

# Are We Following Guidelines for Documentation of Healthcare Maintenance Screening Exams for Our Patients in the Ambulatory Care Center?

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## Background

Early detection of disease is a cornerstone of preventative medicine and is accomplished by age-appropriate health and cancer screenings. Various organizations, such as the U.S. Preventative Services Task Force, make evidence-based recommendations on which diseases should be screened for and when screening should take place. However, literature has shown clinicians have failed to provide such services due to lack of knowledge, time and an integrated system that allows them to follow recommendations. At the Ambulatory Care Center (ACC), a template dedicated to healthcare maintenance (HCM) is used to ensure screening exams and immunizations are up to date for patients. Our aim was to explore whether this template was being used effectively to follow recommended guidelines.

## Methods and Materials

We conducted a retrospective chart review of 100 patients that visited the ACC in the six months between July and December, 2020. Charts were chosen randomly and included both e-health and in-person visits conducted by resident physicians. Notes from each encounter were reviewed to determine whether they contained the “Healthcare Maintenance” template (Figures 3 & 4) and whether this template was up-to-date and consistent with current guidelines.

## Results

Out of 100 clinic notes, 78 notes (78%) had HCM documentation present and 22 notes did not have HCM documentation present (22%) (Figure 1). Of the 78 notes with HCM present, 25 (32%) had the up-to-date HCM template, however 53 (68%) did not have the up-to-date template included (Figure 2).

