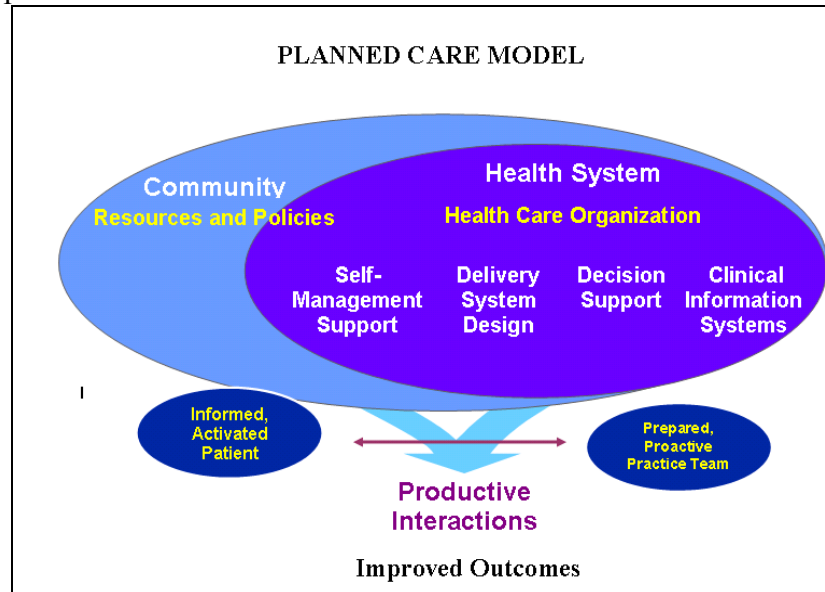


## PPC 2: PATIENT TRACKING AND REGISTRY FUNCTIONS

### Element E: Identifying Important Conditions

#### Item 3: Three CHC-Ally important conditions

The organization is choosing Pregnancy, Diabetes, and ADHD as its three CHC-Ally important conditions. At CHC-A, we provide planned care for patients with high volume, high risk, and high cost conditions. Ed Wagner's Planned Care Model is integral part of our care system at CHC-A; we have created a proactive system of care designed to best address our patients and conditions.



Pregnancy is a high volume, high risk population for us. In 2009, we saw 3,071 prenatal patients for a total of 27,428 visits. Diabetes is a high risk, high cost population at CHC-A. In 2009, we saw 2,255 patients with diabetes for a total of 7,603 visits. We also have a large population of patients with hypertension. We did not choose this as a CHC-A important condition, as 90% of our patients with hypertension also have diabetes. ADHD is a very small population at CHC-A, but is a high risk population. In 2009, we saw 220 patients with ADHD for a total of 580 visits. At CHC-A, we identify populations where our systems fail to meet the population's needs and then focus our redesign on the groups. With ADHD, children need to have access to their medication in order to be successful at school. The phone systems, the system for writing monthly controlled substance prescriptions, the follow up access, community partnerships with the schools are all key to the success of these kids. Other formal planned care populations at CHC-A include:

1. Anticoagulation Therapy
2. Asthma
3. Bipolar Disorder
4. Chronic Pain
5. COPD
6. Depression
7. Latent Tuberculosis
8. Pap Management – patients with abnormal pap tests
9. Tobacco Use

Some of these populations are very small, but are very high risk, such as patients on anticoagulation therapy and patients with chronic pain. High risk populations need population based management.