



Sustaining Improvement Workshop Series

Workshop#2: During Visit



National **Kidney** Foundation™
of Hawaii

WORKSHOP SERIES OVERVIEW

Workshop 1



- Empanelment
- Pre-visit planning
- Care Team
- Guidelines

Workshop 2



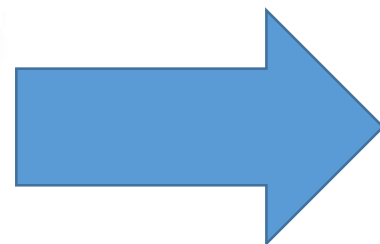
- o Visit flow
- o Care plan
- o Patient self-management

Workshop 3



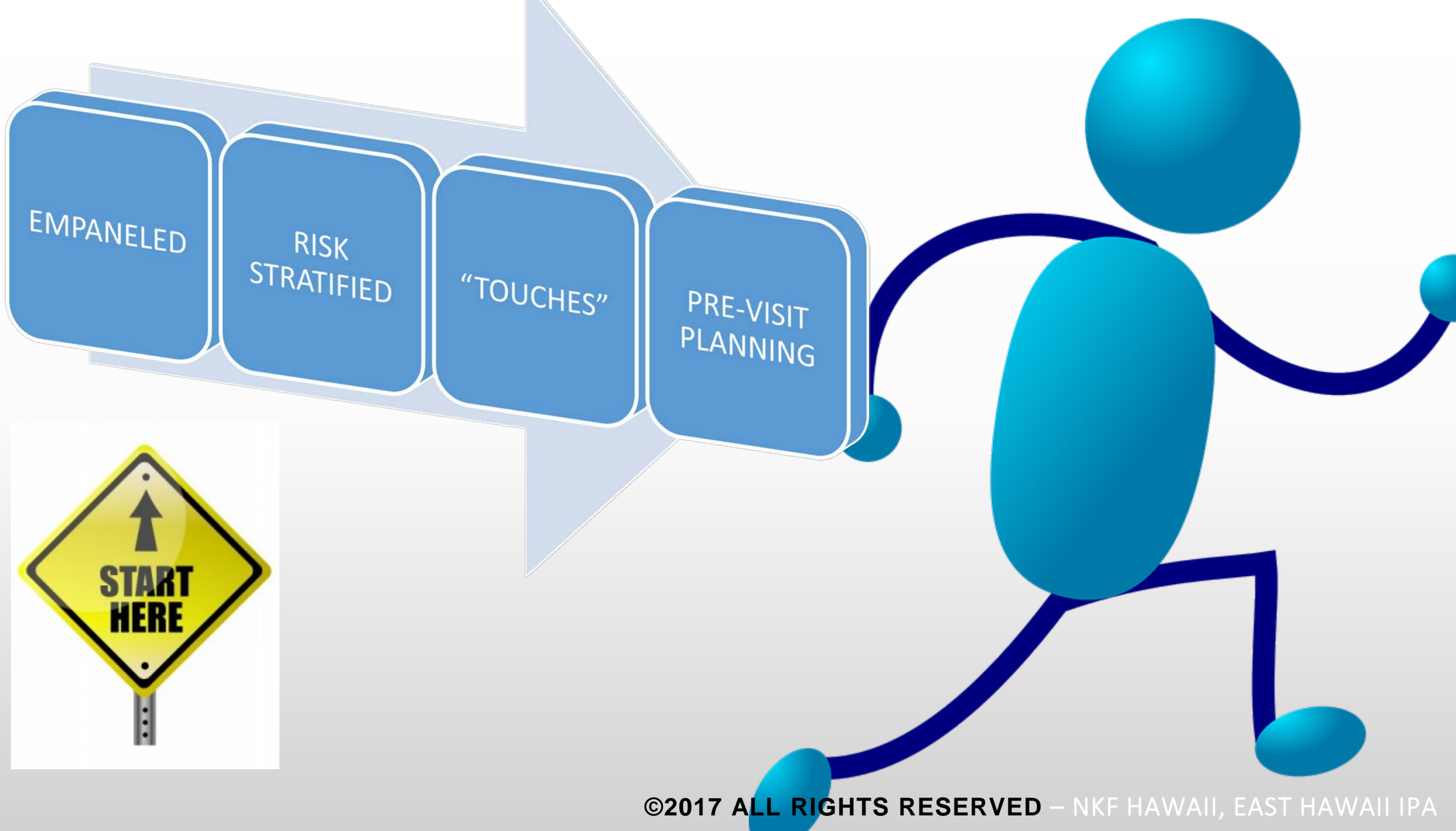
- o Monitoring panel
- o Closing referral loops
- o ED and Hospital follow up

VOLUME BASED CARE



VALUE-BASED CARE





DURING VISIT

VISIT FLOW

CARE TEAM

CARE
PLANNING

GUIDELINES



DURING VISIT

VISIT FLOW: CHECK IN TO CHECK OUT



INTAKE



VITALS



SCREENINGS



PLAN



DIAGNOSIS



EVALUATION



ORDERS

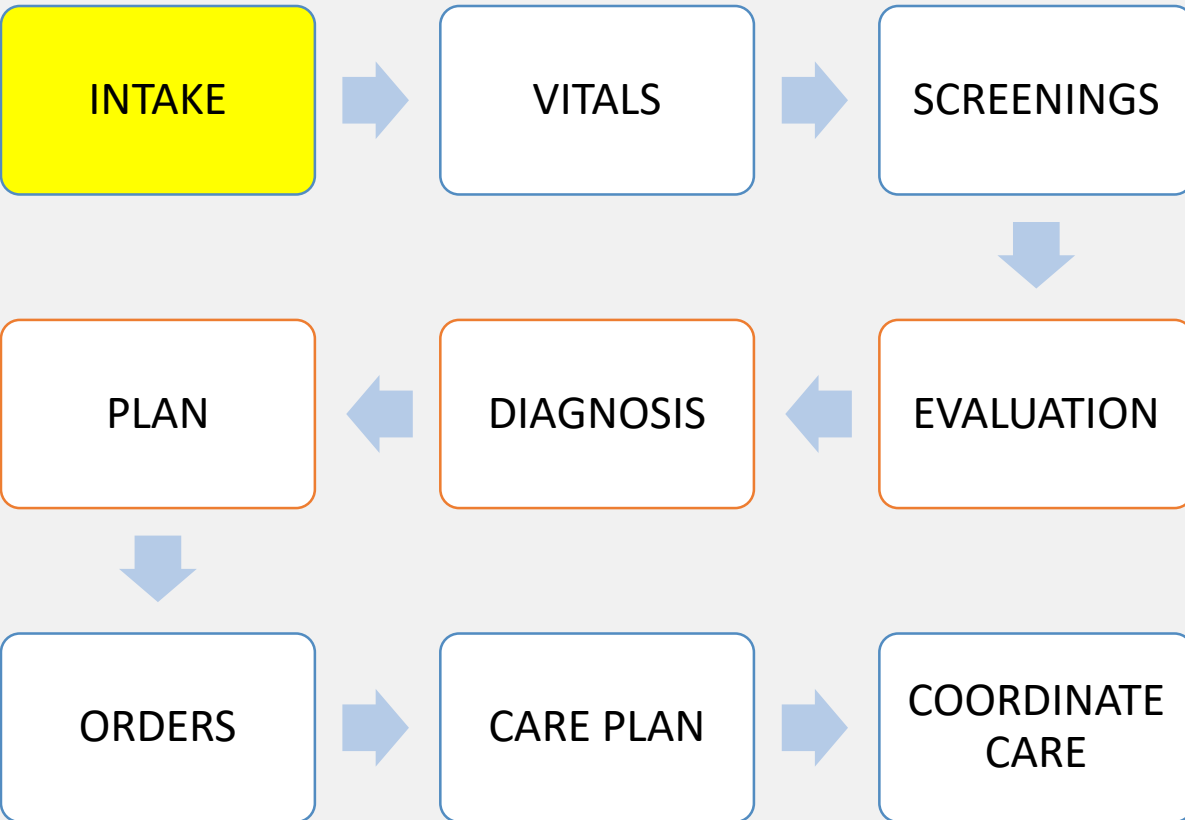


CARE PLAN



COORDINATE CARE

VISIT FLOW




FORMS

HMSA PCP SELECTION FORM

At check in

- Have patient sign HMSA member attestation form.
- Fax signed form to HMSA
- If patient has QUEST or HMO, have them call HMSA to change PCP

hmsa 
An Independent Licensee of the Blue Cross and the Blue Shield Association

Check Patient's HMSA Plan
 HMSA HMO
 QUEST Integration
 HMSA Akamai Advantage
 HMSA PPO

**Primary Care Provider Selection Form
for HMSA Members**

Complete this form to select or confirm your or your child's primary care provider (PCP).

PCP Selection for Self

I, _____, select or confirm that _____
Patient's full name Provider's full name
 is my PCP.

PCP Selection for Child under 18 Years Old

I, _____, select or confirm that _____
HMSA Subscriber or Authorized Representative's full name Provider's full name
 is the PCP for my child, _____.
Child's full name

 Print patient's name (full name as it appears on patient's HMSA Membership Card)

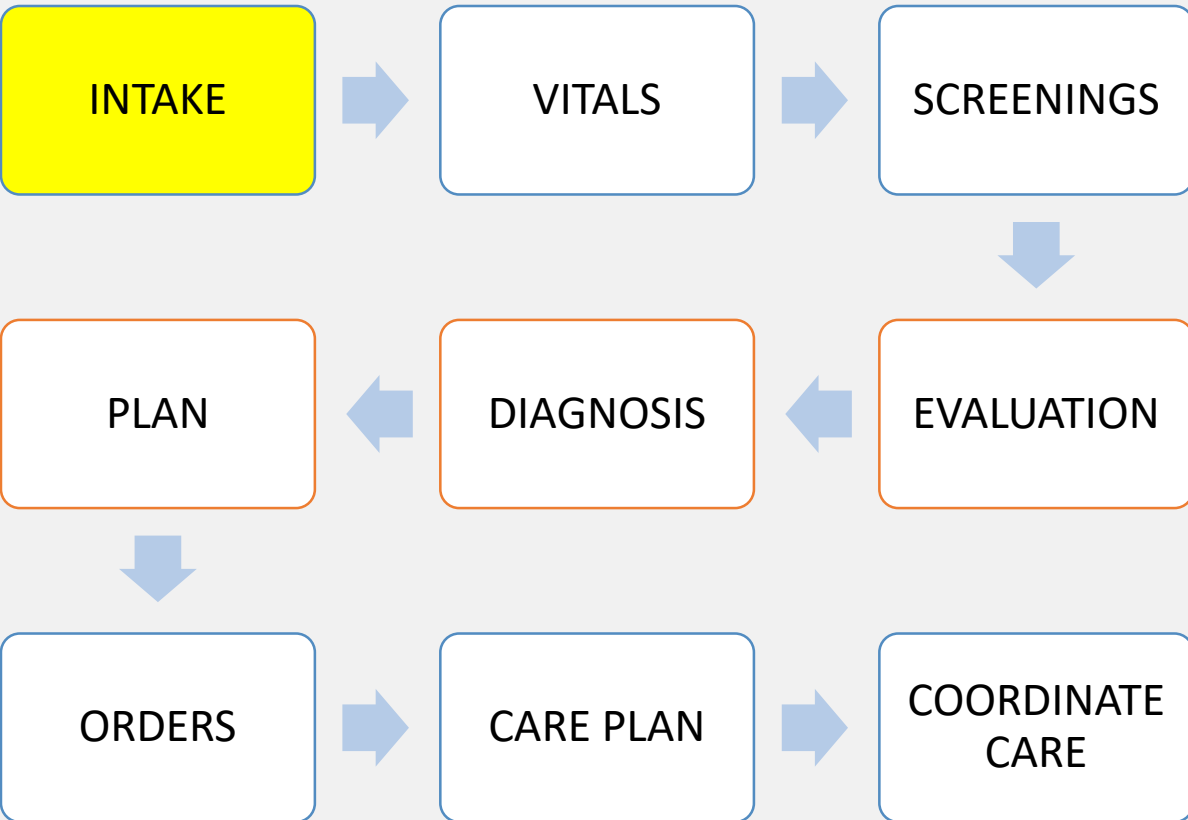
_____/_____/_____
 Patient's date of birth

 Print Subscriber's name (if patient is not the Subscriber)

 HMSA Subscriber ID

Patient's Address _____ **Patient's Phone Number** _____
 _____ Daytime: _____
 _____ Evening: _____

VISIT FLOW



FORMS

INTAKE FORMS

Intake questionnaire

To be completed before or at the patient's current visit

Patient name: _____

Date of birth: _____ Appointment Date: _____

What do you hope to accomplish today?

Is there anything you would like to work on to improve your health?

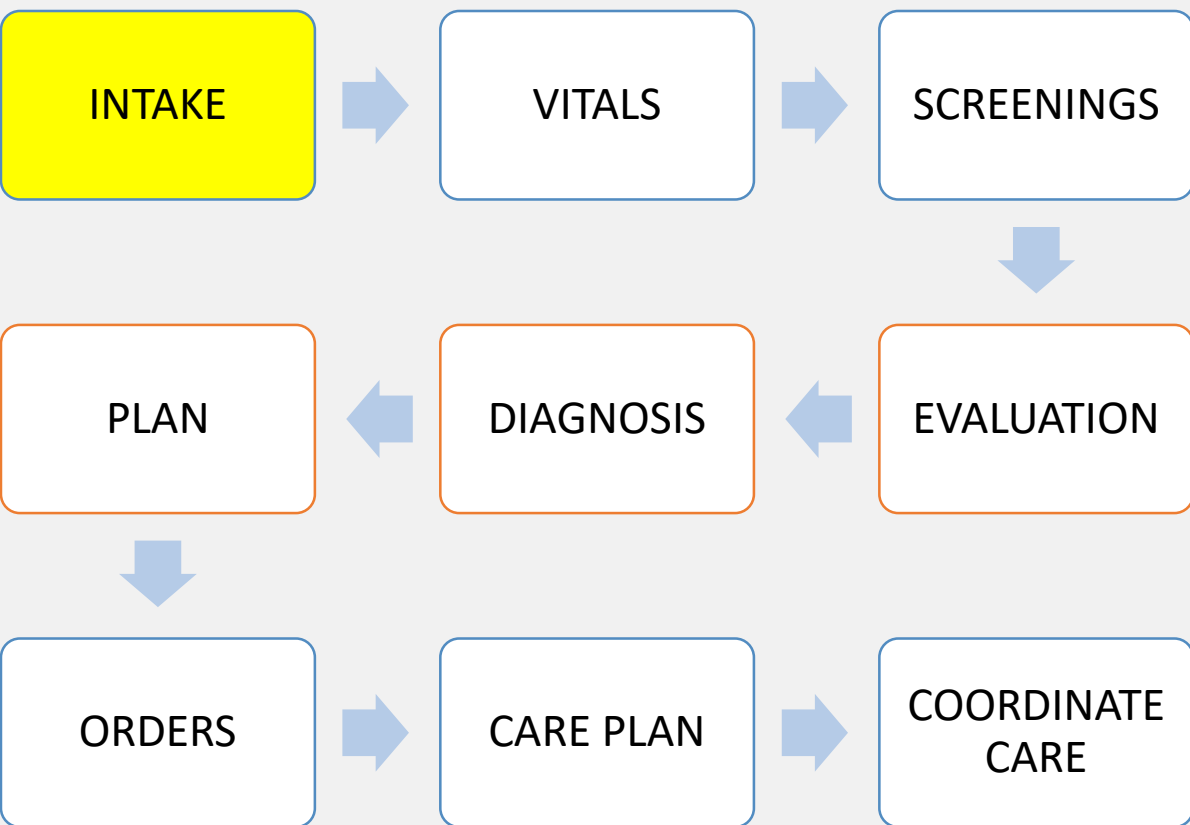
Please respond to questions if you have one of the following conditions:

High Cholesterol	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Diabetes	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Most recent home glucose readings: _____
High Blood Pressure	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Most recent home blood pressure readings: _____
Depression	Problems with medication(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Any suicidal thoughts? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Have you been to the emergency room, hospital or any other provider since your last visit?
If yes, please explain:

<https://www.stepsforward.org/modules/pre-visit-planning>

VISIT FLOW



FORMS

INTAKE FORMS

Are you experiencing any of the following?

