
Detailed Case Study (Replication Model): Dr. Heidi Winkler's Community Pediatric Clinic – Manual Care Gap Closure with Paper Validation and Cozeva

Background

Dr. Heidi Winkler's Community Pediatric Clinic (CPC) is a solo pediatric practice in Santa Fe Springs, California, serving ~3,000 patients ranging from birth through age 50. It operates as a **Family PACT provider** and uses a **low-functionality EHR (ReliMed)** supported by **duplicate paper charts** for every patient. Despite resource constraints, the practice has implemented a highly structured **care gap closure workflow** centered around Cozeva reports and in-clinic validation.

Core Strategy: Opportunistic In-Visit Closure with Validated Cozeva Reports

Workflow Overview

- A daily report of patient gaps is generated, validated by cross-checking with EHR and paper charts, and integrated into the **superbill** for use during the patient visit.
 - This workflow is used for both **scheduled** and **walk-in patients**, with walk-ins handled in real time.
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Team Roles and Workflow Details

1. Pre-Visit Data Preparation

Staff Involved: IT/Executive Assistant (also functions as Office Manager)

Steps:

1. Downloads the next day's schedule from ReliMed each evening.
2. Sorts patients by health plan and accesses the correct **Cozeva instance** (HealthNet, LA Care, or Mid-Cities).
3. Uses a **single sign-on method** to move between the 3 instances efficiently.
4. Searches each patient in Cozeva and **batches their care gap reports** by plan.
5. Downloads the batched PDFs and securely emails them to the front office MA ("Coco").

"He uses a single sign-on process... downloads the reports by plan, then sends them to Coco for printing."

2. Validation and Check-In

Staff Involved: Front Office MA (Coco)

Steps:

1. Downloads and prints the Cozeva reports in the morning.
2. For each patient:
 - Opens the patient's EHR (ReliMed).
 - Retrieves the paper chart from the filing cabinet.
 - Cross-checks the Cozeva report with both records.

Color-Coding for Gaps:

- **Yellow Highlight** = Verified gaps (true and due).

- **Red Pen/Highlighter** = Reported gaps that were actually completed (incorrect gaps), with date of service annotated.

“She annotates on the Cozeva care gap report... highlights in yellow any true gaps, and redlines the ones already completed.”

“Validation per record takes 2–5 minutes. Coco reports it’s more like 2 minutes on average.”

3. Places the validated report in a basket with the patient’s **superbill**, ready for the back office MA to use.

3. Provider Review and Service Delivery

Staff Involved: Provider (Dr. Winkler), Scribe, MA

Steps:

1. During rooming, the MA delivers the superbill with the attached Cozeva report to the provider.
2. The provider works primarily off the paper report during the visit.
3. The provider:
 - Reviews the gaps and validation notes.
 - Fills any gaps (e.g., vaccinations, screeners, referrals).
 - Annotates on the Cozeva report what was done.
4. The **scribe updates ReliMed** during or immediately after the visit.

“She prefers to work off paper... if needed, she has the scribe double check things in the EHR.”

4. Post-Visit Documentation & Reporting

Staff Involved: Front Office MA

Steps:

1. At the end of the week, retrieves all completed Cozeva reports from billing.
2. Stores them in a folder for **supplemental data upload** to health plans via Cozeva.
3. Uploads are completed periodically to ensure performance measures are accurately captured.

“Reports are compiled for supplemental uploads to ensure accurate health plan credit.”

Walk-Ins and No-Shows Workflow

Walk-In Workflow

1. Coco checks patient insurance and selects the correct Cozeva instance.
2. Downloads a care gap report in real time.
3. Validates the report immediately before visit (same steps as scheduled patients).
4. Attaches to the superbill and follows the standard process.

“For walk-ins, Coco pulls their Cozeva gap report at check-in and validates it before the visit.”

No-Shows

- Reports for no-shows are shredded if the patient does not reschedule.

Outcomes

Metric	Outcome
Care Gap Report Availability	72% of scheduled patients have a Cozeva report at time of visit
Validation Time per Patient	2–5 minutes (avg. ~2 minutes)
Report Preparation Time	~15 minutes total per day (night before)
Patient Volume	30–35 patients/day seen in clinic

Tools and Systems Used

Tool	Purpose
ReliMed EHR	Clinical documentation (limited features)
Paper Charts	Backup record system; contains historical screeners
Cozeva (3 Instances)	Care gap reports + supplemental upload tool
Superbill	Carrier of validated reports into clinical workflow
Secure Email (MS Teams)	Transfers care gap reports from IT to MA

Key Takeaways for Replication

1. **Paper + Digital Hybrid Works:** In low-tech settings, blending EHRs, paper, and third-party tools (Cozeva) still allows for high-functioning gap closure.
2. **Color-Coding & Validation Saves Time:** Using red/yellow highlights focuses provider attention and reduces in-visit confusion.
3. **Integrated Walk-In Strategy:** Even unscheduled visits contribute to quality if reports can be accessed and validated quickly.
4. **Daily Pre-Visit Prep is Manageable:** ~15 minutes of prep yields 30+ validated opportunities for care delivery the next day.

GAPs (for Full Replication Clarity)

- Sample annotated Cozeva report with yellow/red highlighting
- Supplementary upload process details (timing, team member, frequency)
- How Cozeva reports are mapped to correct HEDIS measure fields (manual entry, automation?)
- Backup process if internet/Cozeva is down

Contributor & Clinic Info

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