>Mapping for data analyst</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Readmission Index</strong></td>
<td><strong>Admission During Implementation Period</strong></td>
</tr>
<tr>
<td><strong>Malnutrition Screening</strong></td>
<td><strong>Document completed malnutrition screening using a screening tool</strong></td>
</tr>
<tr>
<td><strong>Malnutrition Screening Result</strong></td>
<td><strong>Document result of the first of any malnutrition screening using a screening tool</strong></td>
</tr>
<tr>
<td><strong>Time from Admission to Malnutrition Screening</strong></td>
<td><strong>Calculate the time in hours between the date and time of admission to the inpatient unit and the date and time of the first of any malnutrition screening</strong></td>
</tr>
<tr>
<td><strong>Nutrition Assessment</strong></td>
<td><strong>Document completed nutrition assessment by registered dietitian</strong></td>
</tr>
<tr>
<td><strong>Nutrition Assessment Results</strong></td>
<td><strong>Document findings of malnutrition resulting from nutrition assessment</strong></td>
</tr>
<tr>
<td><strong>Medical Diagnosis of Malnutrition</strong></td>
<td><strong>Document malnutrition diagnosis in the patient medical record</strong></td>
</tr>
<tr>
<td><strong>Intervention [Hintxv Template Only]</strong></td>
<td><strong>Document nutrition intervention prescribed to patient by registered dietitian</strong></td>
</tr>
</tbody>
</table>
Monitoring & Evaluation

• Nutrition clinician assembles links to structured data to evaluate adequacy of nutrient intake, anthropometrics, physical exam findings, functional status, and biochemical data

• Re-assessment includes evaluation of prior nutrition diagnosis and revision of the nutrition care plan

• Malnutrition will likely not be resolved however the etiology of malnutrition may be improving. Incorporation of structured data such as nutrient intake, calorie counts, will allow this to be monitored going forward.
Discharge Plan

• Transmission of nutrition diagnosis, anthropometrics, interventions and orders to the next setting
  – Typically by fax and/or printing of chart documentation
  – Create Nutrition Discharge summary template

• After Visit/Hospital Summaries – compilation of structured data
  – Nutrition Care Plan recommendations on these reports?
  – Nutrition Care Plan recommendations in discharge summary?

• Communication of malnutrition diagnosis to primary care provider by EHR In Basket messaging, fax, or letters
Concluding Remarks

• It’s never too early to start data mapping
• You are the expert who can translate required MQii data elements to data you capture in the nutrition care pathway
• Knowledge of the data elements needed for MQii will facilitate completion of the IRB application
• Creation of new data fields in EHR involves new steps in the RDN workflow. Are they on board? Perhaps they have better ideas? Engage them in the conversation.
• MQii implementation and data collection is a team effort
• Intermountain EHR history and nutrition
• Key components of NCP in the EHR
• Nutrition documentation benefits/barriers in the EHR
• Opportunities to improve EHR nutrition documentation and data use
Intermountain Healthcare

- Integrated health system
- 38,000 employees, 600 informatics staff, 2400 employed providers
- 23 hospitals, 185 clinics and urgent care facilities, 2900 licensed beds
- 137,000 acute admissions, 502,000 ER visits
- “Helping people live the healthiest lives possible”
Intermountain Healthcare – Systems Background

- Health Evaluation through Logical Processing (HELP) system
- Legacy EHR used from 1967 – 2017 (50 years)
Intermountain Healthcare – Systems Background

- Legacy nutrition care record (paper cardex)
Intermountain Healthcare – Systems Background

- NuCard – nutrition EMR interfaced with Intermountain data repository.
Intermountain Healthcare – Systems Background

### Patient Information
- **EMPI:**
- **Account #:**
- **Unit:** MONC
- **Room:** W301A
- **Sex:** M
- **Age:** 73Y

#### Admit Diagnosis
- **SEPSIS UTI HYPERKALCEMIA**

#### Admit Date: 10/21/2010
- **Discharge Date:**
- **Privacy Status:**

#### Birth Date
- **Language:** English
- **Religion:**

#### Admitting Provider
- **Weight (Kg/Lb):** 86.4 / 190.4
- **Height (cm/m):** 170.2 / 67.01
- **BMI:** 29.83
- **IBW:** 72.2
- **IBW%:** 129
- **Risk Level:** 10/21/2010, 3
- **Food Allergies:** None
- **Current Diet:** Dysphagia Advanced (chopped), Low Sodium 2g; Tube Feedings, Neprro, Full Strength, Rate: 20

