Knowing and Managing Your Patients

(KM Competency C and D)

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Community Health Solutions

Community Health Solutions

Knowing and Managing your Patients (KM)

The practice captures and analyzes information about the patients and community it serves and uses the information to deliver evidence-based care that supports population needs and provision of culturally and linguistically appropriate services.

KM – Competency C

The practice proactively addresses the care needs of the patient population to ensure needs are met.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
KM 12 (Core)	**Proactive Outreach:** Proactively and routinely identifies populations of patients and reminds them, or their families/caregivers about needed services (must report at least three categories): A. Preventive care services. B. Immunizations. C. Chronic or acute care services.* D. Patients not recently seen by the practice.	*Report/list **AND** Outreach materials* (KM 13 can be substituted for B ONLY)* **Outreach materials OR KM 13*	*3D1-4, 6G10*
KM 13 * (2 Credits)	**Excellence in Performance:** Demonstrates excellence in a benchmarked/ performance-based recognition program assessed using evidence-based care guidelines.	*Report **OR** HSRP or DRP recognition for at least 75% of eligible clinicians*	*No equivalent*

KM 12 (Core)

Proactive Outreach: Proactively and routinely identifies populations of patients and reminds them, or their families/caregivers about needed services (must report at least three categories):

- **A. Preventive care services.**
- **B. Immunizations.**
- **C. Chronic or acute care services.**
- **D. Patients not recently seen by the practice.**

The practice uses lists or reports to manage the care needs of specific patient populations. Using collected data on patients, the practice addresses a variety of health care needs using evidence-based guidelines, including missing recommended follow-up visits. The practice implements this process at least annually to proactively identify and remind patients, or their families/caregivers, before they are overdue for services.

KM 12 Examples

- A: Preventive Care examples:
  - Well child, pediatric screenings, well adult, mammograms, colorectal screenings, fasting blood sugar, stress test
- B: Immunizations examples:
  - Flu, Tdap, pneumonia
- C: Chronic or acute care examples
  - Adults: diabetes care, CAD care, lab values outside normal range
  - Children: asthma, ADHD, ADD, obesity, depression
- D: Patients not recently seen by practice examples:
  - overdue for an office visit or service (e.g. care management follow-up visit, overdue periodic physical)

KM 13 (2 Credits)

Excellence in Performance: Demonstrates excellence in a benchmarked/ performance-based recognition program assessed using evidence-based care guidelines.

- At least 75 percent of eligible clinicians have earned NCQA HSRP or DRP Recognition.
- Alternatively, the practice demonstrates that it is participating in a program that uses a common set of measures to benchmark participant results, has a process to validate measure integrity and publicly reports results. The practice shows (through reports) that clinical performance is above national or regional averages. Examples of programs may include MN Community Measures, Bridges to Excellence, IHA or other performance-based recognition programs.

KM Competency C Tips and Tricks

- Our understanding is that KM 12 requires three services over three categories (one service per category). *You can do more - but you don't have to.*
- Outreach correspondence and patient list is needed for EACH identified service
- Patient lists should not exceed (be dated older than) one year.
- Clarify the difference between preventive and chronic measures
- Measures must be unique (no duplicate measures can be used across criteria)

Knowing and Managing Your Patients

KM 12: Example

MRN/Pat Name	Pat Acct No	Pat Type	Hospital Service	Patient Area Code	Patient 2015	2 2016	2014 Cases	Address
[redacted]	[redacted]	Ou[redacted]	HC ADULT HEALTH CENTER	[redacted]		1	0	[redacted]
		Ou[redacted]	HC ADULT HEALTH CENTER			1	0	
		Ou[redacted]	HC ADULT HEALTH CENTER			1	0	
			HC ADULT HEALTH CENTER			1	0	
						1	0	
						1	0	
						1	0	
						1	0	
						1	0	

Dear Patient

Our records indicate you have not been to the office recently.

Please phone the office at (973) 555-5555 to schedule your appointment with ABC Health Center.

