

Yakima Neighborhood Health Services

Patient Centered Medical Home



- * Phillip Dove, MD Chief Medical Officer
- * Michelle Sullivan, MS, Quality Improvement Coordinator
- * Rhonda Hauff, COO/Deputy CEO



NCQA Patient Centered Medical Home Recognition ('11)

Homeless Respite Care ('08)

Dental Clinic Opens in Sunnyside ('07)

2011

Transitional / Permanent Supportive Housing ('07)

2008

First Federal Grant - Health Care for the Homeless ('05)

Pharmacy Opens ('04)

2007

JCAHO "Extreme Score" ☺ 99 ('03)

"Richey House" Donation and Clinic Expansion ('02)

2005

"Models that Work" National Nominee ('01)

JCAHO Accreditation ('00)

2000

Pediatric Dental Initiative / Dental Clinic Opens in Yakima ('96)

New Facility Completed / Financed by Yakima Federal ('94)

1995

YNHS gains MUA designation for all Yakima County ('92)

Maternity Access Legislation ('89)

Immigration Reform (IRCA) ('86)

1990

HUD Community Development Block Grant ('81)

WIC ('81)

1985

Maternal Child Health ('80)

1980

Primary Care ('79)

1980

1975



YAKIMA, WA
Neighborhood
HEALTH

www.ynhs.org

Yakima Neighborhood Health Services



“Neighborhood Connections” Health Care for the Homeless



Yakima Neighborhood Health Services @ Central Washington Comprehensive Mental Health



Transitional/Permanent Housing



Homeless Respite Care



Additional YNHS Services



- ❧ Dental Care
- ❧ Pharmacy
- ❧ Maternity Support / Home Visiting
- ❧ Behavioral Health / Onsite & Outreach
- ❧ Nutrition Services
- ❧ Eligibility Assistance – Health Coverage
- ❧ Emergency Services
- ❧ Homeless Prevention & Rapid Rehousing
- ❧ Disability Lifeline & HEN (Housing & Essential Needs)

File Edit Default View Tools Utilities Window Help

Yakima Neighborhood Medical Wynne, Jessica C ARNP

HOMELESS HOME Patient: Homeless None Test Mary Age: 54 Gender: Female DOB: 03/12/1957
 Current Provider: Jessica C. Wynne ARNP Current Encounter: 04/01/2011

Visit Type: **New HCH** Historian: **self** Place of Service: **Union Gospel Mis** Time In: Time Out:

Medications No Medications Medications reviewed **Comment**

Medication	Dose	Sig Description	Start Date	Stop Date

Interpreter Needed Yes No

Primary Language Spoken: **English**

Alerts Patient Service Info

Outgoing Referrals

Referral Date	Completed	STATUS	Facility Referred To	Facility Referred To - Other	Specialty
//	//				
01/14/2011	//	ordered			Health Coverage

Homeless Services

Service Date	Staff	Service	Place Of Service

Self Sufficiency Goals

Encounter Date:Time	11/13/2010 1:06 PM	12/18/2010 8:58 AM	01/14/2011 9:13 AM
Income	2	1	1
Employment	3	1	1
Shelter	2	1	1
Food	2	2	2
Childcare	2		

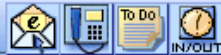
PHQ Score

Date	Score
01/14/2011	10
12/18/2010	22

Navigation: Homeless Home, Patient Demographic, Standard Communication, Social History, Medical History, Homeless Demographics, Case Conference, Homeless Encounter, Self Sufficiency 1, Self Sufficiency 2, Self Sufficiency 3, Homeless Service Pl, PHQ-9, CAGE, GAF Scale, BH Progress Note, BH Outcomes, Adult Office Visit, Nurse Protocol, RN Chronic Visit, Nutrition Assessment, Immunizations, Chart Summary

Preview Offline





Homeless Encounter Form

Navigation

- Homeless Home
- > Patient
- Demographics
- Standard
- Communication

- Social History
- Medical History
- > Homeless
- Demographics
- Case Conference
- > Homeless Encoun

- Self Sufficiency 1
- Self Sufficiency 2
- Self Sufficiency 3
- Homeless Service Plan

- PHQ-9
- CAGE
- GAF Scale
- BH Progress Note
- BH Outcomes

- Adult Office Visit
- Nurse Protocol
- RN Chronic Visit
- Nutrition Assessment
- Immunizations

Preview Offline

Service Date	Provider ID	Staff ID	Patient ID	DOB	Gender	Zip Code
04/01/2011	Wynne ARNP, Jessic	Rhonda D. Hauff	000000036283	03/12/1957	F	98901
Encounter Type (check only one):		<input type="checkbox"/> Face to Face <input type="checkbox"/> Telecommunication				
Appointment Type (check only one):		<input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled				

this is where i write my note about today's visit and document the details of the encounter, along with the estimate of time. this space is for the note about my visit. I should also write my discipline.

Person Providing Service (check only one)

<input type="checkbox"/> Case Manager	<input type="checkbox"/> Health Educator	<input type="checkbox"/> Nurse (RN, LPN)	<input type="checkbox"/> Physician's Assistant / ARNP
<input type="checkbox"/> Community Health Worker	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Counselor/Therapist	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Outreach Worker	<input checked="" type="checkbox"/> Social Worker
<input type="checkbox"/> Dental Personnel	<input type="checkbox"/> Midwife	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Other
<input type="checkbox"/> Eligibility/Financial Worker		<input type="checkbox"/> Physician (MD or DO)	

Homeless Service(s) Provided

Place of Service:

Initial Intake	Initial Intake	10 to 19 min	Save
Other Assessments	Arizona Self Sufficiency Matrix	10 to 19 min	Save
Eligibility Assistance	GAU (HCH06), Medicalid Application (HCH00)	20 to 29 min	Save
Health Education / Supportive Counseling	Harm Reduction, Condom Distribution	< 5 min	Save
For Something Unknown			Save
Outreach Services			Save
Transportation Services	Bus Tokens (HCH16)	< 5 min	Save
Other Enabling Services	Clothing, Crisis Stabilization, Advocacy	5 to 9 min	Save

Service Date	Staff	Service	Place Of Service
04/01/2011	Rhonda D. Hauff	Arizona Self Sufficiency Matri	Union Gospel Mission
04/01/2011	Rhonda D. Hauff	PHQ9	



Self Sufficiency Assessment

Self Sufficiency Assessment

Page 1

Page 2

Page 3

Income

- No income
- Inadequate income or inappropriate spending
- Can meet basic needs with subsidy; appropriate spending
- Can meet basic needs and manage debt
- Income sufficient, well managed, has discretionary income

Employment

- No job
- Temporary part-time or seasonal work, inadequate pay or no benefits
- Employed full time; inadequate pay or benefits
- Employed full time with adequate pay/ benefits
- Maintains permanent employment with adequate income and benefits

Shelter

- Homeless or threatened with eviction
- Transitional, temp or substandard housing or current payment unaffordable
- In stable safe housing but only marginally adequate
- Household is safe, adequate, subsidized housing
- Household is safe, adequate, unsubsidized housing

Food

- No food or means to prepare. Relies on free or low-cost food
- Household on food stamps
- Can meet basic food needs but requires occasional assistance
- Can meet basic food needs without assistance
- Can choose to purchase any food

Childcare

- No childcare available; no help available
- Childcare is unreliable or unaffordable but limited
- Affordable subsidized childcare is available
- Reliable, affordable, childcare is available; no need for subsidies
- Can select quality childcare of choice

Childrens Education

- 1 more eligible children not enrolled in school but not attending classes
- 1 or more eligible children enrolled in school but not attending classes
- Enrolled in school, but 1 or more only occasionally attend class
- Enrolled in school and attending most classes
- All eligible children enrolled and attending school on a regular basis

Self Sufficiency Assessment

Self Sufficiency Assessment

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Adult Education

- Literacy problems and/or no high school diploma/GED
- Enrolled in literacy and/or GED program; has sufficient command of English
- Has high school diploma/GED
- Needs additional adition/training to improve employment or function effectively
- Has completed aduestion/training needed to become employable

Legal

- Current outstanding tickets or warrants
- Current charges/trial pending/ noncompliance with probation/parole
- Fully compliant with probation/parole terms
- Successfully completed probation/parole w/in past 12 mths; no new charges filed
- No felony criminal history and/or active criminal justice involvement > 1 year

Healthcare

- No medical coverage AND immediate need
- No medical coverage. Great difficulty accessing medical care when needed
- Some members (children) have health
- All members can get medical care but may strain budget
- All members have affordable health coverage

Life Skills

- Unable to meet basic needs - hygiene, food
- Can meet a few ADLS
- Can meet most ADLS without assistance
- Able to meet all basic needs without assistance
- Able to provide beyond basic needs of daily for self and family

Mental Health

PHQ-9

- Danger to self or others, recurring suicide ideation
- Recurrent MH symptoms but not a danger to self/others; functioning problems
- Mild symptoms present; only moderate difficulty functioning
- Minimal symptoms of stressors; only slight impairment in functioning
- Symptoms are absent or rare; good or superior functioning in wide ranges of activities

Substance Abuse

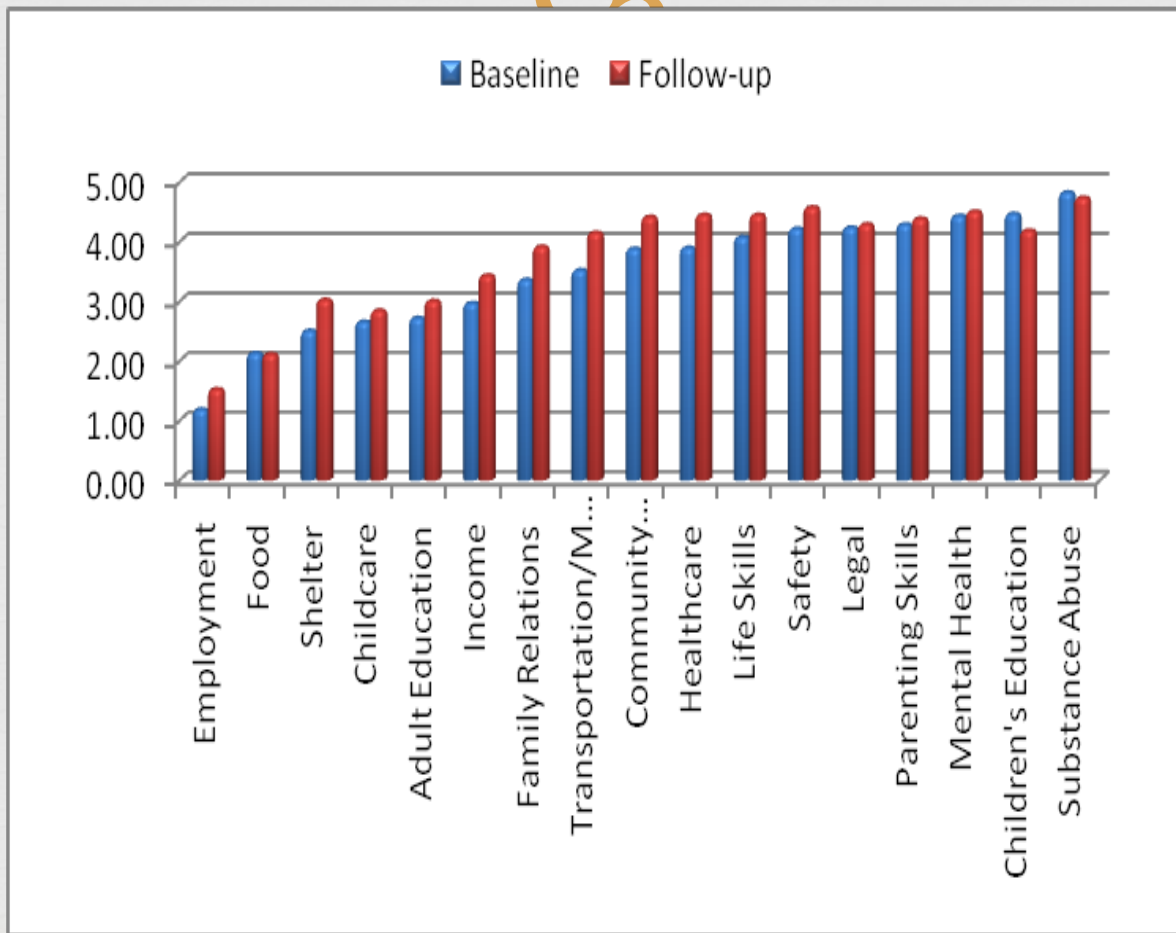
CAGE

- Meets criteria for severe abused/ dependence; institutionalization maybe necessary
- Meets critera for dependence; preoccupied with drugs/alcohol
- Use within last 6 months; problems related to use, persisted for at least 1 month
- Has used during last 6 months; no evidence of recurrent problems or dangerous use
- No drug/alcohol abuse in last 6 months

Self Sufficiency Assessment

Self Sufficiency Assessment	Page 1	Page 2	Page 3
<input checked="" type="checkbox"/> Family Relations <ul style="list-style-type: none"> <input checked="" type="radio"/> Lacks necessary support from family or friends; DV/child abuse present or child neglect <input type="radio"/> Family/friends supportive but lack ability or resources to help; potential for abuse/neglect <input type="radio"/> Some support from friends/family; seek to change negative behavior <input type="radio"/> Strong support from family or friends <input type="radio"/> Has health/expanding support network; household is stable and communication is open 			
<input type="checkbox"/> Transportation Mobility <ul style="list-style-type: none"> <input checked="" type="radio"/> No transportation available <input type="radio"/> Transportation available but unreliable, unpredictable, unaffordable. No insurance/license <input type="radio"/> Transportation is available and reliable but limited. Drivers minimally insured <input type="radio"/> Transportation generally accessible to meet basic travel needs <input type="radio"/> Transportation readily available and affordable; car is adequately insured 			
<input type="checkbox"/> Community Involvement <ul style="list-style-type: none"> <input type="radio"/> No community involvement; in survival mode <input type="radio"/> Socially isolated and/or no social skills; lacks motivation to become involved <input checked="" type="radio"/> Lacks knowledge of ways to become involved <input type="radio"/> Some community involvement (advisory group, support group) <input type="radio"/> Actively involved in community 			
<input checked="" type="checkbox"/> Safety <ul style="list-style-type: none"> <input checked="" type="radio"/> Home or residence is not safe; possible CPS involvement <input type="radio"/> Safety is threatened. Temporary protection is available <input type="radio"/> Current safety is minimally adequate; ongoing safety planning is essential <input type="radio"/> Environment is safe but future uncertain; safety plan important <input type="radio"/> Environment is apparently safe and stable 			
<input type="checkbox"/> Parenting Skills <ul style="list-style-type: none"> <input type="radio"/> Safety concerns regarding parenting skills <input checked="" type="radio"/> Parenting skills are minimal <input type="radio"/> Parenting skills are apparent but not adequate <input type="radio"/> Parenting skills adequate <input type="radio"/> Parenting skills are well developed 			
Average of All Scores 2.24			

Self Sufficiency Progress Report



PPC-PCMH 2008 to PCMH 2011



- ✧ YNHS received NCQA PCMH Level 3 Recognition under the PPC-PCMH 2008 standards.
- ✧ Current standards are PCMH 2011
- ✧ Using NCQA's crosswalk, activities and supporting documentation that YNHS used to meet the 2008 standards have been listed under the current 2011 standards. The 2008 supporting documents may not fully meet the 2011 standards.
- ✧ This is only a sampling of the documentation YNHS submitted

Preparations: The Medical Director's Perspective

- ❧ Reviewed Evidence Based Guidelines
 - ❧ Diabetes Control and Complications Trial (DCCT) and United Kingdom Prospective Diabetes Study (UKPDS)
 - ❧ Also revisions based on ACCORD/ADVANCE
 - ❧ NHANES II and JNC 7
 - ❧ The National Asthma Education and Prevention Program: Expert Panel Report 3, Guidelines for the Diagnosis and Management of Asthma
 - ❧ ACP Clinical Practice Guidelines for Depression

- ❧ Standardized care among providers

Preparations: The Medical Director's Perspective

- ☞ Meaningful use of EMR and Templates
- ☞ Review
 - ☞ Use the EMR tools available
 - ☞ Measure usage by providers prior
 - ☞ Peer review process
 - ☞ Involve the support staff (MA trigger Opening)
- ☞ Start at least 3 months prior to measuring

Preparations: The QI Director's Perspective

- ❧ Initial review of the PCMH standards
 - ❧ What did we already have in place
 - ❧ What did we need to make stronger or add
- ❧ Create a team
 - ❧ Looked for expertise and strengths to create a diverse group
- ❧ Assign standards to team members
 - ❧ Matched strengths and/or expertise to the standard
 - ❧ COO and QI Coordinator to reports and policy, Medical Director and Medical Team Supervisors to client records, templates and work flow
- ❧ Frequent and regular team meetings for status reports and problem-solving of items.

