# WACMHC

Washington Association of
Community & Migrant Health Centers

*Putting PCMH into Practice: A Transformation Series*

Patient-Centered Access and Continuity (AC)

July 11, 2018

# WEBINAR FACILITATOR

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WACMHC

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# FEATURED PRESENTER

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Senior Consultant
Qualis Health

# HOUSEKEEPING

- Your lines are currently muted

- We'll address questions at the end of the presentation

- You can ask a question in the following ways:

*RAISE YOUR HAND FUNCTION* - your line will be unmuted and you can ask the question verbally

*QUESTIONS FUNCTION* – type your question in the box and the facilitator will read it aloud

- This webinar is being recorded. A recording will be sent to you in a follow-up email.

## Knowing and Managing Your Patients Pre-Work Questions

Meeting Patient Preferences for Access:

- How does your practice gather data to evaluate if existing access methods are meeting the needs and preferences of your population?  How is data used to meet the needs of a diverse patient population by understanding the population's unique characteristics and language needs?

Continuity:

- What processes are in place to maximize the number of patients' visits with their PCP or selected care team?

# 2017 NCQA PCMH Standard 3: Patient-Centered Access and Continuity (AC)

QUALIS HEALTH™

Advancing Healthcare
Improving Health

# Objectives

- Identify processes within your practice that ensure reliable access to care 24/7 (phone, portal, traditional appointment, telehealth, secure text message other?).

- Explain your practices' systematic approach to empanelment and continuity of care measures.

- Describe methods your practice employs to determine patient needs and preferences when establishing standards for access to care.
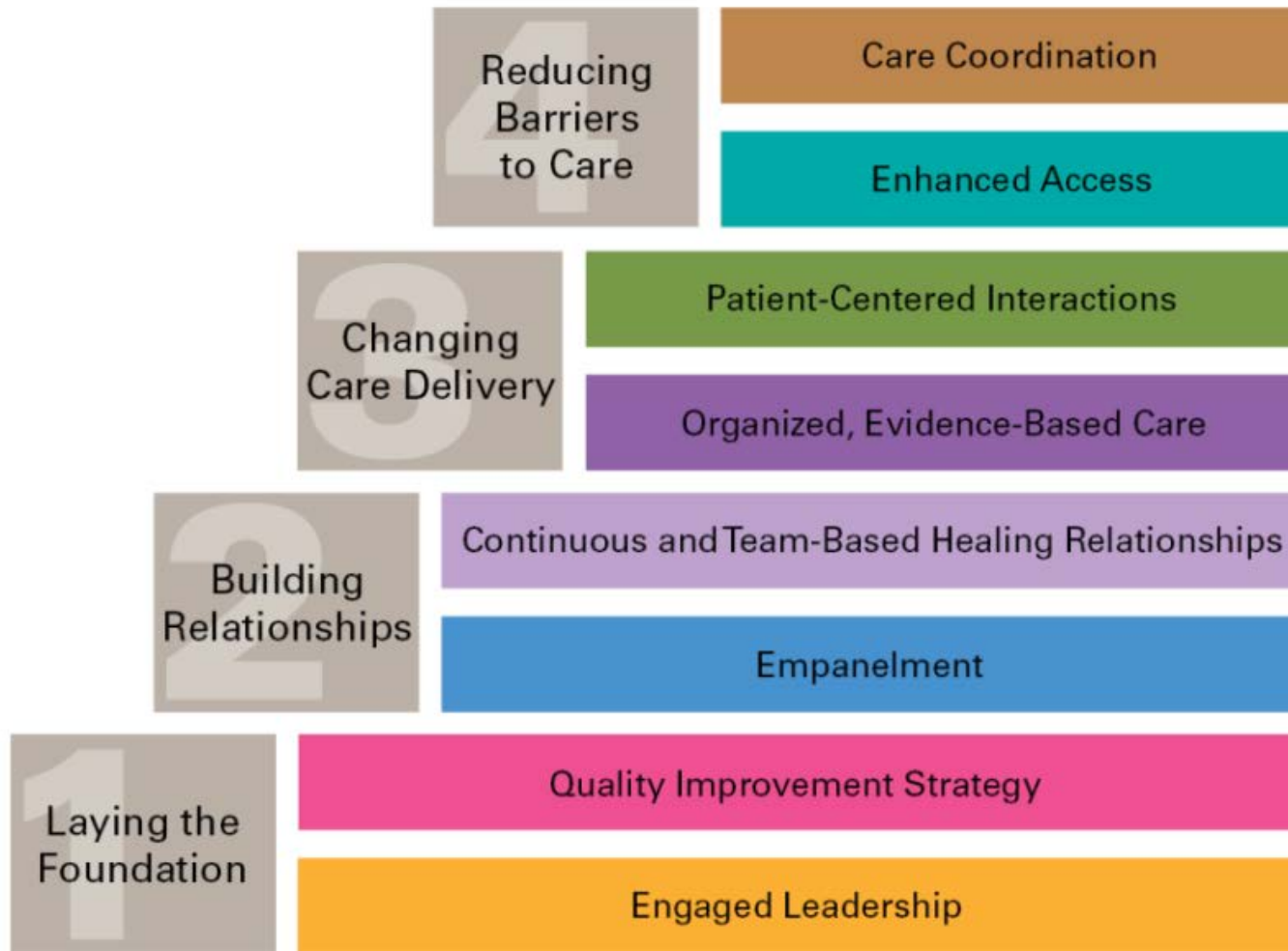
- Remind us about the details of the virtual review?  Is this option available as part of both annual or accelerated renewal?