For the visit to be as beneficial as possible, we will need your help in preparing for it.

Your participation is vital for good health. Thanks for taking care of yourself and helping to prepare for your visit.

Please bring your current medications list to your checkup. And be prepared to discuss your healthcare goals.

Sincerely,
ABC Health Center

Overdue Menactra Patients

REMINDER RECALL PATIENT LIST

Patients age 0 through 227 months old due between 02/06/2012 and 03/07/2012 for the recommended interval for MEN any dose

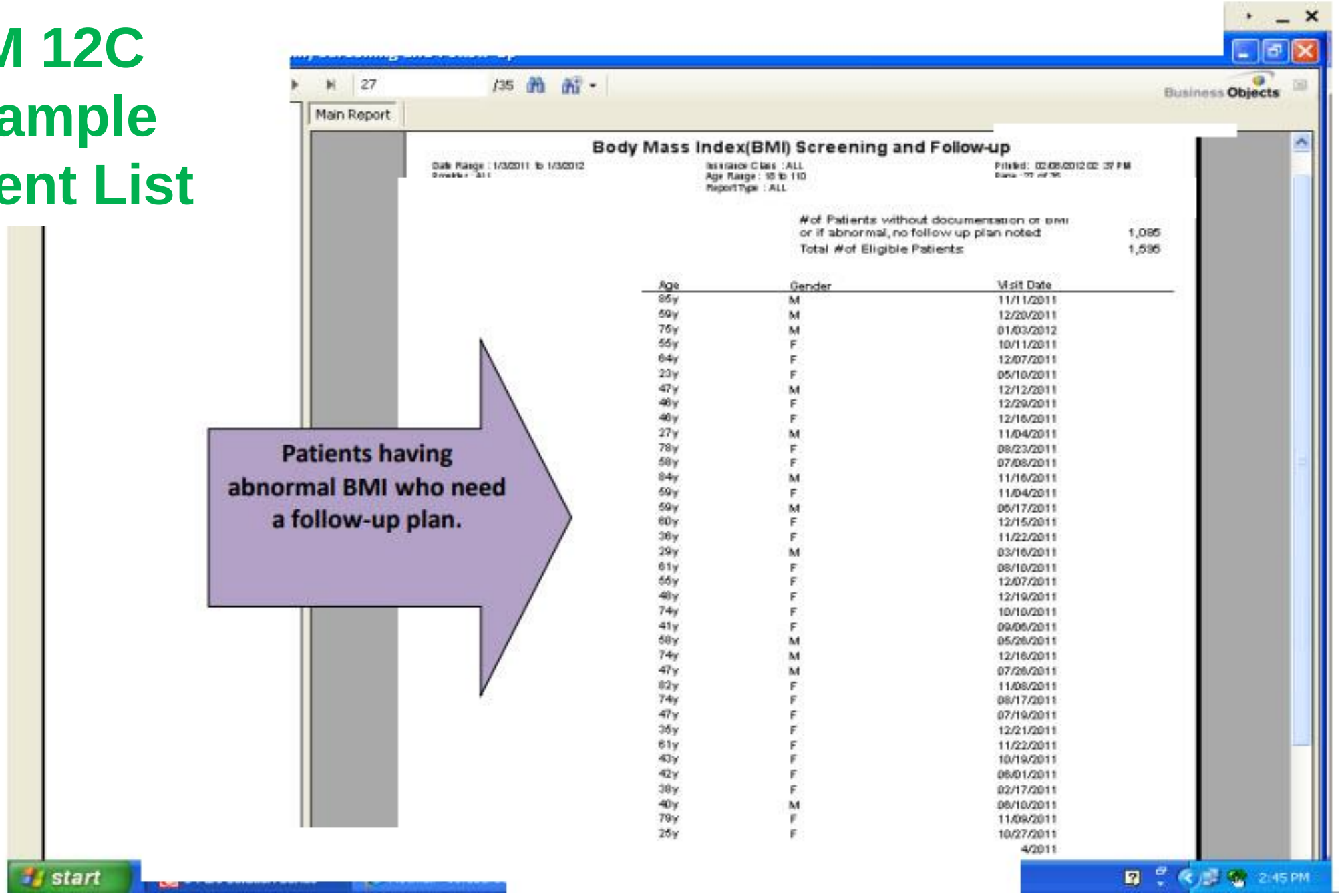
58 patients selected.

