Knowing and Managing Your Patients (KM)

Nicole Foster

NCQA recap

- Six concepts
- Meet all core criteria in the program
  - 40 cores
- Earns 25 credits in elective criteria across 5 of the 6 concepts
  - 60 electives with 83 credits available

KM Concept Overview

- "The practice captures and analyzes information about the patients and community it serves and uses the information to deliver evidence-based care that supports population needs and provision of culturally and linguistically appropriate services."
- Competency: 6
- Criteria: 32
  - Core: 10
  - Elective: 18 (22 credits)

KM: Competency A

- "Practice routinely collects comprehensive data on patients to understand the background and health risks of patients. Practice uses information on the population to implement needed interventions, tools and supports for the practice as a whole and for specific individuals."
- Criteria
  - Core: 3
  - Elective: 5 (6)

KM: Competency A: Criterion 1-8

Cores

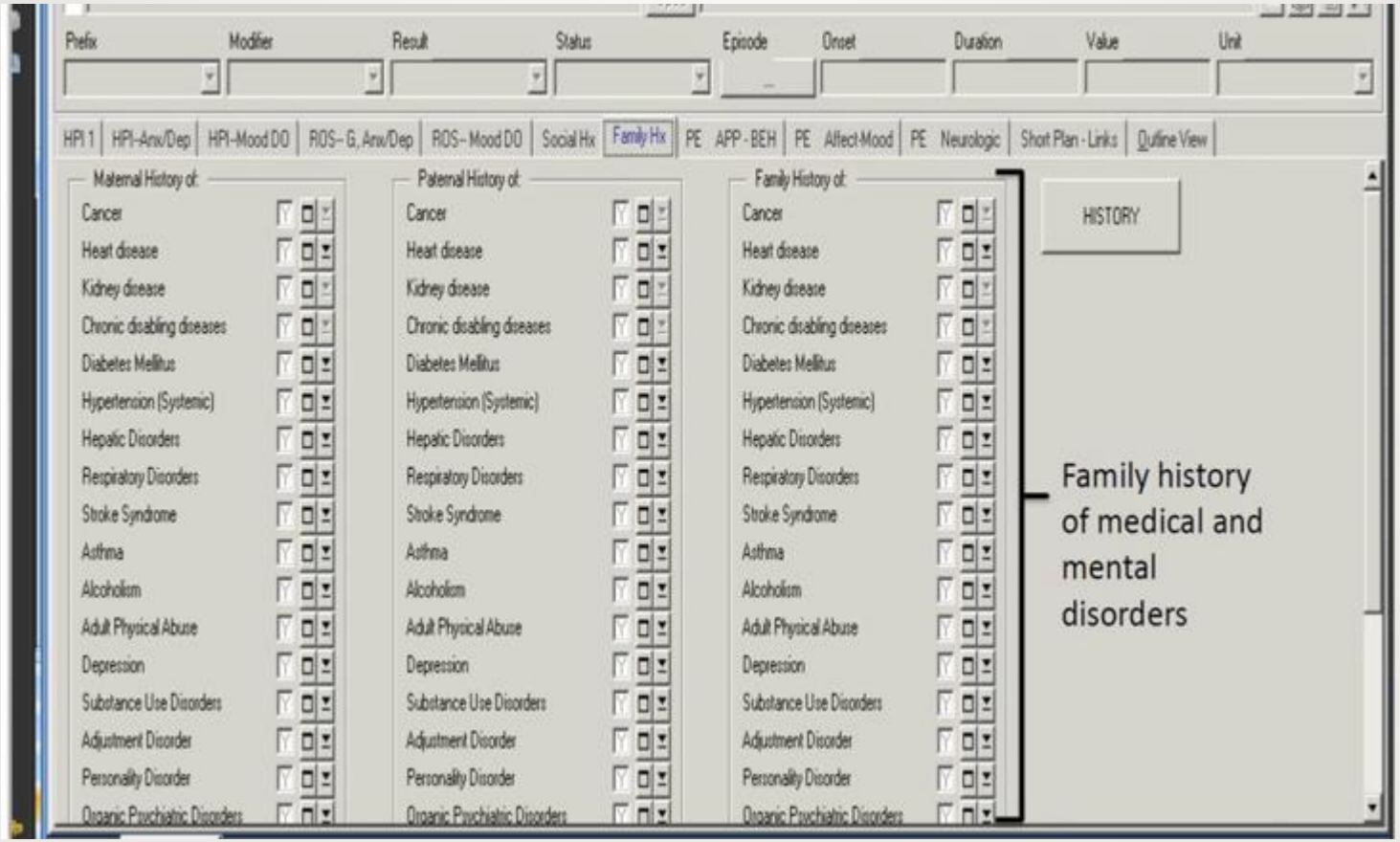
- Documenting up-to-date problems list
- Comprehensive Health Assessments
  - medical history of patient & family, social/family characteristics, communication needs, social determinates of health, (CC-13) developmental screening, behaviors affecting health, social functioning, advanced care planning (ALL)
- Depression screening

Elective

- Behavioral Health Screening
- Provide oral health assessment and referral
- Predominant conditions and concerns
- Addressing Social determinants of health
- Evaluates patient education and material to meet patient's needs

KM-01: Up to day problems list example

KM-02 A: Family history example



KM-02 E: Behaviors affecting health example

KM-02 H: Developmental screening example

Medical Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Imm/T.Inj | Encounters | Patient Docs | Flowsheets

SF

Marital Status: single.
Children: none.
Smoking: No smokers in home.