PCMH 1A: Access During Office Hours


PCMH 1B: After-Hours Access



- ❧ Policies submitted for
 - ❧ Clinic Hours and Services
 - ❧ After Hours On-Call Provider Policy
 - ❧ Missed Patient Appointments
 - ❧ Telephone Triage Protocol
 - ❧ Continuity of Care
 - ❧ Patient Consultation/Referral to Outside Agencies (with algorithm)
 - ❧ Scheduling Guidelines for same day appointments, no-shows and cancellations, OB services, confidential appointments,

Evidence for PCMH 1A

- When calls come in to our clinic nurse lines the nurse either takes the call directly, or the patient leaves a voicemail message.
- When the nurses take the calls off the voicemail they first note the message on a carbon copy memo pad.
- The next step is to document the call in the electronic health record in what is called a Standard Communication.
- All follow-up communication around the original message is noted in the same Standard Communication and date and time stamped by the system. The Standard Communications can be monitored for appropriate timeliness.
- A sampling of calls received between 2/25/11 and 3/4/11 show 100% compliance with same-day call back.

 **Communication** Voicemail

Patient Name: [REDACTED] **Encounter Date:** 02/25/2011 3:07 PM
DOB: [REDACTED] **Staffer:** Aaron K. Noble
Contact Nos: [REDACTED]

Primary Care Provider: Gagan Khalsa

Reason for call
illness/injury
Allison, pt mother, called to report pt c/o eye irritation and it's watering, but she says pt related it is not painful.

Patient Allergy : NO KNOWN ALLERGY

Patient Medication List

Brand	Generic Name	Dose	Refill Date	Refills	Rx Qty
Medication Reconciliation	Medication Reconciliation	<		0	0

Preferred Pharmacies

1. **Yakima Neighborhood Health Services** (Use this Pharmacy)
12 S 8th Street
Tel # (509)853-2354 Fax # (509)853-2355
2.
Tel # Fax #

Unsuccessful Attempts to Contact Patient:
02/25/2011 3:08 PM no answer, vm full- Aaron

Triage
REASON FOR CONTACT: illness/injury

Generated by Aaron K. Noble 02/25/2011 3:08 PM

page 1 / 1

PCMH 1F: Culturally and Linguistically Appropriate Services



Practice engages in activities to understand and meet the cultural and linguistic needs of its patients

Evidence for PCMH 1F



☞ Assesses racial/ethnic diversity of patients

☞ Assesses language needs of patients

UDS Report - 2011

Table 3B: Patients By Hispanic or Latino Ethnicity / Race / Language - Universal

Patients by Race	Patients by Hispanic or Latino Ethnicity			Total (d)
	Hispanic/Latino (a)	Non Hispanic/Latino (b)	Unreported/Refused to Report (c)	
1. Asian	7	74		81
2a. Native Hawaiian	3	12		15
2b. Other Pacific Islander	2	20		22
2. Total Hawaiian/Pacific Islander (Sum lines 2a+2b)	5	32		37
3. Black/African American	15	259		274
4. American Indian/Alaska native	33	217		250
5. White	12,325	4,636		16,961
6. More than one race	42	57		99
7. Unreported/Refused to report	54	2	984	1,040
8. Total Patients(Sum lines 1+2+3 to 7)	12,481	5,277	984	18,742

Patients by language	Number (a)
Served in a Language other than English	6,037

Evidence for PCMH 1F

NextGen EHR: Baby Zztest MRN: 000000033929 DOB: 03/11/2009 AGE: 30 months 18 days NICKNAME: - [Adult Health Advisor 2006.4: Hemoglobin A1c Test]

File Edit View Tools Admin Utilities Window Help

Yakima Neighborhood Health Services Dove, Phillip M MD

Logout Save Clear Delete Patient History Inbox PAQ EPM ICS Close

Date: 9/29/2011 Patient: Baby Zztest

MCKESSON Empowering Healthcare **CLINICAL**

[Index](#) [Spanish version](#) [Related topics](#)

Hemoglobin A1c Test

What is the hemoglobin A1c test?

The hemoglobin A1c ("A-one-C") test is a blood test used in the care of people who have diabetes. The hemoglobin A1c percentage is a way of looking at your average blood sugar control over the last 2 or 3 months.

Sugar absorbed from your digestive system circulates in the bloodstream. When the blood sugar is high, the sugar attaches to the hemoglobin protein in red blood cells, forming hemoglobin A1c.

Red blood cells live 90 to 120 days. This means that once sugar has combined with the hemoglobin in red blood cells, the hemoglobin A1c stays in the blood for 90 to 120 days. This means the amount of hemoglobin A1c in your blood reflects how often and how high your blood sugar has been over the past 3 months.

Why is this test done?

Hemoglobin A1c is an excellent way to check how well you are controlling your blood sugar over a 3-month period.

Hemoglobin A1c measurements are important because:

Patient History

- 09/26/2011 04:20 PM
 - Asthma
 - Immunization Re
 - Master Im
 - PEDS Home
 - Social Hx
 - Child Dev. Rec
 - PEDS PSC
- 09/19/2011 02:33 PM
- 09/19/2011 02:27 PM
- 09/14/2011 01:39 PM
- 09/13/2011 05:10 PM
- 09/13/2011 01:27 PM
- 09/12/2011 08:12 AM
- 09/12/2011 08:01 AM
- 09/10/2011 05:00 PM

Yakima Neighborhood Health Services | pxdove | CAP | NUM | SCRL | 09/29/2011

8:13 PM 9/29/2011

PCMH 1G: The Practice Team

Practice utilizes a team care approach to provide patient care services

Team Approach



Physician

ARNP

MA

Outreach

BH

Nursing

Providers and Medical Assistants 1:1 ratio

Evidence for PCMH 1G: Using Standing Orders



YAKIMA NEIGHBORHOOD HEALTH SERVICES **ACETAMINOPHEN STANDING ORDERS**

Nurses may call in prescriptions for acetaminophen for fever or pain control in pediatric patients older than two (2) months. An assessment by phone or face to face triage must take place before prescribing the medication to evaluate the need for immediate medical attention. To avoid confusion only one formulation will be prescribed (acetaminophen 160mg/5ml).* The dose for acetaminophen is 10-15 mg/kg/dose given by mouth every 4-6 hours as needed for fever (temperature greater than 100.5 rectally) or pain. The following dosage guidelines may be helpful:

WEIGHT	DOSAGE INTERVAL	ACETAMINOPHEN 160mg/5ml Dose
> 7 lbs	4-6 hrs	1.5 ml
>14 lbs	4-6 hrs	2.5 ml
>21 lbs	4-6 hrs	4 ml
>28 lbs	4-6 hrs	5 ml
>42 lbs	4-6 hrs	7.5 ml
>56 lbs	4-6 hrs	10 ml
>84 lbs	4-6 hrs	15 ml
>112 lbs	4-6 hrs	20 ml

*If another formulation is requested or is deemed practical for a particular patient (suppository, drops or tablet), speak to a provider first.

Evidence for PCMH 1G: Defining roles for clinical/nonclinical team members



Yakima Neighborhood Health Services Job Title: Patient Care Supervisor

Minimum Qualifications:

Post-secondary education or previous work experience working in a primary care setting where applicable skills have been demonstrated. Training and/or experience working with professional and paraprofessional health care workers; Skill in customer service. Knowledge of grammar, spelling and punctuation. Skills in data-entry. Ability to speak clearly and concisely. Ability to read, understand, and follow oral and written instruction. Convenient if bilingual English/Spanish, and/or ability to sign.

Supervised by: Primary Care Operations Manager

Position(s) supervises: Medical Case Manager, Referral Coordinator

PCMH 2A: Patient Information



Practice uses a searchable electronic system and records data more than 50% of the time for the following:

Date of birth	E-mail address
Gender	Dates of previous clinical visits
Race	Legal guardian/health care proxy
Ethnicity	Primary caregiver
Preferred Language	Advance directives
Telephone numbers	Health insurance

Evidence for PCMH 2A

For March 2011

Categories	Percent complete	Number containing	Total
Name	100%	655	655
Date of Birth	100%	655	655
Gender	100%	655	655
Marital Status	86%	564	655
Language Preference	100%	655	655
Race/Ethnicity	100%	655	655
Address	100%	655	655
Telephone	100%	655	655
Email	50%	329	655
MRN (Internal ID)	100%	655	655
SSN (External ID)	100%	655	655
Emergency Contact	100%	655	655
Legal Guardian	96%	632	655
Health Insurance Coverage	93%	611	655
Preferred Method of Communication	46%	304	655

PCMH 2B: Clinical Data



Practice uses a searchable electronic system to record the following data:

Problem list of active diagnosis	Tobacco use status for patients 13 and older
Allergies, including medications and reactions	List of prescription medications with date of update
Blood Pressure	BMI percentile for pediatric patients
Height	
Weight	Length/height, weight, head circumference for patients 2 years or younger
BMI	

Evidence for PCMH 2B: screen shot of EHR template showing height, weight, BP and BMI

DOB: 06/20/1980 AGE: 31 years 3 months NICKNAME: - [10/03/2011 11:02 AM : "Record Vital Signs"]

Vital Signs - [1 of 1]

Unobtainable
 Patient Refused

ALERTS:
 Diabetic

Measured Date	10/03/2011	Time	11:02 AM	Measured By	Michelle L. Sullivan
LMP	04/02/2011	<input type="radio"/> Premenopausal <input checked="" type="radio"/> Perimenopausal <input type="radio"/> Postmenopausal			
Height	5 ft 3 in	Last Measured 05/09/2011 <input type="radio"/> measured today <input type="radio"/> carried forward			
Weight	164 lb	Context <input type="radio"/> Dressed with shoes <input type="radio"/> Dressed without shoes			
Temperature		Site			
Blood Pressure	120 sys mm/Hg 60 dias	Position: <input type="radio"/> sitting <input type="radio"/> standing <input type="radio"/> lying Side: <input type="radio"/> right <input type="radio"/> left Site: Method: <input type="radio"/> manual <input type="radio"/> automatic Cuff Size: <input type="radio"/> pediatric <input type="radio"/> adult <input type="radio"/> large <input type="radio"/> thigh			
Pulse	/min	Pulse Pattern: <input type="radio"/> regular <input type="radio"/> irregular			
Respiration	/min	Pulse Ox <input type="radio"/> Pre-tx <input type="radio"/> Post-tx			
Pulse Ox Rest	%	Method HAQ Disability Score			
Pulse Ox Amb	%	Waist Hip Ratio			
Pain Scale		Delivery Method			
Neck Circum	in cm	Method			
Waist Circum	in cm				
Hip Circum	in cm				
FiO2 <input type="checkbox"/> Room Air	% L/min				
Peak Flow	L/min <input type="radio"/> Pre-tx <input type="radio"/> Post-tx				
Comments					

Standard to Metric Metric to Standard

1	2	3
4	5	6
7	8	9
0	.	CL

NEXT

BMI 29.05 kg/m² **PATIENT IS OVERWEIGHT**
BM Plan

BSA m² Calculate

[Audiometry Exam](#) [Vision Screening](#)

Patient Demograph... Categories

Lock Search

03/2011 11:02 AM Sullivan, ML
Outbound Referrals PTSO
ICM Eligib Screen
MSS ICM Case Conf
MSS ICM Home
MSS Prenatal Scrn
MSS Treatment Plan
MSS_ICM_Master_ptso
Procedure
Record Vital Signs
06/2011 08:00 AM Pedrosa, JB
Master Im
05/2011 02:24 PM Chet, L
OB Encounter Detail
6/2011 12:16 PM Sullivan, ML
Standard Communication
ptso_Std_Communication
4/2011 12:45 PM Briscoe, TJ
Adult Office Visit
Master Im
3/2011 08:34 AM Health Care Informatio

Evidence for PCMH 2B (now requires a report rather than a chart review)

Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

A1

2C.xlsx

	A	B	C	D	E	F	G	H	I	J	K	L	M
1													
2	1. Preventive Services?	2. Allergies/ Adverse Reactions?	3. Blood Pressure ?	4. Height?	5. Weight?	6. Head Circumference?	7. BMI?	8. Lab Test Results?	9. Imaging Results?	10. Pathology Reports?	11. Advance Directives?	Total Number of Charting Tools Used	
3	2 C - Use of Electronic Clinical Data												
31	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	8	
32	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	9	
33	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	7	
34	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	7	
35	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	8	
36	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	8	
37	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	8	
38	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	9	
39	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	9	
40													
41												33	
42												3	
43												36	
44												91.7%	

Sheet1

Thoughts on PCMH 2B



- ❧ Identify what you're already doing
 - ❧ Immunizations, Allergies, BP, Height, Weight
- ❧ What would The Joint Commission do?
 - ❧ Advance directives anybody?
- ❧ Identify where MU crossover can help
 - ❧ BMIs, Tobacco Cessation, Obesity
- ❧ Review the charts
 - ❧ Diabetics, HTN and Asthma tend to have images, labs
 - ❧ Women have Paps
- ❧ Pediatric patients
 - ❧ Babies will have head circumference....but did you choose an infant clinically significant disease

PCMH 2C: Comprehensive Health Assessment



Practice conducts and documents
a health assessment

Evidence for PCMH 2C

NextGen EHR: Female Zztest MRN: 00000025091 DOB: 06/20/1980 AGE: 31 years 3 months NICKNAME: - [10/03/2011 11:02 AM : "Health Maintenance"]

File Edit Default View Tools Admin Utilities Window Help

Yakima Neighborhood Med Sullivan, Michelle L MSS

Save Clear Delete Patient History Inbox PAG EPM ICS Close

Health Maintenance Add Comments Age: 31 Years

Detailed document Reviewed, no changes

RISK LEVEL INDICATOR	TEST/EXAM	DUE	ORDERED	REFUSED	LAST	INTERVAL	DUE DATE	RECOMMENDED TIMEFRAME	REFERENCE	?
----------------------	-----------	-----	---------	---------	------	----------	----------	-----------------------	-----------	---

PHYSICAL EXAMINATIONS

	H & P	GYN	STATUS
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DUE
	<input type="checkbox"/>	<input type="checkbox"/>	DUE

CARDIOVASCULAR DISEASE Diabetes CAD HTN

<input type="checkbox"/> Lipid disorders ?	Lipid Panel	09/29/2010	<input type="checkbox"/>	05/11/2010	5 Years	05/11/2015	Every 5 years starting at age 20	USPSTF, AAFP	COMPLETED
--	-------------	------------	--------------------------	------------	---------	------------	----------------------------------	--------------	-----------

CANCER SCREENING

Bilateral Mastectomy
 S/P Hysterectomy S/P Total colectomy

<input checked="" type="checkbox"/> Colorectal cancer ?	Colonoscopy	06/03/2011	<input type="checkbox"/>	06/20/2011	5 Years	06/20/2016	Physician preference		ORDERED
	Sigmoidoscopy	//	<input type="checkbox"/>	//		//	Every 5 years starting at age 50	USPSTF, AAFP	COMPLETED
	FOBT	06/03/2011	<input type="checkbox"/>	//	1 Year	10/03/2011	Patient preference		DUE
<input type="checkbox"/> Cervical Cancer	PAP	09/29/2010	<input checked="" type="checkbox"/>	05/11/2010	2 Years	05/11/2012	Physician preference		COMPLETED
<input type="checkbox"/> Low Risk									COMPLETED
<input type="checkbox"/> Breast cancer ?	Mammogram	06/03/2011	<input type="checkbox"/>	06/20/2011	1 Year	06/20/2012	Physician preference		COMPLETED
	MD/RN Breast Ex	//	<input type="checkbox"/>	05/09/2011	1 Year	05/09/2012	Annually starting at age 18	USPSTF, AAFP	COMPLETED

ADULT IMMUNIZATIONS * for Childhood Immunizations, see Immunizations template

? Influenza		06/20/2011	<input type="checkbox"/>	04/01/2011	1 Year	04/01/2012	All adults, 18 yrs and older	USPSTF, AAFP	COMPLETED
? Pneumococcal		06/20/2011	<input type="checkbox"/>	06/20/2011	10 Years	06/20/2021	Every 10 years starting at age 18	USPSTF, AAFP	COMPLETED
	Td	//	<input type="checkbox"/>	04/09/2003	10 Years	04/09/2013	Every 10 years starting at age 18	USPSTF, AAFP	COMPLETED

MUSCULOSKELETAL DISEASE

<input type="checkbox"/> Osteoporosis ?	DEXA scan	//	<input type="checkbox"/>	//		//	Every 2 years starting at age 65	USPSTF, AAFP	
---	-----------	----	--------------------------	----	--	----	----------------------------------	--------------	--

