

PPC 3: CARE MANAGEMENT

Element B: Preventative Service Clinician Reminders

Item 1: Age-appropriate screening tests

Health Monitor that shows on the telephone template and on the home page whenever you enter the patient's chart. This allows to check the status when the patient is in the office and when we are on the phone with the patient we can discuss needed screening.

Health Monitor: Health Maintenance Due		Set Disease Management Protocols	
Due:	Due:	Due:	Due:
Physical Exam 11/19/2010	Tetanus 12/18/2016	Eye Exam 06/02/2009	ALT/AST //
Lipid Panel 05/12/2010	Breast Exam 11/19/2010	Foot Exam 05/07/2010	CPK //
Colonoscopy 04/01/2013	Mammogram 05/07/2010	HgbA1C 05/19/2011	Urinalysis //
Sigmoidoscopy //	PAP Test //	BMP Fasting 11/19/2010	Urine Micro 11/19/2010
FOBT x3 //	GYN Exam //	EKG 11/19/2010	TSH 03/06/2010
Influenza Vac 12/17/2010	DEXA Scan 02/09/2010	Stress Test //	PFT //
Pneumo Vac 10/05/2017	Echocardiogram //	Chest X-ray //	

Template to adjust intervals based on patient age and gender. Allow to remove those items not applicable, such as pap smear for a 72 year old with a hysterectomy.

Item 2: Age-appropriate immunizations

The same Health Monitor displays age appropriate immunizations with recommendations of when they are due and date last given. This is pulled to the telephone template

ADULT IMMUNIZATIONS * for Childhood Immunizations, see Immunizations template									
<input checked="" type="checkbox"/> Influenza ?	Influenza		<input type="checkbox"/>	<input type="checkbox"/>	12/17/2009	1 Year	12/17/2010	Annually starting at age 18	References
<input checked="" type="checkbox"/> Pneumococcal dz ?	Pneumococcal		<input type="checkbox"/>	<input type="checkbox"/>	10/05/2007	10 Years	10/05/2017	Every 10 years starting at age 18	References
	Td		<input type="checkbox"/>	<input type="checkbox"/>	12/18/2006	10 Years	12/18/2016	Every 10 years starting at age 19	References

For pediatric immunizations, the immunization module shows shots due in bold red as a reminder that the child needs a catch up shot.

The screenshot shows the 'Adult Immunizations' tab in a software interface. It displays a table of immunization records for a 6-year-old child (DOB: 06/05/2003). The table has columns for Order, Seq#, Status, and dates for 5 consecutive immunizations. The 'Status' column shows 'Up To Date' for most, but 'Past Due' for Varicella. The 'Date' column shows dates from 02/18/2003 to 07/21/2006. The 'Notes' column includes '(Flu booster)' for the 5th dose. Below the table, there are sections for 'Combination Vaccines' (with checkboxes for Comvax, Pediarix, and TriHIBit) and 'Order sets' (with a 'Place Order' button). A sidebar on the right shows a file explorer with folders like 'JCS 1/3/10 0...', 'Master', 'Allergy', 'Em Hist', 'Immuniz', 'Master', 'Nurse C', 'PEDS C', 'Record', 'ImmAdr', 'Master', 'Procedu', 'CS 8/31/07 0...', 'Em Hist', 'Assess', 'Immuniz', 'Master', 'Nurse C'.

Item 3: Age-appropriate risk assessments

For any patient identified as a smoker, that is recorded on the problem list as well as social history and any chronic care templates such as diabetes or asthma.

The screenshot shows a medical software interface. At the top, there is a 'Problem List' section with a red box highlighting the 'Uses Tobacco?' field, which has radio buttons for 'Current', 'Never', and 'Former' (selected), and a 'Last Asked?' field with the date '05/07/2009'. To the right, there are radio buttons for 'Detailed document', 'Reviewed', and 'History unobtainable'. Below this is a 'Chronic Problem List' section with a table of chronic problems and their codes. A red box highlights the row for 'Polyneuropathy in diabetes' with code '357.2' and 'Tobacco abuse' with code '305.1'. To the right of the chronic problem list is a 'Past Medical History' section with a checkbox for 'Patient DENIES any medical pro'.

Chronic Problem	Code	Disease	Status	Yes
Chronic obstructive pulmonary disease, NOS	496	Upper respiratory infection, acute, NOS	Acute	
DM w/neuro manifest, type II	250.60	Tobacco abuse	Chronic	
Hyperlipidemia, unspec.	272.4	Rhinitis, allergic cause unspec.		
Hypertension, benign	401.1	Polyneuropathy in diabetes	Chronic lower ext	
Polyneuropathy in diabetes	357.2	Phase-of-life problem		
Tobacco abuse	305.1	Peripheral vascular disease, unspec. ie claudicatio	Worse	
Depressive disorder, NOS	311	Male genital disease, other,	Acute	

The medical assistant putting the patient in the room then opens the tobacco template to allow us to quickly document the 5As.