#### Significant Labs
- **Alb:** 2.2 L (10/28/2010 04:00)
- **BUN:** 37.0 H (10/28/2010 04:00)
- **Creat:** 1.21 H (10/28/2010 04:00)
- **Glut:** 195.0 H (10/28/2010 04:00)
- **Glut:** 209.3 H (10/27/2010 03:49)
- **Glut:** 240.0 H (10/26/2010 06:00)
- **Glut:** 252.0 H (10/25/2010 05:15)
- **Glut:** 344.0 H (10/24/2010 05:46)
- **Palb:** 13.3 L (10/24/2010 05:46)
- **Glut:** 329.0 H (10/23/2010 03:30)
- **K:** 3.4 L (10/23/2010 03:30)
- **HbA1c:** 9.8 H (10/18/2010 23:40)

#### History (2 Items)
- **Type:** Medical
  - Diabetes (insulin), HTN, neurological, snoring, stomach, bowel, foot ulcers, MRSA, hx of tobacco (10-21-10)
- **Type:** Nutrition
  - Diabetic (10-21-10)

#### Additional Data - Assessment

#### Estimated Needs (1 Item)
- **Type:** Calories
  - Enteral: 1700-2125, 20-25, 67-80, 1.0-1.2
- **Type:** Protein
  - ABW-85 kcal, IBW-67 kg protein
- **Type:** Fluid
  - Based On: 10/21/2010 11:34

#### Current Medical Problems

#### Assessment (3 Items)
- **Date:** 10/28/2010
  - **Description:** Patient remains at an increased nutritional risk with wound healing needs, elevated glucose and variable protein intake. Since tube feeding was d/c'd on 10/25. Decreased prealbumin suggests inadequate visceral protein stores. HgbA1C indicates inadequate glucose control. Patient willing to accept Boschi Diabetic bid. He feels current diet is too high in sodium and the texture is too finely ground, but his appetite is improving. Noted increase in Lantus. Tighter glucose control required to promote wound healing.

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MQii™

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Intermountain Healthcare – Systems Background

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/23/2010</td>
<td>Pt. continues on Nepro @ 40ml/hr via DHT @ goal of 40ml/hr to provide 960ml, 1728 kcals, 77gm protein, and 896ml/H2O. This is meeting pt. estimated needs currently but will have a prealbumin drawn to assess needs further. Pt. is waking up and is pulling @ this tube. Speech b is to be coming to evaluate later.</td>
</tr>
<tr>
<td>10/19/2010</td>
<td>Pt. is admitted with sepsis, possible shock, and hyperosmolar coma. Pt. is not responding @ this time so a feeding tube currently being placed. Suggest Nepro @ 40ml/hr via DHT @ goal of 40ml/hr to provide 960ml, 1728 kcals, 77gm protein, and 896ml/H2O. Pt. LFT's and renal status has improved some per MD notes.</td>
</tr>
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</table>

### Diagnosis (2 items)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Entered</th>
<th>Entered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate protein-energy intake related to physiological causes increasing nutrient needs due to disease/condition (wound healing) as evidenced by low prealbumin, variable po intake</td>
<td>10/28/2010</td>
<td></td>
</tr>
<tr>
<td>Altered nutrition-related laboratory values related to diabetes and ARF as evidenced by elevated glucose, A1C, BUN/Creat.</td>
<td>10/19/2010</td>
<td></td>
</tr>
</tbody>
</table>

### Goals (1 Item)

<table>
<thead>
<tr>
<th>Date</th>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/19/2010</td>
<td>Active</td>
<td>Improve labs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tolerate TF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Return to oral diet.</td>
</tr>
</tbody>
</table>

### Interventions (2 Items)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
<th>Entered</th>
<th>Entered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Diabetic Chocolate Boost bid at 2pm, 7pm</td>
<td>10/28/2010</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Reduced sodium, NDD3 diet texture per patient request</td>
<td>10/28/2010</td>
<td></td>
</tr>
</tbody>
</table>