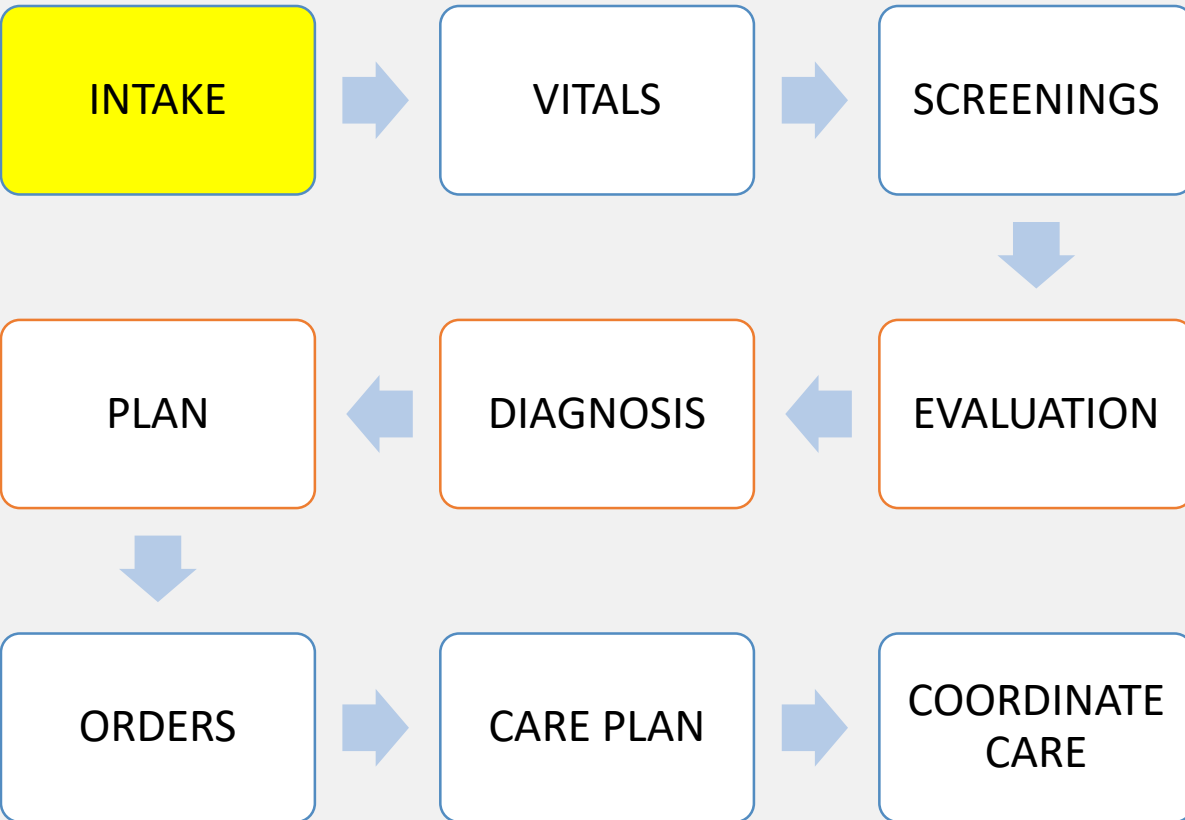
<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Headache	<input type="checkbox"/> Runny nose
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Double vision	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Blood in stools	<input type="checkbox"/> Ear pain	<input type="checkbox"/> Heat/cold intolerance	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Bloody urine	<input type="checkbox"/> Enlarged lymph nodes	<input type="checkbox"/> Impotence	<input type="checkbox"/> Sudden vision loss
<input type="checkbox"/> Breast mass	<input type="checkbox"/> Excessive thirst	<input type="checkbox"/> Irregular menses	<input type="checkbox"/> Suicidal thoughts
<input type="checkbox"/> Bruising	<input type="checkbox"/> Extreme fatigue	<input type="checkbox"/> Joint pain	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Changing mole	<input type="checkbox"/> Falling	<input type="checkbox"/> Muscle weakness	<input type="checkbox"/> Unusual bleeding
<input type="checkbox"/> Chest pain	<input type="checkbox"/> Fever	<input type="checkbox"/> Nausea	<input type="checkbox"/> Weakness
<input type="checkbox"/> Constipation	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Numbness	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Cough	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Painful urination	<input type="checkbox"/> Wheezing
<input type="checkbox"/> Depression			

Do you have any other concerns? If yes, please describe below.

Source: AMA. Practice transformation series: pre-visit planning. 2015.

<https://www.stepsforward.org/modules/pre-visit-planning>

VISIT FLOW



FORMS

INTAKE FORMS

Lifestyle

Alcohol

How often do you have a drink containing alcohol?
 Never Monthly or less 2-4 times per month 2-3 times per week
 4 or more times per week

How many standard drinks containing alcohol do you have on a typical day?
 1 or 2 3 or 4 5 or 6 7 to 9 10 or more

How often do you have six or more drinks on one occasion?
 Never Less than monthly Monthly Weekly Daily or almost daily

Caffeine

Do you consume any caffeine? No Yes: How often? How much?

Exercise

Do you exercise? No Yes: How often? How long?

Smoking

Do you smoke? No Yes: How often? How much?

Birth control

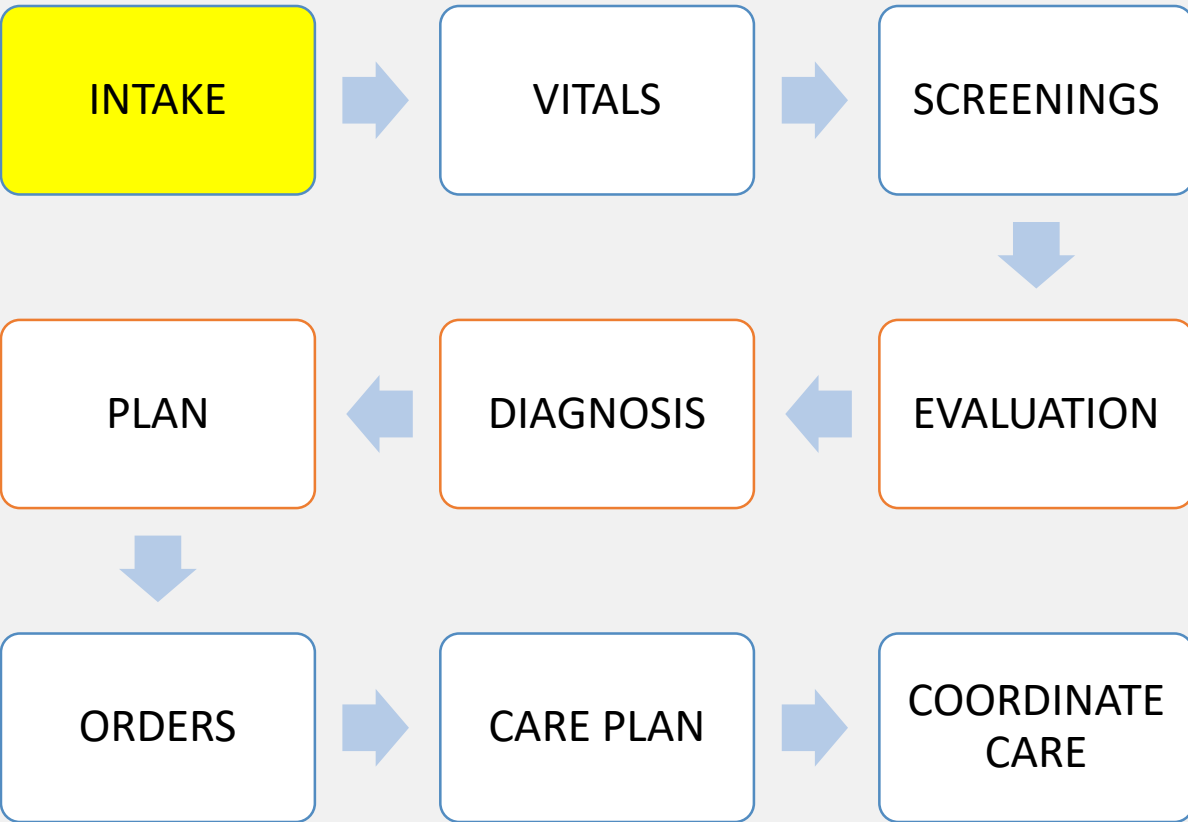
Do you use any form of birth control? No Yes: What method?

Medication adherence

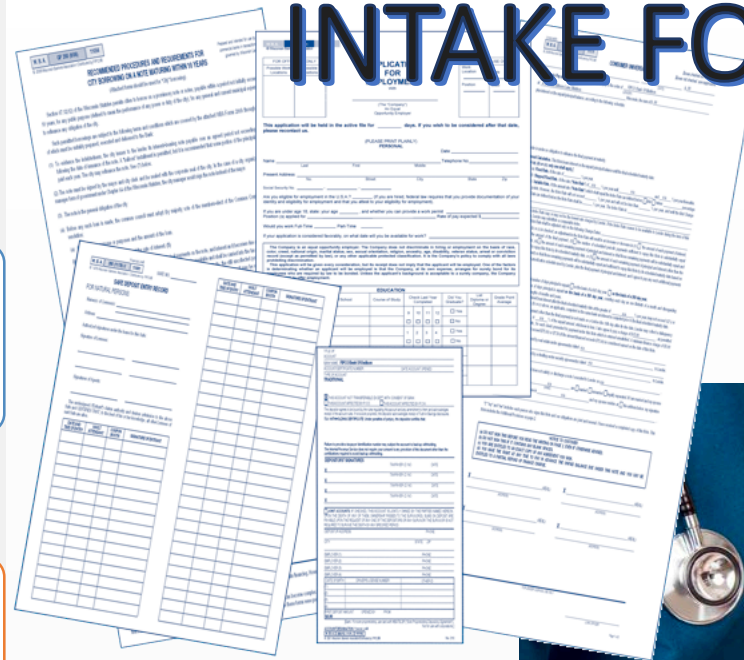
Do you have trouble taking any of your medications? No Yes: Describe.

<https://www.stepsforward.org/modules/pre-visit-planning>

VISIT FLOW

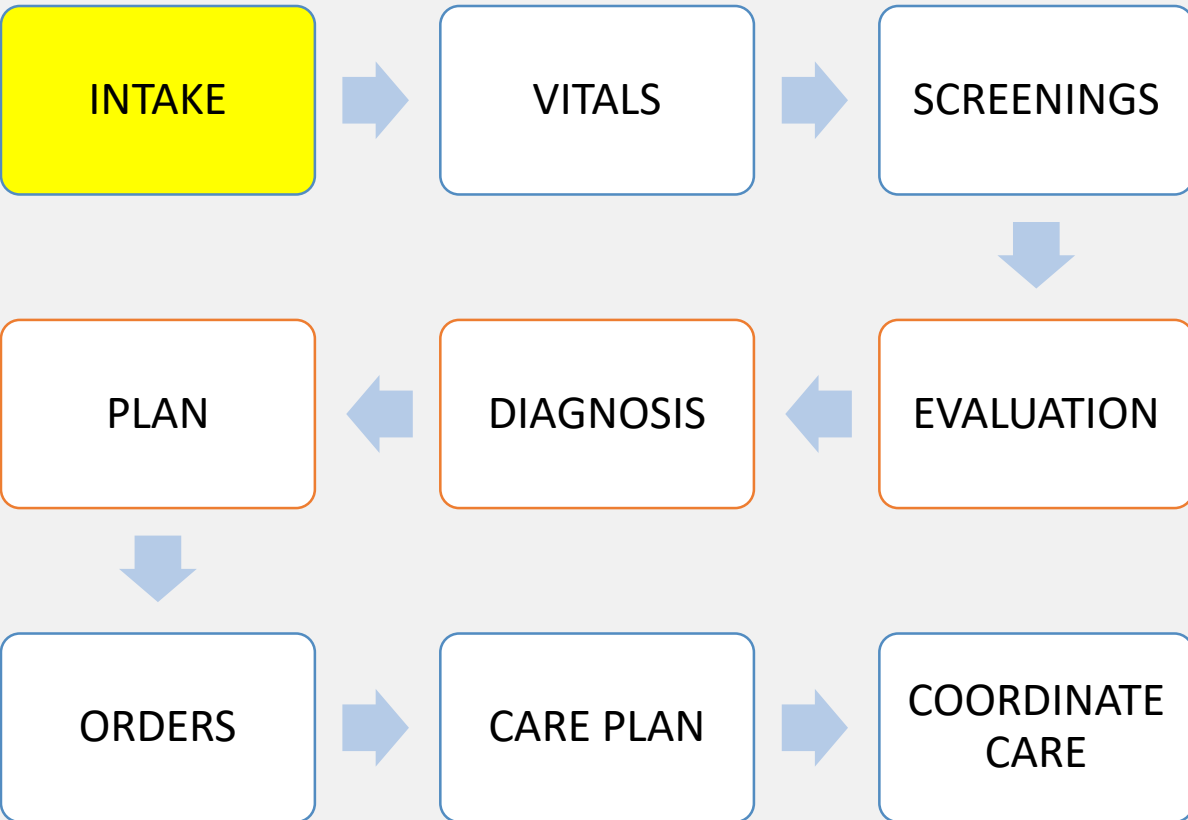


INTAKE FORMS



<https://www.stepsforward.org/modules/pre-visit-planning>

VISIT FLOW



DOCUMENTATION

Test Test PRN: TT354856 11 yrs F Patient Portal: Pending Hawaii Medical Service Association (H... DOB: 01/06/2006 M: (555) 555-5555

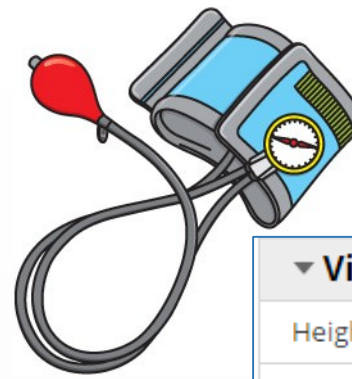
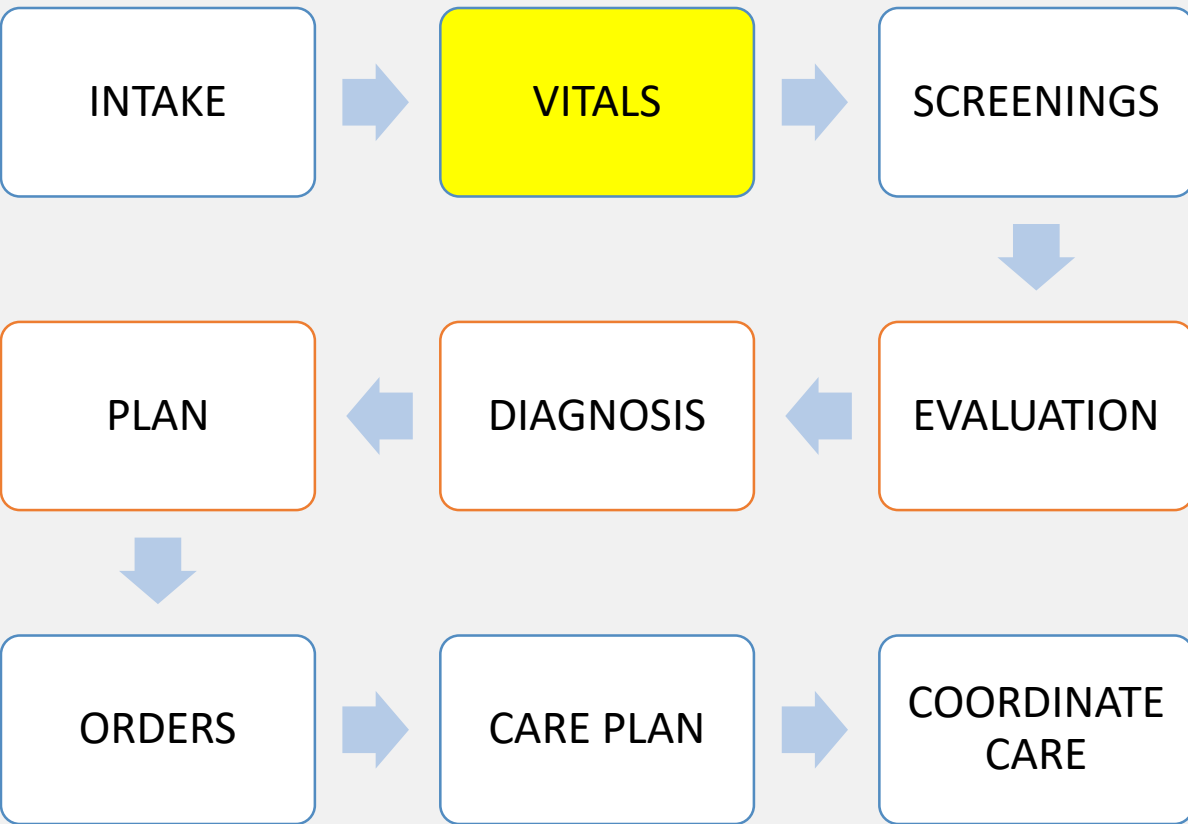
Summary Timeline Profile

Go to... Print chart New encounter (SOAP)

