Patient Centered Medical Home and Pediatrics – Lessons from 3 Sites

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Ingrid Pearson, MS, APRN, CPNP – Eau Claire Cooperative Health Centers, Inc.
George Haddad, MD – Greenville Hospital System
Outline:
1. Overview of PCMH
   - Lessons from MUSC
2. Policies and procedures
   – Lessons from Eau Claire
3. Data reports and implementing
   – Lessons from GHS
National Committee for Quality Assurance (NCQA) and the PCMH

NCQA developed a set of standards and a 3-tiered recognition process (Physician Practice Connections – Patient-Centered Medical Home (PPC-PCMH) program) to assess the extent to which health care organizations are functioning as medical home.

Obtaining recognition via the PPC-PCMH programs requires completing an application and providing adequate documentation to show evidence that specific processes and policies are in place.

Recognition is offered at three levels:

- Level 1 – basic
- Level 2 – intermediate
- Level 3 – advanced
De-Mystifying PCMH: The Basics

- Improve access
- Improve team function
- Manage populations proactively
- Collaborative care plan implementation
- Tracking referrals and testing
- Measure, set goals, and improve quality
Getting Started:

1. Become familiar with what NCQA wants to measure
2. Assess what you are doing and what you would need to do to get to NCQA expectations
3. Apply for the submission tool
4. Review and Submit Corporate tool
5. Review and Submit Site-specific tool
6. Process probably takes at least 1 year
Lessons Learned by MUSC:

- You may be doing a lot, but you probably don’t have a clear policy.
- You may be doing a lot, but you are probably NOT documenting the way you will have to.
- You may have to address Access.
- You will have to track a lot of things – good news is that you get to choose many of them and set your goals.
- Electronic Health Records help with many of these things!
- You will really have to transform how practice personnel think and operate, but it will be better.
Now have to use 2014 Standards

Full list available at: http://www.ncqa.org/Programs/Recognition/RelevanttoAllRecognition/RecognitionTraining/PCMH2014Standards.aspx
**PCMH 2014 Content and Scoring**

(6 standards/27 elements)

<table>
<thead>
<tr>
<th>1: Enhance Access and Continuity</th>
<th>Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. <em>Patient-Centered Appointment Access</em></td>
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</tr>
<tr>
<td>B. 24/7 Access to Clinical Advice</td>
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<th>2: Team-Based Care</th>
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<tr>
<td>A. Continuity</td>
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<td>B. Medical Home Responsibilities</td>
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<td>C. Culturally and Linguistically Appropriate Services (CLAS)</td>
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<td>D. <em>The Practice Team</em></td>
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<thead>
<tr>
<th>3: Population Health Management</th>
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<td>A. Patient Information</td>
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<tr>
<td>B. Clinical Data</td>
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<tr>
<td>C. Comprehensive Health Assessment</td>
<td>4</td>
</tr>
<tr>
<td>D. <em>Use Data for Population Management</em></td>
<td>5</td>
</tr>
<tr>
<td>E. Implement Evidence-Based Decision-Support</td>
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<table>
<thead>
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<th>4: Plan and Manage Care</th>
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<td>A. Identify Patients for Care Management</td>
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<tr>
<td>B. <em>Care Planning and Self-Care Support</em></td>
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</tr>
<tr>
<td>C. Medication Management</td>
<td>4</td>
</tr>
<tr>
<td>D. Use Electronic Prescribing</td>
<td>3</td>
</tr>
<tr>
<td>E. Support Self-Care and Shared Decision-Making</td>
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<tr>
<td><strong>Total</strong></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>5: Track and Coordinate Care</th>
<th>Pts</th>
</tr>
</thead>
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<tr>
<td>A. Test Tracking and Follow-Up</td>
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<tr>
<td>B. <em>Referral Tracking and Follow-Up</em></td>
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</tr>
<tr>
<td>C. Coordinate Care Transitions</td>
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<thead>
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<th>6: Measure and Improve Performance</th>
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<td>B. Measure Resource Use and Care Coordination</td>
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<td>C. Measure Patient/Family Experience</td>
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<td>D. <em>Implement Continuous Quality Improvement</em></td>
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<tr>
<td>E. Demonstrate Continuous Quality Improvement</td>
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<td>F. Report Performance</td>
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</tr>
<tr>
<td>G. Use Certified EHR Technology</td>
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**Scoring Levels**

- Level 1: 35-59 points.
- Level 2: 60-84 points.
- Level 3: 85-100 points.