Allergies

N.K.D.A.

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

REVIEW:

Negative Remainder of the Review of system negative unless stated above.

enlargement of tonsils. Neck: supple, no lymphadenopathy. Heart: RSR, normal S1S2, no murmurs. Lungs: clear, equal breath sounds bilaterally. Abdomen: soft,nontender, no masses, normal bowel sounds. Genitalia: normal external genitalia. Extremities/Back: good range of motion, no scoliosis. Neurologic Exam: normal tone and motor development, normal sensory system and reflexes, normal cranial nerves II-XII.

Assessments

1. Well baby/ child exam - V20.2 (Primary)
2. VAC-PENTACEL (DTaP-HIB-IPV) - V06.8
3. VACCINATION PNEUMONIA (Prevnar) - V03.82
4. VACCIN FOR INFLUENZA - V04.81

Treatment

1. Well baby/ child exam

ASQ3 completed and within normal limits. Summary scanned into chart. Parent aware of results and verbalized understanding with no concerns noted.

KM-03: Depression screening example

Depression Screening and Treatment Guideline

Initiated 9-29-14 JW

Updated 10-6-14 JW

OBJECTIVE:

To ensure that practitioners are screening for depression for at-risk patients and providing treatment or referral for treatment if a positive diagnosis is confirmed.

GUIDELINES:

1. Screening for depression should be conducted and documented in the medial record for at-risk patients.
2. The PHQ-2 Patient Health Questionnaire will be the first step for depression screening in adults and adolescents. If scoring requires additional screening the PHQ-9 Questionnaire will be done. This scale has been highly predicative of depression.
3. Patients with an increased risk of depression should receive a more in-depth evaluation of mental health status.
4. Screening and/or evaluation resulting in positive findings should be documented and acted on.
5. If the diagnosing practitioner decides to commence treatment for depression, he/she should:
    i. Record diagnosis of depression on encounter/claim for each visit, although not necessarily in the primary position
    ii. Document the treatment plan
    iii. If antidepressant medication is prescribed:

Schedule first appointment within 2-4 weeks. Further evaluation will be based on response to therapy and other interventions. - evaluate response and document:

Diagnosis of depression

Patient education about the medication

Progress/response to treatment

REFERRAL and TREATMENT

1. Encourage nonclinical interventions: exercise, diet, rest, and rethinking of expectations.
2. Assess the level of social support. Family, friends, group, local entity.
3. Acknowledge depressions effect on relationships. Ask about family members. Include them in information and planning when appropriate.
4. Consider clinical therapies – medication, antidepressants, psychotherapy.
5. Diagnosis of a depressive disorder will be treated within the primary care practitioner's or the nurse practitioners scope of practice or referred to a mental health subspecialist as clinically indicated.

KM: Competency B:

- "The practice seeks to meet the needs of a diverse patient population by understanding the population's unique characteristics and language needs. The practice uses this information to ensure linguistic and other patient needs are met."
- Criteria
  - Core: 2
  - Elective: 1 (1)

KM: Competency B: Criterion 9-11

Core

- Assessing diversity (race, ethnicity, religion, occupation, gender identify, geographic residence etc.)
- Assessing language

Elective

- Identifies and addresses population-level needs
  - Education, culture, disparities

KM-09 & 10: Assesses diversity & language example

Assessment of Patient Ethnic and Racial Diversity, Language

Total Patients	**15,813**
Ethnicity	
Percent Not Hispanic or Latino	85.13%
Percent Hispanic or Latino	0.98%
Percent Refused to Report	2.78%
Percent unreported/refused	11.86%
Race	
Percent White	85.02%
Percent Hispanic	0.62%
Percent African American	0.39%
Percent Other	1.16%
Percent unreported/refused	12.80%
Language	
Percent English	86.23%
Percent Spanish	0.42%
Percent Other	0.75%
Percent unreported/refused	12.60%

Report assessing ethnic, racial, and language diversity across full patient population. Each of these criteria are searchable, reportable. fields within our EMR. A sample of the report is included below.