Save

Graphics Summary
 Vital Signs
 Health Maintenance Doc
 Immunizations
 Skin Skin Test
 Medical Hx
 History
 History
 Exam
 Pain
 Mgmt
 Regulation
 Assessment
 Procedures
 Management
 Library
 Measures
 Library



Evidence for PCMH 2C

NextGen EHR: Frank Zztest MRN: 000000039645 DOB: 02/04/1974 AGE: 37 years 7 months NICKNAME: - [09/29/2011 11:07 AM: "Social Hx"]

File Edit Default View Tools Admin Utilities Window Help

Logout Save Clear Delete Yakima Neighborhood Mer Dove, Phillip M MD Patient History Inbox PAQ EPM ICS Close

Order Management
 Orders
 Plan
 Quality Measures
 Document Library
 HIPAA
 > EM Coding
 Preview Offline

Tobacco
 Smoking status: **Required for MU**
Tobacco Usage Tobacco use:

Tobacco Use	Tobacco Type	Total Pack Yrs
current	cigarette	

 Page Down

Tobacco Cessation Tobacco cessation discussed
 Method used in prior tobacco cessation attempts
 Acupuncture Counseling Prescription medication
 Cognitive behavioral therapy Hypnotherapy Over the counter medication Other:

Cessation Counseling

Date	Counseled by
09/29/2011	Phillip x. Dove

Alcohol
 Drinks alcohol: Yes No Formerly
 Type: Frequency: Amount: Last drink:

Caffeine Yes No Type: Caffeine per day:

Confidential Information

Lifestyle Activity level:
 Health club member: Now Previously Never
 Type of exercise:
 Exercise frequency: Hours/week:
 Hobbies/Activities: Hours/week:
 Diet history:
 Animals in the home: Yes No

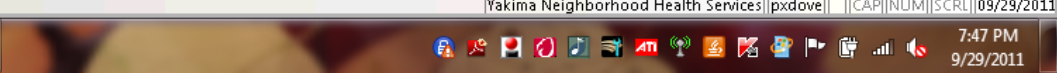
Sleep Patterns Changes in sleep patterns: Yes No
 Detail

Religious/Spiritual

Patient History
 Patie... Patie... Cate...
 New Lock Search
 09/29/2011 11:07 AM
 Adult History
 Health Maintenan
 Adult assess pla
 Adult Office Visit
 Adult Pe Proc
 Document Library
 EM History
 Histories2
 Immunization Prv
 Immunization Re
 Master Im
 Med Physical Ex
 Provider Test Act
 Social Hx
 Master_IM_ptso7
 Allergy
 Custom

Yakima Neighborhood Health Services pxdove CAP NUM SCRL 09/29/2011

7:47 PM 9/29/2011



Evidence for PCMH 2C

NextGen EHR: Frank Zttest MRN: 000000039645 DOB: 02/04/1974 AGE: 37 years 7 months NICKNAME: - [09/29/2011 11:07 AM: "Social Hx Peds"]

File Edit Default View Tools Admin Utilities Window Help

Logout Save Clear Delete Yakima Neighborhood Mer Dove, Phillip M MD Patient History Inbox PAQ EPM ICS Close

Pediatric/Adolescent Social History

new home, low

Adult Social History Detailed document Reviewed, updated Reviewed, no changes History unobtainable Last updated/detailed doc 02/17/2011

Age: 37 years Historian:

Turner's Syndrome Down's Syndrome

Parent/guardian relationship	Occupation
nephew	Carpenter

Parents' marital status:

Resides With

Primary: [Add Primary](#)

Time spent

Secondary: [Add Secondary](#)

Time spent

Tobacco Exposure

Smokers at home? Yes No

Tobacco Cessation

Child care

Provider	# Days/week
<input type="checkbox"/> mother	<input type="text"/>
<input type="checkbox"/> father	<input type="text"/>
<input type="checkbox"/> grandparent	<input type="text"/>
<input type="checkbox"/> sibling	<input type="text"/>
<input type="checkbox"/> nanny	<input type="text"/>
<input type="checkbox"/> daycare	<input type="text"/>
<input type="checkbox"/> sitter	<input type="text"/>
<input type="checkbox"/> self	<input type="text"/>
<input type="checkbox"/> relative <input type="text"/>	<input type="text"/>
<input type="checkbox"/> neighbor/friend	<input type="text"/>

Daycare Facility Name:

Relationships

Cooperates with family/friends Yes No

Cooperates with teachers Yes No

Has enough friends Yes No

Has friends of both sexes Yes No

Concerns about relationship with family/friends/others Yes No

Siblings: How many? Birth Order:

Relationship with sibling(s):

Home Environment

Language spoken at home:

Neighborhood:

Home type:

Home age:

Home affords adequate privacy: Yes No

Home affords adequate safety: Yes No

Water source: municipal well bottle

Is water chlorinated? Yes No

Is water fluoridated? Yes No

Is there lead in home? Yes No Removed Unknown

Safety

Uses bike/skating helmet: Yes No

Car restraints: Car seat: face rear Booster None Car seat: face front Seat belt

Carbon monoxide detector: Yes No

Smoke detectors: Yes No

Radon in home: Yes No Untested Treated

Firearms in the home: Yes No **Firearms**

Pool/spa at home: Yes No

Pets/animals at home: Yes No

Navigation: HOME, Demographics, Record Vital Signs, BMI, Health Maintenance, Nurse Doc, Immunizations, Tuberculin Skin Test, Past Medical Hx, Family History, Social History, Adult OV, SOAP, Physical Exam, Chronic Pain, Disease Mgmt, Anticoagulation, Assessment, Procedures, Nutrition, Order Management, Orders, Plan, Quality Measures, Document Library, HIPAA, EM Coding

Document Library: 09/29/2011 11:07 AM, Adult History, Health Maintenanr, Adult assess pla, Adult Office Visit, Adult Pe Proc, Document Library, EM History, Histories2, Immunization Ptv, Immunization Re, Master Im, Med Physical Ex, Provider Test Act, Social Hx, Master_IM_ptso7, Allergy

Preview Offline Comments Confidential Info Done Done

Evidence for PCMH 2C

NextGen EHR: Baby Zztest MRN: 000000033929 DOB: 03/11/2009 AGE: 30 months 18 days NICKNAME: - [09/26/2011 04:20 PM: "PEDS Home"]

File Edit Default

Logout Save Clear Delete

To Do IN/OUT

Navigation

- Demographics
- Chart Summary
- Record Vital Signs
- Nurse Doc
- Immunizations
- TB Skin Test
- Past Medical History
- Med/Surg/Psych Hx
- Family History
- Social History
- Problem List
- Peds Well/Sick Visit
- SOAP
- Physical Exam
- HOME
- Quality Measures
- Assessment
- Peds Development
- Disease Management
- Procedures
- Orders
- Birth History
- Document Library
- School/Camp Form
- EM Coding

PEDS WC GC Ht Wt

Age vs. Height (Girls)

Height (IN)

Age (Months)

3% 5% 10% 25% 50% 75% 90% 95% 97% Patient

Age vs. Weight (Girls)

Weight (LB)

Age (Months)

3% 5% 10% 25% 50% 75% 90% 95% 97% Pati

HEIGHT DETAIL WEIGHT DETAIL

Patient History

- 09/26/2011 04:20 PM
 - Asthma
 - Immunization Re
 - Master Im
 - PEDS Home
 - Social Hx
- 09/19/2011 02:33 PM
- 09/19/2011 02:27 PM
- 09/14/2011 01:39 PM
- 09/13/2011 05:10 PM
- 09/13/2011 01:27 PM
- 09/12/2011 08:12 AM
- 09/12/2011 08:01 AM
- 09/10/2011 05:00 PM
- 09/10/2011 09:30 AM
- 09/09/2011 02:44 PM
- 09/09/2011 02:44 PM

Yakima Neighborhood Health Services | pxdove | CAP | NUM | SCRL | 09/29/2011

7:58 PM 9/29/2011

Neighborhood HEALTH

hp

W

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Evidence for PCMH 2C

NextGen EHR: Baby Zttest MRN: 00000033929 DOB: 03/11/2009 AGE: 30 months 18 days NICKNAME: - [09/26/2011 04:20 PM: "Child Dev. Rec"]

File Edit Default View Tools Admin Utilities Window Help

Logout Save Clear Delete Yakima Neighborhood Mer Dove, Phillip M MD Patient History Inbox PAQ EPM ICS Close

Child Developmental Record **Child Development History**

Patient: Baby Zttest Age: 2 Years 6 Months Document Age Appropriate Today's Details

Developmental Milestones

1 Month Pass- 5 Fail- 0 Details	2 Months Pass- 8 Fail- 0 Details	4 Months Pass- 3 Fail- 6 Details
6 Months Pass- 8 Fail- 0 Details	9 Months Pass- 5 Fail- 2 Details	12 Months Pass- 10 Fail- 0 Details
15 Months Pass- 5 Fail- 4 Details	18 Months Pass- 11 Fail- 0 Details	2 Years Pass- 13 Fail- 0 Details
3 Years Pass- 13 Fail- 0 Details	4 Years Pass- 0 Fail- 0 Details	5 Years Pass- 0 Fail- 0 Details

Developmental Screenings

MCHAT(c) Last done 09/26/2011 [Details](#)

PSC Last done 09/26/2011 [Details](#)

Other screenings (results in grid below) Reviewed [Add New](#) [Print](#)

Date Of Test	Screening Name	Results	Comments
09/26/2011	MCHAT	further evaluation necessary	
09/26/2011	PSC	21	

Navigation: Demographics, Chart Summary, Record Vital Signs, Nurse Doc, Immunizations, TB Skin Test, Past Medical History, Med/Surg/Psych Hx, Family History, Social History, Problem List, Peds Well/Sick Visit, SOAP, Physical Exam, HOME, Quality Measures, Assessment, > Peds Development, Disease Management, Procedures, Orders, Birth History, Document Library, School/Camp Form, EM Coding

Patient History: 09/26/2011 04:20 PM, Asthma, Immunization Re, Master Im, PEDS Home, Social Hx, Child Dev. Rec, PEDS PSC, 09/19/2011 02:33 PM, 09/19/2011 02:27 PM, 09/14/2011 01:39 PM, 09/13/2011 05:10 PM, 09/13/2011 01:27 PM, 09/12/2011 08:12 AM, 09/12/2011 08:01 AM, 09/10/2011 05:00 PM, 09/10/2011 09:30 AM



YAKIMA AREA
Neighborhood HEALTH

hp, Outlook, P, ita, W

Yakima Neighborhood Health Services | pxdove | CAP NUM SCRL | 09/29/2011

8:05 PM 9/29/2011

PCMH 2D: Use of Data for Population Management

- ☞ Practice uses patient data and evidence-based guidelines to generate lists and remind patients about needed services:
 - ☞ 3 different preventive services
 - ☞ 3 different chronic care services
 - ☞ Patients not recently seen by the practice
 - ☞ Specific medications

Evidence for PCMH 2D: Call back list for last HbA1c measurement > 1year, or not measured

Yakima :: Applications Center - Windows Internet Explorer
http://dd-ynhs.ptsowa.org/Tools/Dashboard/Dashboard.aspx

Action Report: HbA1C call back date Reporting Period: Through 04/19/2011 PatientID List: [None]

pcphx_value:

patient_patientmrn	hba1c_date	hba1c_value	hba1cmeasured
			false
pcphx_value: Dove MD, Phillip M			
00000006659	10/12/2009	7.10	FALSE
00000005434	3/4/2008	14.00	FALSE
00000000285	3/17/2010	8.00	FALSE
000000033809			FALSE
000000018924	2/23/2010	9.10	FALSE
000000025407	7/29/2009	5.60	FALSE
000000034823	2/16/2010	7.40	FALSE
000000039219	4/14/2010	14.00	FALSE
000000042993			FALSE
pcphx_value: Khalsa MD, Gagan			
000000014132	10/17/2009	11.30	FALSE
000000018552	9/29/2008	7.30	FALSE
000000008104			FALSE
000000002885			FALSE
pcphx_value: Liu ARNP, Edward (Continued on the next page)			
000000021549	3/23/2010	8.30	FALSE
000000000087			FALSE
000000004694			FALSE
000000036801	11/20/2009	7.70	FALSE

Neighborhood HEALTH logo in the bottom left corner.

Evidence for PCMH 2D: Patients on Coumadin/Warfarin

coumadin.xlsx [Read-Only] - Microsoft Excel

	A	B	C	D	E	F	G	H	I
1	Lst Name	Mid Name	Fst Name	DOB	Generic Name	Dose	Start Date	Rendering Prvdr	Enc Date
11				03	WARFARIN SODIUM	6 MG	20100616	Sabry MD, Fady F	6/16/2010
12				03	WARFARIN SODIUM	6 MG	20091002	Sabry MD, Fady F	10/2/2009
13				03	WARFARIN SODIUM	6 MG	20080501	Sabry MD, Fady F	5/1/2008
14				03	WARFARIN SODIUM	6 MG	20080221	Sabry MD, Fady F	2/21/2008
15				03	WARFARIN SODIUM	1 MG	20080125	Sabry MD, Fady F	1/25/2008
16				03	WARFARIN SODIUM	1 MG	20071227	Sabry MD, Fady F	12/27/2007
17				03	WARFARIN SODIUM	6 MG	20071227	Sabry MD, Fady F	12/27/2007
18				07	WARFARIN SODIUM	5 MG	20100607	Schwarzkopf ARNP, Nancy D	6/7/2010
19				00	WARFARIN SODIUM	2.5 MG	20101201	Dove MD, Phillip M	12/1/2010
20				00	WARFARIN SODIUM	2.5 MG	20080509	Sabry MD, Fady F	5/9/2008
21				00	WARFARIN SODIUM	2.5 MG	19800101	Sabry MD, Fady F	1/1/1980
22				00	WARFARIN SODIUM	5 MG	20100730	Sabry MD, Fady F	7/30/2010
23				00	WARFARIN SODIUM	5 MG	20090316	Sabry MD, Fady F	3/16/2009
24				00	WARFARIN SODIUM	5 MG	20081031	Sabry MD, Fady F	10/31/2008
25				07	WARFARIN SODIUM	5 MG	20110210	Chet ARNP, LumOr	2/10/2011
26				07	WARFARIN SODIUM	5 MG	20110112	Heinzen MD, Joel C	1/12/2011
27				01	WARFARIN SODIUM	5 MG	20100413	Sabry MD, Fady F	4/13/2010
28				06	WARFARIN SODIUM	10 MG	20100708	Schwarzkopf ARNP, Nancy D	7/8/2010
29				06	WARFARIN SODIUM	10 MG	20100519	Schwarzkopf ARNP, Nancy D	5/19/2010
				06	WARFARIN SODIUM	10 MG	20100316	Sabry MD, Fady F	3/16/2010





Yakima Neighborhood Health Services
12 South 8th St, PO Box 2605
Yakima WA 98907-2605
Phone (509) 454-4143 Fax (509) 454-4115
www.ynhs.org

10/06/2011

Frank Zztest
Bad Address
123 Southland
Yakima, WA 98901

Dear Frank,
Estimado Paciente Frank:

It has come to my attention that you missed your last appointment with me. As you know, regular medical attention is essential to maintaining your health. Please contact the office at your earliest convenience to reschedule. I look forward to seeing you soon.

Se me ha dejado saber que usted ha faltado a la última cita conmigo. Como usted sabe, la atención médica regular es esencial para el mantenimiento de su salud. Por favor Comuníquese con nuestra oficina lo tan pronto como sea conveniente para hacerle otra cita. Espero verlo(a) pronto.