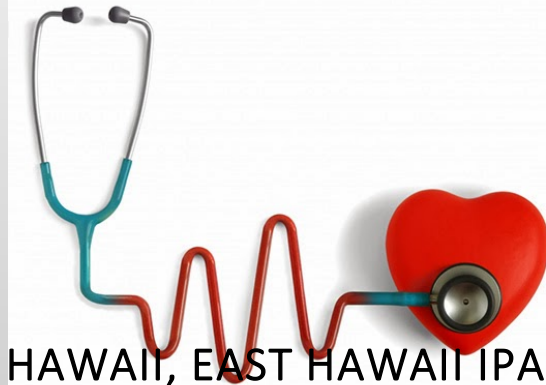
- Vitals
- Diagnoses: Patient has no active diagnoses
- Chronic diagnoses: No active Chronic diagnoses.
- Acute diagnoses: No active Acute diagnoses.
- Social history
- Smoking status: No smoking status recorded
- Past medical history
- Drug allergies: Patient has no known drug allergies
- Food allergies: No food allergies recorded
- Environmental allergies: No environmental allergies recorded
- Medications: Patient has no active medications
- Messages: May 03, 2016 01:26 PM From: Ashley Graham | Patient Needs Dietitian Appt Please follow up with patient regarding dietitia...
- Appointments

CHIEF COMPLAINT
HISTORY OF PRESENT ILLNESS
MEDICATIONS
REVIEW OF SYSTEMS

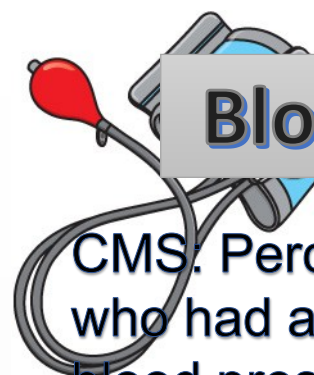
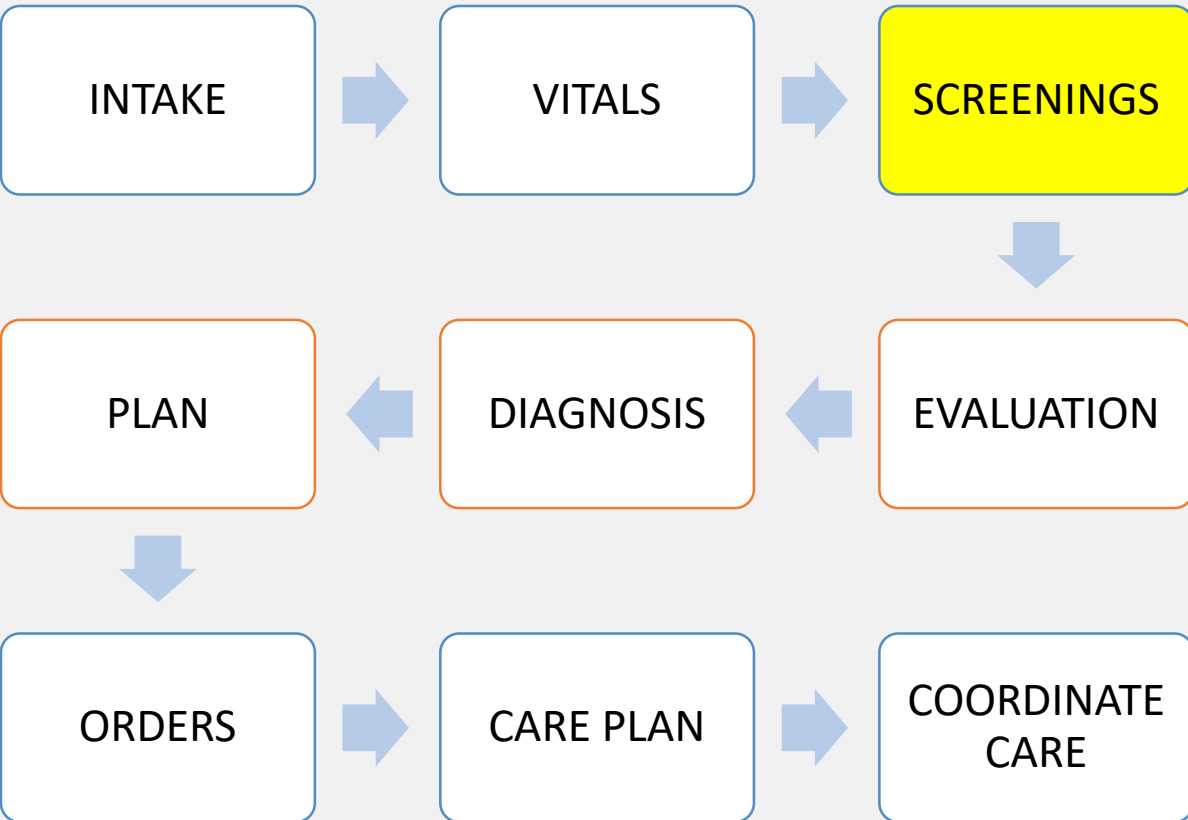
VISIT FLOW



▼ Vitals	
Height	
Weight	
BMI	
BMI Percentile	
BP	
Temperature	
Pulse	
Respiratory rate	
O2 Saturation	
Pain	
Head Circumference	



VISIT FLOW



Blood Pressure screening

CMS. Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period

HMSA Payment Transformation

Age 65 – 80:
<150/90mmHg

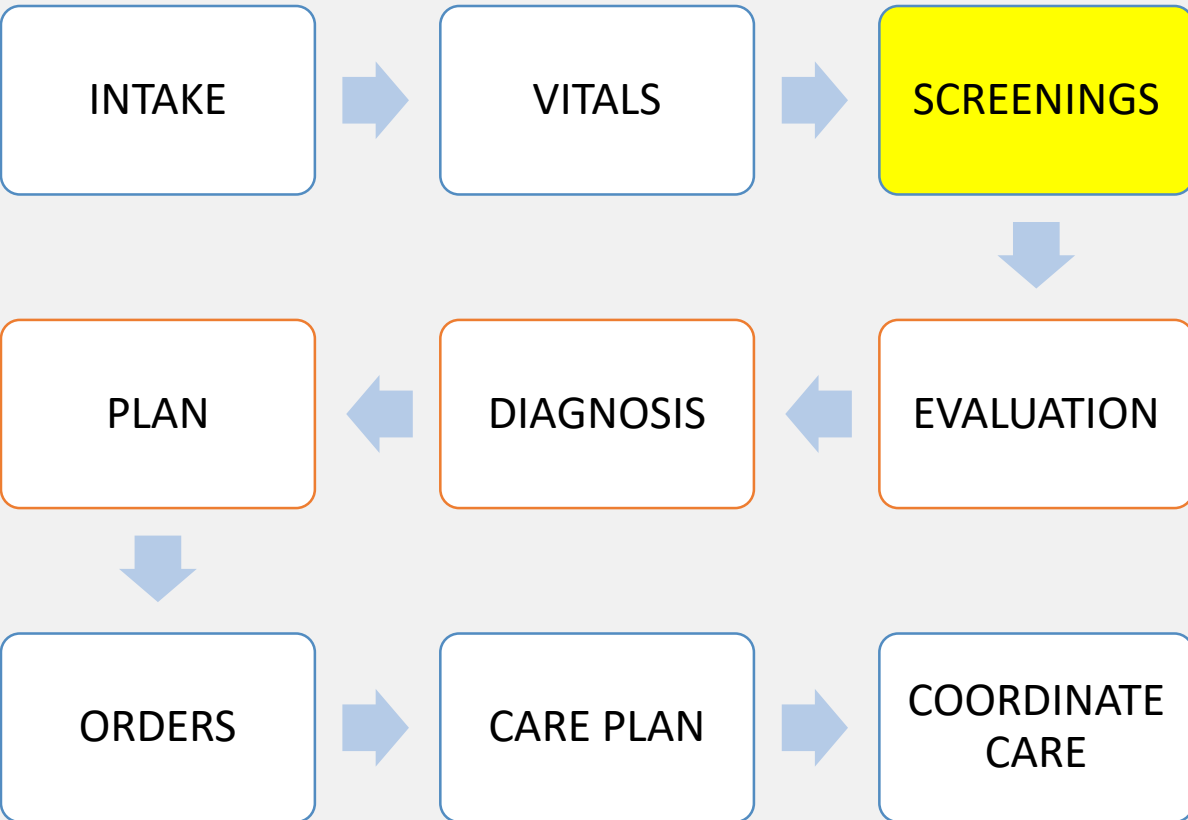
PCPs must report the actual blood pressure reading to satisfy measure reporting requirements. To describe systolic and diastolic blood pressures, each must be reported separately. If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Medical records must support the diagnosis for the denominator and identify the representative blood pressure reading for the numerator.

ECQM



VISIT FLOW



BMI screening

HMSA Payment Transformation

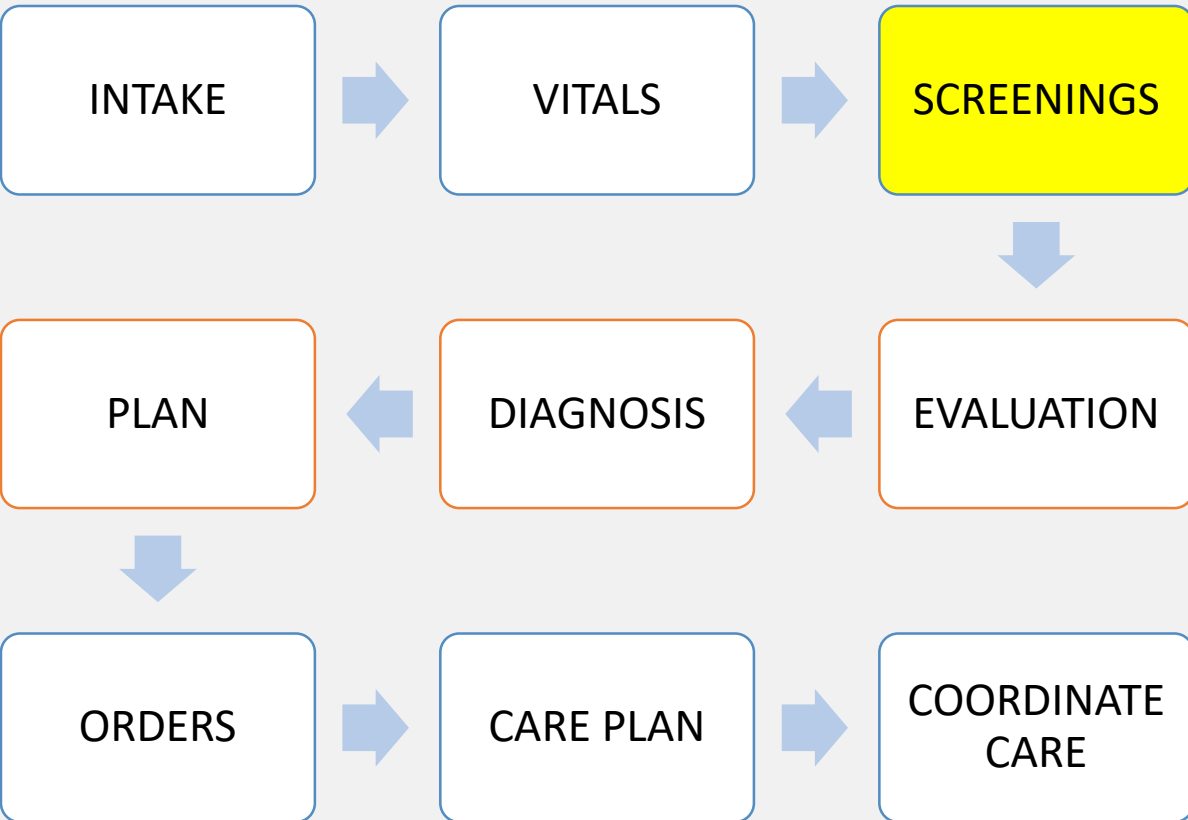
patients 18-74 years of age who had an outpatient visit with any provider and whose body mass index (BMI) was documented during the measurement year .

The U .S . Preventive Services Task Force recommends screening all adults for obesity .

Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions



VISIT FLOW



ECQM

https://www.cdc.gov/steady/pdf/tug_test-a.pdf

Fall Risk screening

Patient: _____ Date: _____ Time: _____ AM/PM

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.



Instructions to the patient:

When I say "Go," I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn
4. Walk back to the chair at your normal pace
5. Sit down again

On the word "Go" begin timing.

Stop timing after patient has sat back down and record.

Time: _____ seconds

An older adult who takes ≥ 12 seconds to complete the TUG is at high risk for falling.

Observe the patient's postural stability, gait, stride length, and sway.

Circle all that apply: Slow tentative pace Loss of balance
 Short strides Little or no arm swing Steadying self on walls
 Shuffling En bloc turning Not using assistive device properly

Notes:

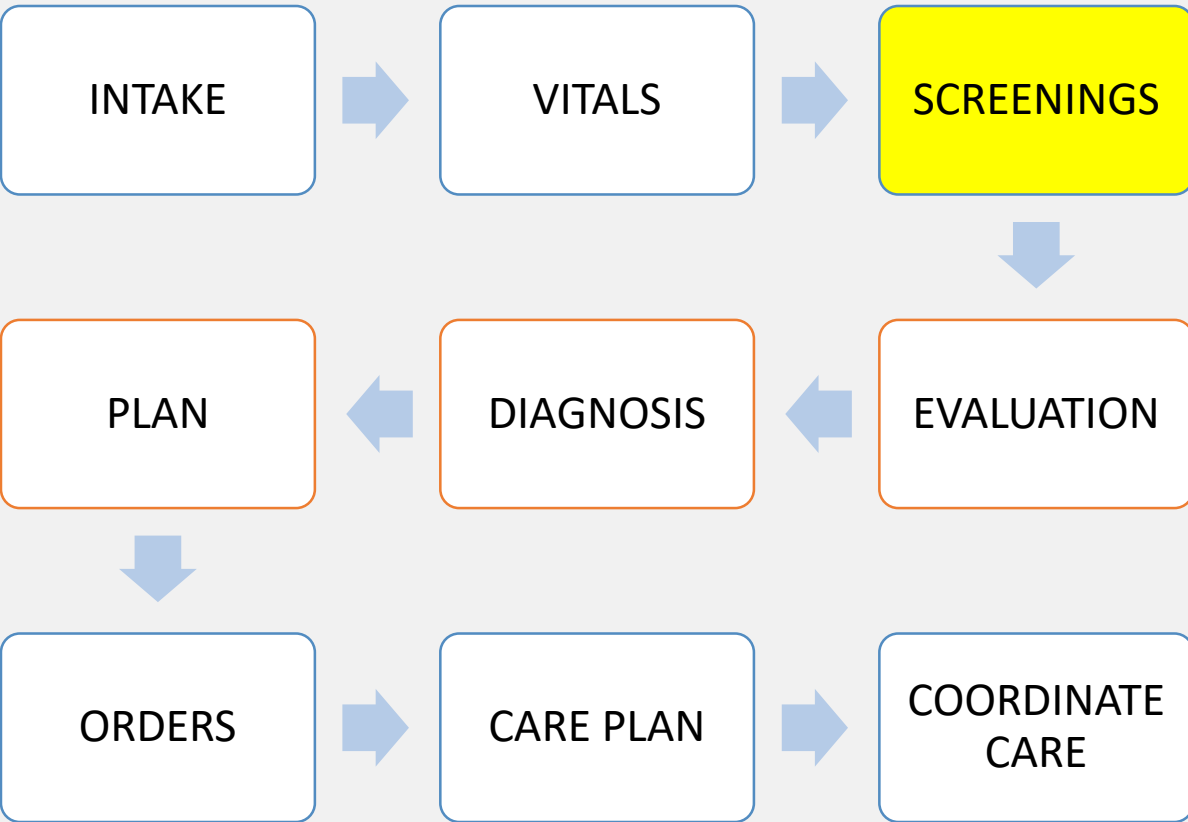
For relevant articles, go to: www.cdc.gov/injury/STEADI



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

STEADI Stopping Elderly Accidents, Deaths & Injuries

VISIT FLOW



ECQM



Depression & Anxiety screening

Screening for Symptoms of Clinical Depression and Anxiety

- Annual Screen
- ≥ 18 years of age Depression and Anxiety screening
 - PHQ-4
 - HMSA requirement

