

PPC3: Care Management

Element B: Preventive Service Clinician Reminders

We use our EMR's patient alerts that we have built in the Clinical Event Manager to provide guideline-based reminders when the patient is being seen.

Item 1 – Some Age Appropriate Screening Test Examples.

The screenshot displays the 'Clinical Event Manager' application window. The title bar reads 'Clinical Event Manager'. Below the title bar is a menu bar with 'File' and 'Modules'. A toolbar contains various icons for file operations and editing. Below the toolbar is a menu bar with 'Save', 'Cancel', 'Delete', 'Import', and 'Export'. The main window is divided into two panes. The left pane, titled 'Rule Definitions', contains a list of rules with a scroll bar. The right pane, titled 'Rule Maintenance', contains a form for editing a rule. The 'Rule Maintenance' form includes a 'Rule Category' dropdown menu, a 'Rule Description' text box, a 'Status' dropdown menu set to 'Active', and two checkboxes: 'Continuous Selection' and 'Do not trigger an alert for this rule'. Below these are 'Instructions \ Purpose' text box and a list of criteria categories: Demographics Criteria, Clinical Visit Criteria, CPT Procedure Codes, ICD9 Diagnosis Codes, Lab Results, Medications, Medcin, Vital Signs, Allergies and Adverse Reactions, and Consults. The bottom of the window has a navigation pane with buttons for 'Rule Definitions', 'Protocols', 'Actions / Letter Builder', 'Results', and 'Letter Processing'.

Rule Definitions

- DM-A1c Every 90 Days
- DM-Foot inspection
- Depression - PHQ9 every 6 mos
- Glucose Fingerstick Every Visit
- HTN - BP Control
- IZ - Pnuemovax 65 yrs and over
- Living will
- PSA Yrly Males age 50-70
- SBIRT Brief Screen
- See Health Coach (BMI over 25)
- See Health Coach DM, CVD
- See Hispanic Health Coach (BMI)
- See Hispanic Health Coach (CVD or DM)
- Smoking status-13 above
- Well Child 1-2 y.o.
- Well Child 12-18 y.o.o
- Well Child 7-12 mos
- Well Child <6 mos
- Well child 3-6 years
- Well child 6-12 years
- Womens Wellness Connection Eligible

Rule Maintenance

Rule Category: [Dropdown] Categories

Rule Description: [Text Box] Reset Rule

Status: Active [Dropdown] Continuous Selection

Do not trigger an alert for this rule

Instructions \ Purpose: [Text Box]

Criteria Categories:

- Demographics Criteria
- Clinical Visit Criteria
- CPT Procedure Codes
- ICD9 Diagnosis Codes
- Lab Results
- Medications
- Medcin
- Vital Signs
- Allergies and Adverse Reactions
- Consults

Navigation:

- Rule Definitions
- Protocols
- Actions / Letter Builder
- Results
- Letter Processing

The alerts are available several places within the navigation of a chart. Here is one example:

The screenshot shows a medical software interface. On the left is a sidebar titled 'Medicin (Symptoms)' with a list of categories including 'encounter background info', 'systemic symptoms', 'head-related symptoms', 'neck symptoms', 'eye symptoms', 'otolaryngeal symptoms', 'breast symptoms', 'cardiovascular symptoms', 'pulmonary symptoms', 'gastrointestinal symptoms', 'genitourinary symptoms', 'endocrine symptoms', 'hematologic symptoms', 'musculoskeletal symptoms', 'neurological symptoms', 'psychological symptoms', 'skin symptoms', 'pediatric screening', and 'allergic / immunologic'. The main area contains three panels:

- Deferred Orders:** A table with columns: Delinquent, CPT Code, Description, Proposed Date, Problems, Deferring Clinician, Deferred Date, Deferred By.
- Clinical Event Manager:** A table with columns: Rule, Action, Next Action, Next Action Date. A red box highlights this table.