- Explain the reconciliation described in AC 05.

- AC 05 – define the expected documentation of after hours call.

# Change Concepts for Practice

# Key Changes for Enhanced Access

- Promote and expand access by ensuring that established patients have 24/7 continuous access to their care teams via phone, email or in-person visits.

- Provide scheduling options that are patient and family-centered and accessible to all patients.

# NCQA's Access to Care Concept

- Patients/families caregivers have 24/7 access to clinical advice and appropriate care facilitated by their designated clinician/care team.

- The PCMH model expects continuity.

- The practice considers the needs and preferences of the patient population when establishing and updating standards for access - New

- 2 Competencies

- 14 Criteria

# Criteria Requiring Documented Processes = 11

AC01- 05 Core – patient-centered access survey, same day appointments during and after business hours, timely telephone access during and after business hours – AC 01 is *New*

AC 06 Elective - process for urgent and routine telephonic or other technology supported mechanism - *New*

AC 08 Elective - process for two-way electronic secure communication for clinical advice

AC 10 Core – patient and family selection of personal provider

AC 12 Elective - process for providing continuity of medical record information when the office is closed

AC 13 Elective -process for review and active panel management - *New*

AC 14 Elective – reviews and reconciles panels based on health plan or outside assignment - *New*

**COMPETENCY A**

**The practice seeks to enhance access by providing appointments and clinical advice based on patients' needs.**

# Competency A Core Criteria

- **AC 01 Access Needs and Preferences**
- AC 02 Same-Day Appointments
- AC 03 Appointments Outside Business Hours
- AC 04 Timely Clinical Advice by Telephone
- AC 05 Clinical Advice Documentation

✓ Criteria 02 – 05 align with PCMH 2014 1A and 1B

# Competency A Elective Criteria 1 Credit Each

- AC 06 Alternative Appointments
- AC 07 Electronic Patient Requests
- AC 08 Two-Way Electronic Communication
- **AC 09 Equity of Access**

✓ Criteria 06 – 08 align with PCMH 2014 1A and1C

# Competency A - AC 01 (Core) Access Needs & Preferences - *New*

- Evaluates patient access data (i.e., survey, patient interviews, comment box) to determine if existing access methods are sufficient for its population.

- Alternative methods for access may include evening/weekend hours, types of appointments or telephone advice.

- Evidence = Documented process *AND* evidence of implementation

# Polling Question

- In the past 12 months has your practice engaged clients in a focus group, advisory council, or other survey regarding access preferences?

# Patient-Centered Access and Continuity

*AC 01 : Example*

| Question | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| Got appointment for urgent care in a timely manner | 76.7% | 16.7% | 3.3% | 3.3% | 0.0% |
| Got appointment for non-urgent care in a timely manner | 56.7% | 33.3% | 3.3% | 6.7% | 0.0% |
| Got answer to medical question within 24 hours | 63.3% | 16.7% | 10.0% | 10.0% | 0.0% |
| Got answer to medical question when office was closed | 56.7% | 20.0% | 10.0% | 13.3% | 0.0% |
| Received courteous and respectful answers from office staff | 70.0% | 30.0% | 0.0% | 0.0% | 0.0% |
| Felt the provider addressed issues involving family, or alcohol, smoking, mental health, nutrition, exercise | | | | | |
| Felt the provider addressed personal health goals (i.e. weight loss, smoking cessation, etc) | | | | | |
| Felt the provider has given clear explanations regarding prescription | | | | | |
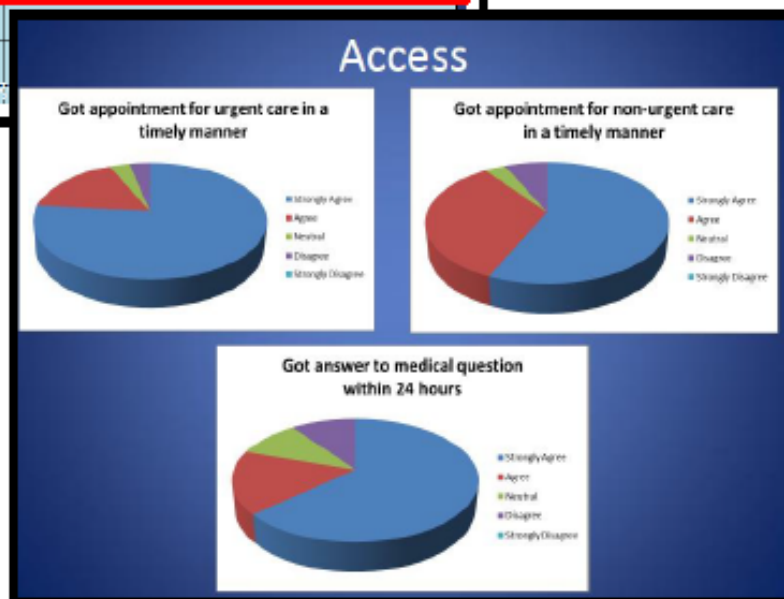
# Competency A - AC 02 (Core) Same Day Appointments