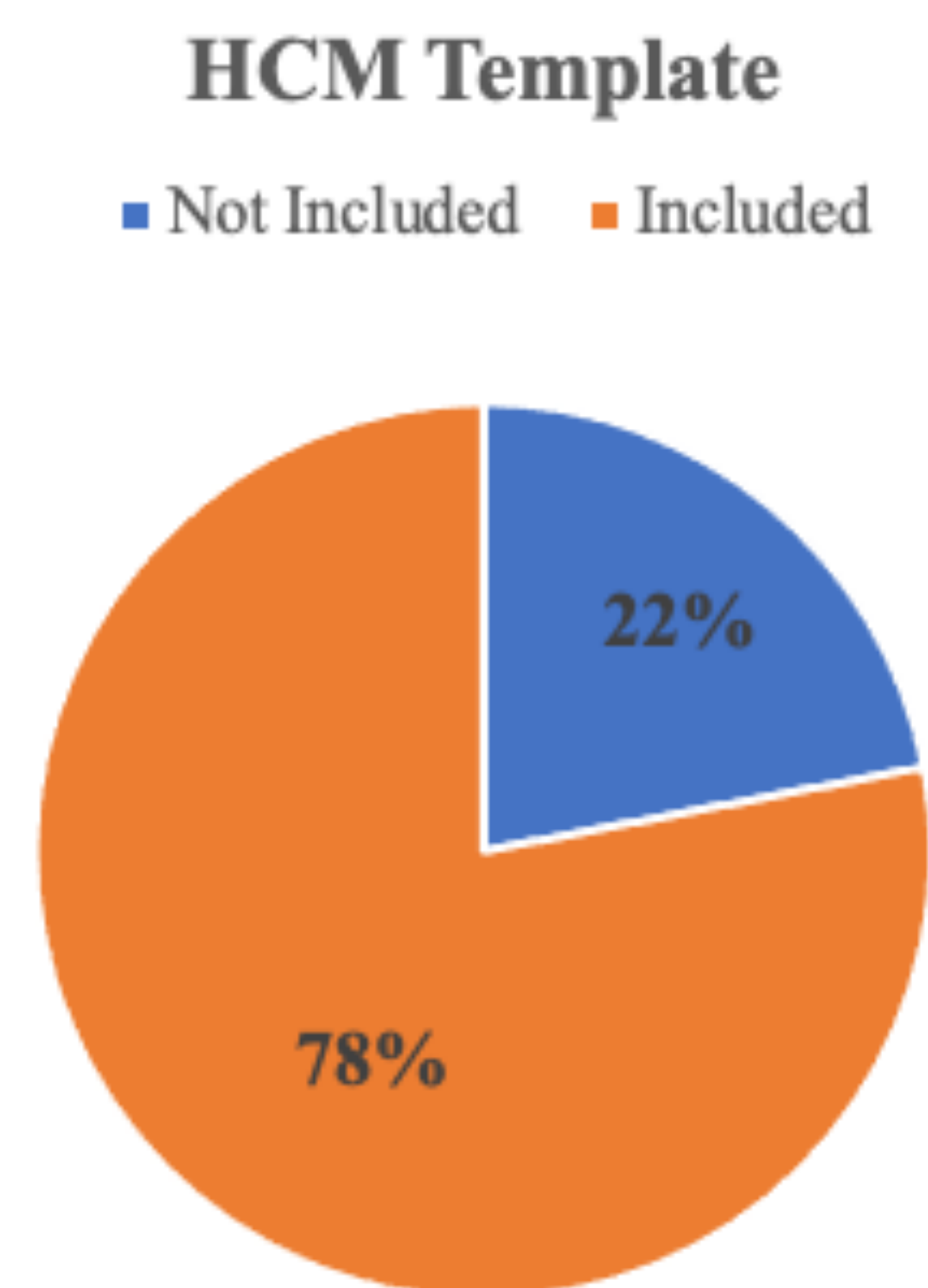


Figure 1. HCM inclusion from the overall number of clinic notes.