Rule	Action	Next Action	Next Action Date
IZ - Pnuemovax 65 yrs and over	Make phone call	Final Phase	
Living will	Make phone call	Final Phase	
SBIRT Brief Screen	Make phone call	Final Phase	
Smoking status-13 above	Make phone call	Final Phase	
- Orders Not Performed:** A table with columns: Reviewed, Date Ordered, Description.

At the bottom, there are buttons for 'Encounter' and 'Active Forms'.

Alerts may be view at from anywhere in the provider organizer, including from phone calls.

The screenshot shows a 'Clinical Console' interface. At the top, it says 'User is MONETTER'. Below is a navigation bar with icons for 'Navigation', 'Orders', 'Encounters', 'Appointments', 'Phone Calls', 'Flags', 'Next Patient', 'Documentation', 'Medications', and 'Med'. The 'Phone Calls' icon is highlighted with a red box and a callout bubble labeled 'Patient alert icon'. Below the navigation bar is a 'Screen Actions' section with icons for 'Refresh', 'Back', and 'Forward'. On the left is a 'My Tasks' sidebar with categories: 'Appointments (29)', 'My Next Patient (3)', 'Medical Calls (32)', 'Personal Calls', and 'Flags'. The main area is a data table with columns: Chart, Priority, Inbox, Co, Pat, Date/Time, Flag, Superbill. The table contains several rows of data, with the last row highlighted in yellow.

Chart	Priority	Inbox	Co	Pat	Date/Time	Flag	Superbill
	Normal		Ra	Ra	08/12/2010 02:06 PM	P	AI
	Normal		Ma	Ma	Call Date and Time :51 AM	P	M
	Normal		Piz	Piz	08/13/2010 01:48 PM	P	M
	Normal		Sa	Sa	08/16/2010 09:30 AM	P	C
	Normal		He	He	08/16/2010 02:29 PM	P	C
	Normal		De	De	08/16/2010 03:12 PM	P	R
	Normal		Ta	Le	08/16/2010 03:51 PM	P	AI
	Urgent		Re	Mc	08/17/2010 09:34 AM	P	M
	Normal		Ma	Ma	08/17/2010 10:16 AM	P	M
	Normal			De	08/17/2010 02:18 PM	P	R
	Normal		Av	Av	08/17/2010 04:35 PM	P	M
	Normal		Vo	Vo	08/17/2010 04:38 PM	P	M

At the bottom, there are buttons for 'Outgoing Call', 'Urgent', and 'Private'.

Item 2 – Age-appropriate immunizations

In addition to patient alerts, our EMR has a module that allows staff to see at a glance where a child is with immunizations.

Complete	Vaccine	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years
<input type="checkbox"/>	HEP B PEDS									
<input type="checkbox"/>	ROTOVIRUS VACC 3 DOSE...	ROTOVIRUS VACC 3 DO								
<input type="checkbox"/>	DTaP		DTaP			DTaP				DTaP
<input type="checkbox"/>	HIB-Act				Hib					
<input type="checkbox"/>	PREVNAR		PCV		PCV					
<input type="checkbox"/>	IPV		IPV							IPV
<input type="checkbox"/>	MMR				MMR					12/4/2008
<input type="checkbox"/>	VARICELLA				Varicella					12/4/2008
<input type="checkbox"/>	HEP A PEDS				HepA		HepA		10/24/20...	12/4/2008
<input type="checkbox"/>	TDAP									
<input type="checkbox"/>	HPV 3 DOSE IM									
<input type="checkbox"/>	MENINGOCOCCAL									
<input type="checkbox"/>	FLU VACCINE NO PRESER...		Influenza							Influe...>3yrs
<input type="checkbox"/>	PNEUMOVAX/2+ YRS									

5 Years, 9 Months, 15 Days

Legend

- Range of recommended ages for all children - Misc. Vaccines
- Range of recommended ages for all children except certain high-risk groups
- Range of recommended ages for certain high-risk groups

Item 3 – Age-appropriate Risk Assessments

In addition to patient alerts, templates prompt staff to perform risk assessments such as smoking, depression, substance abuse, diet, etc. Here are some examples:

Staff use this form first when checking in a patient:

