Increasing Workflow Efficiency and PCMH Compliance via EMR

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Abstract
This project involves investigating the Electronic Medical Records (EMR) system, eClinicalWorks, to increase compliance with Primary Care Medical Home standards and workflow efficiency at Spring Branch Community Health Center in Houston, TX. The idea was to learn how different providers used the EMR and find areas of improvement in the day-to-day operations. This included steps to reduce unnecessary clicks, increasing automation, and including screening reminders. The program ran for six weeks in the summer of 2014. The clinic was left with a list of recommendations towards continuing the maintenance of the EMR.

Keywords: Electronic Medical Records, Primary Care Medical Home, eClinicalWorks, EBO
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Introduction

Prior to joining medical school at Florida State University, I was a project manager for ChemWare. ChemWare is a software company that specializes in laboratory information management systems for highly automated environmental, public health, clinical, drugs of abuse, energy, industrial hygiene, and similar mission critical laboratories. As project manager, I was in charge of numerous implementations where we were upgrading paper-based processes with electronic automation. As such, I gained a unique skill set in understanding the needs of end users and translating them into electronic operations.

At Spring Branch Community Health Center, as the clinic has grown so have the demands on its EMR and technology. As of now, there is no full time system administrator employed. As such, EMR issues have piled up and the responsibility has been distributed across multiple personnel. As a result, providers and staff waste valuable man hours fighting with the system instead of the EMR facilitating patient care. Consequently, I was able to fill a critical need with my knowledge and experience.

Background

Spring Branch Community Health Center has obtained their Primary Care Medical Home certification by the Joint Commission. PCMH is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into “what patients want it to be”. Medical homes can lead to higher quality and lower costs, and can improve patients’ and providers’ experience of care. PCMH standards divide quality of care into the five categories: patient-centered, comprehensive, coordinated, superb access, systems-based approach to quality and safety. Clinics must meet the Joint Commission’s standards in each of these fields to obtain PCMH certification. The Joint Commission is a nonprofit organization that accredits health care organizations and programs in the United States. A majority of state governments recognize Joint Commission accreditation as a prerequisite for licensure and Medicaid
reimbursement. As such, my project was focused on continuing to improve Spring Branch’s PCMH quality standards.

Spring Branch is also a Federally Qualified Health Center (FQHC), making it eligible grants under Section 330 of the Public Health Service Act as well as enhanced reimbursement from Medicare and Medicaid. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors. Consequently, utilizing the EMR to meet FQHC standards directly aided in federal reimbursement and grants for the clinic.

Methodology & Results

Information Gathering

Before working on the EMR, I had to learn how the practice was using it and where the improvements needed to be. I began by shadowing Dr. Varadarajan and allowing her to indicate the parts of the EMR that weren’t operating optimally in her opinion. As the Chief Medical Officer for the clinic, she was able to indicate the areas for improvement. I proceeded to do the same with Dr. Somfet at the West Houston Location. Her speed at using the EMR was impressive and it was clear that she has maximized the system’s shortcuts to work for her. She had relatively few complaints about the system, instead she just moved very quickly with the system given to her. Finally, I worked with Patrick, a nurse practitioner at the Pitner location for Spring Branch. Patrick, although moving a bit slower, still was fairly proficient at using the EMR. He may not be as fast as other providers, but he still makes use of most of the EMR’s functionalities.
PCMH Compliance

The next stage involved addressing PCMH compliance issues. I focused specifically on chronic disease tracking, diagnostic imaging tracking, goal tracking, and preventative health alerts.

Problem List

The Problem List is designed to give providers a quick summary of a patient’s chronic conditions for easy tracking. By adjusting the ICD-9 code, we were able to make all of the frequently used chronic conditions default into the Problem List. This saved providers unnecessary clicks and prevented chronic diseases from being forgotten by auto-populating the Problem List (Appendix A: Defaulting a Diagnosis into the Problem List).

Diagnostic Imaging

Next, was addressing outstanding Diagnostic Imaging orders. Currently providers do not have an easy way to see which patients have not completed their diagnostic imaging or when. To solve this, I have created three reports divided by site. For each site’s providers, the report will include the patients that have unfilled diagnostic imaging orders older than 31 days. It will be the responsibility of the site supervisors to decide how to follow-up with these patients.