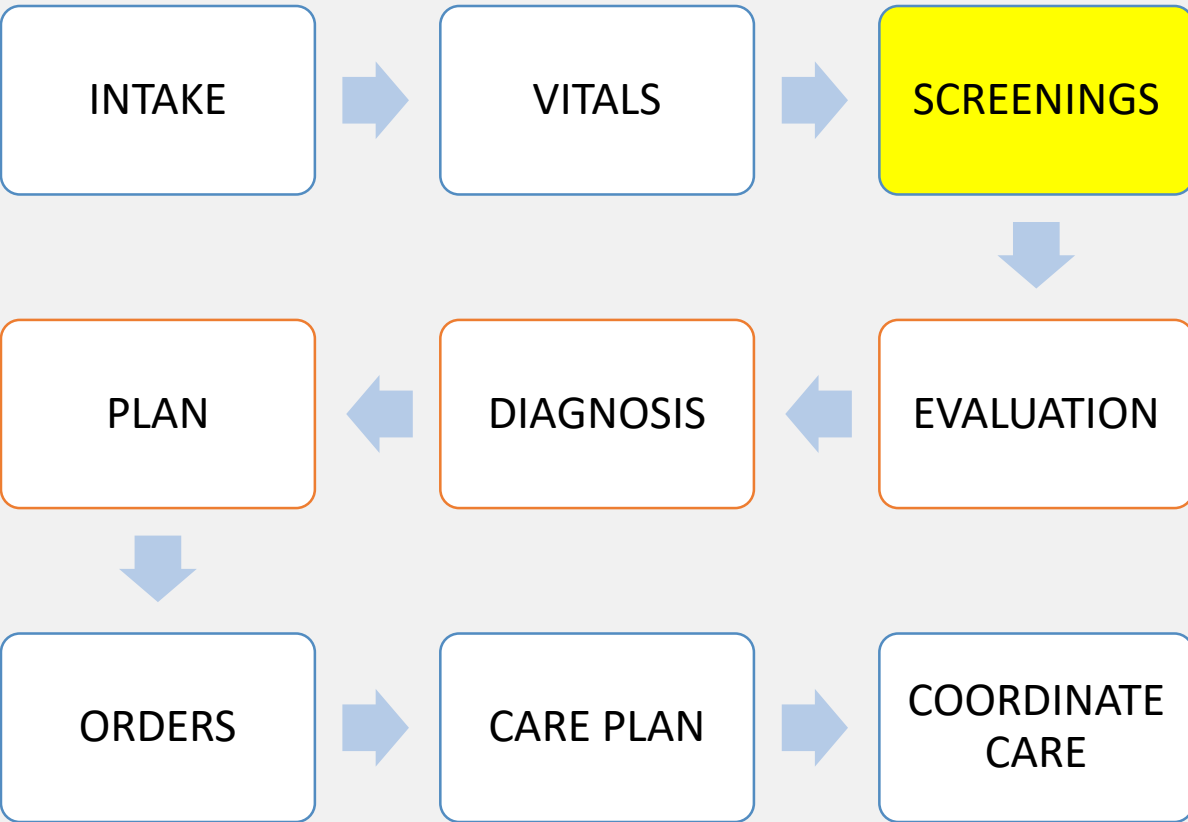
+ Screen Follow Up



CMS: DEPRESSION

- Use PHQ9
- Remission

VISIT FLOW

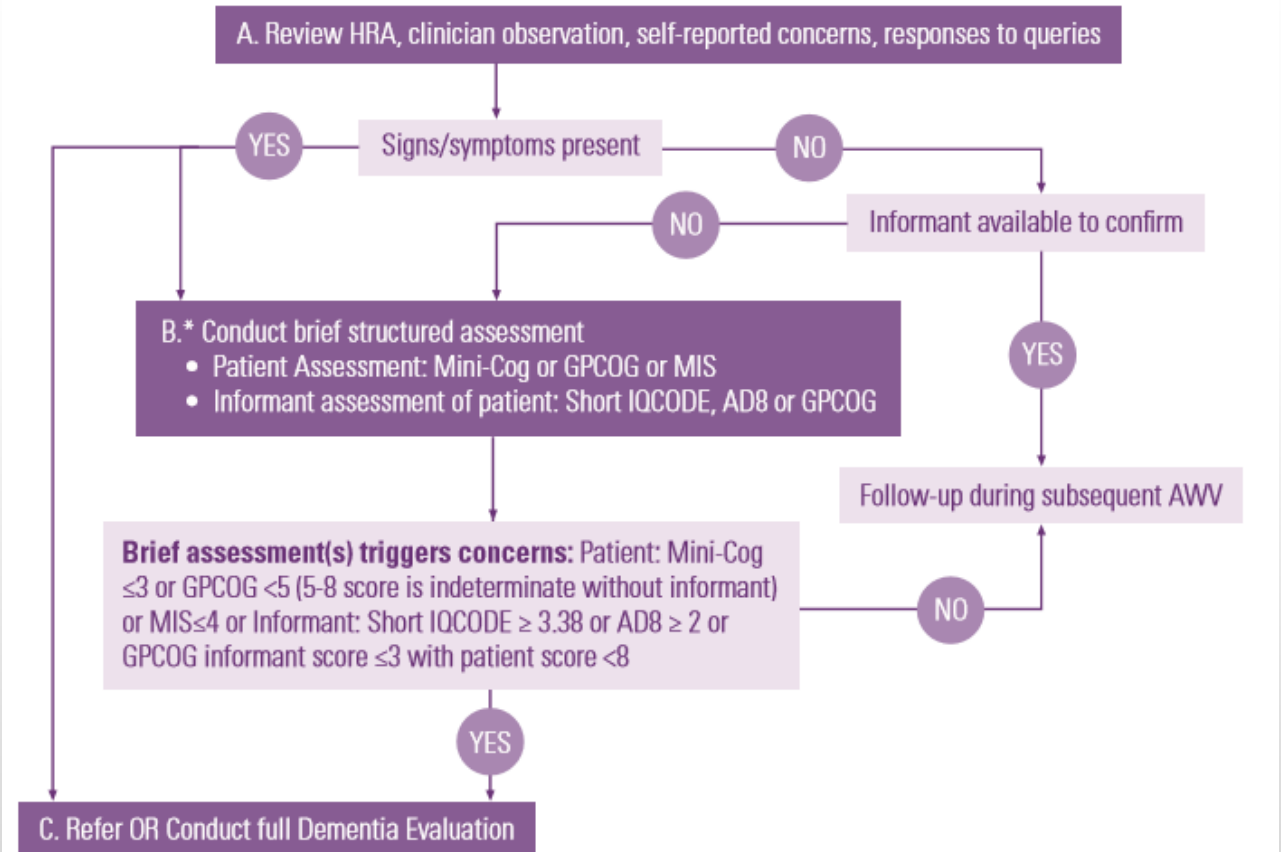


ECQM

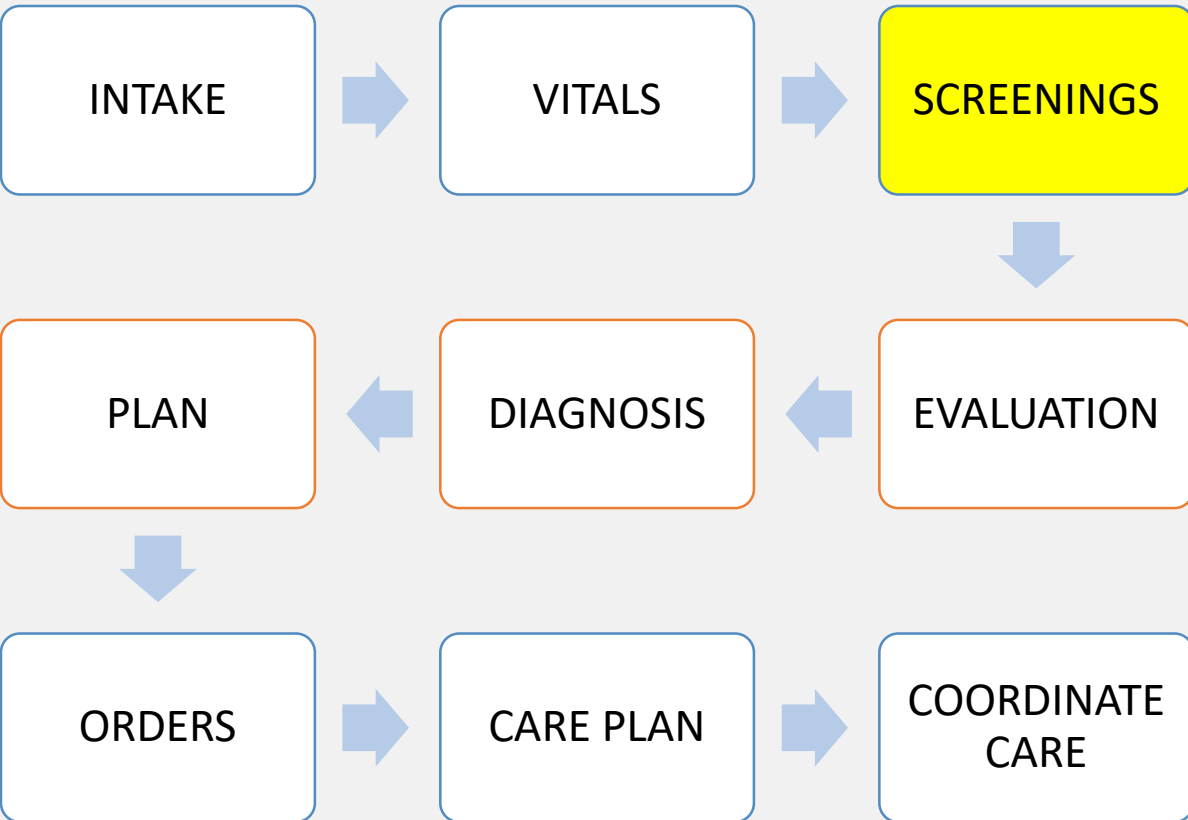
Dementia screening

ALZHEIMER'S ASSOCIATION®

Medicare Annual Wellness Visit Algorithm for Assessment of Cognition



VISIT FLOW



ECQM

<http://mini-cog.com/>

Dementia screening

Mini-Cog™

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.^{1,2} For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

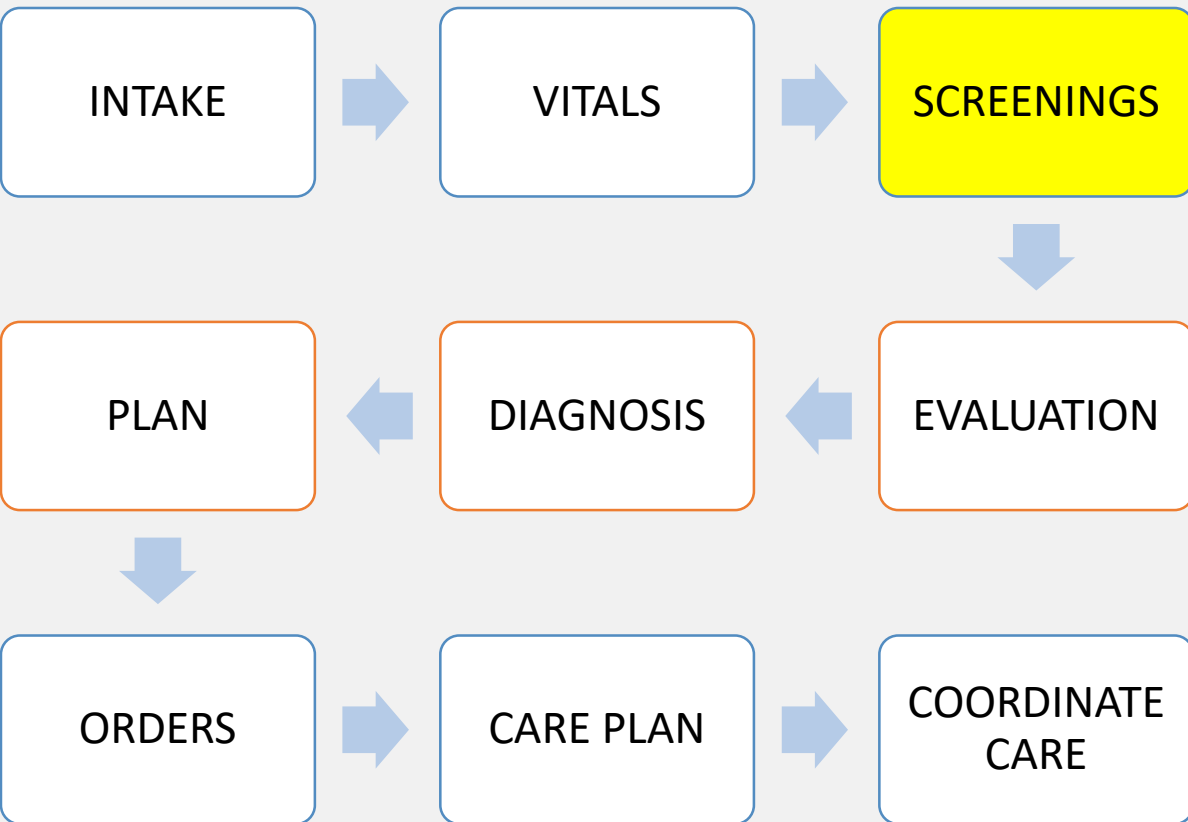
Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

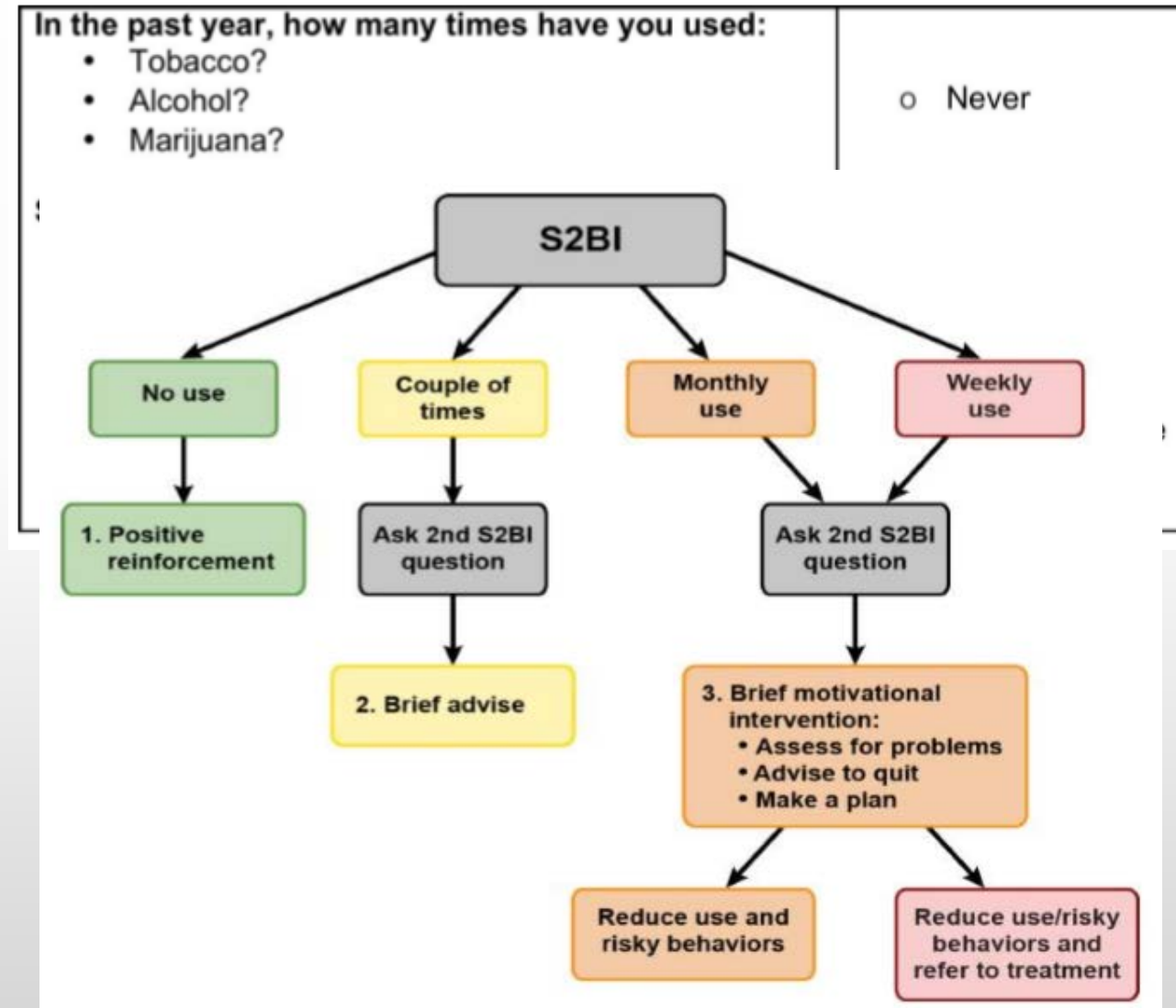
Scoring

Word Recall: _____ (0-3 points)	1 point for each word spontaneously recalled without cueing.
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (10:00). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.
Total Score: _____ (0-5 points)	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