Age/Sex Specific | DM/HTN/Asthma/Depression | SMG | PHQ-9 | Geriatric Depression Screening | Mood Questions | SBIRT Brief Screen | Classes/Resources | Outline View

FOR WOMEN - Dates REQUIRED

LMP Onset

Reported Pap Smear Onset

Reported Mammogram Onset

If 50+, Date of Colonoscopy Onset

FOR MEN OVER 50 - Dates REQUIRED

Reported PSA Onset

Reported Prostate Exam Onset

If 50+, Date of Colonoscopy Onset

SMOKING CESSATION QUESTIONS

AGE 13 UP - must have smoking status

Smoking

Chewing Tobacco

Wishing To Stop Smoking

Attempt(s) To Stop Smoking

Guidance: Tobacco Use

Referral to Quit Line

FOR SENIORS 65 & OVER

Do GERIATRIC DEPRESSION SCREEN
yearly for pts 65+. (See Tab Above)

PTS OVER 65 NEED A FLU SHOT YEARLY

Reported A Recent FLU SHOT **Date REQUIRED* Onset

ALL PATIENTS OVER 65 NEED ONE PNEUMOVAX IN LIFETIME

Reported A PNEUMOVAX *Date REQUIRED* Onset

VISION SCREEN

Vision (uncorrected) R 20/

Vision (uncorrected) L 20/

CORRECTED Vision 20/

CORRECTED Vision 20/

Teen Screen

LIVING WILL/ ADVANCE DIRECTIVES

A living will is a legal document that a person uses to make known his or her wishes regarding life prolonging medical treatments. It can also be referred to as an advance directive, health care directive, or a physician's directive. It is important to have a living will as it informs your health care providers and your family about your desires for medical treatment in the event you are not able to speak for yourself.

Do we have living will/advance directive in chart? Onset

Encouraged/Educated Pt about Living Will Onset

DENTAL EDUCATION

Dental Visits - Dentist Referral

Tooth Brushing - Dental Counseling

SIGNATURE: PF type in your name

Depression Screen

Age/Sex Specific | DM/HTN/Asthma/Depression | SMG | PHQ-9 | Geriatric Depression Screening | Mood Questions | SBIRT Brief Screen | Classes/Resources | Outline View

Over the past 2 weeks, how often have you been bothered by any of the following problems?

NOT AT ALL = 0
SEVERAL DAYS = 1
MOST DAYS = 2
NEARLY EVERYDAY = 3

PHQ-9 SCREENING		0	1	2	3
1. Little interest or pleasure in doing things?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
2. Feeling down, depressed or hopeless?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
3. Trouble falling, or staying asleep, sleeping too much?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
4. Feeling tired or little energy?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
5. Poor appetite or overeating? (please specify)	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
6. Feeling down, like a failure, like you have let yourself or your family down?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
7. Trouble concentrating on things?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
8. Fidgety, unable to sit still or the opposite, moving or speaking slowly so people notice?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>
9. Thoughts that you would be better off dead or hurting yourself in any way?	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/>

PHQ-9 Depression Scale Score Y Onset

Staff: Mark the Y, put the PHQ9 score (total of marks above) in the box beside it today's date.

Ask the patient: Out of the questions you answered yes to, how severe do you feel these symptoms are in relation to your day to day living?

Symptom Severity

Not difficult at all - ENTER 0

Somewhat difficult - ENTER 1

Very difficult - ENTER 2

Extremely difficult - ENTER 3

Staff: Put the corresponding number (0,1,2,3) in the box beside it.