**Must Pass Elements**
PCMH 3D: Use Data for Population Management

At least annually practice proactively identifies populations of patients and reminds them, or their families/caregivers, of needed care based on patient information, clinical data, health assessments and evidenced-based guidelines including:

1. At least two different preventive care services.
2. At least two different immunizations.
3. At least three different chronic or acute care services.
4. Patients not recently seen by the practice.
5. Medication monitoring or alert.

+ Stage 2 Core Meaningful Use Requirement
PCMH 3E: Implement Evidence-Based Decision Support

The practice implements clinical decision support+ (e.g., point of care reminders) following evidence-based guidelines for:

1. A mental health or substance use disorder. (CRITICAL FACTOR)
2. A chronic medical condition.
3. An acute condition.
4. A condition related to unhealthy behaviors.
5. Well child or adult care.
6. Overuse/appropriateness issues.
PCMH 6A: Measure Clinical Quality Performance

At least annually the practice measures or receives data on:

1. At least two immunization measures
2. At least two other preventive care measures
3. At least three chronic or acute care clinical measures
4. Performance data stratified for vulnerable populations (to assess disparities in care)
How does CCI Help?

Pediatric Report contains:

- Chronic conditions – ADHD, Asthma, Obesity, DM, HTN
- Preventive Care – Child Imz, Adol Imz, Child WCC, Adol WCC

Can provide longitudinal data to help you

- Set goals
- Measure progress
MUSC Conditions chosen:

3 chronic conditions – ADHD, Asthma, Obesity

3 preventive conditions – Child WCC, Adol WCC, Influenza Imz

1 cost/utilization condition – proper dx and treatment of pharyngitis

1 vulnerable population – foster care or latino
Part 2: Linking EMR with Protocols
Policy and Procedures
Evidence Based Practice
And PCMH
Eau Claire Cooperative Health Center
3A- Asthma

Condition 1: Asthma

The Cooperative follows the clinical practice guidelines of the National Heart, Lung and Blood Institutes (NHLBI), as endorsed by the American Academy of Pediatrics (AAP), for the classification and treatment of pediatric asthma.

Utilizing the electronic medical record, asthma encounter templates have been created which prompt triage personnel and providers to ask specific questions, cover the most important aspects of patient education, aid in classification of severity and course of treatment.

Example: Within the asthma encounter template, the History of Present Illness (HPI) tab provides prompts to review the important pieces of clinical history relevant to classification of asthma per the NHLBI. Included are reviews of historical severity, current impairment, risk factors and trigger(s).
Documentation that was created to capture everything that we needed to capture on the visit. Each checkbox is associated to a specific finding that is captured in our data reporting. Training on the importance of using this form to document all asthma visits is ongoing with our clinical staff.
Severity/Control Must be Documented since there is not an ICD-9 code for this currently. For each checkbox, there is an assigned finding that is pulled into our data reports for monitoring.
References are easily seen on the documentation template to assist with current evidence based best practice.

<table>
<thead>
<tr>
<th>HPI</th>
<th>ROS</th>
<th>PE</th>
<th>AF</th>
<th>REFERENCE</th>
<th>Outline View</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>STEP 1</strong></td>
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<td></td>
<td></td>
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<td></td>
<td><strong>STEP 2</strong></td>
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<td><strong>STEP 3</strong></td>
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<td><strong>STEP 6</strong></td>
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<table>
<thead>
<tr>
<th>Preferred D4 yrs</th>
<th>SABA pm</th>
<th>Low dose ICS</th>
<th>Med dose ICS</th>
<th>Med dose ICS + either LABA or montelukast</th>
<th>Med dose ICS + either LABA or montelukast</th>
<th>Med dose ICS + either LABA or montelukast</th>
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<tbody>
<tr>
<td>Alternative D4 yrs</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred 5/11 yrs</th>
<th>SABA pm</th>
<th>Low dose ICS</th>
<th>Med dose ICS</th>
<th>Med dose ICS + either LABA or LABA, LTRA or theophylline</th>
<th>Med dose ICS + either LTRA or LABA</th>
<th>Med dose ICS + either LTRA or LABA</th>
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<tr>
<td>Alternative 5/11 yrs</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred 12+ yrs</th>
<th>SABA pm</th>
<th>Low dose ICS</th>
<th>Med dose ICS or Low dose ICS + LABA</th>
<th>Med dose ICS + LABA</th>
<th>Med dose ICS + LABA</th>
<th>Med dose ICS + LABA and consider oral steroids for pts with allergies</th>
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<tbody>
<tr>
<td>Alternative 12+ yrs</td>
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<td></td>
<td>Low dose ICS + either LTRA or theophylline or albuterol</td>
<td>Med dose ICS + either LTRA or theophylline or albuterol</td>
<td>Med dose ICS + either LTRA or theophylline or albuterol</td>
<td>Med dose ICS + either LTRA or theophylline or albuterol and consider oral steroids for pts with allergies</td>
</tr>
</tbody>
</table>