Preventative Health Alerts

Third, I implemented a way to alert providers of outstanding preventative health screenings. The CDSS alerts will display as the provider steps through the treatment window to indicate if a patient is due for a screening. Colorectal screening is an example of system-based alert that will recognize provider orders and behave accordingly. The other type of alerts employed is Practice Specific. These are not intelligent enough to look at the patient’s outstanding orders. Instead, they must be overridden by the provider. Although this is not an ideal solution because the provider can still avoid the alerts, it is a step in the right direction with regards to the current functionality of the EMR (Appendix A: Screening Alerts for Patients).
Goal Tracking

Finally, I tackled goal tracking through the EMR’s smartforms. Smartforms are documents that, once filled out, will intelligently populate the structured data in the EMR. Additionally, relevant values can automatically be displayed in the progress note. This allows providers a very efficient way to employ questionnaires by only showing them responses of greatest importance. In the smartform that I designed, a section at the bottom allows patients to fill out health goals alongside their provider. By collaborating with the patient in setting their goals, it increases the patient’s accountability in managing their own health goals whilst maintaining PCMH standards as well. (See Appendix C: Health Habits Smartfrom).

Improving Workflow

Auto Texting Diabetics

In an attempt to increase diabetic glucose self-testing and diet control, the clinic wants to make use of text message reminders. The hope is that through one or two text messages a day, the clinic can encourage patients to better monitor their blood sugar and diet. Currently, this functionality can be configured through Patient Recall and Messenger Templates. Unfortunately, the messenger system in place is not user friendly and takes an unnecessary amount of user manipulation. On the other hand, the new version of messenger will contain Messenger Campaigns. These campaigns will be much more intuitive with greater usability by even entry-level users. Additionally, they will be designed from the ground up for the kind of functionality the clinic is looking for. The only downside to the Campaign system is the cost; eCW will charge 10-15¢/message (see Appendix A: Patient Recall Alerts, Appendix A: Messenger Campaigns).

Patient Portal

Considerable work has been done to clean up the Patient Portal so that new patients can pre-register and schedule new appointments. There were multiple conflicts with scheduling and visit types that were adjusted so that patients see a cleaner interface when they log into patient portal. Unfortunately, I was
unable to finish completely troubleshooting the system and further configuration is required to get all
providers up and running on patient portal. Currently, the visit types are not functional within patient
portal to enable scheduling correctly. I ran out of time before I could see this through completely (see

**Harris Health Consent Form**

Harris Health has just updated their system to directly interface with eClinicalWorks. This is great for
providers to easily exchange information between systems and see a patient’s full history. However, prior
to enrolling patients into the exchange of information between systems, they must sign a consent form.
To enable this, I implemented a way to manage the document electronically. The registration personnel
should add the Harris Health Consent PDF electronically into the patient documents and then use the
“Ink” feature to allow the patient to sign directly into the system (see Appendix A: Harris Health Consent
Form).

**Smartlink Macros**

Currently macros are used as shortcuts for long pieces of text that providers enter frequently. They are
customizable by user and can be used very easily in the HPI. However, it would have been very helpful
to also have access to macros in the Treatment window. I found that by opening a special text screen in
the Treatment window users could again use their macros. Honestly, this seemed a bit of an idiotic design
decision because the idea of macros is to expedite charting. Regardless, the functionality is available and
usable with a few extra clicks (see Appendix A: Using Macros in Treatment).

**Autoemailing Reports**

I investigated the settings for the reports scheduler as reports were not being sent out as they should. By
learning how to override the default values, I was able to enable autoemailing. However, this
functionality is a bit limited because the static prompt values must be defined with hard values. What this
means is that the report cannot query patients in the past 60 days or past 90 days from the time the report
is being run. Instead, the report will return everything in calendar year of 2014 or 2013 and then the user must filter based on his/her desired date ranges to get the completed report. As such, these reports (e.g. Tracking Outstanding DI Orders) would need to be updated as frequently as their time period requires (yearly, quarterly, etc…) (see Appendix A: Autoemailing Reports).

Homelessness

Prior to my arrival, the clinic was not effectively tracking its homeless population. During registration, they would simply ask, “Are you homeless?” Many people would respond “no” because they were living with relatives or friends. However, the definition of homelessness requires that you rent or own your own property else you are homeless. Patients who are living with relatives or friends are only one step away from the street so they are technically considered homeless. To better track these patients that fall under the official definition of homeless, I changed the questions that registration should ask. For those that did NOT rent or own their own home, I included a followup question to capture the state of their housing as well.

Healow

Healow is a smartphone app released by eClinicalWorks to better engage patients in their healthcare. I decided to investigate Healow to see how it may be incorporated into the clinic’s practice. Unfortunately, it was quickly apparent that Healow was more of a marketing tool than an actually useful tool for patients
who would like to manage their health. First and foremost, the app cannot be used to schedule
appointments. The only electronic appointment scheduling is through the Patient Portal. The app also
provides tracking for glucose testing, blood pressure readings, and exercise logs. However, none of that
information will sync with the EMR and is not usable by the provider in anyway. It is only for the
patient’s personal use. Although this is notable effort by Healow, there are many health tracking apps
(e.g. iHealth) which offer a much better interface and will work with third party devices to load data into
the app automatically.