SIGNATURE: PF type in your name

Substance Abuse Screen (SBIRT)

Age/Sex Specific | DM/HTN/Asthma/Depression | SMG | PHQ-9 | Geriatric Depression Screening | Mood Questions | SBIRT Brief Screen | Cl

SBIRT Brief Screen

1. Have you smoked cigarettes or used other tobacco products in the past 3 years? Y N

2. On average, how many days per week do you drink alcohol?

3. On a typical day when you drink, how many drinks do you have?

4. What is the maximum number of drinks you have had on any given day in the last month?

5. Do you use prescription drugs for reasons other than prescribed, more frequently than prescribed, or any illicit drugs? Y N

POSITIVE - Referral to SBIRT Educator Y

SIGNATURE: PF type in your name

Positive Brief Screens: A yes answer to question 1 or 5 is a positive screen, or if patient is under the age of 21
Questions 2, 3, and 4 will depend on the quantity or frequency. These questions are based on the following guidelines:
Men may be at risk for alcohol related problems if their alcohol consumption exceeds 14 standard drinks per week or more than 4 drinks per day.
Women may be at risk if they have more than 7 standard drinks per week or more than 3 drinks per day.
Men and women 65 and older may be at risk for alcohol related problems if they have more than 7 standard drinks per week or more than 2 drinks per day.

Multiply answers for questions 2 and 3 together. Positive screen if:
Greater than 14 for men
Greater than 7 for women
Greater than 7 for men and women age 65 and older

For question 4, positive screen if:
More than 4 standard drinks for men
More than 3 standard drinks for women
More than 2 standard drinks for men and women age 65 and older

Nutrition Screen for an 18 month old

NUTRITION

Breast-feeding? Y

times per day

Bottle-feeding? Y N

Weaned To Cup At Age (months) Y N

WIC Services Y N

Regular Table Foods Started At Age (months) Y N

Difficulty feeding solid foods? Y N

Dietary History Y

Milk - Type and Amount:
 Juice - Amount:
 Fruit:
 Vegetables:
 Meat:

Item 4 – Counseling

Again, patient alerts remind staff to provide or refer patients to Resources, Health Coaches & SBIRT Health Educator for counseling on diet, exercise, smoking cessation, substance abuse issues, etc.

Clinical Event Manager

File Modules

Save Cancel Delete Import Export

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Rule Maintenance

Rule Category: [Dropdown] Categories

Rule Description: [Text Box] Reset Rule

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Instructions \ Purpose: [Text Box]

- Demographics Criteria
- Clinical Visit Criteria
- CPT Procedure Codes
- ICD9 Diagnosis Codes
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- Medicin
- Vital Signs
- Allergies and Adverse Reactions
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Rule Definitions

Protocols

Actions / Letter Builder

Results

Letter Processing

And templates prompt staff to make the referral or collect appropriate data:

Plan and Return | Consults | **CLASSES/RESOURCES** | Signatures | Instructions | Outline View