PCMH 3A: Implement Evidence-Based Guidelines

- Practice implements guidelines through point of care reminders for patients with:
 - The first important condition
 - The second important condition
 - The third condition, related to unhealthy behaviors or mental health or substance abuse

Thoughts about PCMH 3A



- ❧ Important to patients, providers, and reporting
 - ❧ MU, UDS, Bureau
- ❧ Clinically and societally important
- ❧ Cross over with Adults and Peds
- ❧ Areas for Quality Improvement

Evidence for PCMH 3A: Diabetes

NextGen EHR: Female Zztest MRN: 00000025091 DOB: 06/20/1980 AGE: 31 years 3 months NICKNAME: - [10/03/2011 11:02 AM : "Diabetes"]

File Edit Default View Tools Admin Utilities Window Help
 Logout Save Clear Delete Yakima Neighborhood Med Sullivan, Michelle L MSS Patient History Inbox PAQ EPM ICS Close

Diabetes Name: Female Zztest Date of Birth: 06/20/1980 Gender: F Age: 31 years

Diagnosis: Diabetes mellitus w/o mention of complicati 250.00 Initial Visit: 04/23/2008

Add to Problem List

Framingham Risk Calculator
 UKPDS Risk Calculator
 BetterDiabetesCare.nih.gov
 Comments

CC / Reason for visit

-
-
-
-
-
-

Specialty HPIs

Home Glucose readings

Flowsheet

Diabetes Managed Elsewhere

Update GRID

Hemoglobin A1C graph

PHQ 9

PHQ Scores

Encounter Date:Time	10/03/2011 11:02 AM	06/20/2011 01:53 PM	06/13/2011 03:05 PM	06/03/2011 10:05 AM	04/10/2011
Vital Signs					
Height (in)		2.00		2.00	
BP Syst					
BP Diast					
Smoking Status		never smoked			
LAB TESTS					
Glucose -					
Status	ORDERED	ORDERED	ordered		ORDERED
as of Date	06/13/2011	06/13/2011	//	//	12/17/2011
Most Recent Value					
Hemoglobin A1C -					
Status	DUE	COMPLETED	ordered		ORDERED
as of Date	09/13/2011	06/13/2011	//	//	12/17/2011
Most Recent Value	4.9	4.9			7.3

Date	Score
04/14/2011	27
03/23/2011	
01/24/2011	9
08/11/2010	2
05/27/2010	5
05/02/2010	
10/23/2009	23
07/06/2009	14
01/08/2009	9
01/06/2009	13

Page 1 (Flowsheet)

Page 3 (Social Hx, Vitals, Physical Exam)

Page Down

Page 2 (ROS, Med/Surg Hx, Family Hx)

Page 4 (Plan, Medications, Orders)

Additional ROS templates

REVIEW OF SYSTEMS



Evidence for PCMH 3A: Hypertension

PCMH HTN flowsheet 77

Hypertension Management | Hypertension, essential NOS | 481 | JIC 7 | JIC 1

Medical therapy (Note: Medications can be added by clicking on Active Text)

ACE Inhibitor Therapy Active Excluded

PRINIVL LISINAPIL 20 MG 1T PO QD

ARB Therapy Active Excluded

Beta-Blocker Therapy Active Excluded

ATENOLOL ATENOLOL 50 MG 1T PO QD

CCB Therapy Active Excluded

NORVASC AMLODIPINE BESYLATE 10 MG 1T PO QD

Diuretic Therapy Active Excluded

Aldosterone antagonist Active Excluded

Depression Screening Framingham Heart Disease risk score

Self Management **Patient Education Materials**

Does patient possess knowledge of hypertension and its management?
 Yes No N/A

Does patient have ability and willingness to enact treatment plan?
 Yes No N/A

Does patient have the self-management skills to manage hypertension care?
 Yes No N/A

Self-management goals Date Last Documented / /

Patient will continue to take medication daily and walk regularly.

Follow up Recommended interval 3 Months OK
 Order BP recheck

Height 4.0 in 10.16 cm measured this encounter
Last Measured 03/03/2011 carried forward from last encounter

Weight 170.0 lb 77.27 kg BMI 24.69 30

Comorbid diseases

Diabetes mellitus Coronary Artery Disease
 Renal insufficiency with > 1 gm per day proteinuria Heart Failure
 Renal insufficiency <= 1 gm per day of proteinuria Post-myocardial infarction
 Chronic Kidney Disease Recurrent Stroke Prevention

Goal of Treatment

BP Below: 130 / 80

Blood Pressure Excluded Active Not Measured Unknown

Upload Vital Signs

Position	Sys	Diast
sitting	124	62
supine		
standing		

Max BP (this encounter) 124 / 62
Max BP (all encounters) 134 / 114

Initial evaluation only

left leg /
right leg /

Saved (to repeat BP, uncheck box and save again)

BP Class Prehypertension Excluded

No additional antihypertensive drug
Drug(s) for compelling indications (CKD) or (IM) to keep BP <130/80.

Smoker Yes No Former Type

Non-pharma therapy Excluded Active

Weight reduction None Initiate Modify Continue
 Alcohol reduction none Initiate Modify Continue
 Low sodium diet None Initiate Modify Continue
 Exercise None Initiate Modify Continue

OK Cancel

Evidence for PCMH 3A: Asthma

NextGen EHR: Child Zztest MRN: 00000025144 DOB: 04/08/2003 AGE: 8 years 5 months NICKNAME: - [10/05/2011 02:17 PM : "Asthma"]

Ptso Asthma Flowsheet 77

Asthma Diagnosis

Clinical Assessment

Height in cm measured carried forward
 Weight lb kg **Predicted Peak Expiratory Flow** L / min
 BP Sitting syst diast **Peak Flow** L / min
 BMI **Pulse**

Spirometry

Measure	Msrd Pre-tx	Prd Pre-tx	% Prd Pre-tx	Msrd Post-tx	% Prd Post-tx	% Change

SELF-MANAGEMENT **Patient Education Materials**

Does patient possess knowledge of asthma and its management?
 Yes No N/A

Does patient have ability and willingness to enact treatment plan?
 Yes No N/A

Does patient have the self-management skills to manage asthma care?
 Yes No N/A **Last Documented**

Patient's self-management goals

Sleep through the night, decrease ER visits, reduce environmental triggers

Classification

THERAPY
 (Note: Medication needs to be added directly in the Medications module)

Quick-Relief Medications

Anticholinergics yes no
 Short-acting beta-agonists yes no

Long-Term Control Medications Not prescribed

Cromolyn sodium yes no
 Inhaled Corticosteroids yes no
 Leukotriene modifiers yes no
 Long-acting Beta-Agonists yes no
 Nedocromil sodium yes no
 Sustained-release Methylxanthines yes no
 Supplements yes no
 Herbal Meds yes no
 Allergy Meds yes no

Frequency of asthma signs / symptoms over the past 2-4 weeks (not just with acute attacks)

Daytime: # per week
 Nocturnal: # per week
 Exacerbations: # per year
 Short-acting beta-agonists # per day
 Number of emergency or urgent care visits for asthma symptoms
 Exacerbations requiring oral steroids # per year **Date of Last PHQ**

Depression Screening **PHQ Score**

Evaluation of Environmental Triggers

Quality of Life Questionnaire

RN Visit:
 Nutrition Visit:
 Allergen Avoidance Education:
 Smoking Cessation Education:

Second Hand Smoke Education:
 Flu Shot:
 Pneumovax:
Asthma Action Plan:

Comments

Neighborhood HEALTH

OK Cancel

PCMH 3C: Care Management



- ❧ Conducts pre-visit preparations
- ❧ Collaborates with patient to develop care plan, including treatment goals
- ❧ Gives patient written care plan
- ❧ Assesses and addresses barriers to treatment goals
- ❧ Gives patient clinical summary at relevant visits
- ❧ Identifies patients who need more care management support
- ❧ Follows up with patients who have not kept important appointments

Plan Detail

Plan Detail

Counseling Details

1. Diabetes mellitus

compliant with follow up, has completed diabetes education and is current on eye and foot exams
goal for this patient is Hb1c <7 at goal, lipid goal LDL <100 last 85, BP is at goal of less than 130/80. Will work on exercise, and further healthy choices for meals

2. Hypertension associated with diabetes

@ goal of less than 130/80, lipids at goal, takes all medications as directed
monitors salt intake, will work on increasing exercise to 45 minutes 6 days a week, continues to not smoke

3. Bipolar 1 disorder

Doing well on lithium, no manic episodes for > 1 year. Mood is good, PHQ 9 is less than 5 at todays visit.
will work on sleep hygiene and call if insomnia persists...would then consider addition of trazodone 50mg po q hs prn

4.

5.

6.

7.

8.



Logout Save Clear Delete Yakima Neighborhood Med Dove, Phillip M MD Patient History Inbox PAQ EPM ICS Close

HighEdit

Arial 10 B I U ABC x² x₂ = = =

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Assessment/ Plan

COPD, NOS (496), Chronic.

Known to me

doing really, SOB is controlled currently, still desats in to the 80s but her oxygen is effective to maintain and help her recover

continue current meds

Heart failure, congestive, unspec. (428.0), Chronic.

Chronic, controlled, will get fasting labs prior to next visit

bp a bit up today but the first in over a year, will follow

Tobacco use disorder (305.1), Chronic.

Chronic

continue to make progress and even one less a day is progress

Anxiety (300.00), Chronic.

Doing great, will fill as needed clonazepam, uses appropriately only when needed

Chronic pain (338.29), Chronic.

Doing awesome. Walks, is going back to school. Vicodin filled, Keep up the great work

Medications

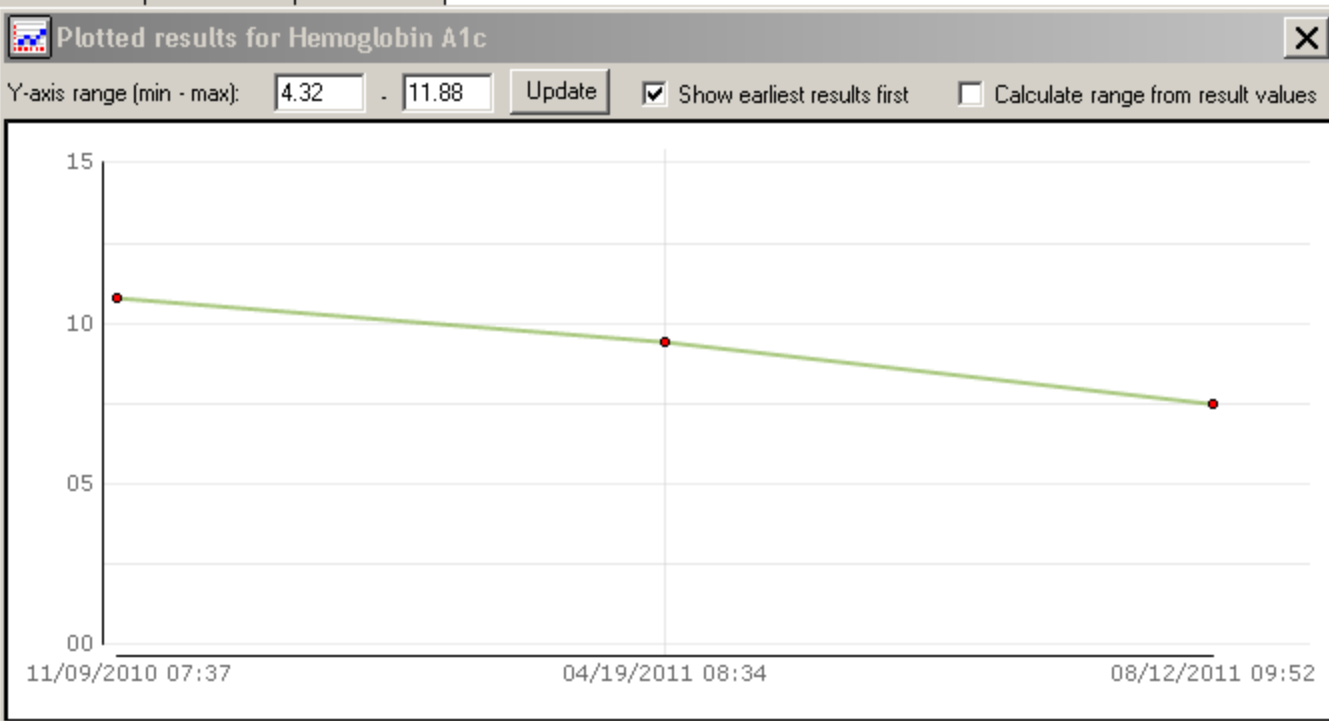
<u>Brand Name</u>	<u>Dose</u>	<u>Sig</u>	<u>Description</u>	<u>Comments</u>
Flexeril	10 Mg		Take one tablet by mouth up to 2x/d for muscle spasm	
Pads			non medication item ; use nightly for incontinence	
Loratadine	10 Mg		take 1 tablet (10MG) by ORAL route every day	
Potassium Chloride	20 Meq		2 tablets po daily	
Aspir 81	81 Mg		take 1 tablet (81MG) by ORAL route every day	
Lasix	20 Mg		1 po daily	
Hydrochlorothiazide	25 Mg		Take one tablet by mouth once daily	
Lisinopril	10 Mg		Take one tablet by mouth once daily	

Results Orders

View results by Show Only Results Refresh Filter Results... Cancel Filter Graph... Go to Order

Results are viewed by lab short description.

Collection Date & Time	08/12/2011 09:52	04/19/2011 08:34	11/09/2010 07:37	10/20/2010 16:31
Carbon Dioxide, Total	27			
Chloride, Serum	101			
Creatinine, Serum	1.12			
eGFR				
eGFR AfricanAmerican				
eGFR If Africn Am	63			
eGFR If NonAfrican Am	55			
Globulin, Total	3.2			
Glucose, Serum	131			
Potassium, Serum	4.3			
Protein, Total, Serum	7.2			
Sodium, Serum	140			
Glucose, Finger				
Glucose, Finger				
Hemoglobin A1c				
Hemoglobin A1c	7.5			
Lipid Panel				
Cholesterol, Total	150			
HDL Cholesterol	45			



Results history:



Yakima Neighborhood Health Services
12 South 8th St, PO Box 2605
Yakima WA 98907-2605
Phone (509) 454-4143 Fax (509) 454-4115
www.ynhs.org

10/06/2011

Frank Zztest
Bad Address
123 Southland
Yakima, WA 98901

Dear Frank,
Estimado Paciente Frank:

It has come to my attention that you missed your last appointment with me. As you know, regular medical attention is essential to maintaining your health. Please contact the office at your earliest convenience to reschedule. I look forward to seeing you soon.

Se me ha dejado saber que usted ha faltado a la última cita conmigo. Como usted sabe, la atención médica regular es esencial para el mantenimiento de su salud. Por favor Comuníquese con nuestra oficina lo tan pronto como sea conveniente para hacerle otra cita. Espero verlo(a) pronto.

Evidence for PCMH 3C: Provider, Nurse and Case Manager coordinating care

AME: - [03/25/2011 01:05 PM : "Standard Communication" <Read-only

File Edit Default View Tools Admin Utilities Window Help

Logout Save Clear Delete Yakima Neighborhood Medical Center Sullivan, Michelle L MSS Patient History Inbox PAQ EPM ICS Close

Rx Conf detail Subsequent Contact Chart Request Send to BU Log

Response TRIAGE

Actions Taken	Staffer
Tomorrow around 1 works well. See you then!	Alison x. Russell
hey there, if you have time tomorrow afternoon...say 12:30 or 1, why don't you come by my office and we can brainstorm, if that doesn't work, just let me know what time does	Phillip x. Dove
She has not been documenting any blood sugars. I am able to look back at previous readings on her glucometer. I have charted the readings I have compiled in my emr notes & have a calendar demonstrating the data from the month of March re bs checks, bp checks & oral med compliance. I have a	Alison x. Russell

Date:	Time:	Unsuccessful Attempts to Contact Pt
//		
//		
//		
//		

(NOTE: access Health Maintenance template to update 'Health Monitor')

Health Monitor:

	Due:	Last Date
Physical Exam	03/25/2011	//
Lipid Panel	//	04/14/2010
Colonoscopy	03/25/2011	//
Sigmoidoscopy	03/25/2011	//
FOBT x3	03/25/2011	//
Flu Vax	10/22/2011	10/22/2010
Pneumovax	11/15/2014	11/15/2004
Tetanus	11/22/2014	11/22/2004
Breast Exam	03/25/2011	//
Mammogram	03/25/2011	//
PAP Test	03/25/2011	//
GYN Exam	03/25/2011	//
DEXA Scan	03/25/2011	//

Create/Update Document

Refresh TASK LOG Back

Date Sent	Time Sent	Sender	Sender Location	Recipient	Recipient Grp Name	Recipient Location
03/28/2011	12:10PM	Alison x Russell	Yakima Neighborhood Medical	Phillip x Dove		Yakima Neighborhood Medical
03/28/2011	12:49PM	Phillip x Dove	Yakima Neighborhood Medical	Alison x Russell		Yakima Neighborhood Medical
03/28/2011	12:49PM	Phillip x Dove	Yakima Neighborhood Medical	Alina J Olsen		Yakima Neighborhood Medical
03/30/2011	10:45AM	Alison x Russell	Yakima Neighborhood Medical	Phillip x Dove		Yakima Neighborhood Medical



Logout Save Clear Delete

Yakima Neighborhood Med Dove, Phillip M MD

Patient History Inbox PAQ EPM ICS Close

Navigation

- HOME
- Demographics
- Chart Summary
- > Case Conference
- Record Vital Signs
- BMI
- Health Maintenance
- Nurse Doc
- Immunizations
- Tuberculin Skin Test
- Past Medical Hx
- Family History
- Social History
- Homeless Encounter
- > Adult OV
- SOAP
- Physical Exam
- Chronic Pain
- Disease Mgmt
- Anticoagulation
- Assessment
- Procedures
- Homeless Encounter
- Nutrition
- Orders
- Order Management
- Custom Plan
- Plan

Preview Offline

Service Date	Staff ID	Patient ID	DOB	Gender
05/08/2012	Phillip x. Dove	000000039645	02/04/1974	M

[Print Case Conf Doc](#)

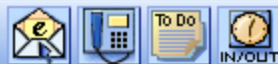
Case Conference Participants	
Case Manager	Peggy J Davenport
Community Health Worker	
Counselor / Therapist	Peggy J Davenport
Dental Personnel	
Eligibility/Financial Worker	
Health Educator	
Interpreter Health Promoter	
Medical Assisant	
Midwife	
Nurse (RN, LPN)	Sharon - ER Nursing Representative
Nutritionist	
Outreach Worker	Stephanie E Black - Preferred contact for the mission
Pharmacist	
Physician (MD or DO)	Phillip x Dove
Physican's Assistant / ARNP	
Psychologist	
Social Worker	Alonso - Memorial Hospital ER social worker
Other	

Case Conference Plan

Conference held today with Memorial hospital during Frequent Flyer conference session. Patient continues to utilize the ER despite now being on Controlled Substance Agreement here with Dr. Dove. Scheduled with Dove on April 13th to discuss.