As of now, the Healow offers very limited usability. The only venue that seems moderately worthwhile is
the check-in functionality. When the patient arrives at the clinic they can show the receptionist their QR
code on Healow and that will bring up the patient’s information in the EMR. However this would require
each location to purchase a QR scanner.

**EBO Tables**

EBO is the reporting tool that eClinicalWorks uses to extract EMR data. It is a tool designed for the end
user to easily access clinic metrics and patient demographics. There are two different types of reporting
tools: Query Studio and Report Studio. Query Studio is very easy to use and is accessible to the lay user
without any experience in coding or SQL. It can be used to quickly generate simple reports that do not
require complex joins across multiple tables. Report Studio is a much more powerful tool that allows the
user access to the full range of EMR data but is very complicated. Significant experience in IBM Cognos
8 and SQL is required. It would be very difficult to find clinical staff that could handle this responsibility
unless they have been specifically trained for it.

Unfortunately, I was unable to learn the intricacies of Report Studio and Cognos 8 during my time with
Spring Branch to create custom reports for them. Instead, I created specification documents for each of
the reports so that the clinic’s requirements would be precisely outlined and documented. As funds
become available, the clinic can use the specification documents to contract eClinicalWorks to create the reports (See Appendix B: Report Specifications).

**Houston Medical Imaging interface**

Houston Medical Imaging is a diagnostic imaging company that Spring Branch’s patients frequent. Currently, diagnostic imaging orders are done with a paper and pencil system with no automation in the EMR. The provider must create an order in the EMR and then fill out a paper order form as well. When the results are returned, it is through the fax inbox where check-in staffs add the document to the appropriate patient in the EMR. Instead, what should happen is that an electronic order should be sent directly over to Houston Medical Imaging and then the results should populate directly back into the patient data without any intermediary steps. The extra steps result in a cumbersome and error-prone workflow.

I investigated using the Continuity of Care Document (CCD) export as a way to transmit directly to Houston Medical Imaging but that did not provide the requisite information. The CCD would only include completed orders and not outstanding ones; this meant Houston Medical Imaging would not be able to parse out the orders that were relevant for them. eCW stated that it was impossible to include open orders in the CCD.

The next avenue attempted was a “Quick Transmit” button available during order creation. Predictably, this button would only activate after eCW created a custom interface between the clinic and imaging center. Working with eCW, they stated a bidirectional interface would cost $5,000 + $1,000/yr. Houston Medical Imaging has agreed to pay for 50% of the initial development costs. Contact Chris Stephens (chris@hmirep.com) for followup.
Discussion

My goals at Spring Branch were to improve the utilization of the EMR so that providers could better maximize their efforts and energies towards patient care. Originally, the project was limited to the chronic condition tracking, outstanding diagnostic imaging orders tracking, patient goal tracking, and preventative health alerts. Afterwards, it quickly expanded into improving workflow processes in various technical venues. This brought to light the drastic need for qualified personnel to dedicate time towards EMR issues.

I feel I was only able to scratch the surface of EMR issues that the clinic is having. Consequently, technical difficulties will continue to arise at greater frequency and complexity as the clinic continues to grow. Simply put, the larger the operation the greater the demand on the infrastructure. Being at Spring Branch for only six weeks, there was a limit to how much I could learn and accomplish. A permanent employee would be able to accomplish much more simply by getting on the phone and letting eCW show them solutions to problems.

Given another six weeks at the clinic I would have tackled the unfortunate state of diagnostic imaging. As of now, imaging results are very difficult to read inside the EMR. Also, without a direct interface, there are a cumbersome number of clicks needed to receive and review imaging results. Further, I would want to continue the hunt for qualified IT personnel with Michael (COO). Finally, I would try to follow-up with eCW on the specification documents for reporting. With an assigned reporting budget, I would be able to follow the reports from development to implementation so that they could be tested and used by the staff immediately.
Recommendations

Currently, the clinic is nearly maximizing its use of the EMR. eClinicalWorks is able to meet the majority of the clinics needs without an excessive amount of customization or special coding. However, the clinic is growing incredibly fast, with a fourth location expected in 2016. I predict that in 10 years, at the clinic’s current growth rate, eClinicalWorks may no longer suffice. Conversely, eCW could also expand its functionality and capabilities to meet the needs of larger clients. As of now, the clinic should try to further utilize ECW by purchasing the custom reports, obtaining a requirements analysis, and assigning at least 0.5 Full Time Equivalents (FTE) towards system administration.

