

Physician Practice Connections—Patient Centered Medical Home

ELEMENT 3B: Preventive-service clinician reminders

4 pts

LIMITED
Electronic Systems

The practice uses guideline-based reminders to prompt physicians about a patient’s preventive care needs at the time of the patient’s visit.

The practice should have systems in place to alert or remind clinicians about preventive services for patients during the patient’s office visit. Alerts may be paper-based or electronic prompts for clinicians to order screening tests, immunizations, risk assessments or counseling.

EXAMPLE * Documentation

Paper Reminder for Risk Assessments, Immunizations, Screening Tests

IMMUNIZATIONS				
MMR/Polio				
Tetanus				
Pneumovax				
Influenza				
Hepatitis B				
OTHER				
Bone Density Scan				
Healthcare Proxy				
RISK FACTORS				
Smoking				
Smoke Detectors				
Gun Safety				
Alcohol				
Drugs				
Violence (Domestic)				
Mental Health Concerns				

EHR with Risk Assessment Reminders

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES

- American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/
- American Academy of Family Physicians PCMH page: <http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>
- American Academy of Pediatrics Medical Home Resource page: <http://www.medicalhomeinfo.org/tools/providerindex.html>
- American Osteopathic Association Home page: <http://www.osteopathic.org/index.cfm>
- NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx
- ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx
- NCQA Customer Support: customersupport@ncqa.org

Physician Practice Connections—Patient Centered Medical Home

ELEMENT 3C: Practice organization

3 pts

LIMITED
Electronic Systems

The practice maintains a team approach to managing patient care.

A team approach includes use of nonphysician staff. Shared responsibilities are designed to maximize each team member’s level of training and expertise. In small practices, roles may be designated for the physician, the nurse and existing administrative staff. Supporting documentation for this element includes protocols, job descriptions, standing orders that show how the practice involves nonphysician staff in various aspects of patient care management.

EXAMPLE * Documentation

Medication Refill Protocol									
Exceptions (Route to Doctor)									
<ul style="list-style-type: none"> • Antibiotics • Pregnant • Allergies/ Adverse Reactions to Medications Being Prescribed • Any class of medication other than below 									
Class of meds	Cholesterol Reducing	Hypertension	HCTZ/ Diuretic For HTN	Cardiac (Digoxin and others)	Metered Dose Inhalers	Allergy (allegria, zyrtec, nasal steroids)	Diabetes	GI (Nexium, Protonix, etc.)	Anti Depressant (Paxil, Prozac, etc)
Type of lab	Lipid fast CMP	BMP or CMP	BMP Q6mo	Digoxin level, potassium			HbA1c Q3mo. Lipid Q6 mo		
Visit Frequency	6 mo.	6 mo. If pt comes in regularly, otherwise 1 month and revisit	6 mo. If pt comes in regularly, otherwise 1 month and revisit	6 mo.	Check chart note for revisit; no less than every 6 mo.		3 months unless HbA21C<7, then Q 6 mo.		See chart note; minimum Q 6 mo.

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES

American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/

American Academy of Family Physicians PCMH page:

<http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>

American Academy of Pediatrics Medical Home Resource page:

<http://www.medicalhomeinfo.org/tools/providerindex.html>

American Osteopathic Association Home page: <http://www.osteopathic.org/index.cfm>

NCQA’s PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx

ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx

NCQA Customer Support: customersupport@ncqa.org

Physician Practice Connections—Patient Centered Medical Home

ELEMENT 3D: Care management of important conditions

5 pts

LIMITED
Electronic Systems

The practice demonstrates the use of various components of care management for patients with one or more of the clinically important conditions.

The practice documents care management support that physician and nonphysician staff provide to patients who have one of the three clinically important conditions (Element 2E). Using information documented in the patient record, the practice provides a report **or** a completed Medical Record Review Workbook, showing that clinicians provided specific components of care management: individualized care plans and treatment goals; medication review; assessment of barriers to patient goals.

EXAMPLE* Documentation

Patient Number	Clinically Important Condition	Review Medication?	Review Self-Monitored Results	Assess Treatment Goal Barriers?	Assess Medication Barriers?	Follow-Up Missed Appointments?	Review Clinical Measurement?	Complete After-Visit Follow-Up?	Total Number of Component Used
3 D - Care Management Support Components									
1	diabetes	yes	yes	yes	no	yes	yes	yes	5
2	hypertension	yes	no	no	no	yes	yes	yes	4
3	diabetes	yes	no	no	no	yes	yes	no	3
4	diabetes	yes	yes	yes	yes	yes	yes	yes	7
5	hyperlipidemia	yes	no	no	no	yes	yes	no	3
6	hypertension	yes	yes	no	no	yes	yes	no	4
7	hypertension	yes	yes	no	no	yes	yes	yes	5
23	hyperlipidemia	yes	no	no	no	no	yes	no	2
24	hyperlipidemia	yes	no	yes	yes	yes	yes	yes	6
32	diabetes	yes	no	yes	no	yes	yes	no	4
33	hyperlipidemia	yes	no	yes	no	yes	yes	yes	5
34	hypertension	yes	yes	no	no	yes	yes	no	4
35	diabetes	yes	yes	no	yes	yes	yes	yes	6
36	hyperlipidemia	yes	yes	no	no	yes	yes	no	4
Patient Files (Yes)									11
Patient Files (No)									25
Patient Sample Size (Yes-No)									36
Percentage of Patients (Yes/Sample)									30.6%

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES

American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/

American Academy of Family Physicians PCMH page:

<http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>

American Academy of Pediatrics Medical Home Resource page:

<http://www.medicalhomeinfo.org/tools/providerindex.html>

American Osteopathic Association Home page: <http://www.osteopathic.org/index.cfm>

NCQA's PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx

ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx

NCQA Customer Support: customersupport@ncqa.org

Physician Practice Connections—Patient Centered Medical Home

ELEMENT 3E: Continuity of care

5 pts

LIMITED
Electronic Systems

The practice coordinates care with external organizations and other physicians.

The practice identifies patients treated in inpatient and outpatient settings and contacts them after discharge to provide or coordinate follow up care. It maintains processes for coordinating care for patients who receive care management or disease management services and provides coordination for patients who receive care from other physicians.

EXAMPLE * Documentation

Date of ER Visit	Diagnosis	Follow up call	Follow up appointment
	SOB	We admitted pt	Pt has problems with providing care for his wife.
	Cath drop	Yes	no f/u necessary
	Fever dialysis pt	F/u to specialist	no f/u with us
	Injured L. Hand	no f/u necessary	
	Diarrhea, fever, vomiting	Told to go to ER	Pt told to go to Er by us
	Flu	F/u scheduled	
	Leg Bleed	F/u scheduled	
	Dialysis Pt C/p		Pt referred to pt assist for meds
	Blood Test	F/u scheduled	
	Sodium Level	f/u scheduled	
	Dropped Arms		
	Chest Pain	Pt has been called	Not been in since

*This is an example and is not an endorsement of a specific software or format.

ADDITIONAL RESOURCES

American College of Physicians PCMH page: http://www.acponline.org/running_practice/pcmh/

American Academy of Family Physicians PCMH page:

<http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html>

American Academy of Pediatrics Medical Home Resource page:

<http://www.medicalhomeinfo.org/tools/providerindex.html>

American Osteopathic Association Home page: <http://www.osteopathic.org/index.cfm>

NCQA's PPC-PCMH Home Page: www.ncqa.org/ppcpcmh.aspx

ORDER PPC-PCMH Standards and Survey Tool: www.ncqa.org/ppcpubs.aspx

NCQA Customer Support: customersupport@ncqa.org