Standard 2, Element D

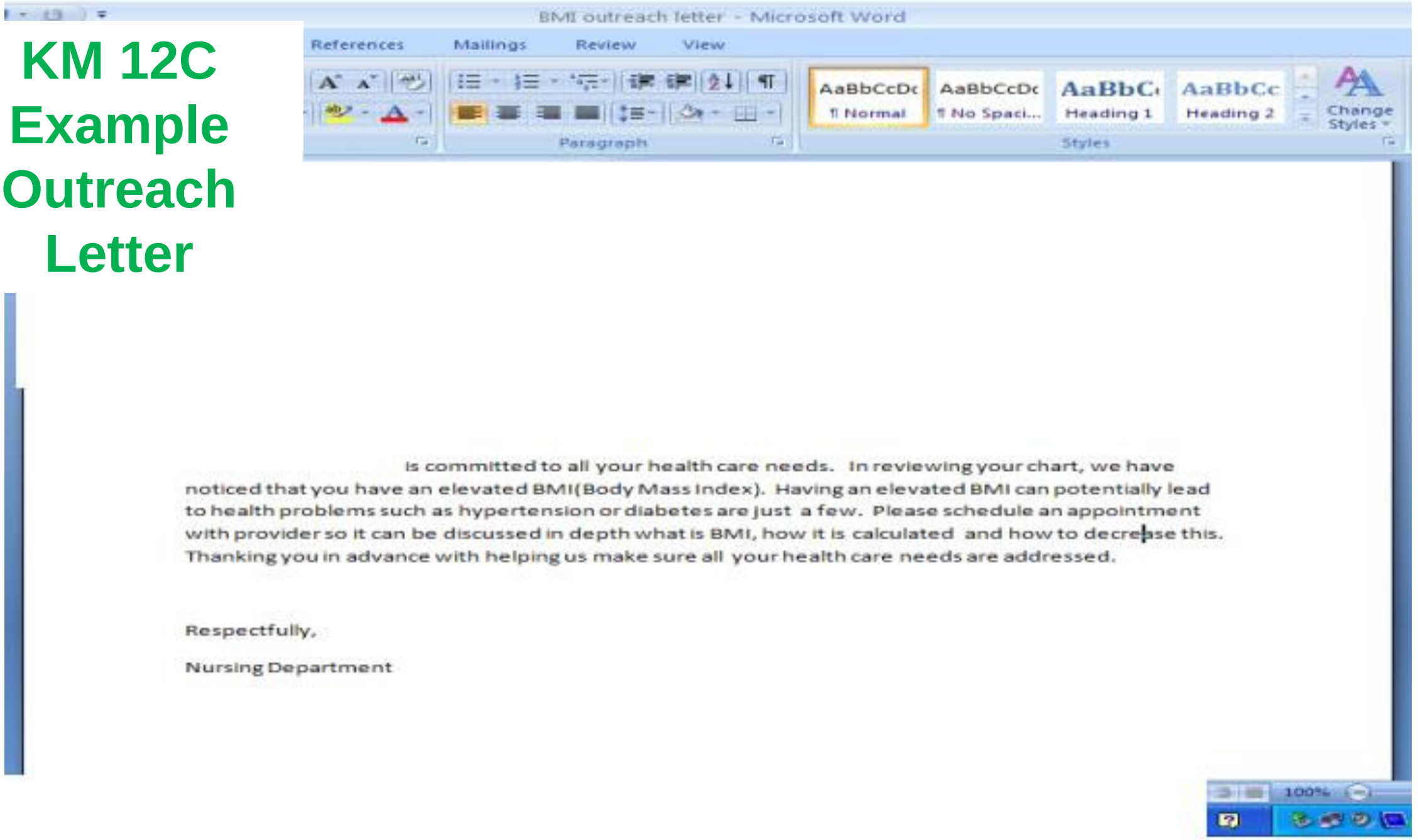
Patient Name	DOB Age	Series	Dose	Due Date	Guardian Name (Relationship)	Home Phone Work Phone	Address
[redacted]	[redacted]	DTAP	5	03/07/2012			
		MEN	1	08/16/2011			
		TDAP	1	08/16/2010			
		DTAP	6	10/18/2011			
		HEP A	2	02/17/2012			
		MEN	1	10/18/2011			
		VZV	2	09/14/2011			
		TDAP	1	10/18/2010			
		DTAP	6	02/13/2012			
		MEN	1	02/13/2012			
		TDAP	1	02/13/2011			
		DTAP	6	02/28/2012			
		MEN	1	02/28/2012			
		VZV	2	01/05/2010			
		TDAP	1	02/28/2011			
		DTAP	6	02/28/2012			
		MEN	1	02/28/2012			
		TDAP	1	02/28/2011			
		HPV	3	02/28/2012			
		MEN	2	08/05/2011			
		VZV	2	09/13/2011			
		TDAP	1	07/12/2007			
		DTAP	6	02/23/2012			
		MEN	1	02/23/2012			
		TDAP	1	02/23/2011			
		MEN	2	02/08/2012			
		VZV	2	11/22/2010			
		DTAP	4	02/18/2008			
		MEASLES	1	03/27/2002			
		MUMPS	1	03/27/2002			
		RUBELLA	1	03/27/2002			
		MEN	1	02/18/2012			
		POLIO	3	02/18/2005			
		TDAP	1	02/18/2011			
		DTAP	6	02/23/2012			
		MEN	1	02/23/2012			
		VZV	2	06/13/2005			
		TDAP	1	02/23/2011			
		DTAP	5	03/02/2011			
		MEASLES	2	03/02/2005			
		MEN	1	03/02/2012			
		POLIO	4	03/02/2005			
		TDAP	1	03/02/2011			
		DTAP	5	03/03/2011			
		MUMPS	1	11/09/2010			
		RUBELLA	2	11/09/2010			
		MEN	1	03/03/2012			
		POLIO	4	03/03/2005			
		TDAP	1	03/03/2011			