During my time at Spring Branch I created specification documents for numerous custom reports as well as laying the groundwork for the bidirectional radiology interface with Houston Medical Imaging. The clinic should allocate a certain block of money for reporting and then contract eCW for a bulk of services instead of single line item basis. This would allow them to get the most value for their investment with regards to optimization and customization.

Concurrently, they could request a requirements analysis from eCW. A requirements analysis is when the vendor visits the clinic and examines the workflow of the staff to see where it could be improved via EMR utilization. This typically involves a sales representative following different physicians, MAs, and nurses to find areas of improvement. In my experience, this has been a free service with the understanding that the clinic would then invest some amount of money contracting the vendor towards improvements.

Finally, and most importantly, the clinic must immediately assign at least half an FTE towards system administration. There needs to be a single dedicated person to log, track, and resolve issues as they arise. At the clinics current size and growth rate I do not feel that a full system administrator needs to be hired. A full FTE would be unnecessary and the person would not have enough to do after about the first month.
Instead, assigning the duties to a clinical staff member with some technical aptitude would be the best combination of expertise, experience, and problem solving skills.

In the event that Spring Branch decides that they require a full time system administrator, I have assembled a few interview questions that could prove useful when scouting candidates. These questions can be used even for the new IT positions to see if any of them have any aptitude for system administrators.

<table>
<thead>
<tr>
<th>Question</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>What sort of experience do you have with Electronic Medical Records?</td>
<td>Anyone with experience troubleshooting, maintaining, implementing, or upgrading EMRs will be better than ones who have no experience. eCW experience would be a bonus.</td>
</tr>
<tr>
<td>Do you have any experience with Microsoft Access, PL/SQL, IBM Cognos, or</td>
<td>These are all languages that would make report writing very easy. Anyone who knows PL/SQL or Cognos would be excellent candidates to receive Report Studio training.</td>
</tr>
<tr>
<td>any sort of databasing languages?</td>
<td></td>
</tr>
<tr>
<td>What experience in healthcare do you have?</td>
<td>Being familiar with healthcare EMRs would be significantly more useful than EMRs from other industries such as manufacturing, industry, laboratories, etc…</td>
</tr>
<tr>
<td>Are you familiar with reading debug logs?</td>
<td>Debug logs can be complicated and vague in their explanations of problems. Someone accustomed to reading debug logs knows how to track problems down and find the root cause instead of just bandaiding the problem.</td>
</tr>
</tbody>
</table>

**Conclusion**

In my time at the clinic, I was able to aid their workflow and improve on their processes to make them more efficient. My primary goal was to save staffs, who were struggling with the EMR, man hours. As a result, they could divert their energies towards patient care. Additionally, by making use of the recall alerts and the screening alerts, I hope that there will be greater patient compliance with preventive
procedures. Next, with the report specifications I created, UDS reporting should be much easier. The whole system would be automated and also provide the right information for patient recall.

By spending time with Spring Branch, it was made very clear to me the need for qualified technical expertise in medical professionals. I hope to unite the two disciplines in my own future practice. Spring Branch has inspired me to utilize my technical knowledge and not just abandon it in the pursuit of medicine. Instead, I will aspire to be the bridge between clinical and technical, a niche but critical role in any healthcare setting.
Appendix A: How-to Documents

Defaulting a Diagnosis into the Problem List
This option is controlled through the ICD-9 Code

1. Billing → ICD → ICD Codes

2. Select an ICD-9 Code and check the “Chronic” box. This ICD-9 code should now default into the Problem List when selected.
Screening Alerts for Patients
First configure the user to see CDSS Alerts, and then configure the alerts themselves through the CDSS menu. The alerts configured through the CDSS menu will be intelligent enough to look at completed orders and fire accordingly. Practice alerts will require physician override regardless of what orders have been filled.

1. File → Settings → My Settings → Views → Alerts: CDSS + Classic [Both]
2. **File → Settings → My Settings → Show/Hide → CDSS**
3. CDSS Alerts: EMR → CDSS → DI Alerts

4. Practice Alerts: EMR → Alerts → DI Alerts OR Procedure Alerts
Patient Recall Alerts

Patient Recall can be used to send text or phone notifications to patients when their immunizations are due or they needed to be reminded of any health maintenance.

1. Use the “Protocol” to select which patients to be recalled and then use the “Messenger” button to send the message.
2. To configure the messages, EMR → Messenger → Messenger Templates
**Messenger Campaigns**

Messenger Campaigns are a great way to mass notify patients with reminders for appointments, labs, referrals, screenings, callbacks, and vaccinations.