VISIT FLOW



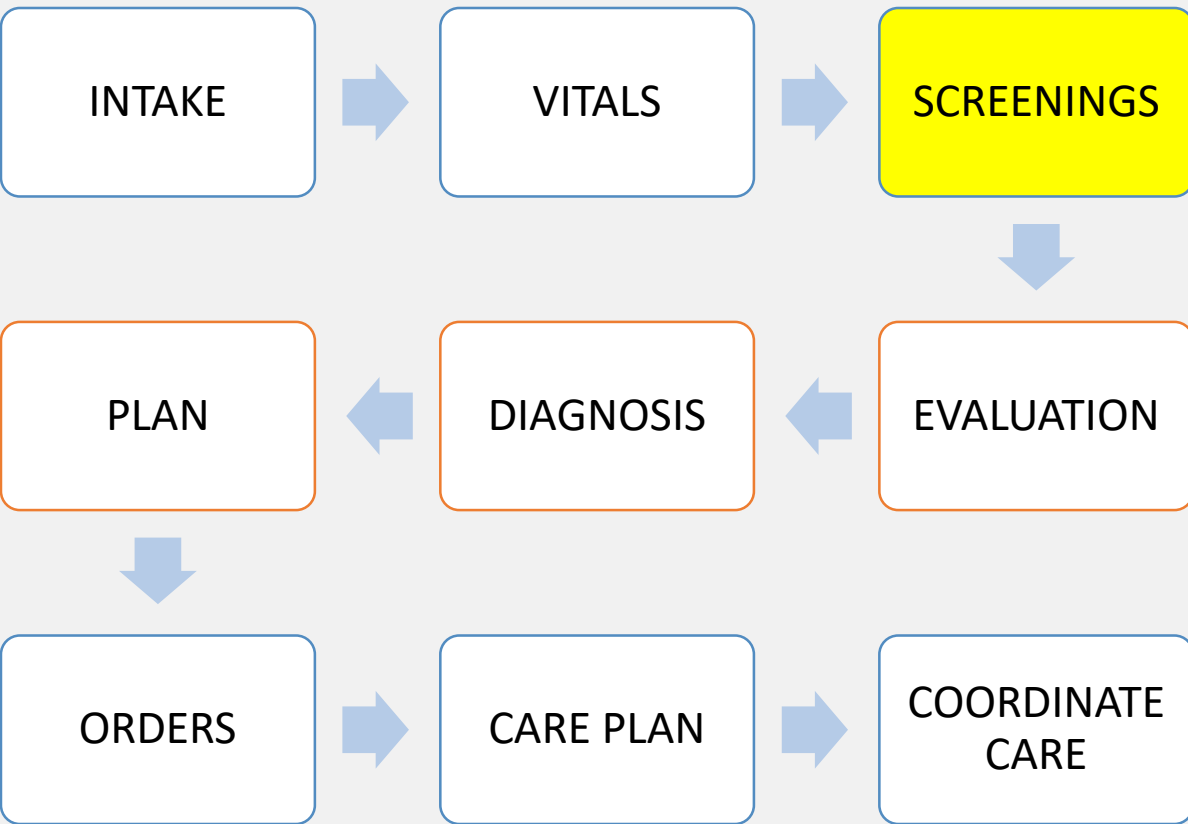
Tobacco & alcohol screening



ECQM

Applied Research Works, Inc.
COZEVA®

VISIT FLOW



Tobacco & alcohol screening

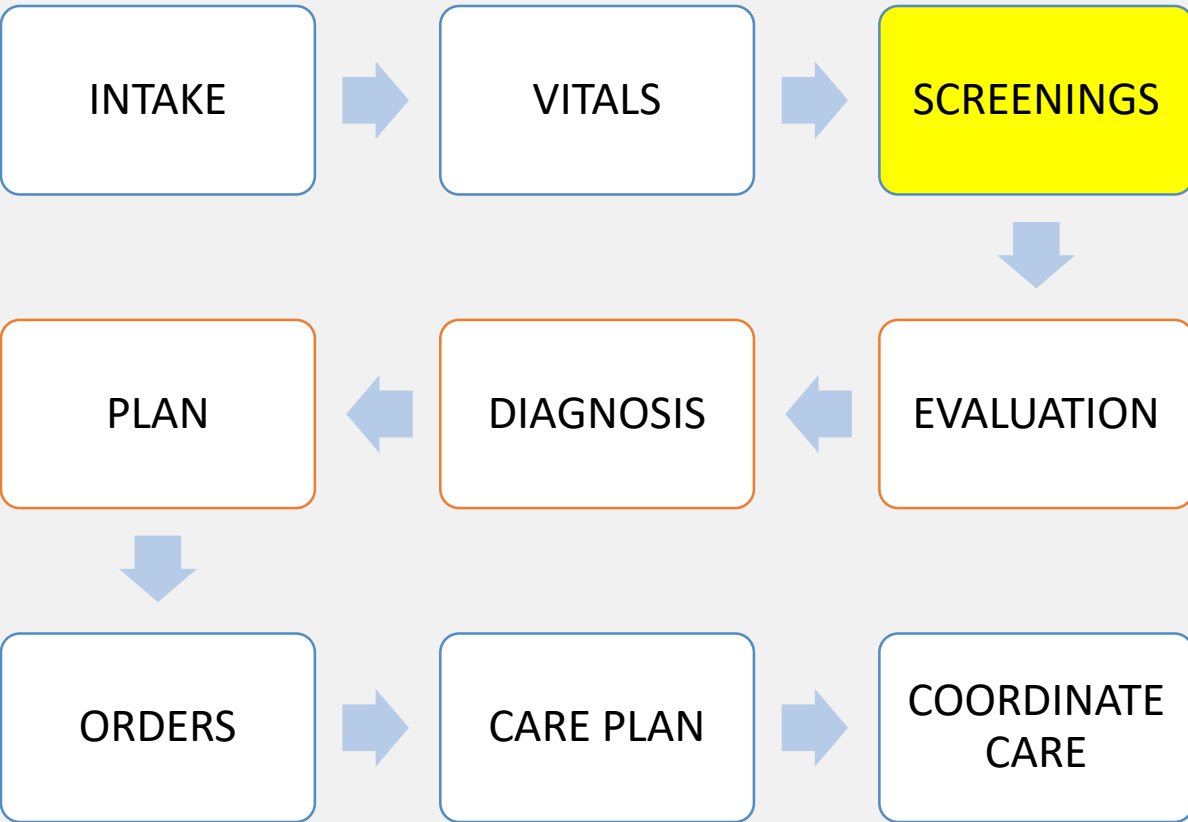
SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

Screening	Brief Intervention	Brief Treatment	Referral to Treatment
<ul style="list-style-type: none"> • Incorporate into provider visit • Use only validated instruments 	<ul style="list-style-type: none"> • If moderate risk post screening, have verbal conversation w/pt. • Raise awareness about risk of behavior and its consequences • Use motivational interviewing to help promote behavioral change 	<ul style="list-style-type: none"> • If moderate to high risk detected • Use motivational interviewing to provide education and problem-solving • Develop coping mechanisms and build a supportive social environment 	<ul style="list-style-type: none"> • For severe screening results and substance dependence • Provide an outside referral for treatment

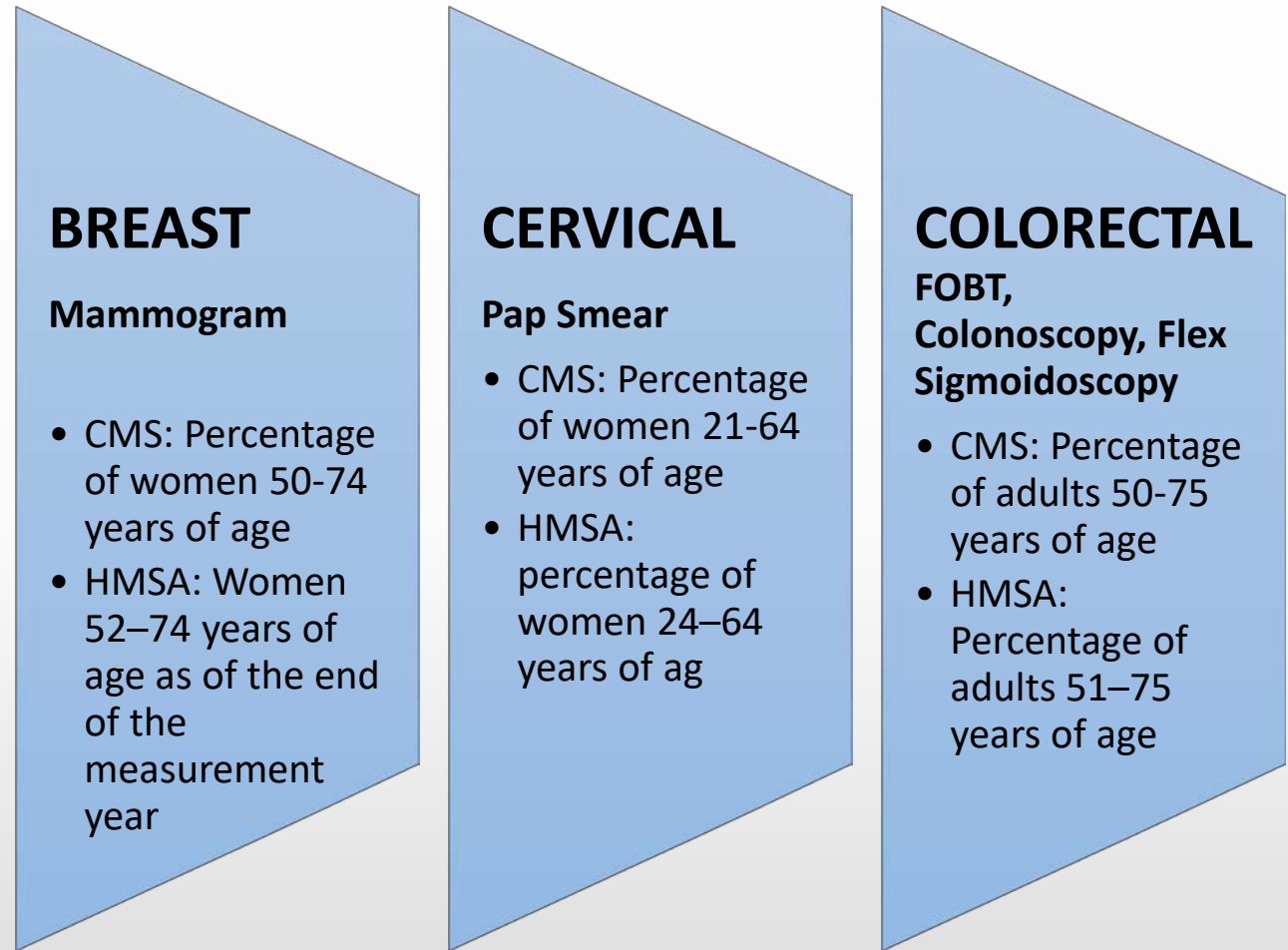
ECQM



VISIT FLOW



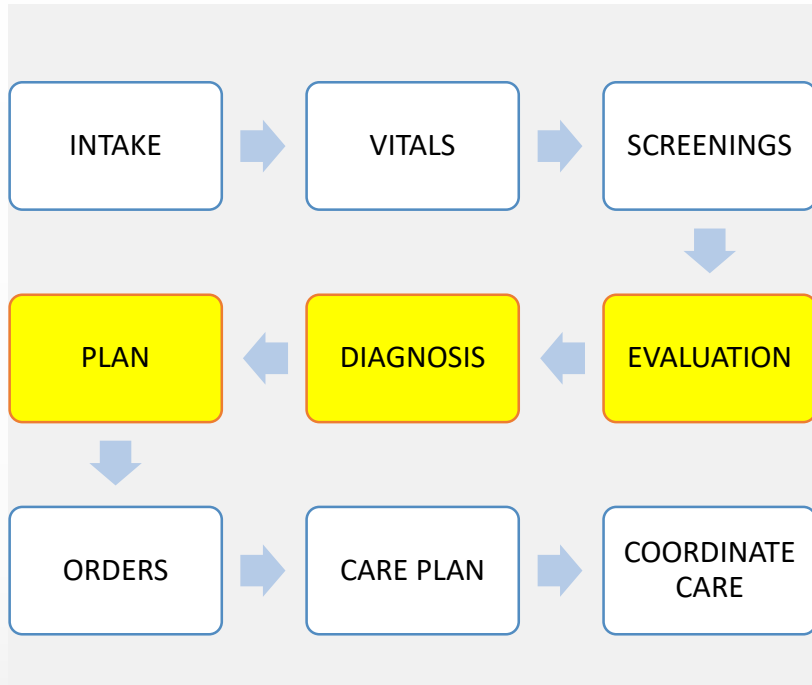
Education on cancer screenings



ECQM



VISIT FLOW



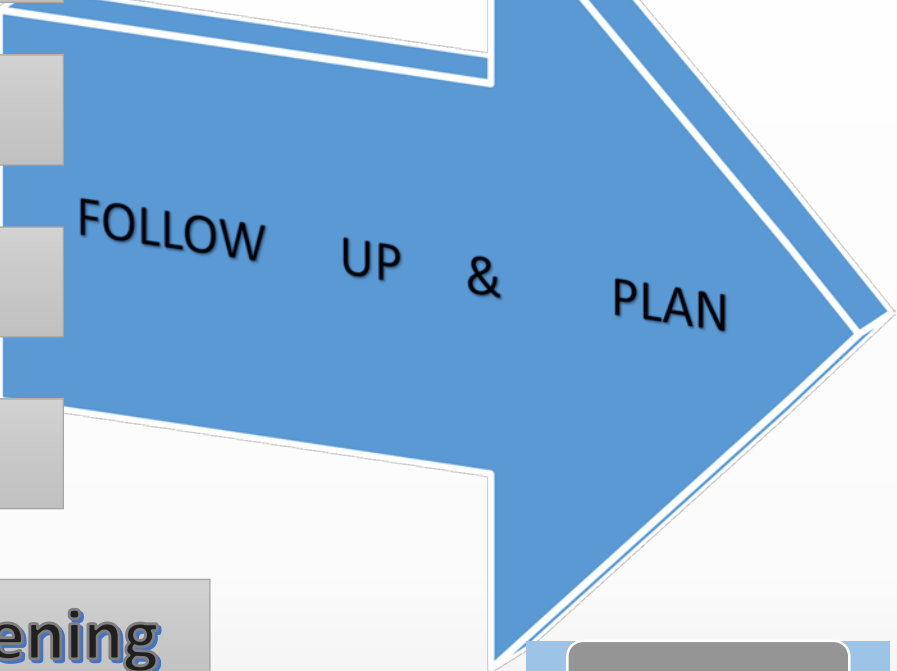
Blood Pressure screening

BMI screening

Depression screening

Dementia screening

Tobacco & alcohol screening

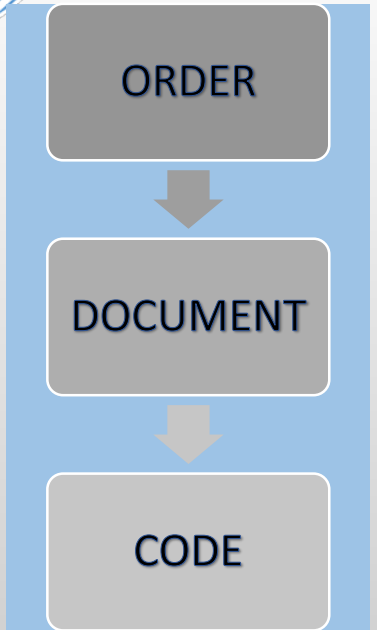
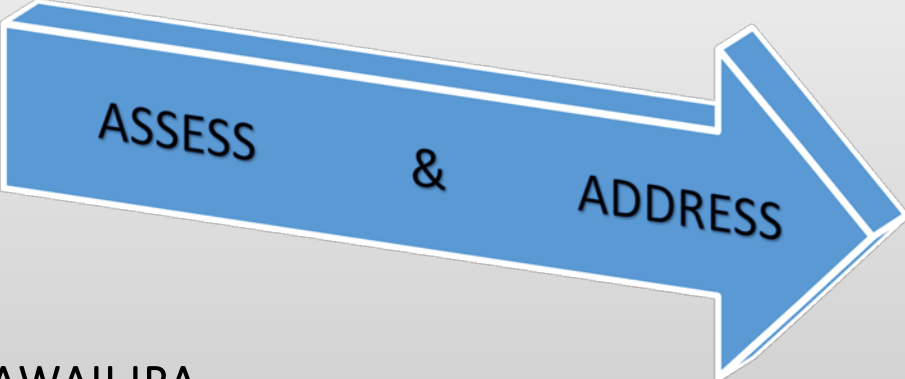