PCMH 3D: Medication Management

- ☞ Practice manages medications
 - ☞ Reviews and reconciles medications at care transitions
 - ☞ Provides information about new prescriptions
 - ☞ Assesses patient understanding of medications
 - ☞ Assesses patient response to medication and barriers to adherence
 - ☞ Documents OTC's, herbal/supplements, with date of update



Medication Review

How to Use This Template

Reviewed Detailed Document

- HOME
- Demographics
- Chart Summary
- Record Vital Signs
- BMI
- Health Maintenance
- Nurse Doc
- > Immunizations
- Tuberculin Skin Test
- Past Medical Hx
- Family History
- Social History

- Adult OV
- SOAP
- Physical Exam
- Chronic Pain
- Disease Mgmt
- Anticoagulation
- Assessment
- Procedures
- Nutrition
- > Orders
- > Order Manager
- > Plan
- Quality Measures

Medication Name	Dose	Sig Desc	Started	Stopped	Last Refilled	Rx C
LANTUS	100ML	20 units sub q q hs	10/05/2011	//	10/05/2011	10
OMEPRAZOLE	20 MG	take 1 capsule (20MG) by oral route every day before a meal	10/05/2011	//	//	90
KETOCONAZOLE	2 %	apply by topical route every day to the affected area(s), lather, leave in place for 5 minutes, and then rinse off with water	10/05/2011	//	//	1
Medication Reconciliation	<>	<>	10/05/2011	//	10/05/2011	0
ALDACTONE	25 MG	Take one tablet by mouth once daily	09/09/2011	//	09/09/2011	90
NOVOLOG	100ML	2 units with each meal	08/16/2011	//	08/16/2011	1
LISINOPRIL	10 MG	take 1 tablet (10MG) by ORAL route every day	08/03/2011	//	08/03/2011	90
INSULIN SYRINGE	29 GAUGE	Use to administer insulin 4 times daily	08/02/2011	//	//	120

Brand Name	Dose	Sig Description	Start Date	Stop Date	Compliance
			//	//	

Save

Medications Reviewed This Visit

Qty Reviewed 10

Medication Name	Dose	Compliance	Start Date	Stop Date	Docum
ALBUTEROL SULFATE HFA	90 MCG	prn use	07/01/2011	//	Ana M
ALDACTONE	25 MG	pt. states compliant	09/09/2011	//	Ana M
COREG	6.25 MG	pt. states compliant	06/22/2011	//	Ana M
INSULIN SYRINGE	29 GAUGE	pt. states compliant	08/02/2011	//	Ana M
LANTUS	100ML	pt. states compliant	07/01/2011	//	Ana M
LISINOPRIL	10 MG	pt. states compliant	08/03/2011	//	Ana M
METFORMIN HCL	1000 MG	pt. states compliant	07/01/2011	//	Ana M
NOVOLOG	100ML	pt. states compliant	08/16/2011	//	Ana M
SIMVASTATIN	20 MG	pt. states compliant	06/30/2011	//	Ana M
TEST STRIP		pt. states compliant	06/19/2008	//	Ana M

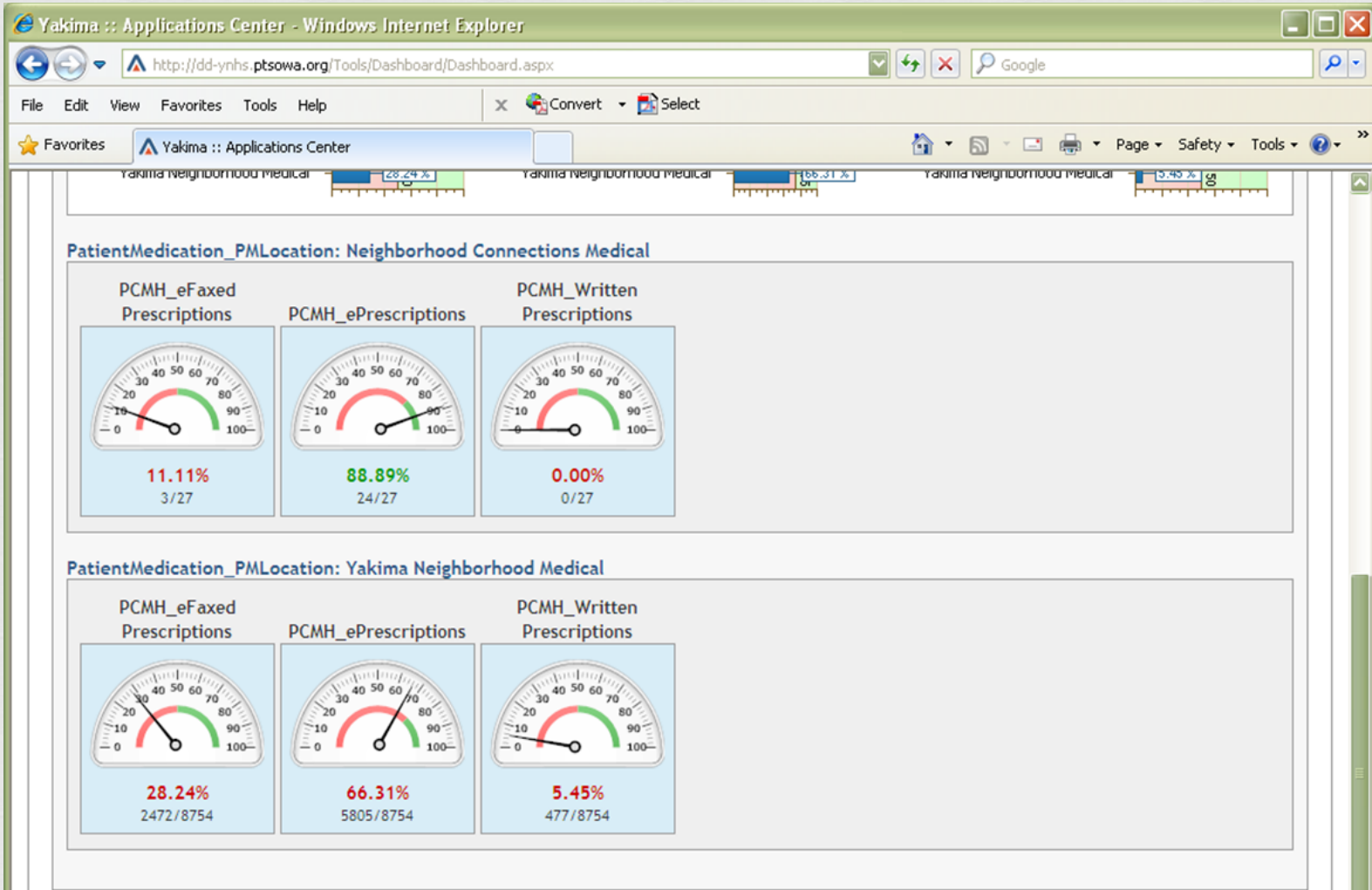
Medications Reviewed History



PCMH 3E: Use of Electronic Prescribing

- ☞ Practice uses e-prescribing system with the following capabilities:
1. Generates and transmits at least 40% of prescriptions to pharmacies
 2. Generates at least 75% of eligible prescriptions
 3. Integrates with patient medical records
 4. Performs patient-specific checks for drug-drug and drug-allergy interactions
 5. Alerts prescribers to generic alternatives
 6. Alerts prescribers to formulary status

Evidence for PCMH 3E



Evidence for PCMH 3E

Alerts to drug interaction based on specific drugs, drug-disease interactions, and drug disease specific to patient disease

The screenshot displays a medical software interface with a 'Medication View' window and a 'Drug Interaction' alert dialog box. The 'Medication View' window shows a list of medications with columns for Status, Medication, and a letter (W or C). Under 'Status: Active (2 items)', there are 'WARFARIN SODIUM' (W) and 'CODIENE SULF' (C). Under 'Status: Temporary (1 item)', there is 'Aspirin' (A). The 'Drug Interaction' dialog box is titled 'Please approve the following drug interaction(s)'. It contains a description: 'Drug Interaction - WARFARIN SODIUM ANTICOAGULANTS/SALICYLATES IN - Level 2 ANTICOAGULANTS increases effect of SALICYLATES Significant - Assess risk to patient and take action as needed'. Below the description is a 'Reason' field with a dropdown menu and an 'Acknowledge' button. At the bottom of the dialog are 'Done' and 'Cancel' buttons. The background interface includes a menu bar (File, Edit, View, Tools, Utilities, Window, Help), a toolbar, and a patient information bar showing '37 Year Old Male Weighing 242.00 lb | 109.77 Kg No eligibility status'. The taskbar at the bottom shows the Start button and several open applications, including 'MetaFrame Presentation...', 'NextGen - Ylremote', 'NextGen EHR: Frank T...', and 'PPC 5 ELEMENT B - Micro...'. The system tray shows the date '02/02/2011' and time '3:03 PM'.

PCMH 4A: Support Self-Care Process



- ❧ Self Monitoring tools
 - ❧ Templates
- ❧ Support Programs
 - ❧ Social Services, BH counselors, Enabling Services
- ❧ Written Care Plan
 - ❧ Patient Plan
- ❧ Classes
 - ❧ Diabetes Ed, Nutritionist
- ❧ Other Resources
 - ❧ Special Program Coordinators

Evidence for PCMH 4A

NextGen EHR: Frank Zztest MRN: 000000039645 DOB: 02/04/1974 AGE: 37 years 7 months NICKNAME: - [09/29/2011 11:07 AM: "Asthma"]

Ptso Asthma Flowsheet 77

Asthma Diagnosis

Clinical Assessment

Height in cm measured carried forward
 Weight lb kg **Predicted Peak Expiratory Flow** L / min
 BP Sitting syst diast **Peak Flow** L / min
 BMI **Pulse**

Spirometry

Measure	Msrd Pre-tx	Prd Pre-tx	% Prd Pre-tx	Msrd Post-tx	% Prd Post-tx	% Change

Frequency of asthma signs / symptoms over the past 2-4 weeks (not just with acute attacks)

Daytime: # per week
 Nocturnal: # per week
 Exacerbations: # per year
 Short-acting beta-agonists # per day
 Number of emergency or urgent care visits for asthma symptoms
 Exacerbations requiring oral steroids # per year **Date of Last PHQ**

Depression Screening **PHQ Score**

Evaluation of Environmental Triggers

Quality of Life Questionnaire

RN Visit: Second Hand Smoke Education:
 Nutrition Visit: Flu Shot:
 Allergen Avoidance Education: Pneumovax:
 Smoking Cessation Education: **Asthma Action Plan:**

SELF-MANAGEMENT **Patient Education Materials**

Does patient possess knowledge of asthma and its management?
 Yes No N/A

Does patient have ability and willingness to enact treatment plan?
 Yes No N/A

Does patient have the self-management skills to manage asthma care?
 Yes No N/A

Patient's self-management goals
 Stop smoking, avoid bars and smoky places

Classification

THERAPY
 (Note: Medication needs to be added directly in the Medications module)

Quick-Relief Medications

Anticholinergics yes no
 Short-acting beta-agonists yes no

Long-Term Control Medications Not prescribed

Cromolyn sodium yes no
 Inhaled Corticosteroids yes no
 Leukotriene modifiers yes no
 Long-acting Beta-Agonists yes no
 Nedocromil sodium yes no
 Sustained-release Methylxanthines yes no
 Supplements yes no
 Herbal Meds yes no
 Allergy Meds yes no

Comments

OK Cancel

Neighborhood Health Services | pxdove | CAP | NUM | SCRL | 09/29/2011

8:17 PM 9/29/2011



Evidence for PCMH 4A

Diabetes Flowsheet

Diabetes Mellitus Diagnosis

To be Done EACH VISIT [BP Elevated: Click to go to HTH Flowsheet](#)

Height in cm measured carried forward

Weight lb kg

BMI

? BP Goal for DM Syst Diast

BP Syst Diast

Pulse

Tobacco Usage

Tobacco use: Smoking status:

Cessation counseling Yes No NA

Tobacco

Pharmacologic Yes No NA

COMPLETED DATE

Foot Exam Perform Completed [exclude](#)

Monofilament Instructions Date of Last PHQ

Depression Screening PHQ Score

IMMUNIZATIONS

	STATUS	ORDERED	COMPLETED			
Pneumovax	COMPLETI	09/27/2011	09/29/2011	<input type="radio"/> Order	<input type="radio"/> Completed	exclude
Influenza	COMPLETI	09/27/2011	09/28/2011	<input type="radio"/> Order	<input type="radio"/> Completed	exclude

REFERRALS

	STATUS	ORDERED	COMPLETED			
Dilated Eye Exam	completed	//	09/19/2011	<input type="radio"/> Order	<input checked="" type="radio"/> Completed	exclude
Dental Exam	completed	//	07/11/2011	<input type="radio"/> Order	<input checked="" type="radio"/> Completed	<input type="radio"/> Excluded
Podiatrist	completed	//	08/02/2011	<input type="radio"/> Order	<input checked="" type="radio"/> Completed	<input type="radio"/> Excluded
Diabetes Educator	completed	//	05/15/2011	<input type="radio"/> Order	<input checked="" type="radio"/> Completed	<input type="radio"/> Excluded
Behavioral Health	completed	08/11/2011	09/07/2011	<input type="radio"/> Order	<input checked="" type="radio"/> Completed	<input type="radio"/> Excluded
CH Worker		//	//	<input type="radio"/> Order	<input type="radio"/> Completed	<input type="radio"/> Excluded
Nutritionist	completed	//	06/07/2011	<input type="radio"/> Order	<input checked="" type="radio"/> Completed	<input type="radio"/> Excluded
Psychologist		//	//	<input type="radio"/> Order	<input type="radio"/> Completed	<input type="radio"/> Excluded
Social Services	completed	//	06/01/2011	<input type="radio"/> Order	<input checked="" type="radio"/> Completed	<input type="radio"/> Excluded

Framingham 10-year CHD event risk

LABORATORY

[Lab Master](#) / [Office Labs](#) / [Labs done Elsewhere](#) /

LAB	STATUS	ORDERED	COMPLETED	DUE DATE	INTERVAL
Glucose		//	//		
HgbA1C	COMPLETED	04/11/2011	04/11/2011	//	
Lipid Panel	DUE	04/07/2011	//	09/29/2011	1 Year

URINE PROTEIN

Microalb/ creat ratio [EXCL](#)

DRUG THERAPY

Aspirin Use	<input type="radio"/> Active	<input type="radio"/> Excluded
LDL-C Lowering Therapy	<input checked="" type="radio"/> Active	<input type="radio"/> Excluded
ACE Inhibitor Therapy	<input checked="" type="radio"/> Active	<input type="radio"/> Excluded
ARB Therapy	<input type="radio"/> Active	<input type="radio"/> Excluded

SELF-MANAGEMENT [Patient Education Materials](#)

Does patient possess knowledge of diabetes and its management?
 Yes No N/A

Does patient have ability and willingness to enact treatment plan?
 Yes No N/A

Does patient have the self-management skills to manage diabetes care?
 Yes No N/A

Self-Management Goals **Date Last Documented**

Pt will complete food logs, as well as sugar logs, will keep follow up appointment with Diabetes education counselor

Comments

Evidence for PCMH 4A

File Edit Default View Tools Admin Utilities Window Help

Logout Save Clear Delete Yakima Neighborhood Me Dove, Phillip M MD Patient History Inbox PAQ EPM ICS Close

Enabling Services Encounter Form

Service Date	Provider ID	Staff ID	Patient ID	DOB	Gender	Zip Code
03/09/2010	Davenport MSCP, Pe	Peggy J. Davenport	000000022644	06/11/1975	M	98936