KM 12A Example Patient List

KM 12C Example Patient List



KM 12C Example Outreach Letter



KM Competency C FAQs

How many reports are practices required to submit to meet the criteria of KM 12?

For KM 12 A-D, practices should submit the following for each service:

1. *Reports or lists of patients needing each service (A-D), generated within the past 12 months, and*
2. *Materials showing how patients are notified of the needed service.*

So if you are submitting three services total, you would submit three separate reports. Note: Practices may run one report for all criteria if the report indicates the date when it was run and the service(s) for which the patient is due.

KM Competency C FAQs

Are practices required to provide a separate letter, phone script or other method for each service needed? KM 12

No. Practices may use the same documentation if:

- *The same method is used for each service.*
- *Practices provide an example of the outreach used.*

KM Competency C FAQs

What are some examples of adult preventive services or screenings? KM 12

- *Adult practices may identify lists of patients needing screenings (e.g., mammograms, colorectal screenings), check-up visits, annual lab testing or well-woman visits. Preventive measures must encompass a practice's entire appropriate population (not only patients with chronic conditions). The intent of preventive measures is that practices use their systems to identify specific groups of patients in need of services and to improve the quality of care for all patients in the practice.*

KM Competency C FAQs (cont'd)

Our clinic treats adults and children. How do we handle the criteria of KM 12?