Ethnicity	Race	Language	Patient ID	Patient Status
Not Hispanic or Latino	White	English		Active
Not Hispanic or Latino	White	English		Active
Not Hispanic or Latino	White	English		Active
Not Hispanic or Latino	White	English		Active
Not Hispanic or Latino	White	English		Active

KM: Competency C

- "The practice proactively addresses the care needs of the patient population to ensure needs are met. "
- Criteria
  - Core: 1
  - Elective: 1 (2)

KM: Competency C: Criterion 12-13

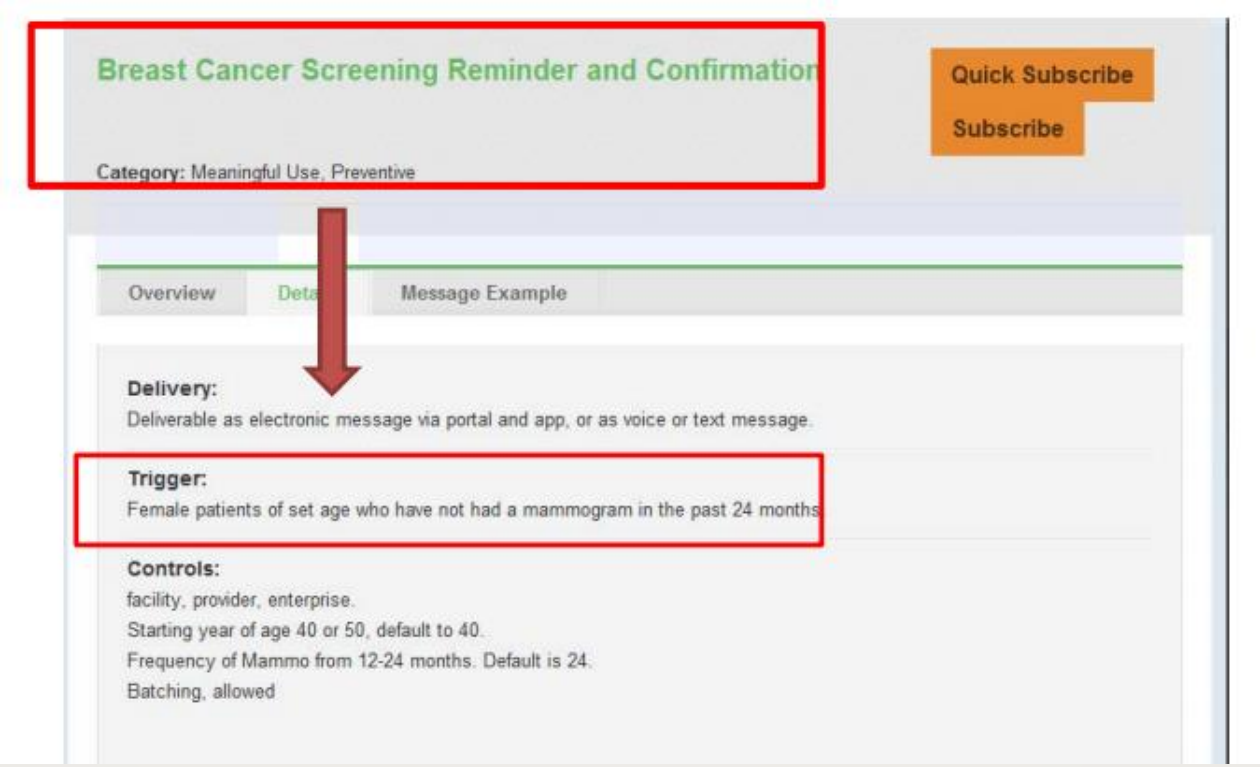
Core

- Routine reminder system
  - preventive, immunization, chronic or acute conditions and patients not recently seen (pick at least 3)