ECQM

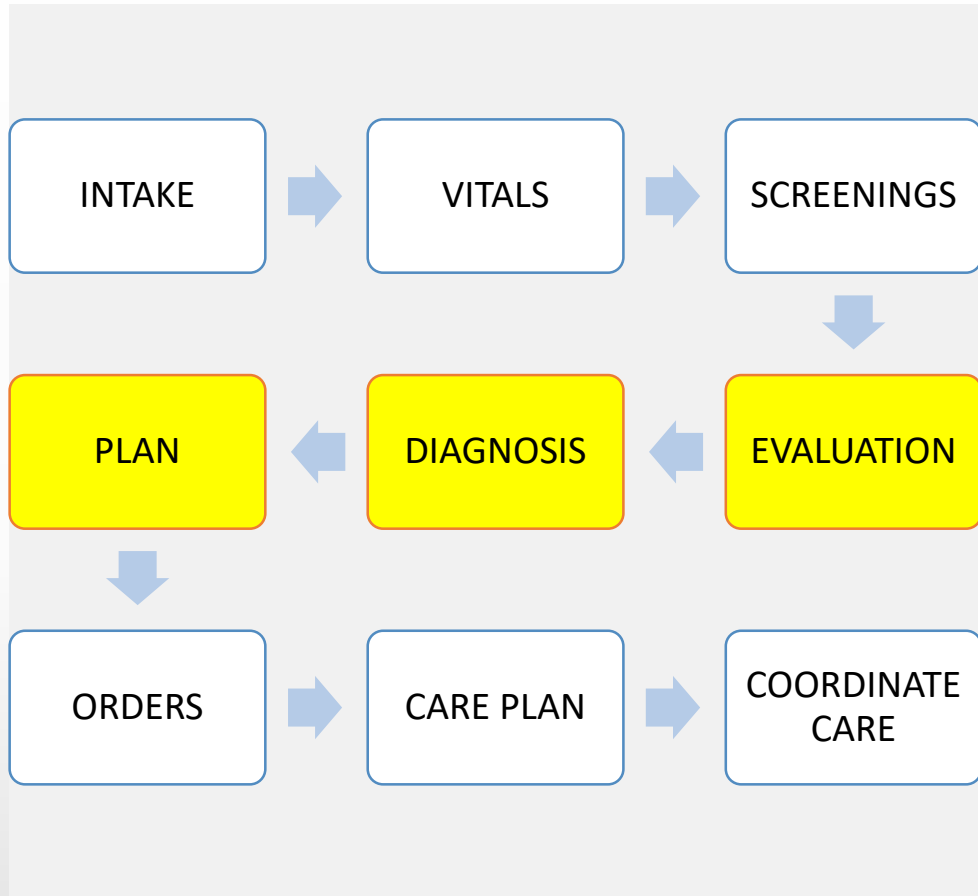


Use of High Risk medications

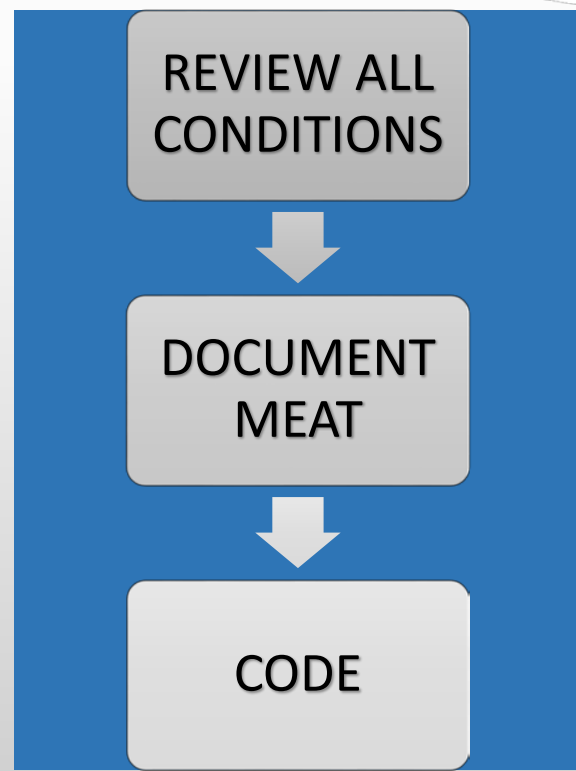
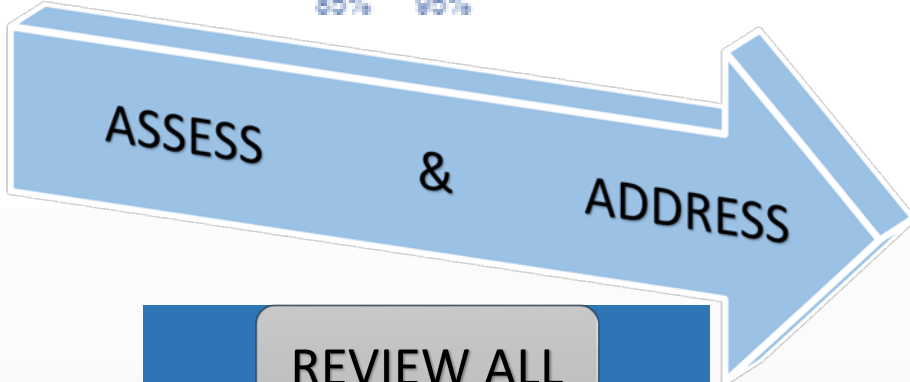
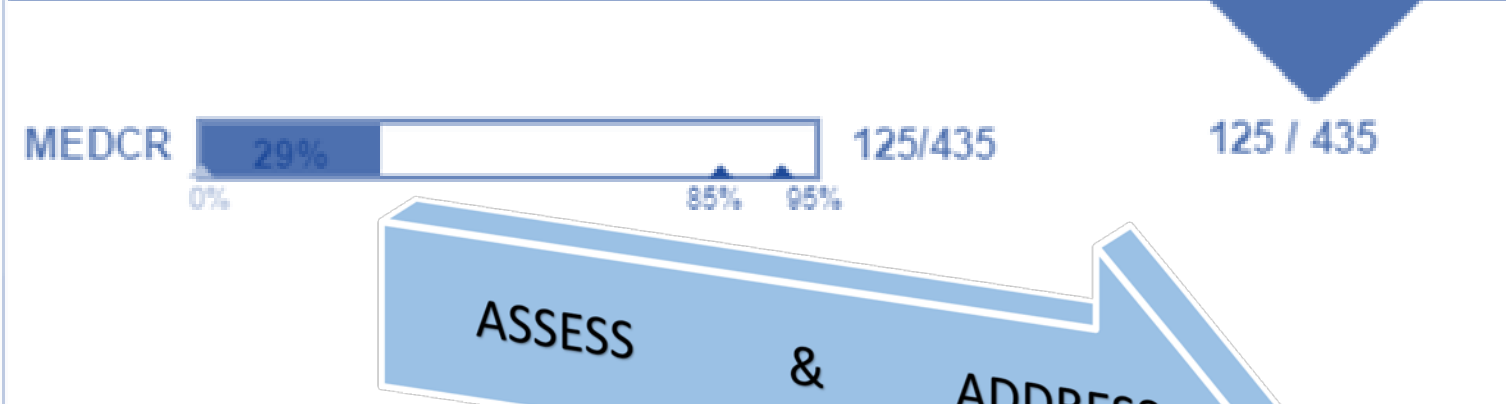
Advance Care Planning



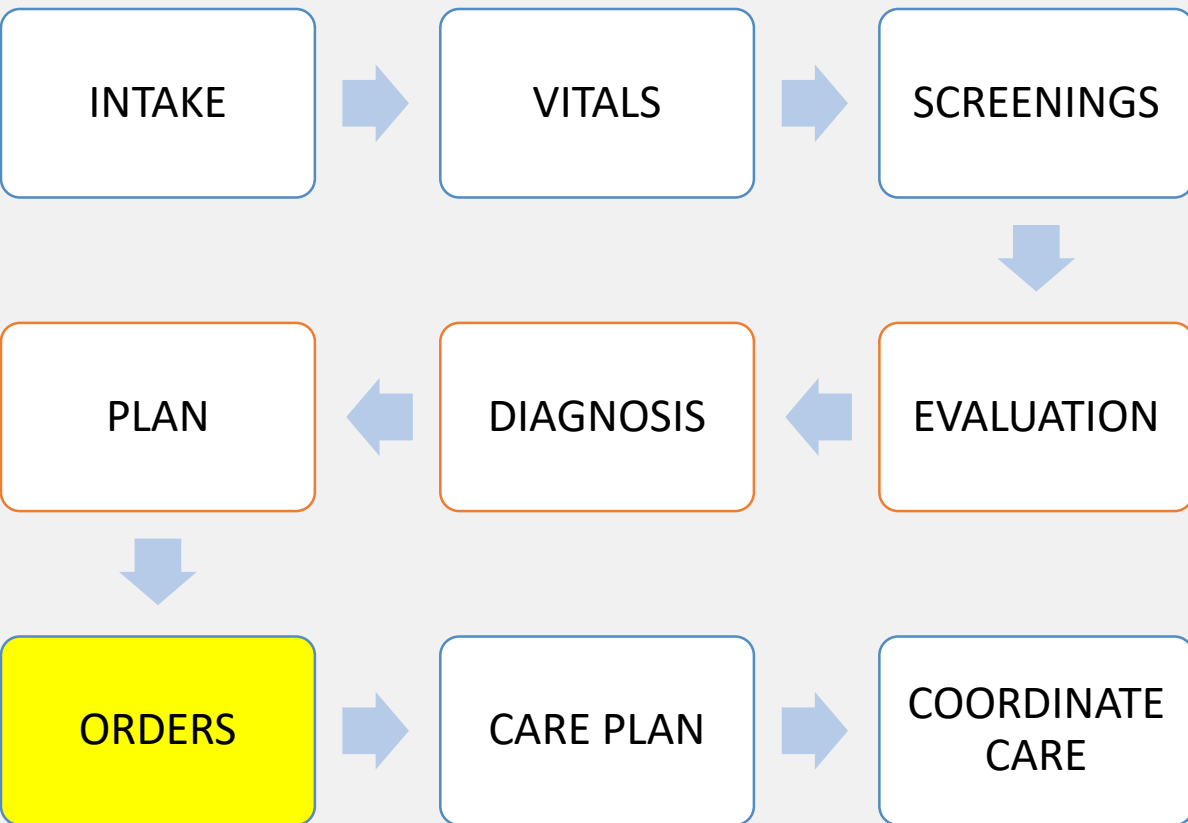
VISIT FLOW



REVIEW OF CHRONIC CONDITIONS 29%



VISIT FLOW



ECQM



Influenza vaccine

Pneumococcal vaccine

New

Influenza Vaccine
≥ 18 years of age

Document

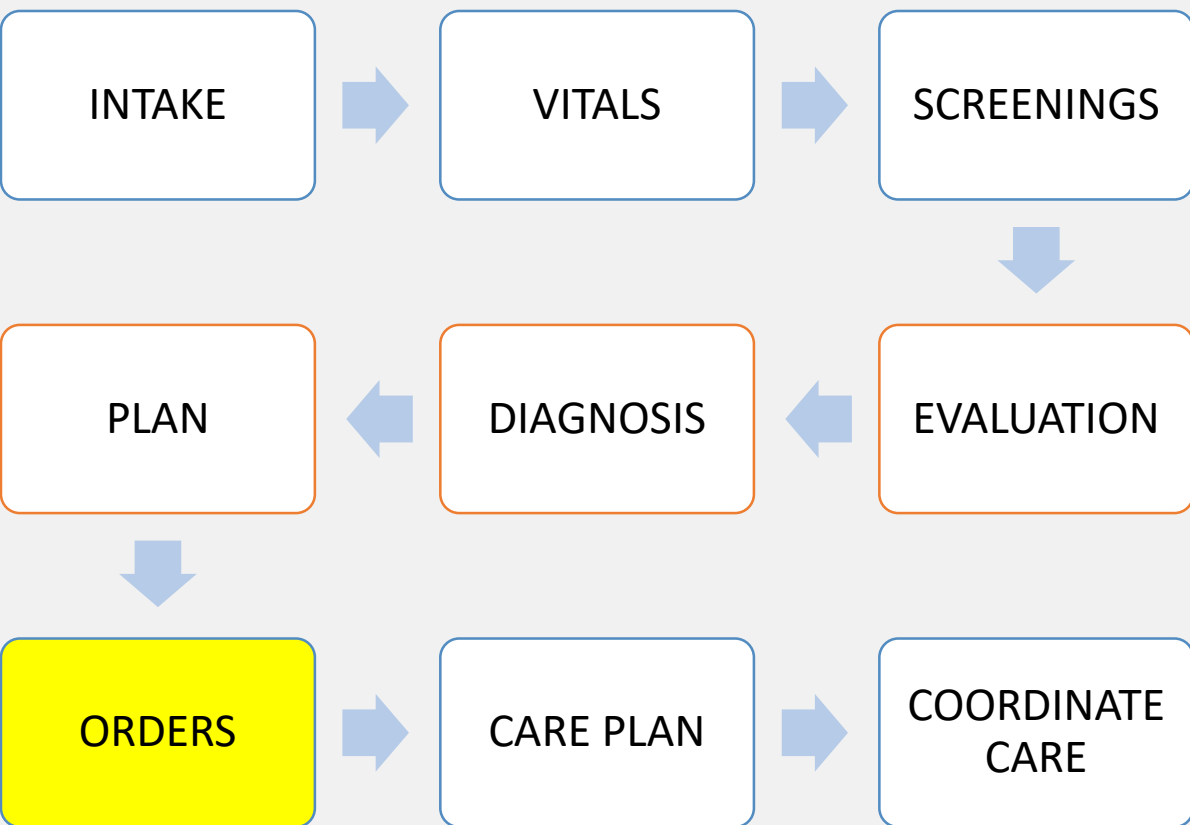
- Date administered or
- Date received

Vaccine CPT or 4274F Previously received

Z23

Ka Huli'au

VISIT FLOW



- Care gaps including cancer screens
- Diagnostic tests

- Referral orders:**
- Consults with Specialists
 - “ECOSYSTEM”

ECQM

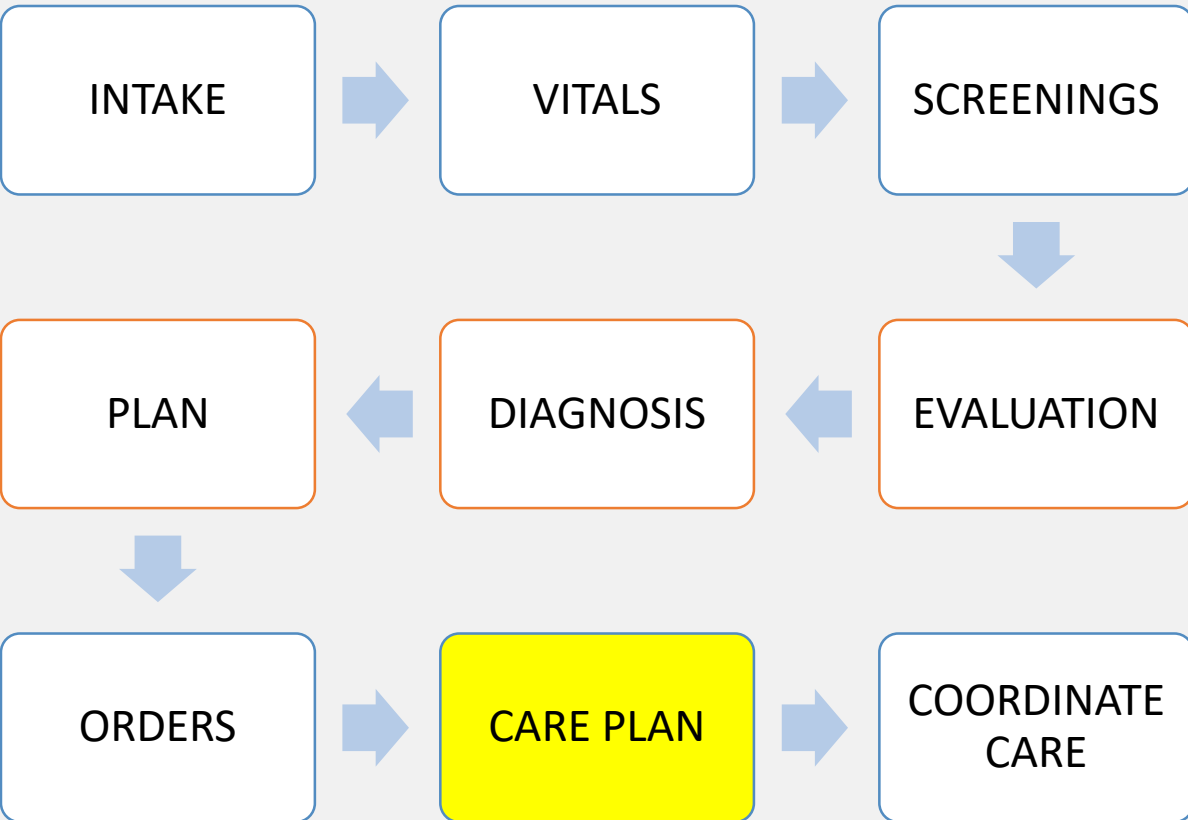


Engagement #3: Ecosystem Referral

ENGAGING ECOSYSTEM						
REFERRALS TO COMMUNITY RESOURCES FOR PATIENT SELF-MANAGEMENT						
DATE	NAME	INSURANCE	SEX	PROGRAM	REFERRAL SENT	PATIENT NOTICED / PROGRAM COMPLETED

I certify that I referred _____ number of IDSA members to the above-mentioned programs.