Encounter Type (check only one): Face to Face Telecommunication Off-site

Appointment Type (check only one): Scheduled Walk-in

Group or individual (check only one): Group Individual

Primary Language: Spanish

Race/Ethnicity: White (uds)

Place of Birth: Mexico

Check if applicable Service provided in language other than English

Person Providing Service (check only one)

<input type="checkbox"/> Case Manager	<input type="checkbox"/> Health Educator	<input type="checkbox"/> Nurse (RN, LPN)	<input type="checkbox"/> Physician's Assistant / ARNP
<input type="checkbox"/> Community Health Worker	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Psychologist
<input checked="" type="checkbox"/> Counselor/Therapist	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Outreach Worker	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Dental Personnel	<input type="checkbox"/> Midwife	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Eligibility/Financial Worker		<input type="checkbox"/> Physician (MD or DO)	<input type="checkbox"/> Other

Enabling Service(s) Provided

Place of Service: _____

Case Management - Assessment			Save
Case Management - Treatment Plan & Facilitation			Save
Case Management - Referral Service			Save
Financial Counseling / Eligibility Assistance			Save
Health Education / Supportive Counseling			Save
Interpretation / Translation			Save
Outreach Services			Save
Transportation Services			Save
Other Enabling Services			Save

Service Date	Staff	Service	Place Of Service
03/09/2010	Peggy J. Davenport	supportive listening	

Print Document

Patient History

Patient His... Patient De... Categories

New Lock Search

- 06/10/2010 02:00 PM Yeh, P
- 05/11/2010 07:45 AM Rogers, R
- 05/03/2010 07:45 AM Nulph, E
- 04/12/2010 03:30 PM Rodriguez, I
- 04/02/2010 04:00 PM Nulph, E
- 03/29/2010 01:54 PM Campbell, K
- 03/19/2010 01:15 PM Yeh, P
- 03/09/2010 01:59 PM Davenport, P
- Enabling Services
- Standard Communication
- Enabling_Services_Encounter
- ptso_Std_Communication
- 03/09/2010 12:00 AM Davenport, P
- Procedure
- 03/03/2010 01:23 PM Campbell, K
- 03/01/2010 03:45 PM Campbell, K
- 02/25/2010 01:00 PM Wynne, JC
- 02/24/2010 07:45 AM Campbell, K
- 02/23/2010 04:34 PM Medical Sup
- 07/02/2009 07:37 AM Heijnen, JC

Custom

Yakima Neighborhood Health Services | pxdove | CAP | NUM | SCRL | 09/29/2011

8:42 PM 9/29/2011



PCMH 5A: Test Tracking and Follow-Up



- ❧ Practice has documented process for and demonstrates
 - ❧ Tracks lab tests and flags and follows-up on overdue results
 - ❧ Tracks imaging test and flags and follows-up on overdue results
 - ❧ Flags abnormal lab results
 - ❧ Flags abnormal imaging results
 - ❧ Notifies patients of normal and abnormal lab/imaging results

File Home Insert Page Layout Formulas Data Review View

Clipboard: Cut, Copy, Paste, Format Painter

Font: Tahoma, 20, Bold, Italic, Underline, Text Color, Background Color

Alignment: Wrap Text, Merge & Center

Number: General, \$, %, .00, .0

Styles: Conditional Formatting, Format as Table, Cell Styles

A1 Labs - NON Resulted

A		B	C	D	E	F
1	Labs - NON Resulted					
2	Galaxy	78				
3	Dennis CNM, ARNP, Susan C	30				
4	Location Name	First Name	MRN	Order Num	Order Date	Appointment Date
5	Yakima Neighborhood Medical		000000029625	91351895	2/18/12	2/18/12
6	Yakima Neighborhood Medical		000000029625	91351900	2/18/12	2/18/12
7	Yakima Neighborhood Medical		000000045862	91338585	2/3/12	2/3/12
8	Yakima Neighborhood Medical		000000045862	91338585	2/3/12	2/3/12
9	Yakima Neighborhood Medical		000000045862	91338585	2/3/12	2/3/12
10	Yakima Neighborhood Medical		000000045862	91338585	2/3/12	2/3/12
11	Yakima Neighborhood Medical		000000051259	91325630	1/20/12	1/20/12
12	Yakima Neighborhood Medical		000000052040	91392955	4/5/12	4/5/12
13	Yakima Neighborhood Medical		000000048711	91366686	3/7/12	3/7/12
14	Yakima Neighborhood Medical		000000004261	91372019	3/14/12	3/14/12
15	Yakima Neighborhood Medical		000000004261	91372019	3/14/12	3/14/12

File Home Insert Page Layout Formulas Data Review View

Clipboard: Cut, Copy, Paste, Format Painter

Font: Tahoma, 20, Bold, Italic, Underline, Text Color, Background Color

Alignment: Wrap Text, Merge & Center

Number: General, Currency, Percentage, Decimals

Styles: Conditional Formatting, Format as Table, Cell Styles

A1 Diagnostics WO Results

Formula Bar

Diagnostics WO Results					
	A	B	C	D	E
1	Diagnostics WO Results				
2	Galaxy	83			
3	Dennis, Susan C CNM ARNP	3			
4	Last		Status	Display Text	Ordered Date
5	Shearer, Amber		scheduled	OB US, detailed single fetus	4/10/1
6	Glidewell, Sarah		scheduled	MRI, pelvis w/o contrast followed by con	1/5/1
7	Salazar, Latoya		scheduled	Ultrasound, Abdominal Complete	4/17/1

PCMH 5A: Test Tracking and Follow-Up

Lab Orders 010111-040111.xls (Read-Only) [Compatibility Mode] - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

Normal Page Layout Page Break Preview Custom Views Full Screen Ruler Formula Bar Gridlines Headings Zoom 100% Zoom to Selection New Window Arrange All Freeze Panes Split Hide View Side by Side Synchronous Scrolling Save Workspace Switch Windows Macros

Abel

	A	B	C	D	E	F	G	H
1	Lst Name	Fst Name	DOB	order_orderedId	order_orderedBy	ser_actDescri	order_actStatus	order_completedDat
2				20110201	Heinzen MD, Joel C	B Strep Culture, C	resulted	
3				20110201	Heinzen MD, Joel C	RAPID STREP	completed	20110201
4				20110316	Heinzen MD, Joel C	Urine Dipstick	completed	20110316
5				20110317	LumOr Chet ARNP		completed	20110317
6				20110317	LumOr Chet ARNP		completed	20110317
7				20110124	Nurse-Aide RN, YNHS	PREG, URINE	completed	20110124
8				20110321	Edward Liu ARNP		completed	20110321
9				20110321	Edward Liu ARNP		completed	20110321
10				20110321	Edward Liu ARNP		completed	20110321
11				20110321	Edward Liu ARNP		completed	20110321
12				20110321	Edward Liu ARNP		completed	20110321
13				20110225	YNHS Nurse-Aide RN		completed	20110225
14				20110225	YNHS Nurse-Aide RN		completed	20110225
15				20110224	Chet ARNP, LumOr	T4 Free	resulted	
16				20110224	Chet ARNP, LumOr	TSH	resulted	
17				20110122	Susana Diaz DO		ordered	
18				20110302	Kara M. Prier MD		completed	20110302
19				20110302	Kara M. Prier MD		completed	20110302
20				20110302	Kara M. Prier MD		completed	20110302
				20110302	Kara M. Prier MD		completed	20110302
				20110302	Kara M. Prier MD		completed	20110302

125% 1:34 PM



PCMH 5A continued



- ❧ Follows up on newborn screening
- ❧ Electronically order and retrieve lab tests and results
- ❧ Electronically order and retrieve imaging tests and results
- ❧ Electronically incorporates at least 40% of lab results in records
- ❧ Electronically incorporate imaging test results into records

Evidence for PCMH 5A

NextGen

AGE: 50 years 7 months NICKNAME: - [03/31/2011 08:25 AM : "Lab Master" <Read-only>]

File Edit Default View Tools Admin Utilities Window Help



Yakima Neighborhood Med Sullivan, Michelle L MSS



Assessment:

Update

ABN On Demand

Lab Corp website / Directory of Services

<input checked="" type="radio"/> Hyperlipidemia, mixed	272.2	<input type="radio"/>		
<input type="radio"/>		<input type="radio"/>		
<input type="radio"/>		<input type="radio"/>		
<input type="radio"/>		<input type="radio"/>		

Lab Scheduled or on this date: ROUTINE/STAT Fasting LABCORP Blood Draw **Order Level Comments**

Primary Ins Secondary Ins Billing Type

Call Results Tel # - ext Pager # - Account #

Copy to Location Fax # CONFIDENTIAL billing

CHEMISTRY CYTO & PATHOLOGY	HEMATOLOGY HEPATITIS	MICROBIOLOGY OTHER URINE & TOXICOLOGY	THERAPEUTIC TUMOR MARKERS	OTHER TESTS OFFICE LABS
-------------------------------	-------------------------	--	------------------------------	----------------------------

PANELS		COMMON TESTS	
<input type="checkbox"/> BMP (8), Basic (322758)	<input type="checkbox"/> AFP Tetra (017319)	<input type="checkbox"/> HCG Beta Qual (004556)	<input type="checkbox"/> PTH, Intact (015610)
<input type="checkbox"/> CMP (14), Comp (322000)	<input type="checkbox"/> AFP X-tra Profile (017335)	<input type="checkbox"/> HCG Beta Quant (004416)	<input type="checkbox"/> PTT Activated (005207)
<input type="checkbox"/> CMP12+6AC (002808)	<input type="checkbox"/> ALT (SGPT) (001545)	<input type="checkbox"/> HDL Cholesterol (001925)	<input type="checkbox"/> RA Factor (006502)
<input type="checkbox"/> Electrolyte Panel (303754)	<input type="checkbox"/> Amylase (001396)	<input type="checkbox"/> HGA1c (001453)	<input type="checkbox"/> RPR (006072)
<input type="checkbox"/> Hemoglobinopathy (121679)	<input type="checkbox"/> ANA direct (164855)	<input type="checkbox"/> HIV1 Ab (083824)	<input type="checkbox"/> Sed rate (005215)
<input type="checkbox"/> Hepatic Func Pan (322755)	<input type="checkbox"/> AST (SGOT) (001123)	<input type="checkbox"/> HSV II-Spec Ab, IgG	<input type="checkbox"/> T3 total (002188)
<input type="checkbox"/> Lipid Panel (303756)	<input type="checkbox"/> Bilirubin Fract, Micro (205500)	<input type="checkbox"/> HSV II, IgG/Rfx IgG (164020)	<input type="checkbox"/> T3 Uptake (001156)
<input type="checkbox"/> Lipid + CHD Risk (004580)	<input type="checkbox"/> Brain Natriuretic Peptide (140889)	<input type="checkbox"/> Iron/ IBC (001321)	<input type="checkbox"/> T4 Free (001974)
<input type="checkbox"/> MMR Immunity (058495)	<input type="checkbox"/> Chol, Total (001065)	<input type="checkbox"/> LH (004283)	<input type="checkbox"/> Testosterone (004226)
<input type="checkbox"/> Prenatal 1 w/ HbsAg (202945)	<input type="checkbox"/> Creatine Kinase Total (001362)	<input type="checkbox"/> Lipase (001404)	<input type="checkbox"/> TSH (004259)
<input type="checkbox"/> Renal Func Pan (322777)	<input type="checkbox"/> Creatinine (001370)	<input type="checkbox"/> Magnesium (001537)	<input type="checkbox"/> Uric Acid (001057)
<input type="checkbox"/> Thyroid Cas Prof (330015)	<input type="checkbox"/> CRP-Routine (nft) (006627)	<input type="checkbox"/> Microalbumin/Creat Ratio (140285)	<input type="checkbox"/> Urinalysis (003772)
<input type="checkbox"/> Thyroid Panel (000455)	<input type="checkbox"/> Ferritin (004598)	<input type="checkbox"/> Mono screen (006189)	<input type="checkbox"/> Urine Culture, Routine
<input type="checkbox"/> PIH Panel	<input type="checkbox"/> FSH 9 (004309)	<input type="checkbox"/> Pap, Traditional (009100) AOE	<input type="checkbox"/> UA/Micro w/ Cult Rfx: (377036)
	<input type="checkbox"/> Gest Diabetes Eval (102277)	<input type="checkbox"/> Phosphorus (001024)	<input type="checkbox"/> Varicella-Zoster V Ab IgG (096206)
	<input type="checkbox"/> Gest Glucose Tolerance (102004)	<input type="checkbox"/> Potassium (001180)	<input type="checkbox"/> Vitamin B12 (001503)
	<input type="checkbox"/> GGT (001958)	<input type="checkbox"/> Prolactin (004465)	<input type="checkbox"/> Vit B12 & Folate (000810)
	<input type="checkbox"/> Glucose, Serum (001032)	<input type="checkbox"/> Pro Time (PT) (005199)	
	<input type="checkbox"/> H. Pylori (162289)	<input type="checkbox"/> PT and PTT (020321)	
		<input type="checkbox"/> PSA (010322)	



Save

Print Lab Req

Print Document

Ordering Provider Options: Encounter's Rendering Prov PCP Other

Ordering Provider / PAQ

Chet ARNP, LumOr

Page Down

p_add_on
 general
 cytology
 histology

Description	Date-Time
U/S OB PAQ	05/07/2012 05:26 PM
Lab Other PAQ	05/07/2012 05:26 PM
U/S OB PAQ	05/07/2012 05:26 PM
Order	05/07/2012 01:08 PM
Order	05/07/2012 01:08 PM
Order: High	05/06/2012 10:06 AM
Order	05/05/2012 03:07 PM
Order	05/05/2012 11:07 AM
Order	05/05/2012 11:07 AM
Order: Low	05/05/2012 07:00 AM

Requested by: ROETHEL, WILLIAM
Copy to: ROETHEL, WILLIAM

HEMATOLOGY

TEST-NAME RESULT AB NRML-
SPECIMEN LAV COLLECTED 03/24/12 20:45 BY JLS RECEIVED 03

CBC

WBC	9.1	4.0-11.0
RBC	4.00	3.80-5.00
HGB	12.6	11.6-15.0
HCT	36.3	35.0-45.0
MCV	90.6	80.0-100.0
MCH	31.6	27.0-34.0
MCHC	34.9	32.0-36.0
RDW	13.2	11.0-14.0
PLT	260	150-400
MPV	8.2	6.0-11.0

Differential

Neuts/Polys	64.7	38.0-70.0
Lymphocytes	29.9	21.0-40.0
Monocytes	4.8	3.0-10.0
Eosinophils	0.4	0.0-7.0
Basophils	0.2	0.0-2.0

Absolute Cell Count

Absolute Neutrophils	5.9	1.8-7.0
Absolute Lymphocytes	2.7	1.0-5.0
Absolute Monocytes	0.4	0.0-0.8
Absolute Eosinophils	0.0	0.0-0.4
Absolute Basophils	0.0	0.0-0.1

- Accept
- Reject
- To Do

ICS Image: Lab Other PAQ
Created: 05/07/2012 05:26 PM
by: Garza, Brianne A
Modified: 05/07/2012 05:26 PM
by: Garza, Brianne A

- Open
- Reassign
- Options

05/08/2012

Frank Zztest
12 So 8th St
Yakima, WA 98901

Dear Frank,
Estimado Paciente Frank:

It was a pleasure to see you at our Yakima Neighborhood Medical office. Your lab tests were normal. There is no need for further testing at this time. I look forward to seeing you at your next appointment.

Fue un placer verlo(a) en nuestra clinica de Yakima Neighborhood Medical. Sus exámenes de laboratorio fueron normales. No hay necesidad de más exámenes por ahora. Espero verlo(a) en su próxima cita.

Sincerely,
Atentamente,

Phillip M. Dove MD

Results Orders

View results by Show Only Results Refresh Filter Results... Cancel Filter Graph... Go to Order

Results are viewed by lab short description.