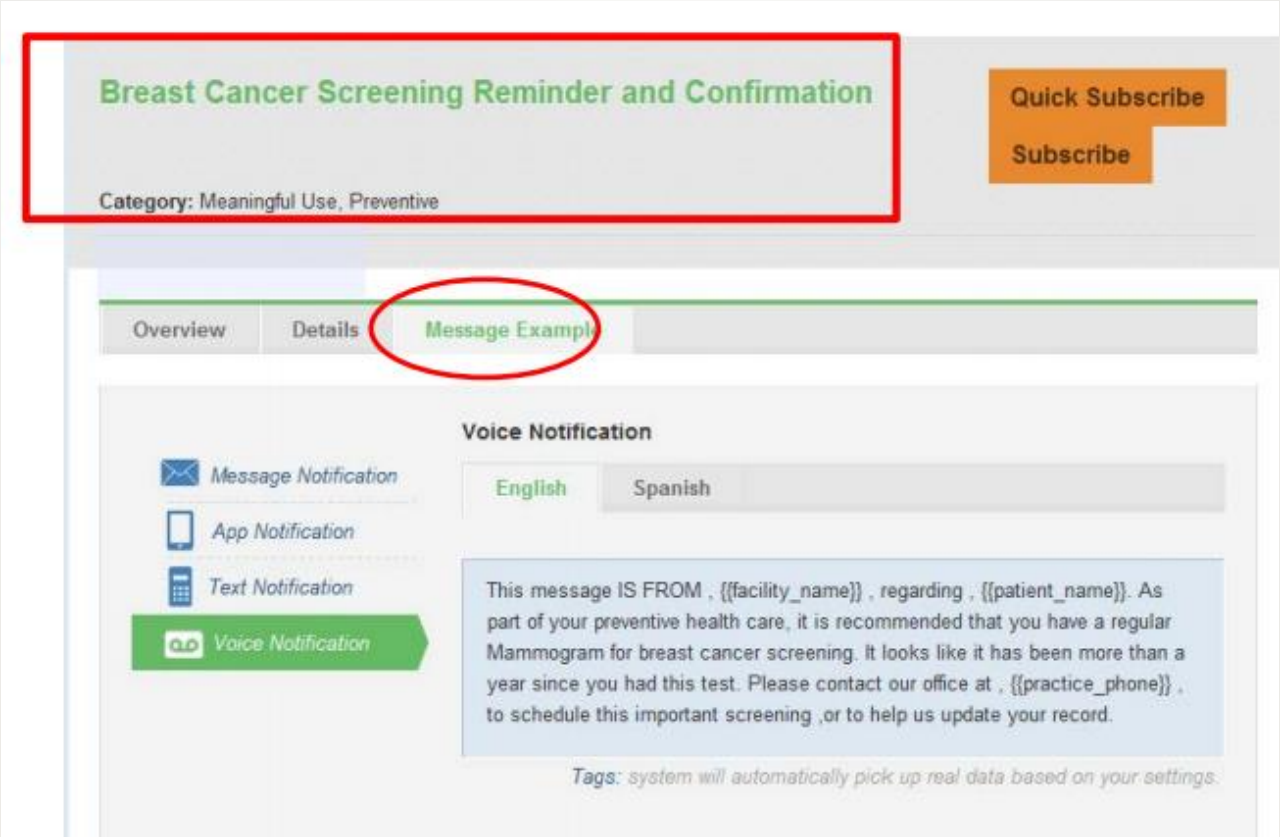
Elective

- NCQA programs: Heart/Stroke and Diabetes Recognition program

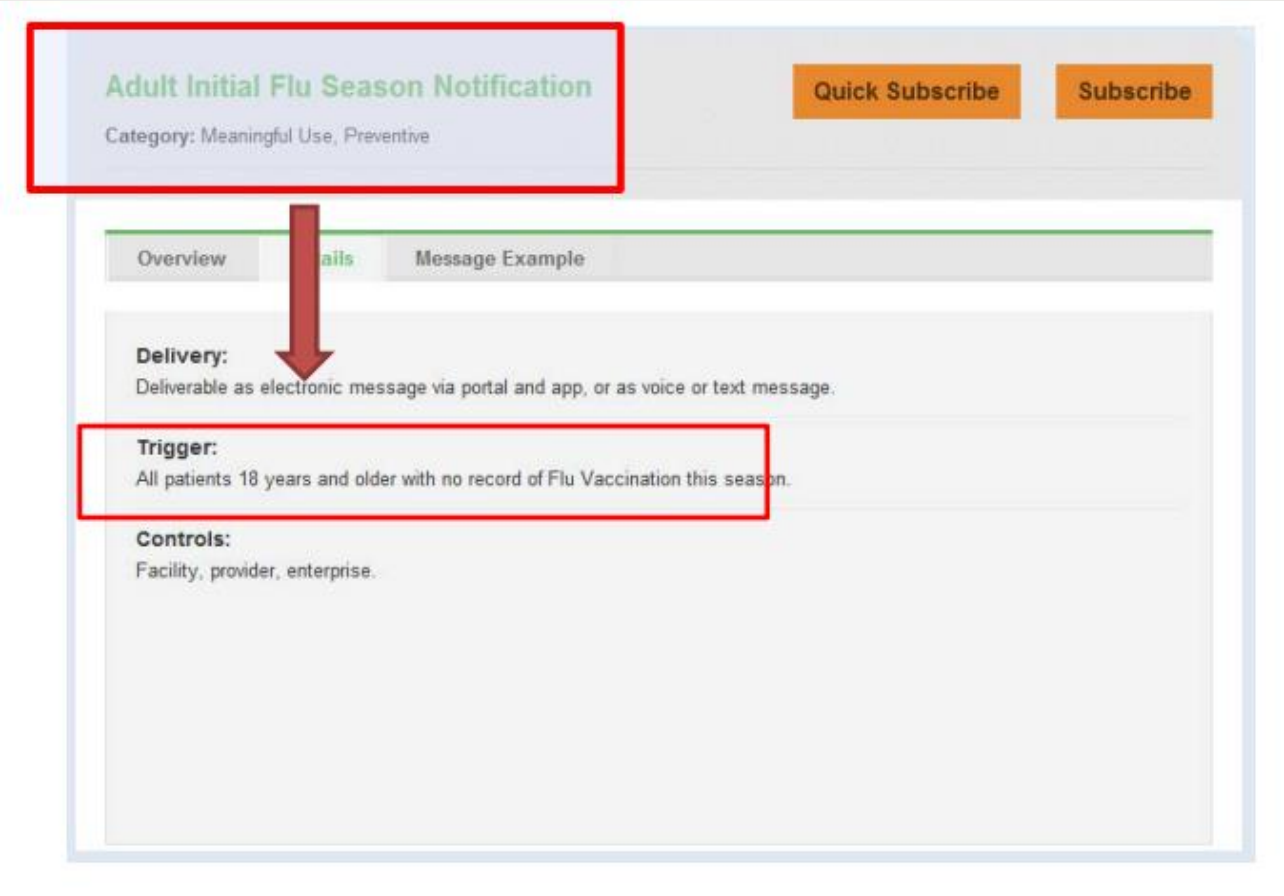
KM-12 A: Preventative care services example



