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

<table>
<thead>
<tr>
<th>CPOE</th>
<th>Up-to-date problem list</th>
<th>Permissible e-prescriptions</th>
<th>Active medication list</th>
<th>Active medication allergy list</th>
<th>Record demographics</th>
<th>Record Vital signs</th>
<th>Record smoking status</th>
<th>Electronic copy of Health information</th>
<th>Clinical visit summaries</th>
<th>Non-structured smoking status</th>
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</thead>
<tbody>
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KM-02 A: Family history example
KM-02 E: Behaviors affecting health example
KM-02 H: Developmental screening example
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 medical 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 predictive 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 identity, 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**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total Patients</th>
<th>15,813</th>
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<tbody>
<tr>
<td>Percent Not Hispanic or Latino</td>
<td>85.13%</td>
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<tr>
<td>Percent Hispanic or Latino</td>
<td>0.98%</td>
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<tr>
<td>Percent Refused to Report</td>
<td>2.78%</td>
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<tr>
<td>Percent unreported/refused</td>
<td>11.86%</td>
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</tbody>
</table>

**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%

**Example Data**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Race</th>
<th>Language</th>
<th>Patient ID</th>
<th>Patient Status</th>
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<tbody>
<tr>
<td>Not Hispanic or Latino</td>
<td>White</td>
<td>English</td>
<td>Active</td>
<td></td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>White</td>
<td>English</td>
<td>Active</td>
<td></td>
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<tr>
<td>Not Hispanic or Latino</td>
<td>White</td>
<td>English</td>
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<tr>
<td>Not Hispanic or Latino</td>
<td>White</td>
<td>English</td>
<td>Active</td>
<td></td>
</tr>
</tbody>
</table>

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.
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

**Adult Initial Flu Season Notification**

*Category: Meaningful Use, Preventive*

**Delivery:**
Deliverable as electronic message via portal and app, or as voice or text message.

**Trigger:**
All patients 18 years and older with no record of Flu Vaccination this season.

**Contents:**
Facility, provider, enterprise.
KM-12 B: Immunization example
KM-12 C Example

Hemoglobin A1c Lab Reminder
Category: Meaningful Use, Administrative, Clinical

Delivery:
Deliverable as electronic message via portal and app, or as voice or text message.

Trigger:
Patients age 18-75 years with a Diabetes ICD (250.xx) and without a Hemoglobin A1C result within the past year.

Controls:
Choice of by Enterprise, Facility, Provider (Rendering Provider/Primary Care Giver).
Frequency of when this rule is run: Monthly, Quarterly, Default: Quarterly.
Batching: Allowed.
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

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

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

Active medication list:

<table>
<thead>
<tr>
<th>Code</th>
<th>99.32 (80)</th>
<th>14484</th>
<th>14447</th>
<th>95.24 (80)</th>
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<tbody>
<tr>
<td>DEI-3020</td>
<td>2078</td>
<td>2064</td>
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</tbody>
</table>

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

Meaningful Use - Core Measures - Score Card View
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
Clinically Important Condition 1: Asthma

Resources:
   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:
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)
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
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

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 exchanged 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

**KM-26: community resource list example**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>After School Programs</td>
<td></td>
<td>Directory of area After School Programs</td>
<td><a href="http://www.gnlafterschool.org/schools.org">www.gnlafterschool.org/schools.org</a></td>
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<td>Child Care Resources</td>
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<td>Child care resources and referral</td>
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<td>Child Development Services</td>
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<tr>
<td>Daughters of Charity Health Center</td>
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<td>Social Services and Free Clinic</td>
<td><a href="http://www.dohhec.org/charities/charities">www.dohhec.org/charities/charities</a></td>
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<td>Development Clinic - Children's Medical Center</td>
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<td>Dental Services</td>
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<tr>
<td>Children's Medical Center Dental Clinic</td>
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<tr>
<td>Lions Club Foundation of Dentistry for the Handicapped</td>
<td></td>
<td>Volunteer dental services for handicapped, elderly and disabled</td>
<td><a href="http://www.lions.org">www.lions.org</a></td>
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<td>Youth for Us</td>
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<td>Dental services</td>
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<td>Housing</td>
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<td>HUD-Section 8 Housing Voucher Program</td>
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<tr>
<td>Kingsley House</td>
<td></td>
<td>Provides crisis counseling, child care, youth development; after school care, summer camp, older and day care for frail, disabled, handicapped adults; food stamp assistance; vital records, application assistance and housing assistance</td>
<td>Kingsley House Inc</td>
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</tbody>
</table>
KM-26: community resource list example

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 Connie Torgesen via email at: ctorgesen@eiph.idaho.gov.

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 leisure time activities around the state.

Leisure Resource Manual

Return to EIPH home page.
KM-27: Community resource assessment example

### Community Referral Tracking

<table>
<thead>
<tr>
<th>Patient</th>
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<th>Date follow-up</th>
<th>Comments</th>
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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