



Standard PPC 2, Patient Tracking and Registry Functions Commonly Asked Questions

PPC2, Element A: Basic Systems for Managing Patient Data

Can my practice use a Medical Record Review sample of 36 patients as supporting documentation of Element A?

No. Element 2A requires the practice to run a report from its electronic system (billing, registry, practice management, EHR) that has searchable data fields. The practice should query its electronic system to obtain a denominator (total number of patients seen by the practice at least once in three months) and a numerator (number of patients for whom each item in 2A is entered) to obtain a percentage. Showing screenshots of data fields does not meet the intent this element.

PPC 2, Element C: Use of Electronic Clinical Data

If my practice has documentation that an advance directive was given to a patient but no documentation that it was completed, would that count as “yes” in the Medical Record Review Workbook?

No. Factor #10 requires the medical record to show documentation of completed directives or documented decline to do so, returned from the patient. Documentation showing that the form was given to patient without receipt of completed directives does not meet intent.

If a patient does not need labs, imaging or pathology, what should I enter in the Medical Record Review Workbook for Factors 7, 8 and 9?

This element requires for data to be entered in data fields. “Not applicable” is not an option for these Factors. If the field is populated with data, choose “yes” the field is completed. If the field is not populated with data, choose “no” the field is not completed. If lab, imaging or pathology tests have not been ordered, and the fact that none were ordered is documented, select “yes”. If the field is blank, select “no”.

PPC 2, Element D: Organizing Clinical Data

My practice does not see any pediatric patients, how can I respond to Factors 6 and 7 in the Medical Record Review Workbook?

A practice should enter “no” if the requirements of the factors are not present or not used. Scoring for this element requires practices to document only 3 of the 7 factors listed for a certain percentage of patients. When the program was developed, it was understood that some factors would not apply to all specialties. If your practice meets 3 of the 7 factors, then your score will not be affected.



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PPC 2, Element E: Identifying Important Conditions

Do the three clinically important conditions need to be based on the top three diagnoses the practice sees?

No, the clinically important conditions may be the most frequently seen diagnoses (based on number of patients with conditions, number of visits for the conditions, total fees billed or other measures of costs associated with conditions). They may also be based on the other criteria outlined in the explanation of the Standards and Guidelines in Element 2E – conditions amenable to care management, conditions for which the practice is measuring performance or receiving rewards for performance, or conditions selected/targeted to improve performance.

Can my practice select acute conditions for the clinically important conditions?

The practice may select acute conditions. However, there may be some acute conditions where the practice will not be able to respond to the requirements of Elements 3D and 4B.

If a practice does select acute conditions, it should use conditions that are applicable to the components of care management support – Element 3D (i.e., writing individualized care plans, treatment goals, assessing patient progress towards goals, assessing barriers when patients have not met goals, see the other factors listed in the Element) and are applicable to the components of self-management support – Element 4B (i.e., providing educational resources and self-monitoring tools, providing or connecting to self-management support programs, see the other factors listed in the element).

Can my practice select well-child care, obesity or tobacco dependence as a clinically important condition?

Yes.

Can my practice select anti-coagulant therapy, lifestyle management, or preventive care as a clinically important condition?

No, treatments do not qualify and non-specific maintenance protocols do not provide the opportunity to change the condition or meet goals.