KM-12 A: Preventative care services example



KM-12 B: Immunization example



KM-12 B: Immunization example

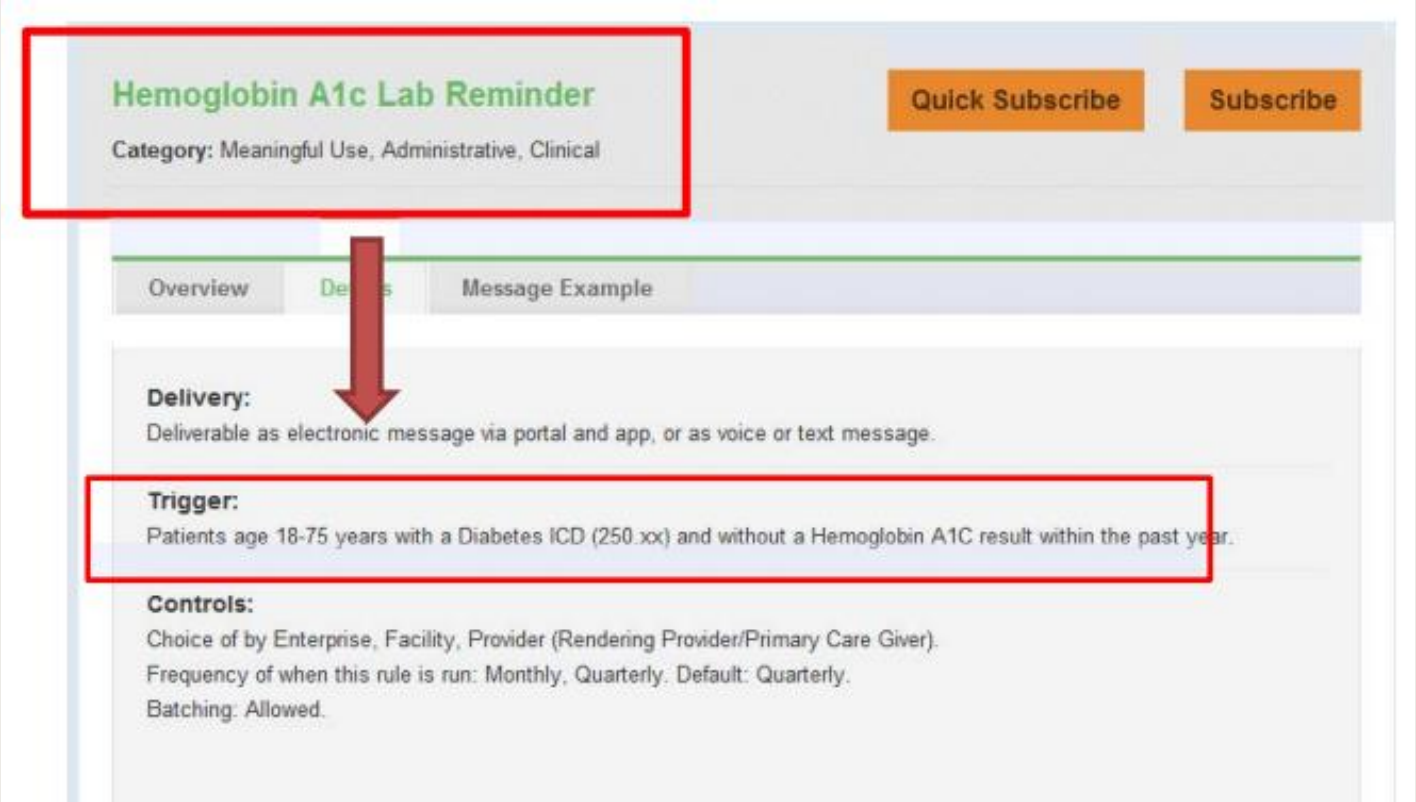
unique patients reached by this campaign (Adult Flu Reminder, Patient List initial campaign 1/2015)

Patient Name

Patient Id	Patient Name	Age	Sex	Phone	Mobile	eMail	Modality Used
		47	Male	217-342-6389	217-821-1806		
		56	Male	217-821-9287	217-821-9287		
		57	Male	217-868-5501	217-821-5500		
		57	Female	217-925-5382	217-690-3124		
		47	Female	217-849-3374	--		
		50	Male	217-868-2317	217-821-8401		
		60	Male	217-821-9454	217-821-9454		
		55	Male	217-924-4163	217-821-5105		
		53	Male	217-347-7661	--		
		50	Female	618-238-4576	217-821-1643		

Display 1 to 10 of 3466 (Total 347 page(s)) « First ‹ Prev | 1 | 2 | 3 | Next › Last »

KM-12 C Example



Discussion

- What barriers or struggles has your clinic had with KM?
- What successes or improvements?