- *If your practice serves both adult and pediatric populations, for criteria in KM 12 that require more than one service, you should demonstrate that you use data for population management for both patient populations but you do not have to identify patients from both population for every sub-criteria in KM 12.*
- *For example, for KM 12 B, you may use one of the immunizations for your pediatric population, but the second immunization should focus on your adult population. For A, C or D, you may use either your pediatric or adult patient population or both depending on the criteria you use for patient not recently seen (D). Please note that the practice may not use two age groups of patients for the same service. For example (still using KM 12 B), if you use flu shots as your pediatric immunization, then you must select another service as the second, different immunization for the adult population.*

KM – Competency D

The practice addresses medication safety and adherence by providing information to the patient and establishing processes for medication documentation, reconciliation and assessment of barriers.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
KM 14 (Core)	**Medication Reconciliation**: Reviews and reconciles medications for more than 80 percent of patients received from care transitions.	*Report*	*4C1-2*
KM 15 (Core)	**Medication Lists:** Maintains an up-to-date list of medications for more than 80 percent of patients.	*Report*	*3B9; 4C6*
KM 16 (1 Credit)	**New Prescription Education**: Assesses understanding and provides education, as needed, on new prescriptions for more than 50 percent of patients/families/caregiver.	*Report **AND** Evidence of implementation*	*4C3-4*
KM 17 (1 Credit)	**Medication Responses and Barriers**: Assesses and addresses patient response to medications and barriers to adherence for more than 50 percent of patients, and dates the assessment.	*Report **AND** Evidence of implementation*	*4C5*

KM – Competency D
(continued)

The practice addresses medication safety and adherence by providing information to the patient and establishing processes for medication documentation, reconciliation and assessment of barriers.

Criteria	Criteria Description	Required Evidence	Crosswalk to 2014
KM 18 * (1 Credit)	**Controlled Substance Database Review:** Reviews controlled substance database when prescribing relevant medications.	*Evidence of implementation*	*No equivalent*
KM 19 * (2 Credits)	**Prescription Claims Data:** Systematically obtains prescription claims data in order to assess and address medication adherence.	*Evidence of implementation*	*No equivalent*

KM 14 (Core)

Medication Reconciliation: Reviews and reconciles medications for more than 80 percent of patients received from care transitions

- The practice reviews all prescribed medications a patient is taking and documents this in the medical record. Conflicts or potential discrepancies in medications are identified and addressed by clinical staff. Medication review and reconciliation occurs at transitions of care, or at least annually.
- Maintaining an accurate list of a patient's medications reduces the possibility of duplicate medications, medication errors and adverse drug events. Medication reconciliation is an important safety net for patients received from care transitions, because they are more likely to be elderly, use multiple pharmacies, multiple providers and have co-morbid conditions.
- **Medication reconciliation** is the process of obtaining and maintaining an accurate list of all medications a patient is taking and addresses any potential conflicts including name, dosage, frequency and drug-drug interactions.

KM 15 (Core)

Medication Lists: Maintains an up-to-date list of medications for more than 80 percent of patients.

- The practice routinely collects information from patients about medications they take and keeps up-to-date lists of patients' medications.
- Medication data should be captured in searchable fields.
- The list should include the date when it was last updated, prescription and nonprescription medications, over-the-counter medications and herbal and vitamin/mineral/dietary (nutritional) supplements.
- Evidence is a Report.

KM 16 (1 Credit)

New Prescription Education: Assesses understanding and provides education, as needed, on new prescriptions for more than 50 percent of patients/families/caregivers.

The practice uses patient-centered methods, such as open-ended questions (i.e., teach-back collaborative method), to assess patient understanding. Educational materials are designed with regard to patient need (e.g., reading level). Lack of understanding, due to low health literacy or communication barriers, leads to poorer health outcomes and compromises patient safety.

KM 17 (1 Credit)

Medication Responses and Barriers: Assesses and addresses patient response to medications and barriers to adherence for more than 50 percent of patients, and dates the assessment.

