

Practice Wide Alerts – Proposed

The practice-based alert system appears to be functioning as of 8/21/15. By the end of the year, we hope to be able to pull these alerts into our notes (something the primary care providers have been requesting since we began using ECW).

Our job now is to set up the appropriate practice wide alerts. This will need to be a democratic process in PrimaCARE. The primary care providers will use these alerts most intensively, and need to have significant input during the development of these alerts. To get that process going, I created a list of proposed alerts a few months ago. We did discuss these at one EMR Committee meeting, but I think this topic should be at the top of the agenda for the meeting on 9/1/15.

Test/Screen	Ages/Sex to be included	Frequency
Colonoscopy	MF, 50 to 80 years	Every 10 years (suppress if FIT done in past year)
FIT	MF, 50 to 80 years	Annually (suppress if colonoscopy done in the past 10 years)
PSA	M, 55 to 69 (per AUA)	Annually
Clinician prostate exam	M, 40 to 75	Annually
Mammogram	F, 40 to 75	Every 2 years
Clinician breast exam	F, 40 to 80	Annually
Pap	F, 21 to 29	Every 2 years
Pap/HPV	F, 30 to 65	Every 5 years if done with HPV
Lipid panel	MF, age 20 and above	Every 5 years
Lipid panel	MF, on statin	Annually
Glucose	MF, age 30 and above	Every 5 years
Hepatitis C	MF, born 1945 to 1965	Once
HIV	MF, age 18 to 65	Once
A1c	MF, diagnosis of DM	Twice a year
Urine microalb/creat	MF, diagnosis of DM	Annually
Diabetic foot exam	MF, diagnosis of DM	Annually
Td or Tdap	MF, age > 10	Every 10 years
Influenza vaccine	MF, age > 6 mo	Every year
Smoking status	MF, ages 12 and above	Every year
PPSV23	MF, age > 64	Once
PPSV23	MF, 19 to 64 with DM, CAD, COPD, asthma – this list can go on and on - ?need to make it simple	Once

PCV13	MF, age > 64	Once
Zostavax	MF, age > 60 (approved for > 50, but I suggest alert for > 60)	Once
DEXA	F, age 65-80	Every 2 years
AAA screening	M, age 65+	Once
Fall Risk (PQRS)	MF, age 65+	Annually
Incontinence screen (PQRS)	MF, age 65+	Annually
Well Visit	MF, all ages	Annually

There is a lot of variation in screening protocols – from different organizations and among doctors based on experience and personal approaches. We need to make some things STANDARD in our EMR for everyone – we cannot set an alert my way, and set it a different way for another doctor. You may disagree with some of these suggestions (I disagree with some of these myself, but this was the consensus reached at the EMR Committee meeting around June, 2015). Please forward those disagreements to Mary Jane or to me. But we need a set of “vanilla” rules that everyone can agree on (grudgingly or enthusiastically – doesn't matter). These alerts can always be suppressed if you don't like something – you can suppress an alert forever if you wish.

AAA screening: It is very hard to link alerts to “squishy” data like whether someone has smoked 100 cigarettes or not in his lifetime. So we will alert ALL males, and you will need to make the assessment about smoking history. You can certainly screen other populations, but the alert is limited to males.

It may not be possible to get very specific with the alerts (for example, Pap done with or without HPV) – we will work on this in the near future and see how specific and functional we can make these alerts.

Please feel free to attend the EMR Committee meeting at 7 AM on 9/1/15 if you have a strong opinion about a particular alert – or let MJ know your opinion if you unable to attend.

Brad Kney, MD
Updated 8/21/15