KM: Competency D

- "The practice addresses medication safety and adherence by providing information to the patient and establishing processes for medication documentation, reconciliation and assessment of barriers."
- Criteria
  - Core: 2
  - Elective: 4 (5)

KM: Competency D: Criterion 14-19

Core

- Medication reconciliation (80%)
- Up-to-date medication list (80%)
  - Over the counter prescription, herbal and vitamin/mineral/dietary supplements

Elective

- Assess understanding and provider education on new prescriptions
- Assess and address patient's response and barriers to mediation
- Checks and uses the state controlled substance database
- Prescription claims data

KM-15: Up to date medication list example

eClinicalWorks

Meaningful Use Adoption Quality Dashboards

Meaningful Use - Core Measures - Score Card View

Stage-1
Meaningful Use
Core
Menu
Adoption
Quality
Stage-2

Period A: Monthly Vs Period B: 90-Day

Objective Measures
** Click on % Scores for Patient list
*** Not for MU Attestation
Period A:12-01-2012 to 12-31-2012
Period B:01-01-2013 to 12-31-2013

Measure Code	Practice Denominator Period A	Practice Numerator Period A	Practice (Threshold %) Period A	Practice Denominator Period B	Practice Numerator Period B	Practice (Threshold %) Period B
OBJ-302D	2078	2064	99.33 (80)	14484	14447	99.74 (80)

Family Care Associates
Satisfies Element 2B-9
List of prescription medications with date of updates for more than 80 percent of patients.

Our certified system produced this Meaningful Use report to show practice level (all providers) results for a year reporting period.

KM-18: Controlled substance database

IDAHO State Board of Pharmacy

Search

1199 W Shoreline Lane, Suite 303
Boise, ID 83702-9103
Phone 208-334-2356
Fax 208-334-3536
Map to our office

- Calendar
- Board Meetings & Minutes
- Controlled Substance Registrations
- Facilities
- File a Complaint
- Forms
- Idaho Code & Administrative Rules
- Information for Consumers
- Newsletters
- Pharmacists & Pharmacy Students
- Pharmacists Continuing Education
- Pharmacy Technicians
- Prescription Monitoring Program
- Renew License or Print Active License
- Verify a License or Registration
- Shop

Controlled Substance Registrations

For Renewals Please Visit the Renewal Page

Practitioner

All Idaho practitioners must hold a valid controlled substance registration with both the Idaho State Board of Pharmacy and the DEA prior to prescribing, dispensing, administering or maintaining an inventory of controlled substances in the state of Idaho.

» Applications

- Idaho State Board Of Pharmacy Practitioner Controlled Substance Registration Application- Do Not Use for Renewal
- Idaho State Board Of Pharmacy Controlled Substance Researcher Registration Application- Do Not Use for Renewal

» DEA Links

- New DEA Controlled Substance Registration Application 224
- DEA Controlled Substance Registration Address Change
- DEA Form 223 Duplicate Certificate Login Screen
- DEA List of Controlled Substance Schedules
- DEA Practitioners Manual

Practitioner Controlled Substance Inventory

- Controlled Substance Inventory Information

Pharmacist

Idaho pharmacists who distribute controlled substances in Idaho must hold a valid controlled substance registration.

**Controlled Substance Practitioner Newsletter!

- May 2016 Newsletter
- September 2016 Newsletter

- Credit Card Transmittal

Idaho Practice Address Changes

Per IDAPA Rule 017.06 Reporting Information Changes. Practice address changes must be reported to the Board of Pharmacy within 10 business days of the date of change.

1. DEA Address Change Form
2. Before leaving the DEA website print the "Registration Update Request Successfully Submitted", then
3. Create an Adobe document and email to info@bop.idaho.gov, or fax a copy of the screen print to (208) 334-3536.

Drug Enforcement Administration Registration Contact Information

Twilla Miller - DEA Registration Technician Contact

Phone: 1-888-219-4261

For more information:

- Drug Enforcement Administration website.

PDF Reader

You will need the latest version of Adobe Acrobat Reader to access our forms. Before printing the PDF documents, make sure you have checked 'print as image' in your Print Dialog Box, then print.