- The practice asks patients if they are having difficulty taking a medication, are experiencing side effects and are taking the medication as prescribed. If a patient is not taking a medication as prescribed, the practice determines why.
- Patients cannot get the full benefit of their medications if they do not take them as prescribed.

KM 18 (1 Credit)

Controlled Substance Database Review: Reviews a controlled substance database when prescribing relevant medications.

- The practice consults a state controlled-substance database—also known as a Prescription Drug Monitoring Program (PDMP) or Prescription Monitoring Program (PMP)—before dispensing Schedule II, III, IV and V controlled substances. The practice follows established guidelines or state requirements to determine frequency of review.
- This can prevent overdoses and misuse, and can support referrals for pain management and substance use disorders.
- For a list of PDMPs by state: http://www.pdmpassist.org/content/state-pdmp-websites

KM 19 (2 Credit)

Prescription Claims Data: Systematically obtains prescription claims data in order to assess and address medication adherence.

The practice systematically obtains prescription claims data or other medication transaction history. This may include systems such as SureScripts e-prescribing network, regional health information exchanges, insurers or prescription benefit management companies. The practice uses prescription claims data to determine whether a patient is adhering to the medication treatment plan.

KM Competency D FAQs

How frequently must medication reconciliation occur? KM 14 (Core)

- *Medication reconciliation must occur at least annually and at all transitions of care.*

Do excerpts from medical records indicating that new medications and side effects were reviewed with the patient/family/caregiver meet the requirement, or must practices submit a specific medication handout? KM 16 (1 credit)

- *Practices determine the best method for sharing new medication information with patients; however, for documentation purposes, practices must note in the medical record how they provided the information to the patient. To earn credit, practices must meet the threshold of more than 50 percent, and provide an example demonstrating how this information is recorded in the medical record.*

KM Competency D FAQs

Does supplying information on all new prescriptions duplicate information provided by a pharmacy? KM 16 (1 credit)

- *No. Although it may be duplicate information, practices cannot assume that the pharmacy provided the information to the patient. Practices must ensure that patients/families/caregivers understand why medication was prescribed and its benefits and potential harms to the patient. Additionally, patients might not review prescription information provided by a pharmacy, and information might not be tailored to the needs of the patient/family/ caregiver. Communication and partnership with patients are critical functions of the patient-centered medical home.*

KM Competency D FAQs

May practices assess response to medications relevant to treating a specific disease of interest? KM 17 (1 credit)

- *No. Practices must ask about all medications prescribed to the patient and assess their efficacy, especially for patients identified in CM 01 as needing care management. They may have multiple comorbidities and medications, so it is crucial to evaluate their response and barriers to adherence for all medications prescribed to them.*

