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9 Steps Patient Centered Medical Home Evidenced Based Quality Measures Tutorial

Patient-Centered Medical Home Evidenced-based Quality Measures To be completed on all Patients

Summary of the sequence of steps to completing the quality measures:

1. Complete the disease-management, plan of care and treatment plan for diabetes, hypertension and lipids
2. Complete the Fall Risk Assessment, the Functional Assessment and the Pain Assessment
3. Review and Complete the Health Maintenance deficiencies
4. Complete the allergies review on Medication Module and Review of Systems
5. Complete the ROS of Urinary incontinence
6. Complete the Medication list for the patient
7. Review the Coordination of Care Template for Patient-Centered Medical Home adding any information possible and making sure the issue of code status and living will has been discussed.
8. Complete review of medications and document by check box on Plan entitled "Today I reviewed current medications."
9. Review Evidenced Based Measures on the Coordination of Care template

These are the general steps which should be taken on **all patients**. Although the following order is efficient, you can do these steps in any order you choose, so long as by the end of the encounter they are all done.

When the steps below are taken, the system automatically updates your evidence-based measures compliance for each of the elements which have been addressed.

Step 1

After determining which of the three major conditions which we are reporting on in our Patient-Centered Medical Home, i.e., Diabetes, Hypertension, Dyslipidemia, are present in this patient, launch the Disease Management tools at the bottom of the AAA Home for each of those conditions which apply.

With these functions you will complete the NCQA requirement for a written Plan of Care and a written Treatment Plan

For diabetes, you will need to take the following steps:

1. Once you have launched the diabetes disease management tool

2. Click the lifestyle changes button in the right-hand navigation list

3. Close that template, by clicking on the "return" button

4. Click on the Diabetes Plan

5. At this point, if you came to this template first, you will need to complete the following steps:

    a. Fill in the box entitled "ordering provider" In the first column

b. Fill in the "follow-up visit" box in the second column

c. Click on the continue current medications option just under the "follow-up visit" box

d. Launch the Consortium Data Set button in the fourth column

e. Complete any standards of care measures which are in red by clicking the button next to the measure.

6. Launch the follow-up document button in the navigation list

Diabetes Plan

Meal Requirements   Calc

Total Daily Dose | Total Meal Dose | Pre-lunch | General Measures | Return

Basal Requirement | Pre-breakfast | Pre-dinner | Help | Consortium Data Set

Patient Compliance

Laboratory & Procedures
Ordering Provider

Management

Change Self-Monitoring of Blood Glucose (SMBG) to |

Comments

Holly   James

☐ Phone glucose data into our office in 7 days

☐ Refer to eye specialist | HgbA1C Treat Goals   **Follow Up Document**

☐ BMP |/ /|

☐ C-Peptide

Follow Up Visit

Document

☐ Creatinine |/ /|

Education and Eye Referrals

☐ EKG |/ /|

| | Priority | Referring First | Referring Last | Referral |

☐ Flu Shot |/ /|

☐ Fructosamine

Medications

☐ Hepatic Profile |/ /|

☐ Continue present insulin and metformin/sulfonylurea/acarbose/pio/rosi/troglitazone regimen

☐ HgbA1C |/ /|

☐ Continue Aspirin

☐ Lipid Profile w/LDL |/ /|

☐ Start Aspirin 325 mg

Double-Click to View/Add Meds

☐ Magnesium

○ Begin ○ Increase ○ Decrease ○ Stop | to | mg | | Brand Name

☐ Microalbumin

○ Begin ○ Increase ○ Decrease ○ Stop

☐ Pneumovax 05/30/2007

○ Begin ○ Increase ○ Decrease ○ Stop

☐ Spot AC Ratio

☐ TSH |/ /|

☐ Venipuncture

Assessment

New SQ Insulin Dose   Save   Import Current

Comparison of Human Insulin

Dx1 |

Conditions - Glycemic Control

Dx2 |

Drugs - Glucose Levels

Dx3 |

Basal/Bolus Insulin

Chronic Conditions

Incretins

You MUST click "Save" above after entering new insulin information.

Byetta

Submit Labs   EM Coding   Sliding Scale   Insulin Over Time

Actions: Byetta

7. You are through

Remember, if you make important medication or treatment plans for the patient with diabetes and/or after your new laboratory data returns, for highest quality of care, you should come back to the Diabetes Disease Management tool and update the Follow-up Document. The same is true for all of the disease-management-tool plans of care and treatment plans.