KM: Competency E

- "The practice incorporates evidence- based clinical decision support across a variety of conditions to ensure effective and efficient care is provided to patients."
- Criteria
  - Core: 1
  - Elective: 0

KM: Competency E: Criteria 20

Core

- Clinical decision support
  - Mental health, substance use, chronic medical conditions, acute conditions, unhealthy behaviors, well visits, and overuse/appropriateness (choose 4)

Elective

- None

KM-20 Source of guidelines Example

Clinically Important Condition 1: Asthma

Resources:

1. National Asthma Education and Prevention Program - http://www.nhlbi.nih.gov
   a. Asthma Action America – Validated asthma control tool used per NHLBL recommendations.
2. UpToDate – www.uptodate.com - UpToDate is an evidence-based support resource. Information obtained from UpToDate is provided to the patient as patient education. Family Care Associates has chosen to use UpToDate because it is an unbiased source that does not accept funding from pharmaceutical companies, medical device manufacturers or other commercial entities. All providers at Family Care Associates have individual web-based log-in access to UpToDate as well as within eClinicalWorks (eCW).

Clinical Guidelines:

We follow the National Asthma Education and Prevention Program guidelines for the diagnosis of asthma.

Clinically Important Condition 2: Type 2 Diabetes Mellitus

Resources:

1. American Diabetes Association - http://www.diabetes.org/
2. UpToDate – www.uptodate.com (see above)

KM-20 Source of guidelines Example

Clinical Guidelines:

We follow the American Diabetes Association guidelines for diagnosis and classification of diabetes mellitus type 2.

Unhealthy Behavior Condition 3: Patients that have identified themselves as a current smoker

Resources:

1. UpToDate – www.uptodate.com (see above)
2. Smoke Free Illinois – www.smokefree.gov
3. American Lung Association – www.lung.org
4. Center For Disease Control – www.cdc.gov

Clinical Guidelines:

Upon every visit, all patients 13 years of age and above per meaningful use guidelines, are screened for smoking status.

Registry Report – Patients are identified by using the registry function in ECW. The filters are as follows:

1.) Asthma: Encounter date (3 months) → run new → ICD group Asthma→ Run subset

2.) Diabetes: Encounter date (3 months) → run new → ICD group Diabetes → Run subset

3.) Smoking Cessation: Encounter date (3 months) → run new → Structured Field tab, select field name, choose section as social, choose category as smoking use: smoking status, choose field value as current smoker → Run subset

KM-20 E: Condition related to unhealthy behavior example

Progress Notes

Medical Summary | CDSS | Alerts | Labs | DI | Procedures | Growth Chart | Imm/T.Inj | Encounters | Patient Docs | Flowsheets

Progress Notes | Scribe | Orders | Quick Search

Therapeutic Injections:
Diagnostic Imaging:
Lab Reports:
Preventive Medicine:

Counseling: Tobacco use: Time spent counseling: less than 3 minutes, Smoking cessation packet given: Yes.

Care Management: Smoking Cessation Conducted pre-visit huddle with care-team prior to visit: Yes, Reviewed encounters for missed appointments, followed up if necessary: Yes, Collaborated with the patient/family to develop an individualized care plan, including treatment goals: Yes, Gave the patient/family a written plan of care: Yes, Assessed and/or addressed barriers when patient has not met treatment goals: Yes, Provides patient/family a clinical summary at each relevant visit: Yes, Identified if patient/family may benefit from additional care management support: Yes, I have counseled patient on adopting healthy behaviors: Yes, Current action plan reviewed and copy given to patient and/or family: 02/09/2015, Rx education on new medication given: Yes, Patient/family verbalized understanding of medication use: Yes. Community Resource Referral: Community resource given: No.

Next Appointment:

Preventive Notes

Free-form | Structured

Smoking Cessation — Default for All | Clear All

Name	Value
Conducted pre-visit huddle with care-team prior to visit:	Yes
Reviewed encounters for missed appointments, followed up if neces	Yes
Collaborated with the patient/family to develop an individualized ca	Yes
Gave the patient/family a written plan of care:	Yes
Assessed and/or addressed barriers when patient has not met treat	Yes
Provides patient/family a clinical summary at each relevant visit:	Yes
Identified if patient/family may benefit from additional care manage	Yes
I have counseled patient on adopting healthy behaviors:	Yes
Action plan updated, reviewed and copy given to patient and/or fam	
Current action plan reviewed and copy given to patient and/or fami	02/09/2015
-	
Rx education on new medication given:	Yes
Patient/family verbalized understanding of medication use:	Yes

Free-form | Structured

Tobacco use: — Default for All | Clear All

Name	Value	Notes
Patient counselled on the		
Time spent counseling:	less than 3 minutes	
Smoking cessation packet	Yes	

KM: Competency F

- "The practice identifies/ considers and establishes connections to community resources to collaborate and direct patients to needed support."
- Criteria
  - Core: 1
  - Elective: 7 (8)

KM: Competency F: Criterion 21-28

Core

- Create a list of your patient needs and concerns

Elective

- Provide a list to patients about community and educational
- Oral health education and resources
- Adopted shared decision making
- School and other intervention agency
- Community resource list
- Assessing the resource list
- Case conferencing

KM-25: School/intervention agency engagement example

Idaho Parents Unlimited, Inc

Interagency Exchange of Information

Name: _____ Date of Birth: _____

I, the undersigned, authorize the following person, agencies, programs, and schools to release, obtain, or exchange any and all pertinent records, information, mental impression or professional opinions as may be necessary for the coordination of services for the above named person by and between said entities. I am aware that any information so released, obtained or exchange is strictly confidential and will be used in my best interest in order to plan and provide the best services. I understand that the aforementioned communications may be verbal, written or communicated by other convenient media. I am aware that many agencies and programs will be working cooperatively, and effective interagency communication is essential.