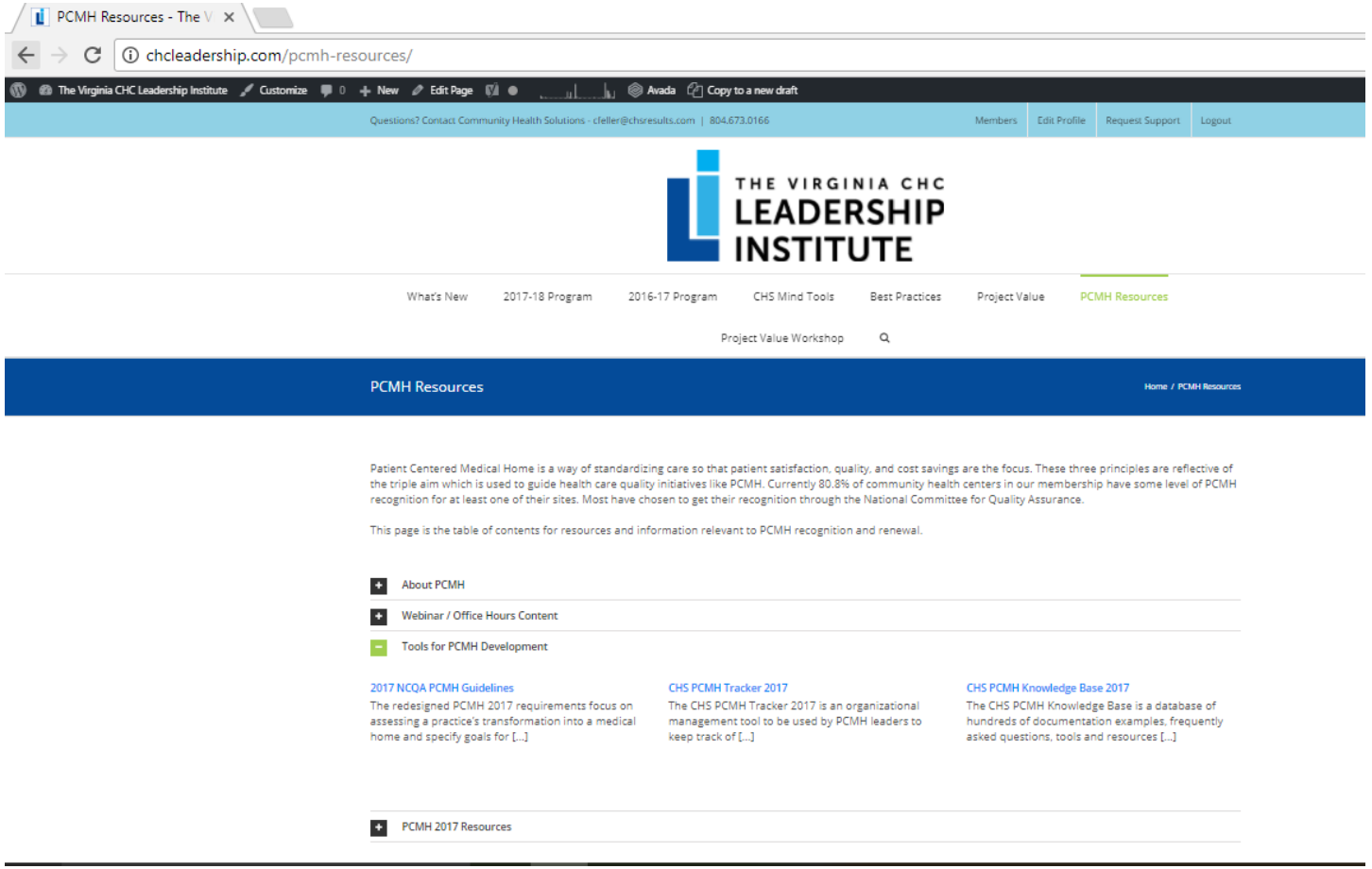
Questions?

Announcements

- ***NCQA PCMH Standards and Guidelines (2017 Edition, Version 2) was published on 09/30/2017.***
- *The reason for this is that the changes made were mainly cosmetic. NCQA was focused on fixing typos and rephrasing some guidance language for clarity.*
- *There were only three changes that are worth noting. Those include changes to TC 05, TC 08 and KM 11B.*
  - ***For TC 05**, the requirements outlined in the guidance for practices to have "completed the required security risk analysis. and implemented security updates to correct identified risks" have been removed. This criterion now only requires evidence that the practice has a certified EHR.*
  - ***For TC 08**, the guidance language for this requirement was revised to remove the part in the first sentence indicating that the care manager has "training and licensure to provide psychotherapeutic treatment directly".*
  - ***For KM 11B**, the criterion language was changed for clarity. It now reads: "Educates practice staff on health literacy" instead of "Address health literacy of the practice staff".*

We plan to post these changes and/or notify customers about these changes but haven't identified the best avenue for doing so as we also didn't feel these small changes required a table. If you have any additional questions, please don't hesitate to contact us.

http://chcleadership.com/pcmh-resources/



http://store.ncqa.org/index.php/catalog/product/view/id/2776/s/2017-pcmh-standards-and-guidelines-epub/