Collection Date & Time	02/07/2012 13:21	01/23/2012 09:19	10/14/2011 11:45	05/26/2011 14:18	12/21/2010 11:16	12/10/2010 13:12	05/13/2010 16:17	05/13/2010 15:45	03/03/2010 08:30	08/03/2009 11:07	07/01/2009 16:01
Comp. Metabolic Pane...											
A/G Ratio		0.8	0.9			1.1	1.3		1.2	1.1	
Albumin, Serum		3.5	3.6			4.1	4.2		3.8	3.9	
Alkaline Phosphatase, S		208	207			219	193		250	162	
ALT (SGPT)		23	21			25	25		36	24	
AST (SGOT)		22	21			25	22		24	19	
Bilirubin, Total		0.8	0.7			0.5	0.4		0.4	0.6	
BUN		32	20			26	40		43	32	
BUN/Creatinine Ratio		18	13			16	19		17	20	
Calcium, Serum		10.2	10.2			10.3	10.1		9.6	10.1	
Carbon Dioxide, Total		27	24			27	22		25	21	
Chloride, Serum		98	106			102	98		98	105	
Creatinine, Serum		1.76	1.51			1.67	2.06		2.54	1.57	
eGFR						31	24		19	34	
eGFR AfricanAmerican						38	30		23	41	
eGFR If African Am		35	42								
eGFR If NonAfrican Am		31	37								
Globulin, Total		4.3	4.2			3.7	3.2		3.2	3.7	

Results history: Copy Select All

Dove, Phillip M MD

Patient History Inbox PAQ EPM ICS Close

COMMUNICATION

Time: 9:56 AM
From: pharmacy
Subject: Pharmacy refill for 30. one tab every 12 hours for nausea, last

- Incoming Call
- Outgoing Call
- In Person
- Voicemail
- Fax

ALERTS

- STAT
- High Priority
- Low Priority
- FYI

Pt's DOB: 09/19/1963 Sex: M
Age: 48 Years Pt Provs
PCP: Dove, Phillip MD
Contact Nos:
 Home Phone (509)469-0880
 Alt Phone () -
 Day Phone (509)453-5000 ext

Subsequent Contact

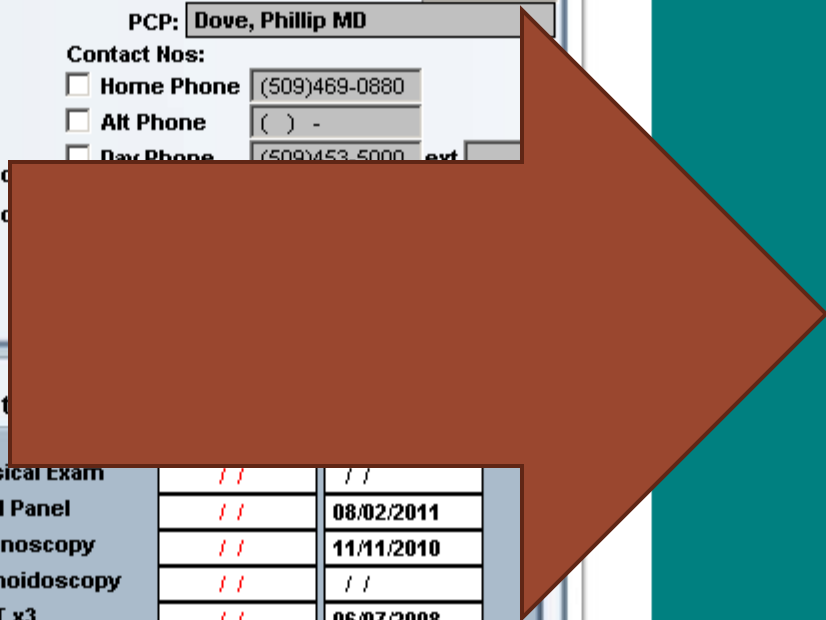
Health

Physical Exam		
Lipid Panel		08/02/2011
Colonoscopy		11/11/2010
Sigmoidoscopy		
FOBT x3		06/07/2008
Flu Vax		12/06/2011
Pneumovax		
Tetanus		
PSA		

Categories

- Patient Hist...
- Patient De...
- Categories
 - Communication
 - Consults
 - Diagnostics
 - Colonoscopy/Flex Sig PAQ
 - CT Head/Spine PAQ
 - CT Lower Extremity PAQ
 - CT PAQ
 - MRI Extremity PAQ
 - MRI PAQ
 - X-Ray Chest PAQ
 - X-Ray Head/Spine PAQ
 - X-Ray Other PAQ
 - Discharge/Hospital Notes
 - Disease Mgmt
 - EPM
 - Historical
 - Labs
 - Patient Forms/Correspondence
 - Prenatal/OB
 - Progress Notes

All



PCMH 5B: Referral Tracking and Follow-Up



Practice coordinates referrals:

- Provides specialist with reason and key information for the referral
- Tracks referral status
- Follows up to obtain specialist reports
- Has agreements with specialists documented in the record
- Asks patients about self-referrals and requests specialist reports
- Demonstrates electronic exchange of key clinical information
- Provides electronic summary of care for more than 50% of referrals

Logout Save Clear Delete Yakima Neighborhood Med Dove, Phillip M MD Patient History Inbox PAQ EPM ICS Close

Last Name [redacted] First Name [redacted] MI S DOB [redacted] Age 48 Years SS# [redacted] Sex M MRN 13945
 Home # [redacted] Day # [redacted] x [redacted] Alt # () - Day x [redacted] Other Tel # () - Interpreter Needed No Language English

Parent/Legal Guardian
 Last Name [redacted]

Insurance
 Primary Insurance [redacted] SUBSCRIBER Last Name [redacted] Policy # 368880041A
 Secondary Insurance [redacted] SUBSCRIBER Last Name [redacted] First Name [redacted] Policy # [redacted]

OUTGOING REFERRALS

Referral Date	Completed	STATUS	Facility Referred To	Facility Referred To - Other	Specialty	Reason for Referral	Referral Results
01/05/2012	//	processed/c to schedule			Chiropractic	pt with chronic pain requesting referral to chiropracter - must bring MRI with him	
01/28/2011	08/09/2011	completed			Chiropractic	pt with chronic back pain, released from PT, would like to pursue chiropractic care	02-25-11-Pt is aware that he will n
11/03/2010	//	scheduled	Pinnacle Healthcare Center		Sleep Medicine	copd, sleep disturbance w/ depression, chronic pain, HTN	
08/26/2010	10/13/2010	report	Yakima Gastroenterology		Gastroenterology	BRBPR	

Task Priority: Low Normal High

Print Referral Sheet Print Patient Referral History

Spanish English

"Referrals_PTSO" - [12 of 17]

Referral STATUS **scheduled**

Referred from

Provider Schwarzkopf ARNP, Nancy D **Location** Yakima Neighborhood Medical **PCP** Sabry, Fady MD
Tax ID # 910- **NPI** 1073- **UPIN** OTH- **Tel #** (509)454-4143 ext **Fax #** (509)853-2355

Referred to

Referral Date 11/03/2010 **Specialty** Sleep Medicine
Facility Pinnacle Healthcare Cent **Tel #** (509)248-0497 x **Fax #** (509)248-4167
Specialist **Tel #** () - **Fax #** () -
Reason for Referral **CPT Codes** **Diagnosis/ICD9** **IMO** **Restrictions**
 copd, sleep disturbance w/ depression, chronic pain, HTN

Action Requested

Routine Urgent Emergency Clear
 High risk tracking
 Consult only
 Evaluate and Treat
 Evaluate and Treat - Surgery, if indicated
 Itemized Services Inside Referral

Referral Results

Get Insurance **Primary Insurance** Medicaid Medical **Policy #** 102-
Last Name **First Name** **MI/S** **Policy #** 102-
Secondary Insurance **Policy #**
Last Name **First Name** **MI** **Policy #**

Referral Requirements

DOCUMENTATION: Pt demographics, referral auth, chart notes pertaining to the diagnosis
 LABS: Any recent blood work

Retro Referral // No Auth Needed
Authorization # **Effective Date** // to //
of Visits **Processed** Heather A. West 11/30/2010
Tel # (509)454-4143 **Fax #** (509)454-4115
UNITS

Courier /

CLINICAL FINDINGS	Encl	Mail	Fax	Sent to / Comments
LAB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinnacle Sleep Center
X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chart Notes/Letter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Fax # (509)248-4167
Attn scheduling
Attachments [List](#)
 Pinnacle Sleep Center referral form

Charity app given to patient for return to CHC //

Completed charity app returned by patient //

Patient to sched Clinic to sched Clear

Appt Date 01/10/2011 @ 3:15pm

Time Limit

Time Frame

Patient Notified //

Cancelled //

Completed //

Report Received //

Sign Off

[Milliman Care Guidelines](#)

PCMH 5C: Coordinate with Facilities and Care Transitions



- ❧ The practice coordinates care with external entities and physicians for patients treated in both inpatient and outpatient settings.
- ❧ Coordinates follow up and care/disease management services.

Evidence for PCMH 5C:

NextGen | [03/09/2011 09:57 AM : "Standard Communication" <Read-on>

File Edit Default View Tools Admin Utilities Window Help

Logout Save Clear Delete Yakima Neighborhood Med Sullivan, Michelle L MSS Patient History Inbox PAQ EPM ICS Close

PATIENT COMMUNICATION

Date: 03/09/2011 **Time:** 9:57 AM

Staffer: Kristen N. Alvarado

Spoke with: Patient **Other:** Relationship: mother

Reason for Contact:
appointment with doctor

Diaz, Susana DO 03/09/11 08:48 AM
Please call pt back to discuss ER visit this week (?FB ingestion).

ALERTS

- Incoming Call
- Outgoing Call
- In Person
- Voicemail
- Fax
- STAT**
- High Priority
- Low Priority
- FYI

Pt's DOB: 12/26/2009 **Sex:** F

Age: 1 Year **Pt Provs**

PCP: Pedrosa, Jocelyn MD

Contact Nos:


- Home Phone (509)307-5326
- Alt Phone () -
- Day Phone (509)594-7728 ext
- Other () -
- Needs Interpreter: Interpreter Name:

Rx **Conf detail** **Subsequent Contact** **Chart Request** **Send To Do** [Task Log](#)

Response **TRIAGE**

Actions Taken	Staffer
TC to mother. She reports that pt is doing well since ER visit. She reports that she believes that pt ingested rocks and that they have already come out in stool. I still scheduled pt tomorrow with Dr. Diaz for eval. Mother comfortable with plan of care.	Kristen N. Alvarado

Health Monitor: (NOTE: access Health Maintenance template to update 'Health Monitor')



Time: **Unsuccessful Attempts to Contact Pt**

Time	Unsuccessful Attempts to Contact Pt

YAKIMA Neighborhood HEALTH

PCMH 6A: Measure Performance

- Practice measures or receives the following data:
 - 3 preventive care measures
 - 3 chronic or acute care measures
 - 2 utilization measures affecting health care costs
 - Vulnerable population data

Evidence for PCMH 6A

Yakima :: Applications Center - Windows Internet Explorer

http://dd-ynhs.ptsowa.org/Tools/Dashboard/Dashboard.aspx

File Edit View Favorites Tools Help

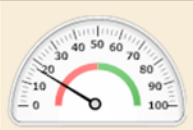

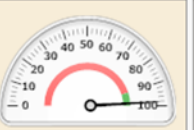
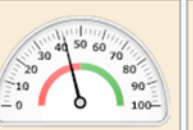

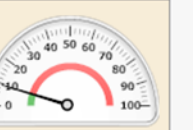





Yakima :: Applications Center


PTSOf Washington applications CENTER

Chooser Password Guide About Log Out

Diabetes: Active Monitors [View Reports](#)


[New Monitor](#) [Reload Monitors](#)

BP < 130/80, LDL < 100	LDL Measured	BP Taken	LDL < 100	BP < 130/80	BP > 140/90
 17.36% 130/749	 76.37% 572/749	 98.26% 736/749	 42.19% 316/749	 39.79% 298/749	 9.35% 70/749
HBA1c Measured	HBA1c < 7	LDL > 130	HBA1c < 7, BP < 130/80, LDL < 100	HBA1c > 9	
 89.05% 667/749	 35.11% 263/749	 13.75% 103/749	 8.41% 63/749	 20.16% 151/749	

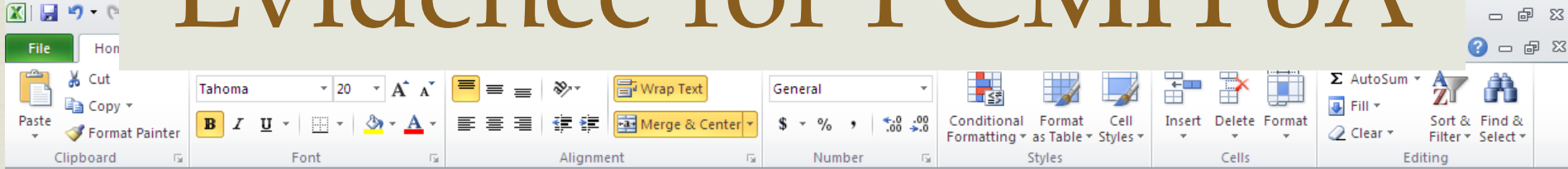
Copyright © 2011 Deep Domain, Inc. All Rights Reserved.  DDBot™ Processor-Enabled Application

Local intranet 100%

Michel... 3 Mi... 5 Mi... 4 In... 3 Ct... 4 Mi... NextGen 3 Ad... PCMH 2:18 PM



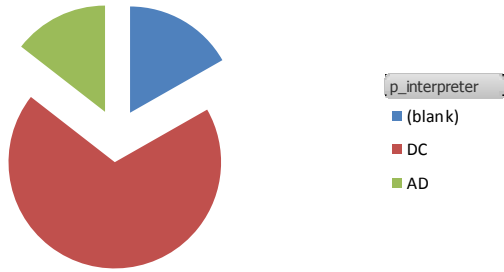
Evidence for PCMH 6A



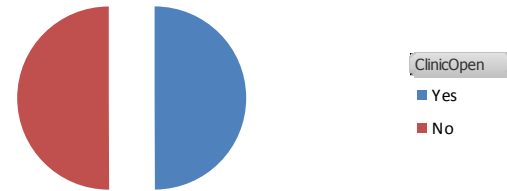
	A	D	E	F	G	H
1	Mammograms Resulted					
2	med rec nbr	Date of Birth	act Status	ordered Date	Completed Date	act Text
3	00000007136	1/23/69	result received	12/3/08	12/18/08	Screening Mammography Bilateral
4	000000013794	2/19/61	completed	7/26/11	8/2/11	Mammogram
5	000000017237	12/26/60	Completed		6/5/09	Mammogram
6	000000042126	12/28/75	completed		10/22/08	Mammogram
7	000000025091	6/20/80	completed		6/12/07	Mammogram
8	000000006665	1/26/65	completed		8/20/07	Mammogram
9	000000035114	10/18/65	completed		8/1/07	Mammogram
10	000000018984	7/8/63	completed	3/6/12	3/20/12	Mammogram
13		10/7/71	completed		9/29/10	Mammogram



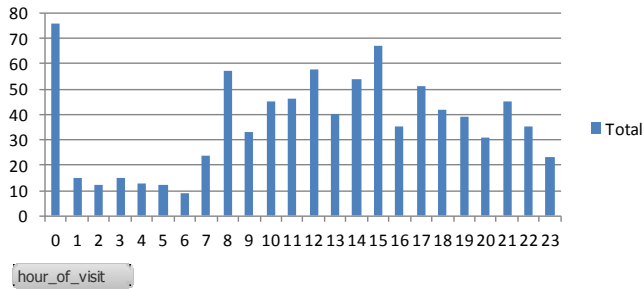
Admit / Discharge %



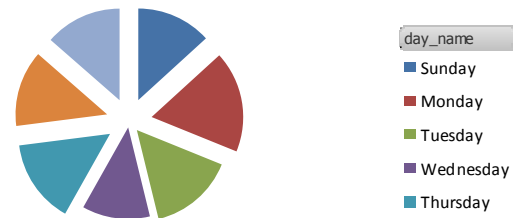
Clinic Open at time of visit



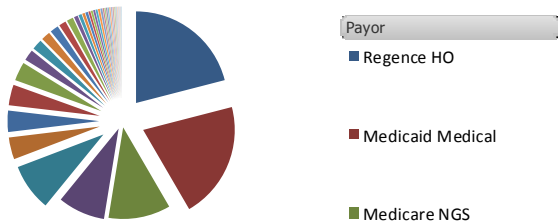
Time of Day



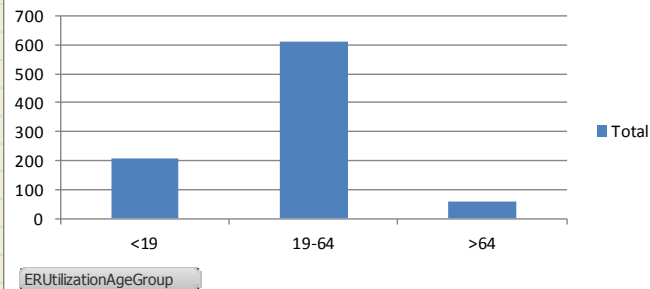
Day of Week



by Payor



Age Group



Report created from ER discharge summaries to better identify the characteristics of ER users.