**Encounter:** Partial Asthma
Protocols were put in place and these must be current and dated within 3 months of submission of survey
## Acute Asthma Exacerbation

Symptoms of acute asthma exacerbation include progressive shortness of breath, coughing, wheezing, or chest pain.

- Increase in expiratory noise
- Shortness of breath, especially with a forced expiration
- Coughing
- Throat irritation
- Rapid desaturation and/or cyanosis
- Heart rate and blood pressure increase
- Perfusion deficit
- Difficulty sleeping
- Fatigue

**Factors that may precipitate an exacerbation**

- Infections (viral or bacterial)
- Exercise
- Allergic triggers
- Sensitivities
- Air pollution
- Emotional stress
- Weather changes
- Tobacco smoke
- Occupational exposures

### Table: Classifying Severity in Children

<table>
<thead>
<tr>
<th>Severity Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Requires no or minimal parental monitoring and able to participate in normal activities</td>
</tr>
<tr>
<td>Moderate</td>
<td>Requires increased parental monitoring and possible school absence</td>
</tr>
<tr>
<td>Severe</td>
<td>Requires hospitalization and possible intubation</td>
</tr>
</tbody>
</table>

**Key Points**

- Early intervention can prevent hospitalization and improve outcomes.
- Monitoring symptoms and adjusting management plans is crucial.
- Educating patients and caregivers about the signs and symptoms of exacerbation is essential.

**Actions for Caregivers**

1. Monitor for symptoms of exacerbation.
2. Adjust treatment plans as needed.
3. Contact healthcare provider if symptoms worsen.
4. Keep medications and emergency plans updated.

---

**References**

- American Academy of Allergy, Asthma, & Immunology (AAAAI)
- Asthma and Allergy Foundation of America (AAFA)
- National Heart, Lung, and Blood Institute (NHLBI)
Health Care Guideline and Order Set:
Diagnosis and Management of Asthma

Main Algorithm

1. Patient presents with suggestive symptoms of asthma

2. Is there a history of asthma or allergic rhinitis in family?
   - Yes
     - A new asthma exacerbation?
       - Yes
         - Assess severity of asthma exacerbation
         - Does patient need emergency department management?
           - Yes
             - See ED or Inpatient Management Algorithm
           - No
             - Dismiss
       - No
         - Step care: pharmacologic treatment
   - No
     - Redetermine level of asthma control

3. Step care: pharmacologic treatment

4. Dismiss

Asthma education:
- Basic facts about asthma
- How medications work
- Inhaled technique
- Environmental control measures
- Written action plan based on home peak flow rate monitoring or symptom diary
- Emphasize need for regular follow-up visits

Schedule regular follow-up visits

Text in blue in this algorithm indicates a linked corresponding annotation.

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Table 7.

MANAGEMENT APPROACH FOR ASTHMA IN CHILDREN 5-11 YEARS OF AGE

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
<th>STEP 4</th>
<th>STEP 5</th>
<th>STEP 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTHMA EDUCATION</td>
<td>ENVIRONMENTAL CONTROL</td>
<td>MANAGEMENT OF COMORBIDITIES</td>
<td>ASSESS ASTHMA CONTROL</td>
<td>AS-NEEDED SHORT-ACTING BETA-AGONIST</td>
<td></td>
</tr>
</tbody>
</table>

**STEP DOWN**

- Short-acting Beta-2-Agonist
- Alternative
- Leukotriene Modifier

**ASTHMA CONTROL**

- Low-Dose ICS
- Medium-Dose ICS

**STEP UP**

- High-Dose ICS OR
- LABA
- Leukotriene Modifier
- Alternative
- High-Dose ICS +


ICS = Inhaled corticosteroid
LABA = Long-acting beta-agonist

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CARE COORDINATION INSTITUTE
### Table 8.