VISIT FLOW





Longitudinal

- Systematically risk stratify empanelled population
- Proactively monitor
- Co-manage care with specialists
- Self-management support
- Long-term, personalized care management using care plan



Episodic

- Event triggers
- Follows-up with patients post discharge
- Accurate information shared across care settings (hospital to home, hospital to skilled nursing facility)
- Medication reconciliation
- Short-term care management support



DURING VISIT

CARE PLAN

CMS defines a care plan as, “The structure used to define the management actions for the various conditions, problems, or issues.

A care plan must include at a minimum the following components:

- problem (the focus of the care plan),
- goal (the target outcome) and
- any instructions that the provider has given to the patient.

A goal is a defined target or measure to be achieved in the process of patient care (an expected outcome).”

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>

DURING VISIT

CARE PLAN

Medical Home Care Plan

Prepared for: _____ PCP: _____ Prepared by: _____

Need:

<i>Problem</i>	<i>Activity</i>	<i>Who will do</i>	<i>By when</i>	<i>Expected outcome</i>	<i>Follow-up</i>

Add'l Info:

Best way to contact family: _____ Point of contact for PCMH
Best way to contact PCMH: _____

DURING VISIT

CARE PLAN

4B.4

Start Date: 02/11/2016 Close Care Plan: [X]

Care Plan Quick View (Show)

Self-Management		Education	Reminders
Add Self-Management Assessment: [Dropdown]			View Questions
Assessment	Status	Notes	
Exercise and Activity	Action	Patient is interested in recently started yoga classes at the health center	
* = Reminders Associated			
Add Barrier: [Dropdown]			
Barrier	Notes		
Home Life (Lack of support)	Previously has had to drop out of programs due to work schedule and family obligations		
Work (Schedule/no time off)			
Instructed In: [Dropdown]			
Education	Notes	Immediate Outcome	
Setting Physical Goals	Review the need to gradually increase activities and intensity and duration of exercise	Verbalizes	
Goal Setting	Discussed realistic goals and her barriers	Verbalizes	
Care Provider Goals:	Evaluation Date: 03/10/2016 Progress: 50% Patient is doing light to moderate exercise 3 times a week		
Patient Short Term Goals:	Evaluation Date: 03/10/2016 Progress: 50% Patient is doing light to moderate exercise 3 times a week		
Patient Long Term Goals:	Evaluation Date: 03/10/2016 Progress: [Dropdown] Sustained exercise for 150 minutes a week Better plan time and work with family to allow personal time to take care of health.		

4B.1

4B.3

4B.2



Problem list

Expected outcomes

Symptom & medication management

Planned interventions

Measurable treatment goals

Risk Factors/barriers

Community/social resources

Patient Self-management

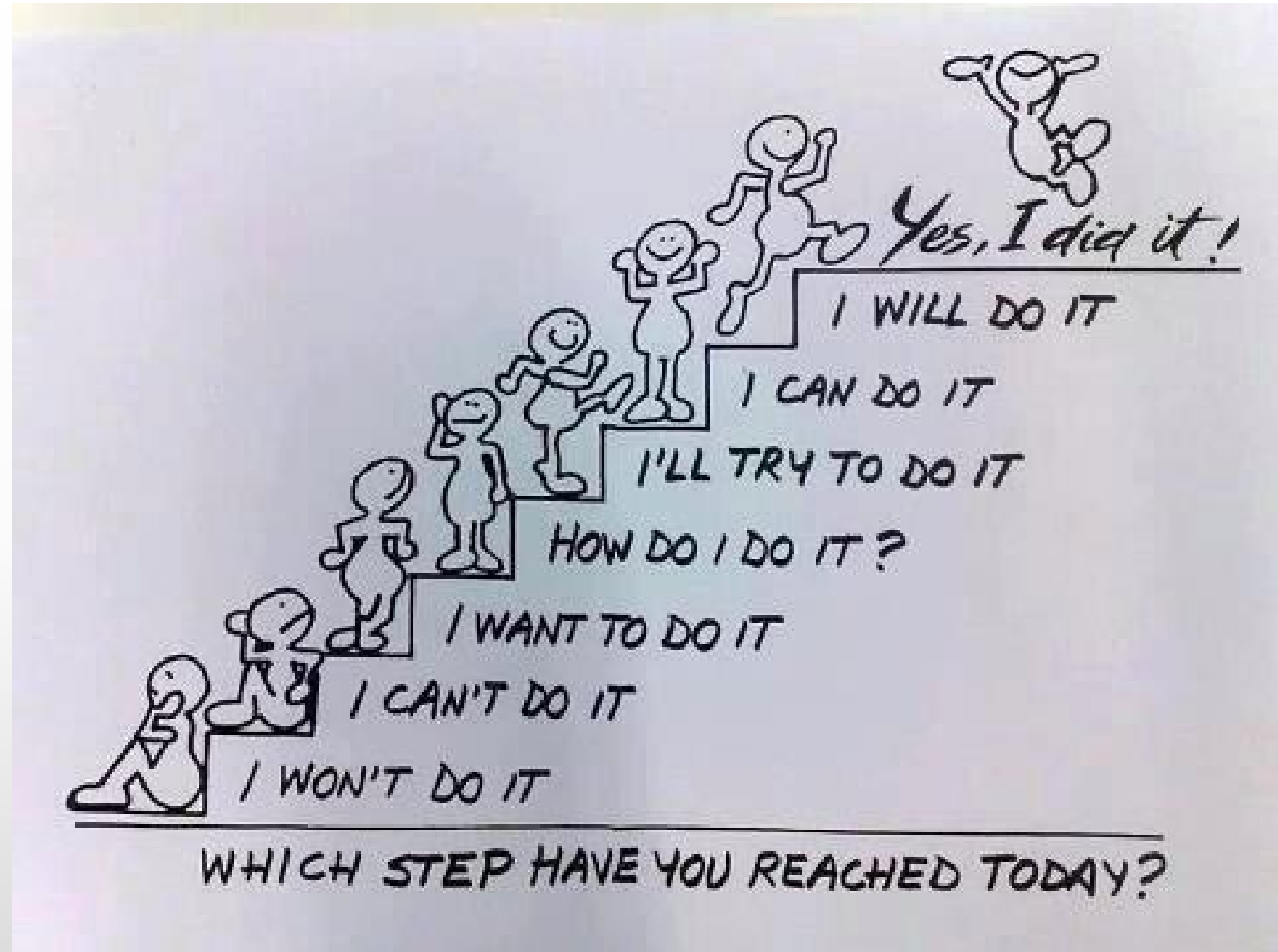
Shared decision making

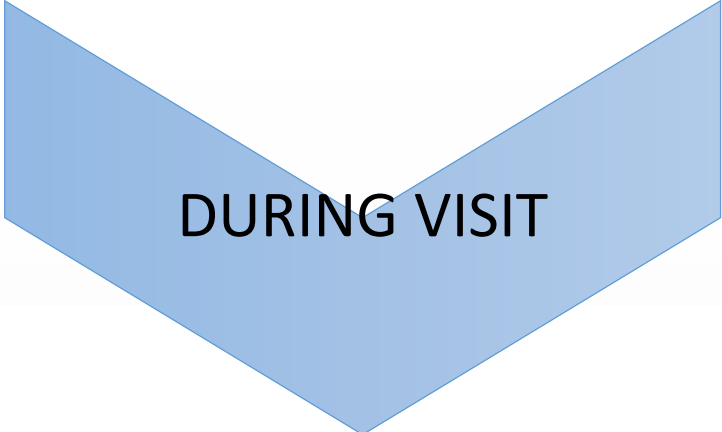
Schedule for periodic review & revision

DURING VISIT

PATIENT SELF-MANAGEMENT

Self-management support refers to help given to people with chronic conditions that enables them to manage their health on a day-to-day basis





DURING VISIT

PATIENT SELF-MANAGEMENT

Dr Dean Ornish
PROGRAM for reversing heart disease



Better Choices, Better Health
KE OLA PONO
A six-week workshop for people living with any ongoing health problem or chronic disease

Engagement #3: Ecosystem Referral

ENGAGING ECOSYSTEM
REFERRALS TO COMMUNITY RESOURCES FOR PATIENT SELF-MANAGEMENT

DATE	NAME	INSURANCE	DX	PROGRAM	REFERRAL SENT	PATIENT NOTIFIED	PROGRAM COMPLETED

I am referring this patient to the following program(s):

By signing below, I certify that I have advised HMOA members to programs in the ecosystem to support their health and well-being, including but not limited to the following:

Check all that apply:

- HMOA Care Model
- Diabetes Education Program - e.g. InControl Diabetes Center, Diabetes 101, Quest Diabetes Education
- HMOA and Healthways health education workshops - e.g. Diabetes 101, Hypertension Explained, Family Fitness, Stress Buster
- HMOA and Healthways health coaching - e.g., chronic disease management, depression, substance abuse, smoking
- Dr. Dean Ornish Program for Reversing Heart Disease™
- Healthways Financial Well-Being™ Powered by Dave Ramsey
- Healthways SilverSneakers™ Fitness
- QuitNet™ - tobacco cessation program
- Aloha Kidney - kidney disease education program
- QCDPS Care Coordination
- Hospice - e.g. Maui Hospice, Hoopua Hospice
- Other (e.g. community-based programs or other resources to assist patients in reaching their health and well-being goals)

I also certify that I referred _____ member of HMOA members to the above-mentioned program(s).

Aloha Kidney

2017 class series offered: Jan, May, Sept

With	Ramona Wong MD Nephrologist	What	6 weekly classes, 2 ½ hours each
Where	HMSA Center @ Hilo 303A East Maka'ala St. Hilo HI 96720	When	1 - 3:30 pm Thursday afternoons
Who	Anyone interested in, at risk for, or with CKD, GFR less than 60, or excess protein in urine	Bring	Pen, a family or friend who loves you (one who buys/cooks the food)
		Cost	No cost

What we talk about

- 1/19/17 - You and your kidneys: What kidneys do, what happens when they fail
- 1/26/17 - Aloha kidney: How to slow loss of kidney function, protect what's left
- 2/2/17 - Kidney, heart, brain connection: Why at risk and what to do about it
- 2/9/17 - Options if kidneys fail: Dialysis, transplant, natural life options
- 2/16/17 - Food, labs, meds . . . help?! Understand what matters with CKD
- TBA - Choices: Others share their journey with dialysis, transplant, natural life

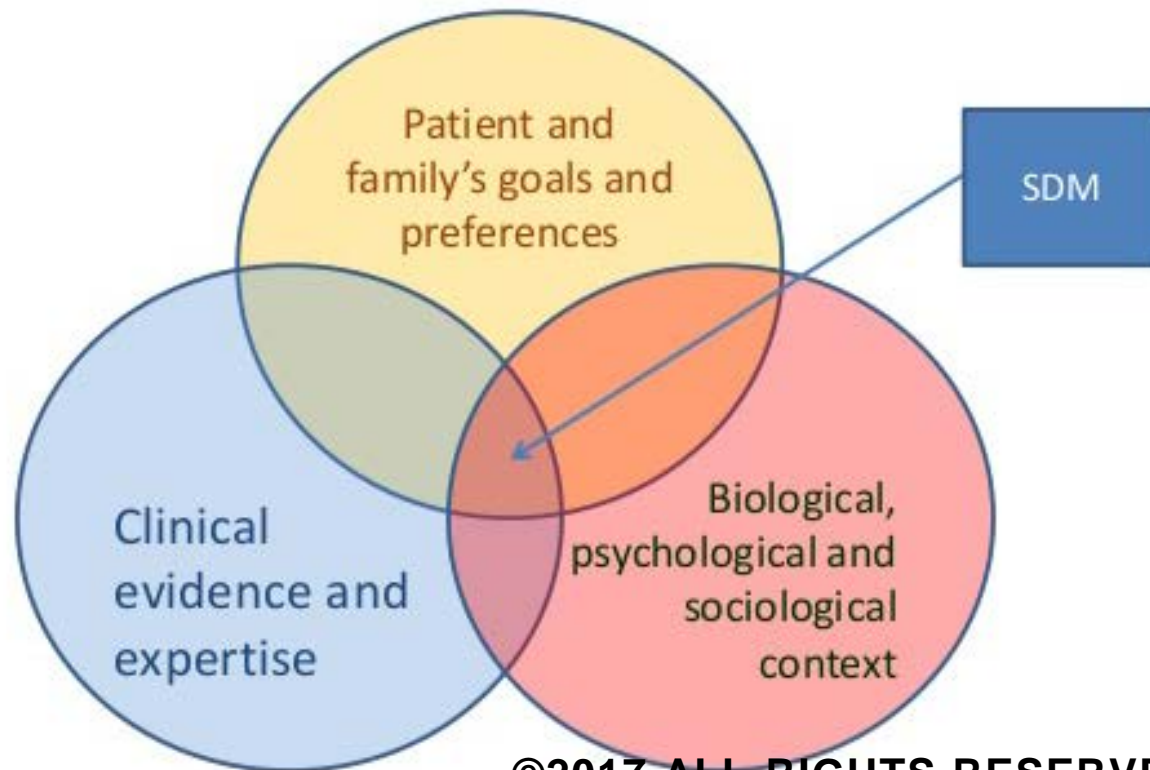
Come see if these classes can help you and your family.

Call to register: (808) 585-8404

SHARED DECISION MAKING

DURING VISIT

Shared decision making is an approach to care that seeks to fully inform patients about the risks and benefits of available treatments for preference sensitive conditions and engage them as participants in decisions about the treatments



DURING VISIT

SHARED DECISION MAKING

SMART Goals:

Specific: The goal should be specific to the patient's situation and focused on one desired outcome.

Measurable: The goal must be a measurable, evidence-based outcome.

Achievable: The goal must be reasonably achievable based on patient's condition

Relevant: The goal must be individualized to the patient, based on stated needs, desires, and assessment findings

Time Specific: Goals need to include a target date that is achievable.

Goal Concepts:

1. Problem statement with an action plan that is measurable, obtainable, and important to the patient.
2. What is highest priority for the patient?
3. Identify what the patient wants to happen/do, when to have it completed, and how you will as the PCP know that it is done.
4. Barrier(s): Any factor that can limit the patient from achieving the goals set forth in the care plan (i.e., lack of transportation, financial issues, social issues, lack of knowledge.
5. Intervention(s): The steps that need to be taken to assist the patient to reach the goal(s):
 - Intervention must be prioritized and customized for each patient to resolve the issue/problem that will have the highest impact on patient's health status
 - Continuous reprioritization of the care/interventions for the patient must occur based on the most recent interactions and new information from clinician.
6. Evaluation: Ongoing review and revision of the care plan until goals or met. This may include development of new goals

HOW DO WE DO THIS?





DURING VISIT

CARE TEAM



TEAM MEMBERS: Identified & defined

Providers

Leadership

Clinical staff

Clerical staff

Tasks, roles & responsibilities are defined by skillset, protocols established



DURING VISIT

Re-thinking & delegating

CARE TEAM



In a traditional practice model, failure to delegate often limits efficiency.

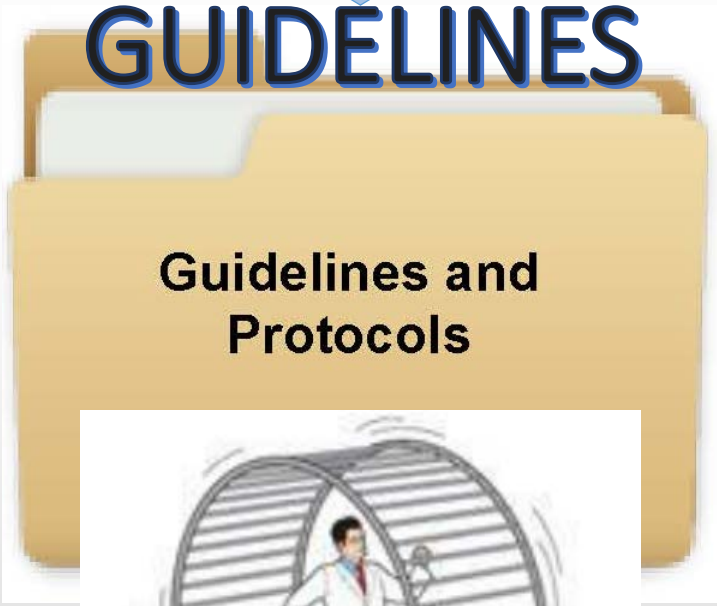


Each individual performs at the highest level of his or her qualifications.