Admin → Messenger
Creating Patient Portal Questionnaires

EMR → Questionnaire Designer

Note: creating these questionnaires is cumbersome and time consuming, allocate time accordingly
Electronic Signature of Harris Health Consent Form

1. Add a PDF of the Harris Health Consent form to the Patient’s Documents
2. Use the “Ink” feature to have the patient sign the document directly in the EMR.
Using Macros in Treatment

Macros were thought to be only usable in the HPI, but by clicking on the “browse” option they can also be used in the treatment window.
Autoemailing Reports

This is done through eBO. Begin by logging into eBO and selecting the report that you would like to edit.

1. Reports → eBO Reports → [LOGIN] → eCWEBO → Schedule button on the desired report.

2. Override both default values and set up your frequency to start emailing.
3. Check the status of your running reports with the “eClinicalWorks eBO Administration” → “Schedules”.

![Image of eClinicalWorks eBO Administration interface with a table showing various report statuses]
Patient Portal Appointments

1. Admin → Patient Portal Settings → Feature Settings → “Only Visited” = OFF

2. Admin → Patient Portal Settings → Appointment Settings → Appointment Types
The listed appointment types should match the providers allowed visit types to allow scheduling through the patient portal.
## Appendix B: Report Specifications

<table>
<thead>
<tr>
<th>Report</th>
<th>Usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>UDS Reporting and patient recall</td>
</tr>
<tr>
<td>Hypertension</td>
<td>UDS Reporting and patient recall</td>
</tr>
<tr>
<td>Harris Health 1</td>
<td>Diabetes tracking with Harris Health patients</td>
</tr>
<tr>
<td>Harris Health 2</td>
<td>Medication tracking with Harris Health patients</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>Patient recall by screening status</td>
</tr>
<tr>
<td>PNC</td>
<td>Pregnant patient tracking</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>Patient recall by screening status</td>
</tr>
</tbody>
</table>
Appendix C: Health Habits Smartfrom

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name (Last, First, M.I.): ☐ M ☐ F DOB:  

<table>
<thead>
<tr>
<th>Weight:</th>
<th>Height:</th>
<th>BMI: &lt;calculate once Height and Weight are entered&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• The goal BMI is 20 – 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An overweight BMI is 25 – 30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• An obese BMI is more than 30</td>
</tr>
</tbody>
</table>

HEALTH HABITS AND PERSONAL SAFETY

ALL QUESTIONS CONTAINED IN THIS QUESTIONNAIRE ARE OPTIONAL AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Exercise  
1. Over the past 7 days:  
   a. How many days did you get **moderate to strenuous exercise**, like a brisk walk?  
      ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7  
   b. On those days that you engage in moderate to strenuous exercise, how many minutes, on average, do you exercise at this level?  
      minutes

Diet  
2. Over the past 7 days:  
   a. How many times do you eat **fast food meals** or **snacks**?  
      ☐ Less than 1 time ☐ 1 – 3 times ☐ 4 or more times  
   b. How many servings of **fruits/vegetables** did you eat each day?  
      ☐ 5 or more ☐ 3 – 4 times ☐ 2 or less  
   c. How many **soda** and **sugar sweetened drinks** (regular, not diet) did you drink each day?  
      ☐ Less than 1 time ☐ 1 – 3 times ☐ 4 or more times

Stress  
3. Please choose the number that best describes **how much stress** you have been experiencing in the past 7 days.  
   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Mood  
4. Over the past 2 weeks, how often have you been bothered by these problems?  
   a. Feeling nervous, anxious, or on edge  
      ☐ Not at all ☐ Several days ☐ More days than not ☐ Nearly every day  
   b. Not being able to stop or control worrying  
      ☐ Not at all ☐ Several days ☐ More days than not ☐ Nearly every day
<table>
<thead>
<tr>
<th>c. Feeling down, depressed, or hopeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not at all</td>
</tr>
<tr>
<td>d. Little interest or pleasure in doing things</td>
</tr>
<tr>
<td>□ Not at all</td>
</tr>
</tbody>
</table>

### Sleep

5. Do you snore or has anyone told you that you snore?

□ No  □ Yes

6. In the past 7 days, how often were you sleepy during the daytime?

□ Never  □ Rarely  □ Sometimes  □ Often  □ Always

### Overall

In general, would you say your health is:

□ Excellent  □ Very Good  □ Good  □ Fair  □ Poor

### Goals

Before my next appointment, I will achieve these goals:

1. 
2. 
3.

Note: These goals will be populated into the patient chart along with any “red” responses.