### Monitoring and Evaluation (3 Items)

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>10/29/2010</td>
<td>Monitor glucose/renal labs/prealbumin</td>
</tr>
<tr>
<td></td>
<td>Encourage/monitor % po intake</td>
</tr>
<tr>
<td></td>
<td>Follow up chart q 5 days</td>
</tr>
<tr>
<td>10/23/2010</td>
<td>Glutamine 1 packet per day</td>
</tr>
<tr>
<td></td>
<td>Omega 3</td>
</tr>
<tr>
<td></td>
<td>Arginine 4 packet per day</td>
</tr>
<tr>
<td></td>
<td>renal MVI</td>
</tr>
<tr>
<td>10/19/2010</td>
<td>F/U 5-7 days or PRN</td>
</tr>
<tr>
<td></td>
<td>Enteral nutrition protocol</td>
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## Monitoring and Evaluation (3 items)

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<td>F/U 5-7 days or PRN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enteral nutrition protocol</td>
<td></td>
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</tbody>
</table>

## Nutrition Recommendations (2 items)

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
<th>Entered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active</td>
<td>Suggest diabetic education consult (Tight glucose control for wound healing)</td>
<td>10/28/2010</td>
</tr>
<tr>
<td></td>
<td>Change diet to Reduced sodium, NDD3 per patient request</td>
<td>09:34</td>
</tr>
<tr>
<td>Active</td>
<td>Nepro @ 40ml/hr via DHT @ goal of 40ml/hr to provide 960ml, 1728 kcal, 77gm protein, and 696ml/H2O. Start @ 20 ml/hr and advance every 6hrs by 10ml/hr.</td>
<td>10/19/2010</td>
</tr>
</tbody>
</table>

## Caregiver Notes (5 items)

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Entered By</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/28/2010</td>
<td>TF d/c'd on 10/25. ~ 50% oral intake since then. Per speech note pt did not eat much at lunch yesterday due to consistancy (she suggested change to NDD3), but he did better at dinner. Visited with patient, wants a &quot;less salt, more palatable/chopped meat ok&quot; menu. Asked HUC to change to NDD3, 2 gm Na. Willing to accept diabetic Boost bid between meals. cht'd L3/flu</td>
<td></td>
</tr>
<tr>
<td>10/26/2010</td>
<td>Per TF report, pt on Nepro @ 20 ml/hr, also on NDD2 diet. ja</td>
<td></td>
</tr>
<tr>
<td>10/23/2010</td>
<td>Cht-L3-DH</td>
<td></td>
</tr>
<tr>
<td>10/21/2010</td>
<td>Pt. was started on TF of Nepro and is now @ goal with good tolerance. Pt. has omega 3, nephronex MVI, glutamine 1 packet per day, Arginine 4 packets per day. -dH</td>
<td></td>
</tr>
<tr>
<td>10/19/2010</td>
<td>Cht-cp/L3-DH</td>
<td></td>
</tr>
</tbody>
</table>
Intermountain Healthcare – Systems Background
Intermountain Healthcare – Systems Background
Intermountain Healthcare – Systems Background

- NuCard – nutrition EMR interfaced with Intermountain data repository.
- Implemented 2001 with clinical and productivity functions.
- Used in 22 hospitals and in ambulatory setting.
- Productivity function still used.
- Clinical function replaced in 2017 by new EHR (iCentra).
Intermountain Healthcare – Today

ONE INTEGRATED SYSTEM. ONE NAME.

iCentra

The “i” represents the intelligent system our teams are configuring to help caregivers and business teams continuously improve how we care for patients. The “i” is also the role we all play in this important work.