**Management Approach for Asthma 12 Years of Age and Older**

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
<th>STEP 4</th>
<th>STEP 5</th>
<th>STEP 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess Asthma Control</td>
<td>As Needed Short-Acting Beta-Agonist</td>
<td><strong>Step Down</strong></td>
<td><strong>Asthma Control</strong></td>
<td><strong>Step Up</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short-Acting Beta-Agonist as needed</th>
<th>Low-Dose ICS</th>
<th>Medium-Dose ICS</th>
<th>Medium-Dose ICS + LABA</th>
<th>High-Dose ICS + LABA</th>
<th>High-Dose ICS + LABA + Oral Corticosteroids</th>
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<tbody>
<tr>
<td>Alternative</td>
<td>Alternative</td>
<td>Alternative</td>
<td>ADD ONE OR MORE</td>
<td>ADD ONE OR MORE</td>
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</tr>
<tr>
<td>Leukotriene Modifier</td>
<td>Low-Dose ICS + LABA</td>
<td>Medium-Dose ICS + Leukotriene Modifier</td>
<td>Leukotriene Modifier</td>
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<tr>
<td>Low-Dose ICS + Leukotriene Modifier</td>
<td>Anti-IgE if applicable</td>
<td>Anti-IgE if applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ICS = Inhaled corticosteroids
LABA = Long-acting beta-agonist

**14. Asthma Education**

**Recommendations:**
- Clinicians must provide self-management education to give patients with the skills necessary to control asthma and improve outcomes. When working with adult

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Order sets for Asthma Care house several forms that are printed with the submission of the electronic super bill and given to patient/family prior to leaving the office. Utilizing the Order set is best practice for care.
Asthma Action- Self Management/Education

**Asthma Action Plan**

For: Sam Ztest, V  
Doctor's Phone Number: (803) 978-1848

**Doing Well**
- No cough, wheeze, chest tightness, or shortness of breath during the day or night
- Can do usual activities
- And, if a peak flow meter is used:
  - Peak flow: __________
  - My best peak flow is: __________

**Asthma Is Getting Worse**
- Cough, wheeze, chest tightness, or shortness of breath, or
- Waking at night due to asthma, or
- Can do some, but not all, usual activities
- Or:
  - Peak flow: __________
  - (50 to 79 percent of my best peak flow)

**Medical Alert!**
- Very short of breath, or
- Quick-relief medicine have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone
- Or:
  - Peak flow: __________
  - (50 percent of my best peak flow)

**DANGER SIGNS**
- Trouble walking and talking due to shortness of breath
- Lips or fingernails are blue

**Take this medicine:**
- **albuterol inhaler or nebulizer**

**Take these long-term control medicines each day (include an anti-inflammatory):**
- Medicine: 
  - as directed by the provider

**How much to take**
- __________

**When to take it**
- 2 or 4 puffs, every 20 minutes or up to 1 hour

**If your symptoms (and peak flow, if used) return to GREEN ZONE after 1 hour of above treatment:**
- Continue monitoring to be sure you stay in the green zone.
- Or:
  - **albuterol inhaler or nebulizer**

**and call your provider’s office for the next available appointment.**

**CARE Coordination INSTITUTE**
Patients are instructed to complete this asthma journal at home and bring it to the next visit to discuss it with their care team which serves as a pre visit preparation measure.

<table>
<thead>
<tr>
<th>My Daily Asthma Journal (For ages 12 years and older)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use this journal to help you take an active role in your asthma management.</td>
</tr>
</tbody>
</table>

**Please check the boxes that apply.**

**DATE**

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Did you have an asthma flare-up today?**
  - Yes
  - No

- **Did you experience any of the following symptoms today?**
  - Wheezing
  - Cough
  - Shortness of breath
  - Chest tightness
  - Other

- **What do you think triggered the asthma flare-up?**
- **Did you miss or avoid any activities because of your asthma symptoms?**
  - Yes
  - No

- **Was your sleep interrupted by asthma symptoms?**
  - Yes
  - No

- **Did you take your long-term controller medicine today?**
  - Yes
  - No

- **Did you need to use your quick-relief (rescue) inhaler?**
  - Yes
  - No

- **What was your peak flow reading today?**
  - L/min

- **Other comments and/or observations:**

- **Next doctor appointment:**
  - Date:

---

Photocopy this page to use each week to help track your asthma control.
Education Material is available in English and Spanish which is also part of the asthma visit patient form from the order set.