BEFORE VISIT

Written guidelines for:
Frequent tasks, evidence based guidelines,
standing orders



GUIDELINES

Guidelines and
Protocols



Documentation

Screenings

Care Management

Chronic disease management

Patient self-management

Intake

Triage protocols

Patient Education

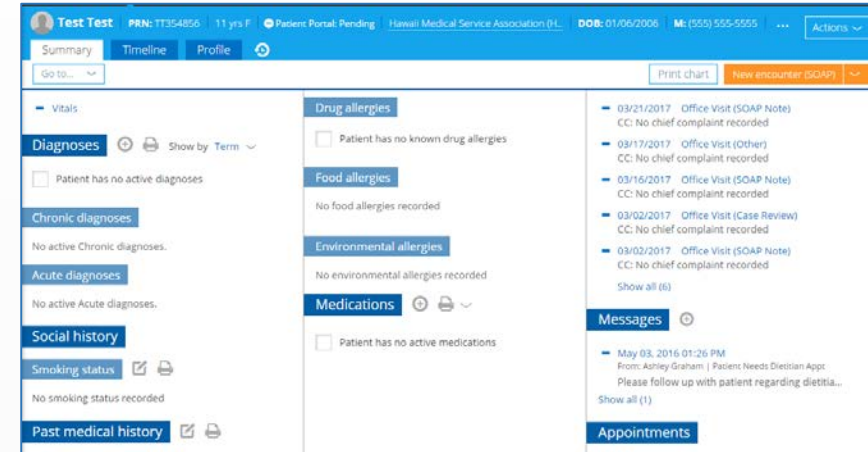
BEFORE VISIT

GUIDELINES

Guidelines and Protocols



Frequent tasks, standing orders Documentation



Screenings

Patient: _____ Date: _____ Time: _____ AM/PM

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient sit back in a standard arm chair and identify a line 3 meters or 10 feet away on the floor.

Instructions to the patient:
When I say "Go," I want you to:

- Stand up from the chair
- Walk to the line on the floor at your normal pace
- Turn
- Walk back to the chair at your normal pace
- Sit down again

On the word "Go" begin timing.
Stop timing after patient has sat back down and record.
Time: _____ seconds

An older adult who takes ≥ 12 seconds to complete the TUG is at high risk for falling.

Observe the patient's postural stability, gait, stride length, and sway.

Circle all that apply: Slow tentative pace ■ Loss of balance ■ Short strides ■ Little or no arm swing ■ Steadying self on walls ■ Shuffling ■ En bloc turning ■ Not using assistive device properly

Notes:

For relevant articles, go to: www.cdc.gov/injury/STEADI



Centers for Disease Control and Prevention



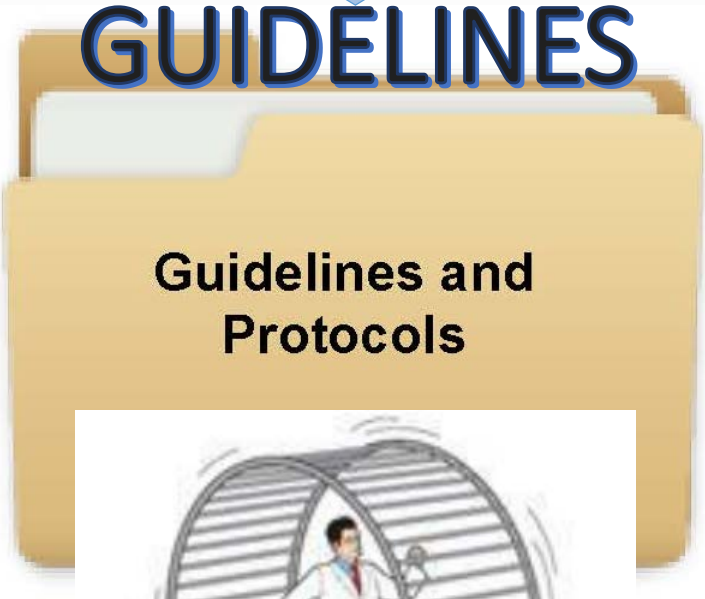
BEFORE VISIT

Evidence based guidelines, standing orders

Care Management, Patient Education

Patient self-management

GUIDELINES



Guidelines and Protocols



QI ACTIVITY: DEFINING TEAM ROLES


DEFINING ROLES & RESPONSIBILITIES



TASK	WHO'S ROLE IS IT NOW?	WHO MIGHT BE ABLE TO DO IT?	TRAINING OR TEMPLATES NEEDED?	NEXT STEPS FOR ROLE TRANSITION?
INTAKE				
FORMS: HMSA, CPC+				
FORMS: INTAKE				
DOCUMENTATION: HPI				
DOCUMENTATION: ROS				
DOCUMENTATION: MED REC				
VITALS				
SCREENINGS				
FALL RISK				
DEPRESSION/ANXIETY				
COGNITION				
TOBACCO & ALCOHOL				
LONGITUDINAL CARE MANAGEMENT				
DOCUMENT CARE PLAN				
SMART GOALS				
SELF-MANAGEMENT				
PATIENT EDUCATION				



TO DO: HMSA FORMS

hmsa 
An Independent Licensee of the Blue Cross and Blue Shield Association

Check Patient's HMSA Plan
 HMSA HMO
 QUEST Integration
 HMSA Akamai Advantage
 HMSA PPO

Primary Care Provider Selection Form for HMSA Members

Complete this form to select or confirm your or your child's primary care provider (PCP).

PCP Selection for Self

I, _____, select or confirm that _____
Patient's full name Provider's full name
is my PCP.

PCP Selection for Child under 18 Years Old

I, _____, select or confirm that _____
HMSA Subscriber or Authorized Representative's full name Provider's full name
is the PCP for my child, _____.
Child's full name

Print patient's name (full name as it appears on patient's HMSA Membership Card)

_____/_____/_____
Patient's date of birth

Print Subscriber's name (if patient is not the Subscriber)

HMSA Subscriber ID

Patient's Address **Patient's Phone Number**

Daytime: _____
Evening: _____



TO DO: IMPLEMENT NEW ROLES & RESPONSIBILITIES



DEFINING ROLES & RESPONSIBILITIES

TASK	WHO'S ROLE IS IT NOW?	WHO MIGHT BE ABLE TO DO IT?	TRAINING OR TEMPLATES NEEDED?	NEXT STEPS FOR ROLE TRANSITION?
INTAKE				
FORMS: HMSA, CPC+				
FORMS: INTAKE				
DOCUMENTATION: HPI				
DOCUMENTATION: ROS				
DOCUMENTATION: MED REC				
VITALS				
SCREENINGS				
FALL RISK				
DEPRESSION/ANXIETY				
COGNITION				
TOBACCO & ALCOHOL				
LONGITUDINAL CARE MANAGEMENT				
DOCUMENT CARE PLAN				
SMART GOALS				
SELF-MANAGEMENT				
PATIENT EDUCATION				



TO DO: IMPLEMENT SCREENINGS



Patient: _____ Date: _____ Time: _____ AM/PM

The Timed Up and Go (TUG) Test

Purpose: To assess mobility

Equipment: A stopwatch

Directions: Patients wear their regular footwear and can use a walking aid if needed. Begin by having the patient chair and identify a line 3 meters or 10 feet

Instructions to the patient:

When I say "Go," I want you to:

1. Stand up from the chair
2. Walk to the line on the floor at your normal pace
3. Turn 90 degrees to the right
4. Walk back to the chair at your normal pace
5. Sit down again

On the word "Go" begin timing.

Stop timing after patient has sat back down.

Time: _____ seconds

An older adult who takes ≥ 12 seconds is at high risk for falling.

Observe the patient's postural stability, gait, and balance.

Circle all that apply: Slow tentative pace, Short strides, Little or no arm swing, Shuffling, En bloc turning, Not using walking aid.

Notes:

For relevant articles, go to: www.cdc.gov



Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Mini-Cog™

Instructions for Administration & Scoring

ID: _____ Date: _____

Step 1: Three Word Registration

Look directly at person and say, "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are (select a list of words from the versions below). Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.¹⁻³ For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

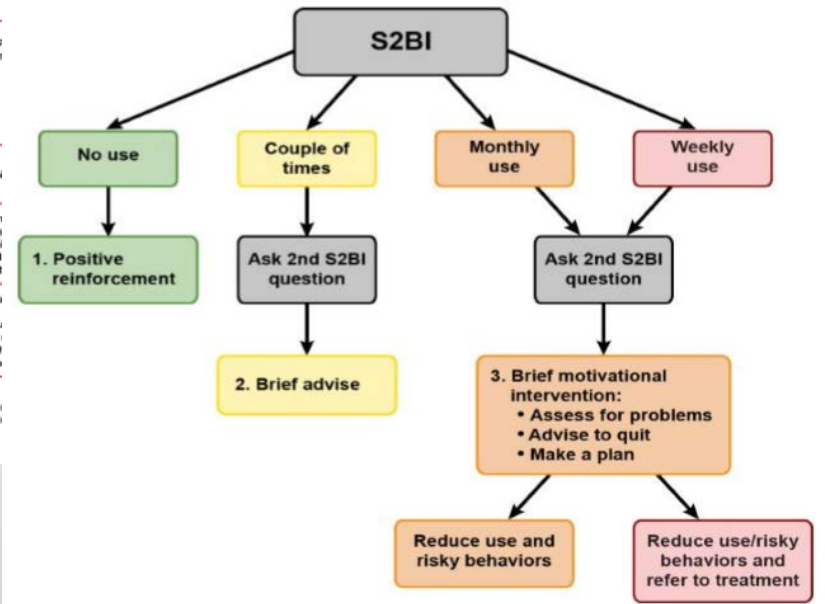
Ask the person to recall the three words you just remember? Record the word list version number.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	1 point
Clock Draw: _____ (0 or 2 points)	Non sequential and final
Total Score: _____ (0-5 points)	Total Accuracy Items

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TO DO: SCREENINGS FOR eCQMS

MEASURE NAME	SCREENER	CPC+	MIPS	HMSA	eMEASURE ID	DATA SUBMISSION METHOD
GROUP 1: OUTCOME MEASURES						
Depression Remission at Twelve Months	PHQ9	X	X	PT	CMS159v5	Claims, Web Intfce, EHR, Regty
Controlling High Blood Pressure		X	X	PT	CMS165v5	Claims, Web Intfce, EHR, Regty
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)		X	X	PT	CMS122v5	Claims, Web Intfce, EHR, Regty
GROUP 2: COMPLEX CARE MEASURES						
Use of High-Risk Medications in the Elderly		X	X	AA	CMS156v5	EHR, Registry
Dementia: Cognitive Assessment	MINI-COG	X	X	AA	CMS149v5	EHR
Falls: Screening for Future Fall Risk	TIMED GET UP & GO	X	X		CMS139v5	CMS Web Interface, EHR
Initiation & Engagement of Drug Dependence Treatment	SBIRT	X	X		CMS137v5	EHR
GROUP 3: OTHER MEASURES						
Closing the Referral Loop: Receipt of Specialist Report		X	X		CMS50v5	EHR
Cervical Cancer Screening	CERVICAL CYTO	X	X	PT	CMS124v5	EHR
Colorectal Cancer Screening	FOBT, SCOPE	X	X	PT	CMS130v5	Claims, Web Intfce, EHR, Regty
Diabetes: Eye Exam	DRE	X	X	PT	CMS131v5	Claims, Web Intfce, EHR, Regty
Tobacco Use: Screening and Cessation Intervention	SBIRT	X	X	PT	CMS138v5	Claims, Web Intfce, EHR, Regty
Use of Imaging Studies for Low Back Pain		X	X		CMS166v6	EHR
Breast Cancer Screening	MAMMOGRAM	X	X	PT	CMS125v5	Claims, Web Intfce, EHR, Regty

<https://app.cms.gov/measures/quality>



TO DO: CARE PLAN

Medical Home Care Plan

Prepared for: _____ PCP: _____ Prepared by: _____

Need: _____

<i>Problem</i>	<i>Activity</i>	<i>Who will do</i>	<i>By when</i>	<i>Expected outcome</i>	<i>Follow-up</i>

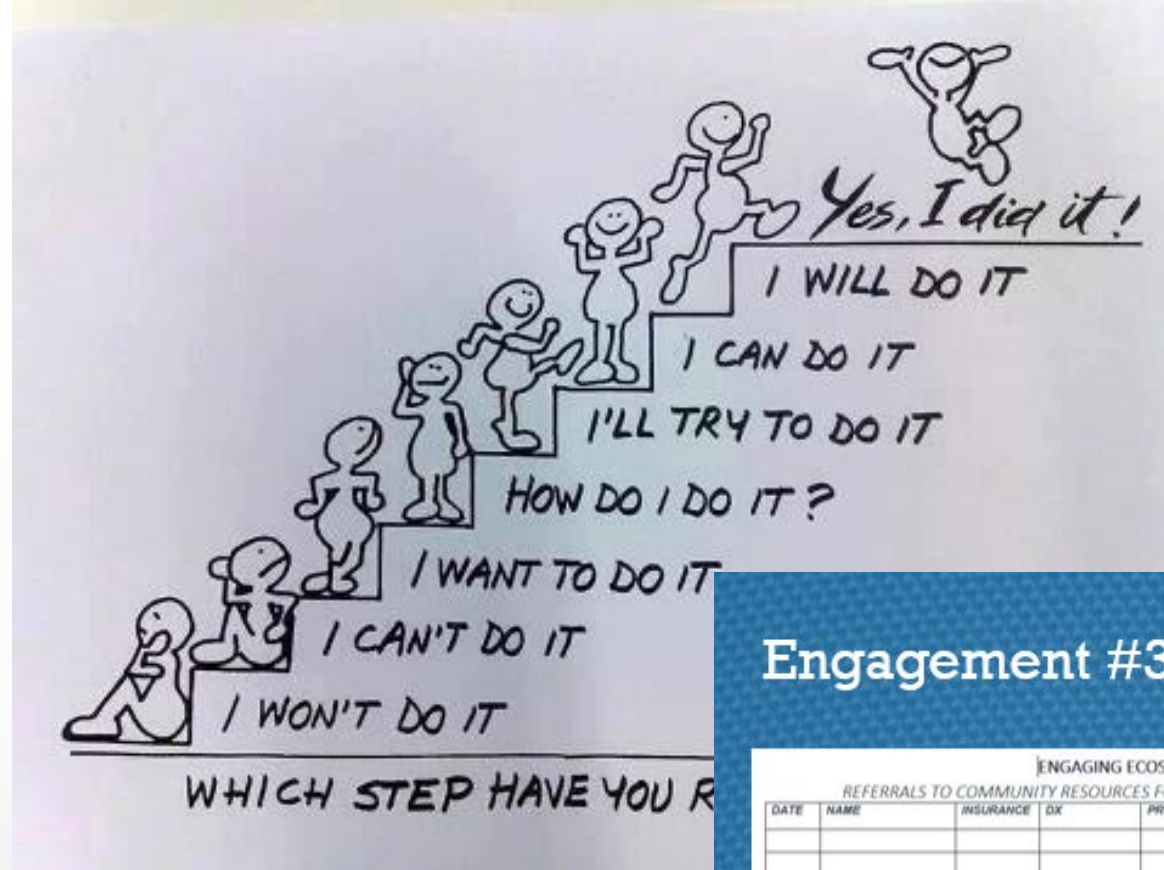
Add'l Info: _____

Best way to contact family: _____ Point of contact for PCMH: _____
Best way to contact PCMH: _____



TO DO: PATIENT SELF- MANAGEMENT

REFER TO "ECOSYSTEM"



Engagement #3: Ecosystem Referral

ENGAGING ECOSYSTEM
REFERRALS TO COMMUNITY RESOURCES FOR PATIENT SELF-MANAGEMENT

DATE	NAME	INSURANCE	DX	PROGRAM	REFERRAL SENT	PATIENT NOTIFIED	PROGRAM COMPLETED

Engagement #3: Ecosystem Referral

By signing below, I certify that I have referred IDMSA members to programs in the ecosystem to support their health and well-being including but not limited to the following:

Check all that apply:

- IDMSA Care Model
- Diabetes Education Program - e.g. In-Center Diabetes Center, Diabetes 101, Quest/ Diabetes Education
- IDMSA and Healthways health education workshops - e.g., Diabetes 101, Hypertension Explained, Family Fitness, Stress Buster
- IDMSA and Healthways health coaching - e.g., chronic disease management, depression, substance abuse, smoking
- Dr. Dean Ornish Program for Reversing Heart Disease™
- Healthways Financial Well-Being™ Powered by Dave Ramsey
- Healthways SilverSneakers™ Fitness
- QoLife™ - tobacco cessation program
- Aloha Kidney - kidney disease education program
- QCDN Care Coordination
- Hospital - e.g. Island Hospital, Hoopa Hospital
- Other (e.g. community-based programs or other resources to assist patients in reaching their health and well-being goals)

I also certify that I referred _____ number of IDMSA members to the above-mentioned programs.



WEBSITES:

MIPS – QPP WEBSITE

<https://qpp.cms.gov>

HMSA Payment Transformation Toolkit

https://hmsa.com/portal/provider/zav_pel.aa.PAY.100.htm

HMSA P4Q

https://hmsa.com/portal/provider/1180-7076_P4Q_Guide_Commercial_QUEST_AA_Primary_Care_010117.pdf



QUESTIONS



Please complete evaluation form

MAHALO!