Centra – or center – signifies the patient, who is at the center of everything we do. By having one integrated system, we are better able to influence best practices and remove unnecessary variations in care.
Evolution of Nutrition Care

THE NUTRITION CARE PROCESS MODEL

SCREENING & REFERRAL SYSTEM
- Identify risk factors
- Use appropriate tools and methods
- Involve interdisciplinary collaboration

Nutrition Assessment & Re-Assessment
- Obtain / collect important and relevant data
- Analyze / interpret collected data

Nutrition Diagnosis
- P: Identify problem
- E: Determine etiology / cause
- S: State signs & symptoms

Nutrition Intervention
- Determine intervention and prescription
- Formulate goals and determine action
- Implement action

Nutrition Monitoring & Evaluation
- Select or identify quality indicators
- Monitor & evaluate resolution of diagnosis

Individual / Population Interacts with Nutrition Professional

Practice Settings
- Collaboration
- Skills & Competencies

OUTCOMES MANAGEMENT SYSTEM
- Research NCP
- Use aggregated data to conduct research
- Conduct continuous quality improvement
- Calculate and report quality indicators

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Evolution of Nutrition Care

- 2003 – Nutrition Care Model (NCM) and Process (NCP)
- 2007 – International Dietetics and Nutrition Terminology (IDNT)
- 2014 – Nutrition Care Process Terminology (NCPT)
- 2015 – NCM updated
Key Components of NCP in the EHR (ADIME)

- Assessment
- Diagnosis
- Intervention
- Monitoring & Evaluation
Key Components of NCP in the EHR - Assessment

• Based on training, experience, practice guidelines, protocols, etc.

• Systematic review of patient data:
  • Histories and medical problems
  • Nutrition and GI history
  • Labs
  • Vitals
  • Anthropometrics
  • Medications
  • Age and cultural factors
  • Other

• Nutrition-Focused Physical Exam
Key Components of NCP in the EHR - Diagnosis

- Problem
- related to
- Etiology
- as evidenced by
- Signs & Symptoms
Key Components of NCP in the EHR - Diagnosis

- **Problem**: Structured or Unstructured related to Etiology as evidenced by Signs & Symptoms
Key Components of NCP in the EHR - Diagnosis

Structured or Unstructured

Problem related to Etiology as evidenced by Signs & Symptoms

Structured

Source: NCPT

Structured or Unstructured

Etiology Matrix

Free-text
EHR Nutrition Documentation Benefits

• Shared information between all disciplines
• Decision support efficiencies
• Templated quick notes
• Customization/enhancement (TF, TPN)
• OUTCOMES TRACKING
EHR Nutrition Documentation Barriers

- EHR may have more of a physician, nursing or other focus.
- Is all nutrition assessment data available to the dietitian?
- Flowsheets vs. forms
- Can you customize/enhance the system for nutrition?
- How does the system handle nutrition support orders, management and documentation?
The Good, The Bad and the Ugly
The Good, The Bad and the Ugly

• Dietitians “playing in the same sandbox” with all other disciplines.

• NCPT integrated into the EHR.

• Documentation template that pulls in appropriate charted data.

• Nutrition problem automatically populates the patient problem list.

• Configurable workflow page/view that walks dietitian through their work.

• Results and most data quickly available.

• Intermountain developers team that works with Cerner to create specialized functionality specific to Intermountain needs (e.g. nutrition support nutrient calculator pending).
The Good, The Bad and the Ugly
The Good, The Bad and the Ugly
The Good, The Bad and the Ugly

• Current EHR a step back from earlier system.

• System slows based on very complex platform.

• As with most clients, inability to “turn the ship” very quickly if at all.

• Frequent changes to the system based on Cerner global strategies and changing technology.

• Nutrition outcomes not tied to interventions and goals.
The Good, The Bad and the Ugly

- True interoperability does not exist despite significant efforts over a long period.
  - 2004: Office of the National Coordinator (ONC)
  - 2015: Medicare Access and CHIP Reauthorization Act (MACRA)
  - 2016: 21st Century Cures Act
  - 2019: Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) and ONC renew interoperability efforts.
  - 2019: Ban on national patient identifier reversed by House of Representatives.

- Nutrition data not coded in most EHRs.
The Good, The Bad and the Ugly

Coding of NCPT in SNOMED and LOINC is a great accomplishment, but:

coding ≠ coded EHR NCPT
EHR Nutrition Documentation Opportunity - Collaboration

Coded NCPT in EHR

- Practicing dietitians
- EHR Vendors
- Academy of Nutrition and Dietetics
- Intelligent Medical Objects (IMO)
- Clinical Informaticists

EHR Clients
Questions?

15 mins