REFERRAL RESOURCES

<p>Diabetes Class <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Aug 12 and 19, Sept 16 and 23, Thursdays Part 1 - What is Diabetes and How to Care For It by Mary Shy, FNP and Certified Diabetes Educator; Part 2 - How to Eat Right for Diabetes by [redacted] Registered Dietitian.</p> <p>Nutrition Class <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>By [redacted] Registered Dietitian. FREE! 5:45-7:30, Oct 14 FAMILY FEAST, Nov 18, HEART HEALTH, Food and recipes provided.</p> <p>Healthier Living Colorado Classes <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>FREE 6 week class. Patients get help with the challenges of living with an ongoing condition like heart disease, lung disease, diabetes, or arthritis. Helps patients cope with fatigue, frustration, pain, and stress.</p> <p>Tomando Control Classes <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>FREE SPANISH 6 week class 5:30-8 pm. Patients get help with the challenges of living with an ongoing condition like heart disease, lung disease, diabetes, or arthritis. Helps patients cope with fatigue, frustration, pain, and stress.</p> <p>Silver Sneakers <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Tues and Thurs 9-10 am LCC Fitness Center. Muscular strength, range of motion, activity for daily living skills, hand held weights, elastic tubing with handles, resistance ball. A chair is used for seated and/or standing support. \$37.12 /4 mos. FREE w/ Medicare + AARP, Humana, Secure Retirement</p>	<p>Saturday Stroll <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>LCC Fitness Center <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Lamar Community Bldg Workouts <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Community Building Punch Card <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Tobacco Cessation <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Patient Navigator <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>[redacted] Heart Smart Patient Navigator, helps patients overcome barriers to medical care, assists with making appointments, paying for medications, and finding resources for patients.</p> <p>Community Health Worker <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>[redacted] Community Health Worker, provides community outreach and education, helps community members better manage and understand their chronic conditions, and provides info on cardiac risk, blood pressure checks, and FREE cholesterol screenings.</p> <p>Registered Dietitian <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Meet one on one with [redacted] Registered Dietitian, to learn how food choices play a role in energy level, bone health, weight management, and risk for heart disease, diabetes, and some cancers.</p> <p>SBIRT Health Educator <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Meet one on one with [redacted] SBIRT Health Educator, to learn healthy levels of alcohol use, alcohol and substance use risk, to health, education about substance use, and, if necessary, referral to treatment.</p>	<p>Health Coach <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Hispanic Health Coach <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Culturally competent assistance for Spanish speaking patient who need help with SM goals, education, and removal of barriers to better health</p> <p>Prowers Co Community Referral Team <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>CERT: Assistance for you, your child, your family or someone you care about... Project Coordinator, will help families with info about services in [redacted] County, referrals, advocacy, case management, planning and problem-solving.</p> <p>Outreach Department <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>[redacted] and [redacted] enroll eligible patients into assistance programs: CIGP, HPC Slide, Migrant, Women's Wellness Connection, Medicaid, CHP+, and OB programs.</p> <p>Compassionate Drug Program <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Pharmaceutical companies offer many assistance programs for patients who cannot afford their medications. See [redacted] in our dispensary.</p> <p>Mental Health <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Mental Health Clinician, sees patients in our main medical facility to integrate physical and behavioral health.</p>	<p>Provider Appointment <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Other: FREE TEXT <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Dentist / Dental Care <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>A healthy mouth is important for overall health. Some chronic diseases cause poor dental health and poor dental health contributes to some chronic diseases. See a dentist [redacted]</p>
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ASSIST counseling to learn healthy levels alcohol use, substance use risk to health and referral to treatment.

ASSIST | SBIRT Brief Screen | **CLASSES/REFERRALS** | Outline View

POSITIVE - Referral to SBIRT Educator

Tobacco use <input checked="" type="checkbox"/> <input type="checkbox"/>	Inhalants Use <input checked="" type="checkbox"/> <input type="checkbox"/>
Alcohol Use <input checked="" type="checkbox"/> <input type="checkbox"/>	Sedatives Use <input checked="" type="checkbox"/> <input type="checkbox"/>
Cannabis Use <input checked="" type="checkbox"/> <input type="checkbox"/>	Hallucinogens Use <input checked="" type="checkbox"/> <input type="checkbox"/>
Cocaine Use <input checked="" type="checkbox"/> <input type="checkbox"/>	Opioids Use <input checked="" type="checkbox"/> <input type="checkbox"/>
Amphetamine Use <input checked="" type="checkbox"/> <input type="checkbox"/>	Other-specify <input checked="" type="checkbox"/> <input type="checkbox"/>

Brief Intervention: Pos Feedback for Neg Screen

Brief Intervention: F/U with pt for SBIRT

ASSIST Completed

Referral for Assessment

Negative Data Transferred to SBIRT

Health Educator Form

Signature: [redacted] Health Educator

SMOKING CESSATION QUESTIONS

Smoking

Chewing Tobacco

Wishing To Stop Smoking

Attempt(s) To Stop Smoking

Guidance: Tobacco Use

Referral to Quit Line

SMG: Cut Smoking To Zero Packs/Day (packs/day)

For UDS reporting when cessation counseling occurs with provider visit

Tobacco Cessation Counseling Visit: 3-10 Mins (CPT 99406)

Tobacco Use Cessation Counseling Visit: > 10 mins

For UDS reporting when BI or ASSIST performed with provider visit

Drug/Alc Abuse Screen, Brief Intervent 15-30 Min

Drug/alc Abuse Screen, Brief Intervent > 30 Min