I am aware that I may deny consent for disclosure to any of the agencies, programs or schools below. Notwithstanding, I hereby authorize the following person or entities to release, obtain or exchange information relating to the above named person.

_____ _____

_____ _____

_____ _____

The information exchanged may include the following, but is not limited to Individual education plans, development disability plans, psycho rehabilitation plans, service agreements, or other pertinent agency records.
Information will NOT be disclosed to any other party not enumerated herein without prior written consent of the above named person or legal guardian.

_____ _____
Signature of Parent or Guardian Giving Consent Date of Consent

KM-26: community resource list example

Selecting five topics or community service

Independence Pediatrics Community Resources

Children with Special Needs and Families – Specific Pop

AGENCY	PH#	SERVICES	COMMENTS	REFERRAL CT. Jan. 2011	REFERRAL CT. Feb. 2011	REFERRAL CT. Mar. 2011
After School Programs						
Greater New Orleans After School Project		Directory of area After School Programs	www.gnoafterschool.org/school.org	✓✓✓		✓✓✓✓
Child Care Resources						
Agenda for Children	586-8509	Child care resources and referral	www.agendaforchildren.org	✓✓		
Child Care Assistance (Office of Family Services	**Orleans Parish** Mid City 599-1700 West Bank 361-6007 **Jefferson Parish** 361-6196		www.dss.state.lasus/departments/ofs/Childre Assistance Program.html#Howandwhere		✓✓✓	
Child Development Services						
Daughters of Charity Health Center	482-0084	Social Services and Free Clinic	www.daughtersofcharityfdn.org		✓✓✓	✓✓✓✓
Development Clinic - Children's Medical Center	899-9511			✓✓✓✓✓✓		
Early Child Development Services Directory	VIA Link 211	United Way Agencies serving children; child care, nutrition			✓✓✓✓✓✓ ✓✓✓✓✓✓	
Dental Services						
Children's Medical Center Dental Clinic	899-9511			✓✓✓		
Louisiana Foundation of Dentistry for the Handicapped	899-6440	Volunteer dental services for handicapped, elderly and disabled		✓✓✓	✓✓✓✓✓✓	
Tooth Bus LSU	342-7874	Dental services	www.chnola.org/toothbus.htm	✓✓✓✓✓✓	✓✓✓	✓✓✓✓✓✓
Housing						
HANO -Section 8 Housing Voucher Program	670-3300 362-4210	Public housing	www.hano.org/			✓✓✓✓
Kingsley House	504-523-6221	Provides crisis/family counseling, child care, youth development, after school care, summer camp, elder and day care for frail, disabled, handicapped adults, Medicaid enrollment, food stamp application assistance, vital records application assistance and housing assistance	Kingsley House link	✓✓✓	✓✓✓✓	✓✓

KM-26: community resource list example

Eastern Idaho Public Health

Prevent. Promote. Protect.

MAIN OFFICE
1250 Hollipark Drive
Idaho Falls, ID 83401
(208) 522-0310

Serving Bonneville, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton Counties

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- Health Education
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- Infectious Diseases
- Preparedness
- Reproductive Health
- WIC/Nutrition
- Agency Information
- About Us
- Board of Health
- News
- Office Locations
- Classes/Events
- Community Resources
- Volunteer
- Region 7 Behavioral Health Board
- Eastern Health Collaborative - Regional Collaborative (SHIP)

Community Resources

EIPH has compiled a list of community resources that includes community services such as food, housing and transportation; dietitians; behavioral health specialists; home health; dental professionals; community health workers, community health emergency medical services, education, social services, etc. While we have tried to capture as many resources as possible, this guide may not be all inclusive. If you are aware of any changes that need to be made, please contact Corinne Torgesen via email at: ctorgesen@eiph.idaho.gov.

PDF

Once the document is open,
you can
hit Ctrl + F on your keyboard to be
able to search the document to find a specific topic or resource.

Environmental Health & Safety Issues

Health & Safety Issues Resource Guide

Recreational/Leisure Resources

Need ideas of what to do in your free time? Our partners at the Idaho Department of Health and Welfare have compiled a list of recreational and leisuretime activities around the state.

Leisure Resource Manual

Return to EIPH home page

KM-27: Community resource assessment example

Community Referral Tracking

Patient	Community Resource Referred to	Date Referred	Date follow-up	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Conclusion

Knowing and Managing your patients

- Who do you serve
- What are their needs
- Do you fulfil **ALL** their needs
  - Language/ communication
  - Medical needs
  - Medication concerns
  - Community resources
  - Social determinants

Questions

Resources

- https://www.healthmanagement.com/what-we-do/government-programs-uninsured/chip/chipra-library/pcmh-toolkit/