The screenshot shows a 'Tobacco abuse' template form. At the top, there are radio buttons for 'Smokes?' (Current, Never, Former) and a 'Diagnosis' field with 'Tobacco abuse'. Below this is a 'CC / Reason for visit' section with a list of reasons for visit and a text box containing a detailed medical history of diabetes. The 'Tobacco Type' is 'cigarette', 'Packs Per Day' is '0', and 'Cans or bowls/day' is empty. 'Years Smoked' is '40', 'Pack Years' is '10', and 'Year Quit' is '2008'. 'Ever Tried to Quit' has radio buttons for 'Yes' (selected) and 'No'. Below the form is a 'Decision Support' section with a table of encounter dates and a grid for tracking the 5As (ASK, ADVISE, ASSESS, ASSIST, ARRANGE).

Encounter Date: Time	11/14/2007 2:16 PM	10/31/2007 1:03 PM	10/05/2007 2:04 PM	09/14/2007 2:40 PM	08/28/2007 9:05 AM	08/10/2007 2:2
ASK						
Tobacco Type	cigarette	cigarette	cigarette	cigarette	cigarette	cigarette
ADVISE						
Advised to Quit			Yes	Yes		Yes
Advised of second hand smoke			Yes			Yes
ASSESS						
Readiness To Quit			Precontemplation	Precontemplation		Precontemplatic
Reviewed 5 Rs			Yes	Yes		
ASSIST						
Cessation Tips Discussed						
Nicotine Medication						
Additional Medications						
ARRANGE						

Tobacco Flowsheet

ASK Type of Tobacco Used:

ADVISE Patient advised of importance of quitting
 "Quitting smoking is the best thing you can do for your health"
 Discuss the health risks of second hand smoke.

ASSESS
 Readiness to Quit:
 If Patient is ready to quit in next 30 days:
 Collaboratively set quit date:

ASSIST
 Referral to the Outline at 1-800-QuitNow (1-800-784-8669)
 Referral for behavioral change counseling

Prescribed Nicotine Replacement Therapy Decision Support
 Active Prescribe Excluded Stopped
 Brand Name: Dose: Sig:

Prescribed Additional Cessation Medications
 Active Prescribe Excluded Stopped
 Brand Name: Dose: Sig:

Cessation Tips Discussed
 Hand Out Self Help Materials

ARRANGE
 One Week FAJ after quit Date Scheduled Completed
 One Month FAJ after quit Date Scheduled Completed
 Other smoking cessation FAJ Scheduled Completed

OK Cancel

The process is the same for screening for depression risks:

ch Community Health Centers
Patient Assessment
PHQ/CAGE

Name:
 Address:
 City/State/ZIP:

Over the past two weeks, how often have you been bothered by any of the following problems?

Question	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, sad or hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Eating too much or too little?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself - or that you are a failure or let yourself or your family down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble focusing on things, such as reading the newspaper or watching television?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so restless that you have been moving around a lot more than usual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thoughts that you would be better off dead or of hurting yourself in some way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Score:

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

	Not at all difficult	Somewhat difficult	Very difficult	Extremely difficult
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Diabetes **Diagnosis:** DM w/neuro manifest, type I, uncontrolled | 250.63

CC / Reason for visit: diabetes **List of HPI templates**

Group Visit

The diabetes mellitus began in 1985. Risk factors include: American Indian race, Hispanic/Latino American, family history diabetes mellitus, over age 45 years old and sedentary lifestyle. He has been managed with diet, oral medications, insulin and fingerstick blood sugars (). He is experiencing excessive thirst and increased fatigue. Pertinent negatives include blurred vision, constant hunger, foot ulcers, frequent infections, frequent urination, chest pain, weight loss, weight gain, diarrhea, burning of extremities and heartburn. Additional information: Home glucose readings: Min 80, Max 125 Saw Dr. Gill

Flowsheet **PHQ_CAGE** **Self Management** **Home Glucose readings** **Hemoglobin A1C graph**

Encounter Date: Time	10/15/2009 3:00 PM	09/03/2009 3:25 PM	09/03/2009 2:32 PM	07/02/2009 2:04 PM	05/21/2009 2:46 PM ▲
Behavioral Health					
Date	//	//	//	//	//
Immunizations					
Pneumovax Vaccine			excluded		
Date	//	//	10/19/1999	//	//
Influenza Vaccine	completed		due		
Date	10/15/2009	//	10/05/2007	10/05/2007	10/05/2007
PHQ Cage					
PHQ score		2	2	9	
Q09		0	0	0	
Q10				1	
Prevention					
Aspirin Use Status	active		active	active	active
Lipid Lowering Status	Active		Active	Active	Active
ACE/ARB Status	active		active	active	active
Comments					

Item 4: Counseling

For tobacco counseling, the appropriate interventions are then indicated with check box documentation.