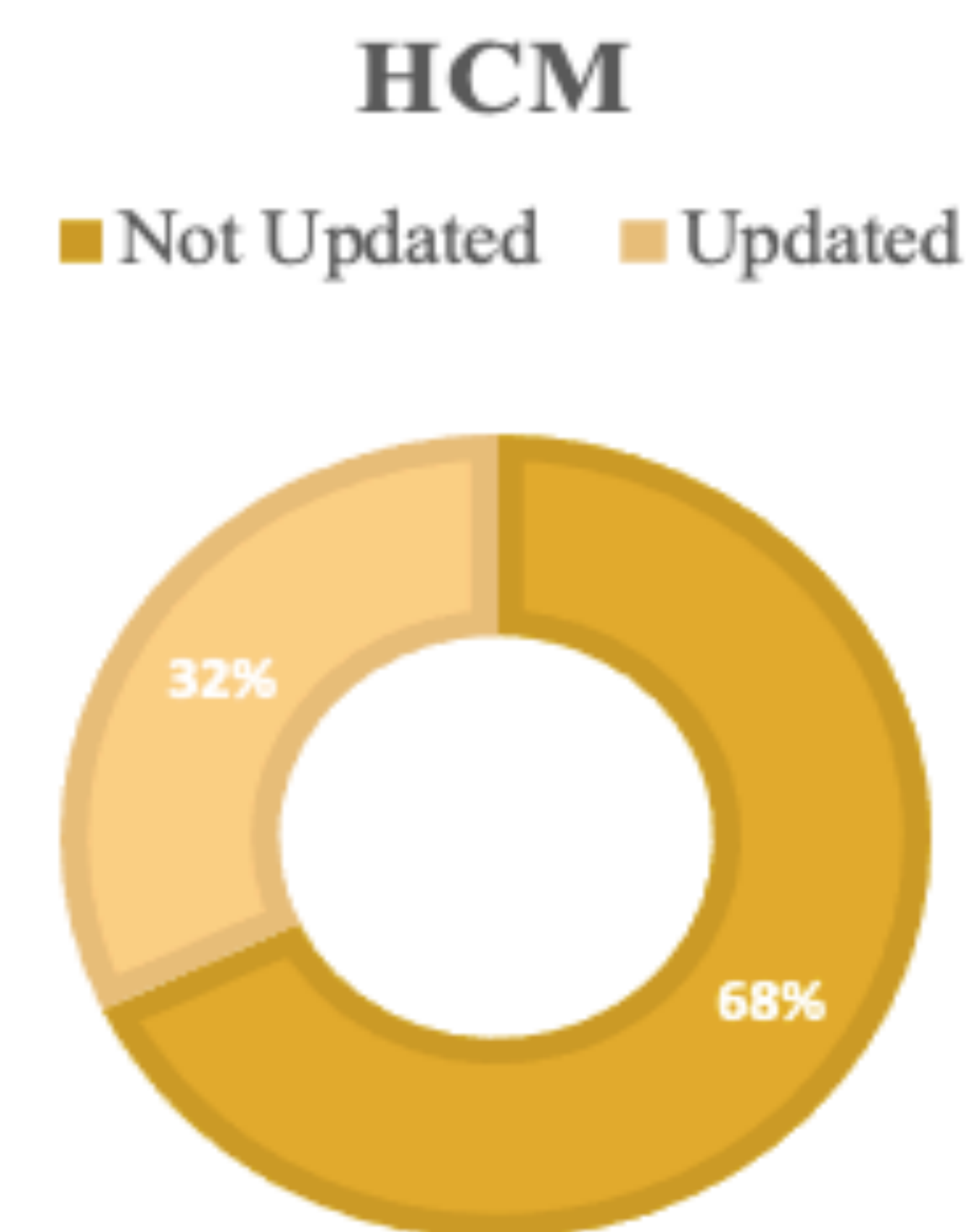


Figure 2. Updated HCM from the total number of clinic notes including HCM.

### Health Maintenance:

Colonoscopy (≥ 50 y/o or earlier if FMHx): \*\*\*  
DEXA (≥ 65 y/o or earlier if high fracture risk): \*\*\*  
Statin - Y/N (www.statincalc.com - copy into browser): \*\*\*  
BMI: \*\*\* (if ≥ 30, address obesity as a problem in the assessment/plan)  
Pap Smear (≥ 21 y/o): \*\*\*  
Mammogram (≥ 50 y/o or earlier if FMHx): \*\*\*  
Smoking Cessation:  
Ready to quit? (if yes, indicate quit date): \*\*\*  
Counseling/Medications offered?:  
Lung cancer screening (55-80 y/o, ≥ 30 py, quit ≤ 15 years ago): \*\*\*  
HIV Screen (15-65 y/o): \*\*\*  
Hepatitis C Screen (18-79 y/o): \*\*\*  
Hepatitis B Screen (if at high risk): \*\*\*  
Flu Vaccine: \*\*\*  
PPSV 23 (≥ 65 y/o or earlier if at high risk): \*\*\*  
PCV 13 (≥ 65 y/o or earlier if at high risk): \*\*\*  
Tdap (q10 yrs): \*\*\*  
Shingrix (age 50+): \*\*\*  
HPV vaccine (ages 18-26): \*\*\*  
TB Testing (immigrants, high-risk, etc.): \*\*\*  
Adv Directive: \*\*\*

Figure 3. HCM for females

### Health Maintenance:

Colonoscopy (≥ 50 y/o or earlier if FMHx): \*\*\*  
AAA Screen (65-75 y/o who have ever smoked): \*\*\*  
Statin - Y/N (www.statincalc.com - copy into browser): \*\*\*  
BMI: \*\*\* (if ≥ 30, address obesity as a problem in the assessment/plan)  
Smoking Cessation:  
Ready to quit? (if yes, indicate quit date): \*\*\*  
Counseling/Medications offered?:  
Lung cancer screening (55-80 y/o, ≥ 30 py, quit ≤ 15 years ago): \*\*\*  
HIV Screen (15-65 y/o): \*\*\*  
Hepatitis C Screen (18-79 y/o): \*\*\*  
Hepatitis B Screen (if at high risk): \*\*\*  
Flu Vaccine: \*\*\*  
PPSV 23 (≥ 65 y/o or earlier if at high risk): \*\*\*  
PCV 13 (≥ 65 y/o or earlier if at high risk): \*\*\*  
Tdap (q10 yrs): \*\*\*  
Shingrix (age 50+): \*\*\*  
HPV vaccine (ages 18-26): \*\*\*  
TB Testing (immigrants, high-risk, etc.): \*\*\*  
Adv Directive: \*\*\*

Figure 4. HCM for males

## Conclusion

Most Ambulatory Care Center resident notes included some form of healthcare maintenance documentation, however a majority of the HCM documentation was outdated or had missing elements.

For example, removing vaccine history information or not calculating the ASCVD (Atherosclerotic Cardiovascular Disease) risk during patient encounters.

In the ACC patient population, there is a substantial “no-show” rate, which emphasizes the importance of ordering HCM testing, procedures and immunizations when patients present to clinic. In order to ensure that healthcare maintenance is up-to-date, residents should confirm the correct, updated and complete template is included in each note.

## References

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