How To Control Things That Make Your Asthma Worse

- **Allergens**
  - **Animal Dander**
    - Some people are allergic to the dander from cats or dogs. It is a protein in their skin or hair.
    - The best thing to do:
      - Cover your mattress and pillow with a special allergen barrier cover. Wash the cover each week in hot water. Water must be hotter than 130°F to kill the dander.
      - Do not let pets sleep on your bed.
      - Wash your sheets and blankets on your bed and blanket weekly with detergent and bleach. Use water that is hotter than 130°F to wash the sheets and blankets.
    - **Dust Mites**
      - Every person in your home — in mattresses, pillows, carpets, upholstered furniture, bed covers, clothes, stuffed toys, and beds or other fabric-covered items.
      - The best thing to do:
        - Keep your mattress and pillow in a special dust-mite barrier cover. Wash the cover each week in hot water. Water must be hotter than 130°F to kill the mites.
        - Do not let pets sleep on your bed or blanket. Use water that is hotter than 130°F to wash the sheets and blankets.
        - Do not let pets sleep on your bed or blanket. Use water that is hotter than 130°F to wash the sheets and blankets.
        - Do not let pets sleep on your bed or blanket. Use water that is hotter than 130°F to wash the sheets and blankets.
        - Do not let pets sleep on your bed or blanket. Use water that is hotter than 130°F to wash the sheets and blankets.

- **Indoor Mold**
  - Common places for mold growth include: drywall, ceilings, walls, windows, and in bathrooms.
  - The best thing to do:
    - Keep your humidity below 50 percent (ideally between 30—50 percent). Do not leave windows or doors open.

- **Pet Dander**
  - Keep pets outside. If pets are inside, they may cause asthma symptoms.

- **Smoke**
  - Keep smoke out of the home.
  - Keep pets outside.

- **Vacuuming**
  - Use a vacuum cleaner with a HEPA filter to remove dust, mold, and other allergens from the air.

- **Other Things That Can Make Asthma Worse**
  - Avoid eating foods and beverages that trigger your asthma.

For more information, go to: www.nhlbi.nih.gov

NHLBI Publication No. 69-9551
April 2013

U.S. Department of Health and Human Services
National Institutes of Health
National Heart, Lung, and Blood Institute
Lessons learned

Have a super savvy clinical user-provider/nurse that can modify documentation forms and train providers and team. Allow admin time to get work done during the work week.

Read and understand every Standard/Element/factor. Policy/Protocols must be clear and meet the intent. These must be current within the past year and have been in effect for at least 3 months. We had to create several new policies/protocol and educate staff.

Communicate and Educate.. Monitor data and see what improvements need to be made. We had created this nice Asthma form to be utilized but found over time that several providers were not utilizing. Several were using the sick visit form that did address some things but didn’t have the severity/control documentation. Sick visit form was revised to include all necessary documentation for asthma patients and monthly education is done at provider meetings.
Part 3: Data reports and implementing
– Lessons from GHS
PCMH Lessons Learned

ER Utilization

• Multiple non-GHS ERs used by patients

Understanding of Conditions Being Tracked

• Providers using a designated code for a tracked condition, ie Asthma 493.00
Lessons Learned (cont.)

Using Entire Patient Record (most common issue)

• Not just PCP data is being gathered. GHS Specialists are on same EMR which also affects data being gathered.

Poor Site Attribution

• Site ID problem- If site unknown or null, valid patients aren’t included.
Lessons Learned (cont.)

Using Structured Data

- Free Text can be used due to high level of complexity with parsing data

How do we currently utilize PCMH data?

- Due to many unforeseen problems with gathering clinical data, we ask each provider to look at their scorecard once a month and give “constructive “ feedback to CCI.
- Variable Compensation is tied to opening the scorecard once a month.
- We plan to tie Variable Compensation to meeting a certain threshold for PCMH measures, but currently not feasible