Tobacco Flowsheet IPN

Tobacco Flowsheet

ASK Type of Tobacco Used: cigarette

ADVISE Patient advised of importance of quitting
 "Quitting smoking is the best thing you can do for your health"
 Discuss the health risks of second hand smoke.

ASSESS
 Readiness to Quit: Maintenance
 If Patient is ready to quit in next 30 days:
 Collaboratively set quit date: //

ASSIST
 Referral to the [redacted] Quitline at 1-800-QuitNow (1-800-784-8669)
 Referral for behavioral change counseling
Prescribed Nicotine Replacement Therapy Decision Support
 Active Prescribe Excluded Stopped
 Brand Name: _____ Dose: _____ Sig: _____
Prescribed Additional Cessation Medications
 Active Prescribe Excluded Stopped
 Brand Name: _____ Dose: _____ Sig: _____
 Cessation Tips Discussed
 Hand Out Self Help Materials

ARRANGE
 One Week FAJ after quit Date Scheduled Completed
 One Month FAJ after quit Date Scheduled Completed
 Other smoking cessation FAJ Scheduled Completed

OK Cancel

Another example of decision support based counseling is for our patients we screen/diagnose for depression.

Screen print of electronic flow sheet was shown here.

In the Depression flow sheet, it is simple to document key elements of depression management with simple drop lists. The question marks indicate decision support, such as the risk for bi-polar disease below. When the provider clicks on the question mark the definition and risk for bipolar diagnosis pop up to help the provider make an accurate assessment.

The screenshot displays an electronic flow sheet for a patient's depression diagnosis. The main window is titled "Depression Flwst.rpt" and contains several sections:

- Depression Diagnosis:** Episodic Mood Disorders NOS, 296.0
- Visit Information:** Visit With: [blank], Provider: [blank], Visit Description: Ongoing FUJ
- Evaluation:** Treatment Stage: Continuation, PHQ Score: 15, G10: 2, G09: 2. A red box highlights the question mark next to "Risk of Bipolar" with radio buttons for Yes and No.
- Behavioral Health Therapy:** Status: Ongoing, Type: cognitive therapy, Referred to: [blank], Location: CC BHP
- Drug Therapy:** This patient has more medications for MDD therapy in at least one category. See med module. Anti-depressants: Active, Brand Name: AMITRIPTYLINE HCL, Generic Name: AMITRIPTYLINE HCL, Dose: 50MG, Sig Code: [blank]. Anti-psychotics: Active.

A pop-up window titled "Depres BipolarRisk" is open, showing a "Bipolar Risk Assessment". The assessment includes the following text:

The possibility that this depression is part of a Bipolar Disorder should be considered based on a careful history evaluating the patient for episodes of mania, hypomania or overt psychosis.

Screening question: Have you ever had periods of feeling so happy or energetic that your friends told you were talking too fast or that you were too hyper?

Psychosis - Psychosis is a disturbance in the perception of reality, evidenced by hallucinations, delusions, or thought disorganization. Psychotic states are periods of high risk for agitation, aggression, impulsivity, and other forms of behavioral dysfunction.

Mania - Mania causes a person to feel abnormally and persistently elated, irritable, hyperactive, impulsive, and irrational. These feelings last at least one week, and may be severe enough to require hospitalization. The mania of bipolar disorder is not caused by other medical illnesses or drug abuse. Other symptoms may include:

- Feelings of superiority and grandiosity
- Decreased need for sleep, restlessness
- Talking excessively
- Racing thoughts
- Short attention span
- Inappropriate laughing or joking
- Inappropriate spending sprees of sexual activity

Mania often causes a person to have difficulty maintaining relationships with friends and family, and can interfere with work or other responsibilities. During a manic episode, a person's moods can change rapidly from euphoria to depression or irritability.

Hypomania Hypomania is less severe than mania, but causes a significant change in mood that is abnormal for the patient. Hypomania lasts for at least four days, but is usually briefer than manic episodes. Hypomania does not seriously impair a person's ability