
Care Gap Closure Case Study: Community Pediatric Clinic's Streamlined Workflow Using Cozeva and Manual Validation

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Health IT: ReliMed (EHR), Cozeva

Background

Community Pediatric Clinic (CPC) is a solo pediatric and family practice in Santa Fe Springs, California, serving ~3,000 patients ranging from birth through age 50. The office uses an EHR (ReliMed) supported by duplicate paper charts for every patient. Despite limited staffing and technology resources, the practice has implemented a highly structured care gap closure workflow centered around Cozeva reports and manual data validation.

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

Community Pediatric Clinic (CPC) uses a **hybrid manual + Cozeva care gap closure model** that combines pre-visit preparation, real-time validation, and post-visit administrative closure. Each evening, the health IT lead generates Cozeva reports by health plan and emails them to the front office MA, who validates each report against the EHR and paper chart using color-coded highlights. Validated reports are attached to the superbill and used during the visit to guide care. Afterward, reports are stored for periodic uploads to ensure accurate plan credit. This simple, paper-digital hybrid allows real-time gap closure, even for walk-ins.

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**
3. Uses a **single sign-on method** to move between the 3 instances efficiently.
4. Sorts patients on schedule by health plan and searches each instance of Cozeva.
5. Batches patients' care gap reports for transmission to the MA via secure email.

"He uses a single sign-on process... downloads the reports by plan, then sends them to (front office MA) 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."

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: PCP, Scribe, MA

Steps:

1. During rooming, the MA delivers the superbill with the attached Cozeva report to the provider. The PCP works primarily off the paper report during the visit.
2. The PCP:
 - Reviews the gaps and validation notes.
 - Fills any gaps (e.g., vaccinations, screeners, referrals).
 - Annotates on the Cozeva report what was done.
3. 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, MA retrieves Cozeva reports from billing.
2. Stores them in a folder for **supplemental data uploads and administrative validation** 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 Workflow

Walk-In Workflow

1. Front office MA 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.”

Outcomes

Metric	Outcome
Care Gap Report Availability	72% of scheduled patients have a Cozeva report at time of visit; reason for missing reports (Straight Medicaid, new member not yet in Cozeva)
Validation Time per Patient	2–5 minutes (avg. ~2 minutes)
Report Preparation Time	~15 minutes total per day for batch report of all patients to be seen next day (night before)

Tools and Systems Used

Tool	Purpose
ReliMed EHR	Clinical documentation (limited features)
Paper Charts	Backup record system; contains completed PhQ-9, ACES, developmental paper screeners
Cozeva (3 Instances)	Care gap reports + supplemental upload tool
Superbill	Carries validated gap reports into clinical workflow
Secure Email	Transfers care gap reports from health IT staff (who generate night before) to MA for printing and validation

Recommendations & Reflections

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 care gap closure reports/manual gap “alerts” the next day.