For Hypertension, you will need to take the following steps:

1. Open the Hypertension Disease Management tool

2. Click the "Calculate Assessment" button in the third column

3. Click the lifestyle changes button in the right hand navigation button list

4. Click the HPT Plan button in the right hand navigation button list

5. Check the "continue current medications" box in the second column or note what the medication changes are

6. Click "Follow-up Document" button

Hypertension Plan

7. You are through

For Lipids, you will need to take the following steps:

1. Open the Lipid Disease Management Tool

2. Click the Check for New Labs button in the second column

3. Click Assess from labs button which is found under the title Fredrickson Classifications

4. If a Fredrickson Classification is not automatically selected, it may be because the patient has been treated. In that case, simple click the type which you know the patient to have.

5. Click the Lifestyle Changes button in the navigation tool list to the right

6. Check the box beside the kind of diet the patient should be eating.

7. Click the button entitled Lipid Plan in the navigation buttons to the right hand of the screen

Lifestyle Changes

Goals

Recommended Actions

Diets

- [ ] High Soluble Fiber
- [ ] Low Carbohydrate
- [ ] Low Cholesterol
- [ ] Low Fat
- [ ] Low Trans Fat
- [ ] No Sugar
- [ ] Weight Loss
- [ ] 35 % Calories from Fat

Weight Loss Initiative

BMR [_____] cal/day

- [ ] Exercise Prescription
- [ ] Recommend CPET
- [ ] Change Dietary Habits
- [ ] Smoking Cessation   Email

Patient Information
(Automatically Prints)

- Alcohol and Lipids
- BMR -- Changing It
- Dining Out
- Dyslipidemia and Inactivity
- Exercise and Weight Loss
- Foods to Eat, Avoid
- Inactivity and Cholesterol
- Step I, II Diets and Fiber
- Step I, II Diets - Description
- Training Intensity and Lipids
- Transfats and LDL

Navigation

- Lipids Master
- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lipids Plan

Creating an Electronic Tickler File

1. Open Microsoft Outlook by clicking on the e-mail button
2. Address the e-mail to your unit clerk, your nurse and yourself
3. Click on the "options" button at the top, right of the Microsoft Outlook tool bar
4. Find "delivery options" on the "options" pop-up
5. Click on "do not deliver before"
6. Select a date, preferably a Monday, one month hence
7. Close the "option" pop-up
8. Send your e-mail, its delivery will be delayed for one month, at which time it will appear on your unit clerk's, your nurse's and you own desktop.

The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.

8. Note whether to continue current medications by checking the box at the top of the screen or note new medications to be started.

9. Click the Follow-up Document button

10. You are through

Step 2

Go to the *Fall Risk, Functional and Pain Assessments* on **Master GP**

Complete the Fall Risk Assessment Complete the Functional Assessment Complete the Pain Assessment

Step 3

Go to **Health Maintenance** by clicking on the button entitled 'Health' in the navigation tool list to the right of the template and review **the Preventive Care Routine Measures** and the **Gender Specific measures** and complete those things which are incomplete (**Nurse and Provider**)

This is the **Health Maintenance** for a male patient complete the **Preventive Care Routine Measures** and the gender specific measures.

Complete any of the Preventive Care Routine Measures. Be sure to ask the patient if they had a flu immunization last fall as there are many places where they can get those shots. If the patient is definite, i.e., "I got a flu shot at the VA or at work, etc," you can with confidence accept that and document the immunization. If the patient says, "I think I did," do not document that.

Sex		
Age		

☐ I Reviewed H.M. Today
☑ Childhood Immunization UTD

Specialty MD's ☒
Diet

Return

Last Test

Date	Test	Date	Test
/ /	Annual Physical Exam	/ /	HFP
/ /	BMP	/ /	Lipids
/ /	Carotid Doppler	/ /	Microalbumin
/ /	CBC	/ /	Pelvic Ultrasound
10/09/2008	Chemistry	/ /	PFT
/ /	Chest X-Ray	/ /	Prealbumin
/ /	CPK	/ /	PTINR
/ /	CRP	/ /	Rectal Exam
/ /	Dental Care	/ /	Serum Creatinine
/ /	Diabetic Education	/ /	Sleep Study
/ /	Diabetic Foot Exam	/ /	Stress Test (yearly)
/ /	Echocardiogram	/ /	TB Skin Test
/ /	EGD	/ /	Thyroid Profile
/ /	EKG (every 5 years)	/ /	Urinalysis
/ /	Eye Exam	/ /	uTSH
/ /	Eye Exam (Dilated)	/ /	Venous Doppler
/ /	Flexible Sig		**Sex Specific**
/ /	Glyco Hemoglobin A1C	/ /	PSA (yearly after 50)

PSA Velocity

Date of Last Biopsy Referral
/ /

Preventive Care Routine Measures

Medication Assessment & Reconcilliation
Clinic / /
Hospital Discharge / /
Nursing Home / /

/ /	Bone Density Help
/ /	Colonoscopy
/ /	Functional Assessment
/ /	Hemoccult
05/30/2007	PneumoVax Allergic? ☐

☐ Patient refused pneumovax / /

| 12/24/2005 | Tetanus Allergic? ☐ |

☐ Patient refused tetanus / /

| / / | Flu Shot Allergic? ☐ |

☐ Patient refused flu shot / /

2009 H1N1 Vaccine
Dose 1 / /
Dose 2 / /

Navigate to the immunizations to edit.