Evidence for PCMH 6A

Physician	Routine Primary Care How many calendar days until the next available appointment for follow-up of previously identified issue/concern?	Preventative Care How many calendar days until the next available well exam?	Urgent Care How many hours until a patient can be seen in your clinic, by any practitioner for an urgent problem, e.g. ear infection, acute injury, sprain/strain?	Comments
Clinic: Yakima Neighborhood Health Services				
		Reported by: <u>gs</u>	Date: <u>03/15/11</u>	
	CALENDAR DAYS	CALENDAR DAYS	HOURS	
Susana Diaz, MD	<u>3</u> days	<u>5</u> days	<u>1</u> hours	walk-in available
Kara Prier, MD	<u>6</u> days	<u>18</u> days	½ hours	walk-in available
Fady Sabry, MD	<u>13</u> days	21 days	1/2 hours	walk-in available
Gagan Khalsa, MD	<u>10</u> days	<u>12</u> days	<u>½</u> hours	walk-in available
Phillip Dove, MD	<u> </u> days	<u> </u> days	<u> </u> hours	walk-in available

PCMH 6B: Measure Patient/Family Experience

Patient
Perception of
Care Survey

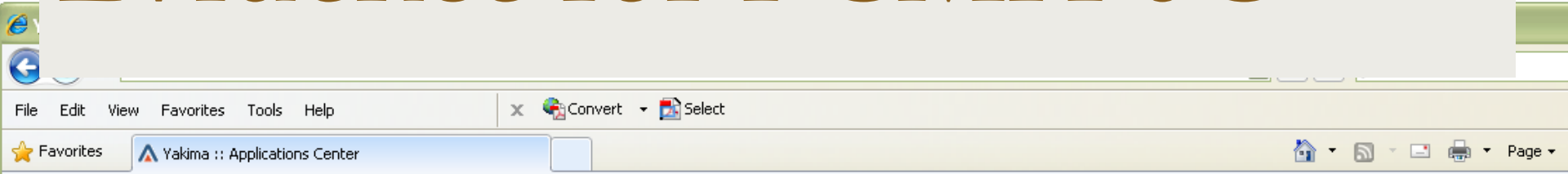
2010

PCMH 6C: Implement Continuous Quality Improvement



- ☞ Practice uses ongoing quality improvement process
 - ☞ Set goals and act to improve performance on:
 - ☞ 3 measures from 6A
 - ☞ 1 measure from 6B
 - ☞ 1 identified disparity in care for vulnerable populations
 - ☞ Involve patients in QI

Evidence for PCMH 6C



Diabetes: Monitor Details

[View Active Monitors](#)

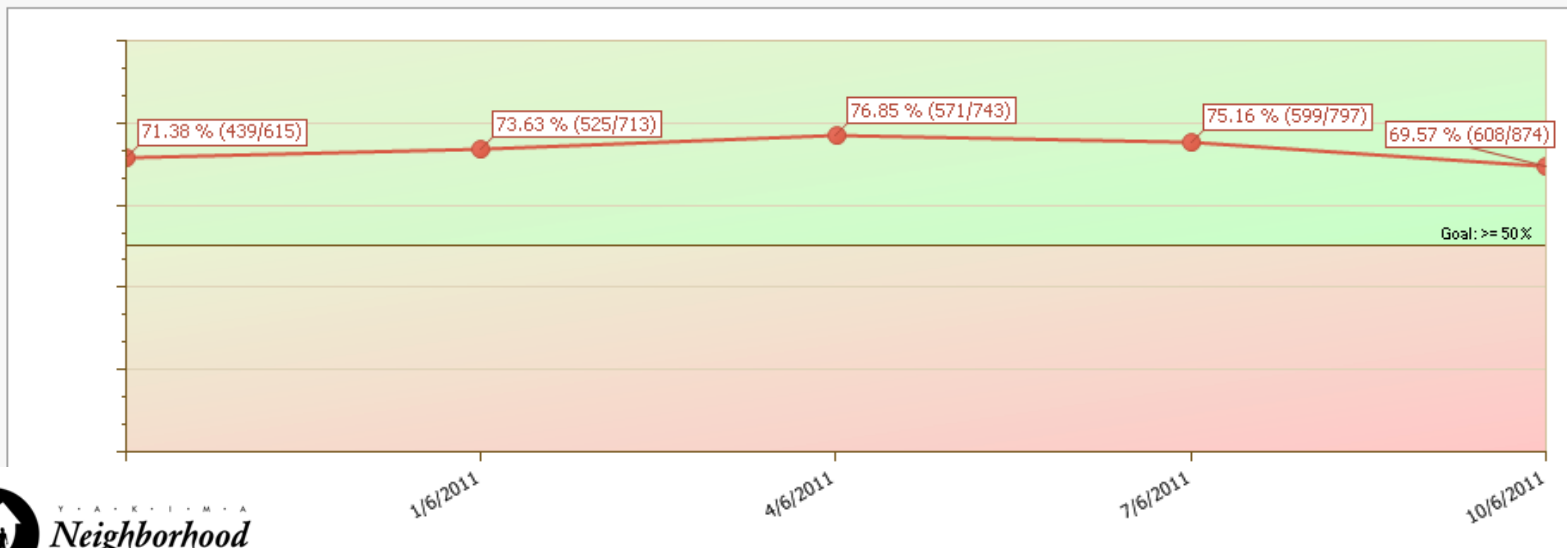
[View Reports](#)

[Edit Monitor](#) [View Report](#) [View Iteration](#)

[Execute Iteration](#) [Expand All Rows](#) [Show Hidden Column Chooser](#) [Export to Excel](#)

Monitor: LDL Measured

Start Date: 10/06/2010
End Date: 10/06/2011
Interval: 3 month(s)



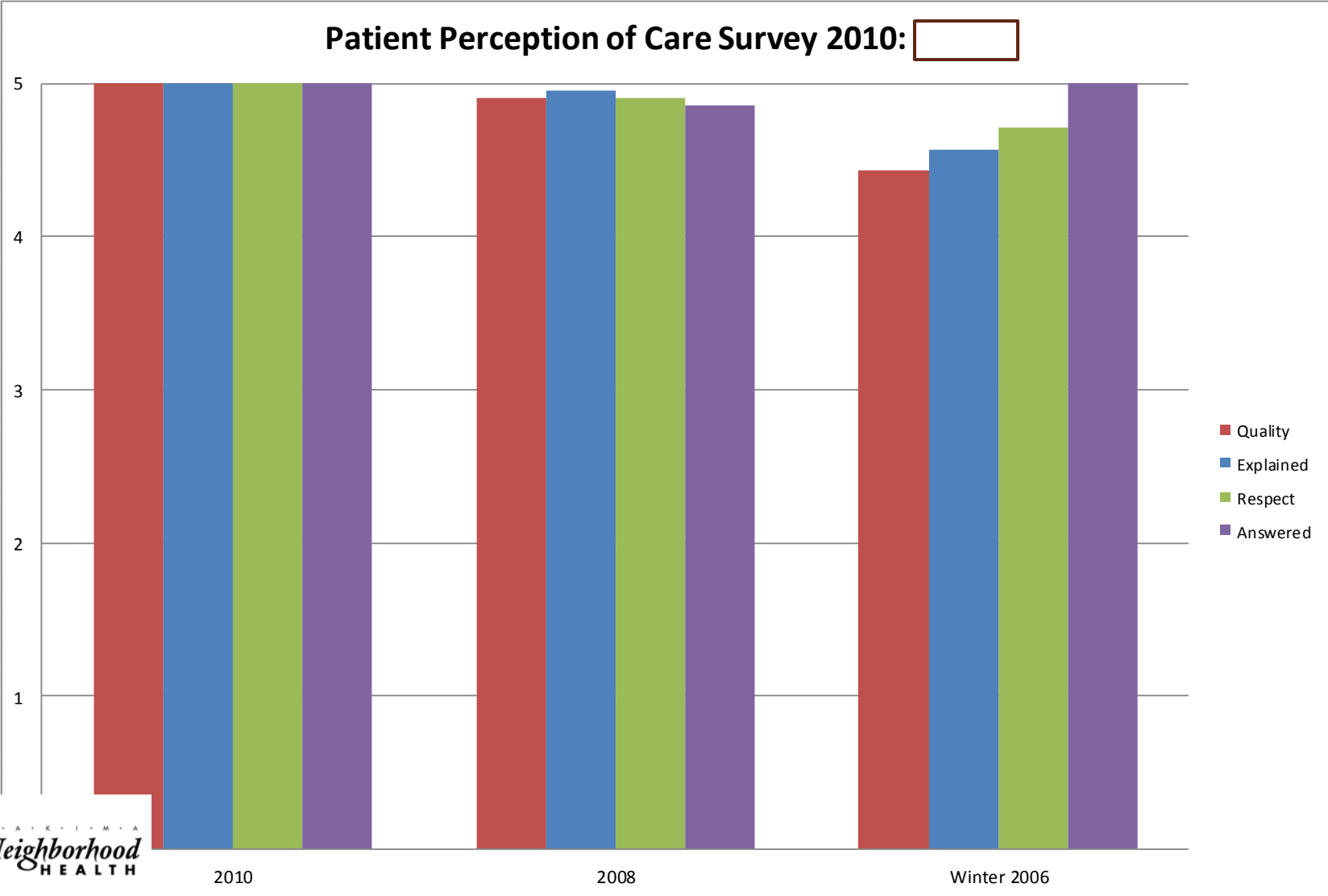
Evidence for PCMH 6C

National Quality Forum Physician Level Measures		2010		Total Pat
Diabetes				
HbA1c Management: Testing	Percentage of patients 18-75 years of age with diabetes who had one or more HbA1c test(s) during the measurement year	90%	580	645 p
HbA1c Management: Poor Control	Percentage of patients 18-75 years of age with diabetes whose most recent HbA1c level during the measurement year is >9.0%	21%	134	645 p
HbA1c Test for Pediatric Patients	Percentage of pediatric patients with diabetes with a HbA1c test in a 12 month measurement period	10%	1	10 p
Blood Pressure Management	Percentage of patients 18-75 years of age with diabetes with most recent blood pressure less than 140/90 mm Hg.	91%	589	645 p
Lipid Profile	Percentage of patients 18 -75 years of age with diabetes who received at least one lipid profile (or ALL component tests)	73%	473	645 p
Lipid Management: Control (<100 mg/dL)	Percentage of patients 18 - 75 years of age with diabetes whose most recent LDL-C level during the measurement year is <100 mg/dL	40%	261	645 p
Hypertension				
Controlling High Blood Pressure Prevention, Immunization and Screening	Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mm/Hg) during the measurement year	62%	884	1437 p
Cervical Cancer Screening	Percentage of women 21-64 years of age who received one or more Pap tests to screen for cervical cancer	53%	37	70 fr
	Percentage of children two years of age who had four DtaP/DT, thre IPV,			

PCMH 6E: Report Performance

- ☞ Practice shares data from Element A and B
 - ☞ Individual clinician results within the practice
 - ☞ Practice results within the practice
 - ☞ Individual clinician or practice results to patients or public

Evidence for PCMH 6E



Evidence for 6E

QUALITY, ACCESSIBLE CARE TO ALL, REGARDLESS OF ABILITY TO PAY

We serve the rising number of uninsured in the Yakima Valley and work to reduce health care disparities. The majority of our patients live at, or below, the federal poverty level and two-thirds are people of color. YNHS is committed to removing geographic, language, and cultural barriers for patients.

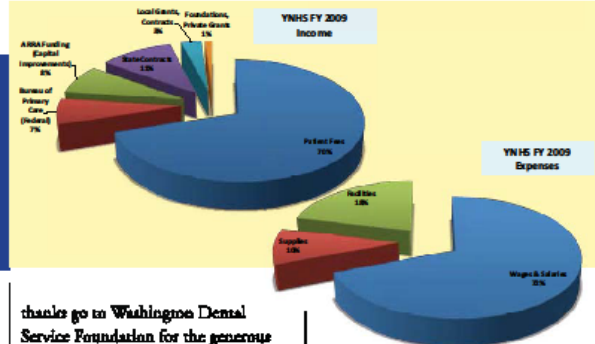
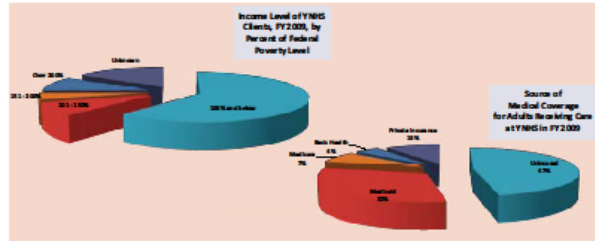
SELECTED FY 2009 QUALITY OF PATIENT CARE INDICATORS

- 11% increase in children fully immunized at age two from 2008 to 2009
- 9% increase in women having pap smears during past two years

SUNNYSIDE DENTAL PROGRAM GROWING RAPIDLY

"Many of our Lower Yakima Valley WIC clients had not seen a dentist in years," said Brett Miller, DDS, YNHS Dental Director. "These are the people who first requested dental appointments at our Sunnyside Clinic. Some of the children—especially young children—had never received dental care before. We are thrilled to be offering these 'one stop' services for families, where we can promote the relationship between oral health and nutrition in a friendly setting."

"Our dental staff are able to help change people's lives," Dr. Miller said. "We are seeing more homeless people in our Sunnyside dental office now, just as our services have grown in Yakima. Dental care can make the difference in a person being employed or not. It is such a confidence builder." Special



thanks go to Washington Dental Service Foundation for the generous grant that equipped the three Sunnyside dental operatories.

2009: SUMMARY OF INCOME AND EXPENSES

Most of the revenue and expenses at YNHS are related to people—our patients and our employees. A major source of income in 2009 came via the federal stimulus award for improvements to help patients, create jobs and assist the economy.

Patient fees generate 70% of the revenue and employee costs (for 160-plus full and part time staff and professionals) represent 72% of the annual expenses. Our ability to provide patient services is directly tied to the funding provided by Medicaid, the Department of Agriculture (WIC program), Basic Health, federal grants and other public programs dependent on support from our elected officials.



PCMH 6F: Report Data Externally



- ☞ Practice electronically reports
 - ☞ Ambulatory clinical quality measures to CMS
 - ☞ Data to immunization registries or systems
 - ☞ Syndromic surveillance data to public health agencies

Evidence for PCMH 6F

BHCMS ID: 101340 - YAKIMA NEIGHBORHOOD HEALTH SERVICES, YAKIMA, WA
 Report Status: Review In Progress

Date Requested: 02/15/2011 02:32 PM EST
 Data As Of: 02/15/2011 02:32 PM EST

UDS Report - 2010
Table 6B: Quality of Care Indicators

Section A - Age Categories for Prenatal Patients (Grantees who provide Prenatal Care Only)				
Demographic Characteristics of Prenatal Care Patients				
	Age	Number of Patients (a)		
1.	Less than 15 Years		3	
2.	Ages 15 - 19		38	
3.	Ages 20 - 24		38	
4.	Ages 25 - 44		101	
5.	Ages 45 and Over		0	
6.	Total Patients (Sum lines 1-5)		180	
Section B - Trimester of Entry into Prenatal Care				
	Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year	Women Having First Visit with Grantee (a)	Women Having First Visit with Another Provider (b)	
7.	First Trimester	94	35	
8.	Second Trimester	29	12	
9.	Third Trimester	8	2	
Section C - Childhood Immunization				
	Childhood Immunization Rate	Total Number Patients with 2nd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	Number of children who have received required vaccines who had their 2nd birthday during measurement year (on or prior to December 31)	512	70	57
Section D - Pap Test				
	Pap Test	Total Number of Female Patients 24-64 Years of Age (a)	Charts Sampled or EHR Total (b)	Patients Tested (c)
11.	Number of female patients aged 24-64 who had at least one PAP test performed during the measurement year or during one of the two previous years	2,947	70	37



Quality Improvement Identified

Advanced Directive

- We were not capturing this

BMI

- Still had some encounters without height

Tobacco Cessation

- Were not documenting it in reportable/extractable field

Challenges for PCMH 2011



- ❧ After-Hours Access – monitoring performance on providing timely clinical advice by telephone and documenting after-hours clinic advice in patient records.
- ❧ Secure electronic system for patients and families
- ❧ Training and designating care team members in communication skills, particularly vulnerable populations.
- ❧ Additional requirements for use of data in population management – preventive services and patients not recently seen.

Challenges for PCMH 2011



- ❧ Designating a third clinically important condition related to unhealthy behaviors, mental health, or substance abuse.
- ❧ Establishing criteria and a systematic process for identifying high-risk or complex patients and then determining the percentage of said patients in our population
- ❧ Medication Management documentation – provides information on new prescriptions, assesses (dated assessment) understanding of medications, assesses response to medication and barriers to adherence, documented annual update of OTC's, herbals, etc.

Challenges for PCMH 2011



- ❧ Electronic exchange of clinical information and electronic summary of care with outside providers and hospitals
- ❧ QI data stratified for vulnerable populations and goals established to lessen disparity
- ❧ Electronic data reporting to CMS and public health agencies
- ❧ Meaningful Use Requirements

Questions?



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