Comments

Complete any other evaluations by checking for documentation of when the screening test was last done and the by asking the patient if they have had these if they are not documented. If they have not been done initiate a referral for them to be completed or order the test to be done.

- Dilated Eye Exam (in the current year)
- Diabetic Education (in the past two years)
- Microalbumin (in the current year)
- HgbA1C
- Urinalysis (in the current year)

This is the **Health Maintenance** for a female patient – complete the **Preventive Care Routine Measures** and the **gender specific measures**

Step 4

From the **GP Master** go to the **Allergies module**

Complete the review of the patient's allergies and then click the button entitled "**Review"** which is outlined above in red; it is found at the bottom right hand side of the allergies template and when launched documents that you have reviewed and/or updated the allergies.

Step 5

Go to the **Systems Review** (for the nurse)

Once the **Medication Allergies** have been reviewed, check the box at the bottom which is entitled "**Patient's allergies reviewed/updated today.**" Go to the Urinary/Reprod template by clicking on the navigation button to the right

Ros Male

Male Urinary & Reproductive System

Urinary

Neg Pos

- ☐ ☐ Dysuria
- ☐ ☐ Frequency
- ☐ ☐ Hesitancy
- ☐ ☐ Urgency
- ☐ ☐ Dribbling
- ☐ ☐ Hematuria
- ☐ ☐ Pyuria
- ☐ ☐ Oliguria
- ☐ ☐ Weak Stream
- ☐ ☐ Polyuria
- ☐ ☐ Nocturia
- ☑ ☐ Urinary Incontinence
- ☐ ☐ Frequent UTI's
- ☐ ☐ Foul Smelling Urine
- ☐ ☐ Dark Urine
- ☐ ☐ Prostate problems
- ☐ ☐ Foley catheter
- ☐ ☐ Condom catheter
- ☐ ☐ Suprapubic Catheter

☐ Ileostomy   ☐ Colostomy   ☐ Rectal Tube

Reproductive

Neg Pos

- ☐ ☐ Hernias
- ☐ ☐ Discharge from penis
- ☐ ☐ Rash / lesions on penis
- ☐ ☐ Rash / lesions on scrotum
- ☐ ☐ Testicular pain
- ☐ ☐ Testicular Mass / Swelling
- ☐ ☐ Genital Ulcer(s)
- ☐ ☐ Genital Itching
- ☐ ☐ Possible STD
- ☐ ☐ Sexually Active
- ☐ ☐ Uses condoms every time
- ☐ ☐ Partner uses contraception
- ☐ ☐ Multiple Partners
- ☐ ☐ Impotence
- ☐ ☐ Premature ejaculation
- ☐ ☐ Difficulty achieving erection
- ☐ ☐ Difficult to maintain erection
- ☐ ☐ Decreased libido

Last PSA [/ /]

Last Digital Rectal Exam [/ /]

American Urology data this visit

Score [ ]   Degree [ ]

Male Surgeries	**Year**

PSA Velocity

Comments

Date of Last Biposy Referral [/ /]

[OK]   [Cancel]

For both male and female make sure that the assessment of urinary incontinence has been completed.

Step 6

Go to **AAA Home**

Complete the **Rx Sheet Active** to the left of the screen. (This can also be completed from the **Plan template** under **Rx Sheet** in the fourth column under Super bill and Plan Summary.)

Step 7

Go to **Plan Template**

Complete the check box beside **Current Medications** in the third column

Step 8

Go the **Medical Home Coordination Review** template

Complete the check boxes under **Advance Care Planning** indicating either that you have discussed advanced planning and/or that a copy of the advance planning document is on file with SEMTA.

Step 9

At the end of your encounter, go to the six buttons under **Evidence-based measures** on the Medical Home Coordination Review

Complete any items which appear in **red** on each of the six evidenced-based measures (which indicates that they apply to this patient but are incomplete) which are entitled:

- Elderly Medication Summary
- HEDIS Measures Compliance
- NQF Measures Compliance
- PQRS Measures Compliance
- PCPI Diabetes Compliance
- PCPI Hypertension Compliance