- Reserves time on the daily appointment schedule to accommodate patient requests for a same-day appointment for routine or for urgent care needs. Virtual Review to share schedule templates.

- Evidence = Documented process *AND* evidence of implementation.

- Examples:  5 day report showing appointment availability *OR* use (Aligns with PCMH 2014 1A)

- **May also use patient-reported access satisfaction, based on AC 01 data.**

# PCMH 1A, Factor 1: Example Same-Day Scheduling Policy

- Includes process for scheduling same day appointments
- Defines appointment types

## POLICY: ABCD Family Practice Access to Care

(Approval Date: 9/30/14)

**SAME DAY ACCESS:**

- ABCD Family Practice provides same-day appointments for patients requiring urgent care as well as routine visits when applicable.
- Same-day appointments are available each day on each physician's and provider's schedules. All Physicians at ABCD Family Practice have 3 to 6 work-in/same day appointment slots built into their appointment template for work-in or same day appointments.
- Same Day appointment slots numbers are based on the demand for same day access determined through our evaluation process. These slots are purple in color on the appointment schedule.
  - The work in or same day appointment slots are not to be booked in advance. They are for same day use only.
  - When a patient calls with a need to see their physician on the same day the scheduler should look on the patient's primary care doctor's schedule for same day availability. If there is an opening in an established patient slot for that same day then the scheduler should use that established patient slot. If there is not an available established patient slot then the scheduler should look for a work0in or same day appointment slot and offer that time to the patient. If neither one of the options are available the scheduler can look at other physicians in the practice for availability in the same manner.
- If no appointment is available during office hours the next step would be to look for availability for our urgent care or late night clinic. If for some reason there are absolutely no available appointment slots in any of the above mentioned categories then the patient would be offered an appointment on the following day or if their need is urgent then the caller would be given to the triage nurse for alternate instructions or scheduling.

**APPOINTMENT TYPE:**

- Urgent Care (Acute Illnesses) – Patients will be seen same day of request with a physician, PA or NP, if requires is before 2pm. If nothing is available, the patients will be directed to the triage nurse for recommendation.
- Routine Care (Chronic Conditions) – Patient is scheduled within 24 hours with physician, PA or NP. No more than 3 day time lapse unless requested by the patient.
- Wellness Care (Physical/WWE) – Patient is scheduled within 8 weeks of request with physician, PA or NP. With the exception of those patient has been seen priori to 1 calendar year from that time.

**NCQA** Measuring quality. Improving health care.

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# Patient-Centered Access and Continuity

*AC 02 : Example*

## Jones Medical Center

Explanation: The practice reserves time for same-day appointments. This report shows the number of days to the *third next available* appointment for each day from 10/14/20XX through 10/18/20XX as measured first thing each morning as the clinic day began.

| Provider | Monitoring Date | Days |
|----------|-----------------|------|
| Jones, MD | 10/14/20XX | 1 |
| Jones, MD | 10/15/20XX | 0 |
| Jones, MD | 10/16/20XX | 0 |
| Jones, MD | 10/17/20XX | 1 |
| Jones, MD | 10/18/20XX | 2 |
| | Average # of days | 0.8 |

**Competency A - AC 02 (Core) Provides Same Day Appointments - Routine and Urgent**

| Date | Time | Number of Patients Already Scheduled (Physicals, Follow-ups, etc.) | Number of Same Day Appointments Available | Number of Appointments Used | Same Day Appointments To Be Maintained Per Policy |
|---|---|---|---|---|---|
| Total for 6-2-15 | 8:00 AM | 42 | 41 | 30 | 16 |
| Total for 6-3-15 | 8:00 AM | 38 | 28 | 27 | 16 |
| Total for 6-4-15 | 8:00 AM | 40 | 34 | 34 | 16 |
| Total for 6-8-15 | 8:00 AM | 29 | 35 | 30 | 16 |
| Total for 6-10-15 | 8:00 AM | 35 | 31 | 29 | 16 |
| Total for 6-11-15 | 8:00 AM | 30 | 44 | 28 | 16 |
| Total for 6-12-15 | 8:00 AM | 37 | 29 | 29 | 16 |

Source:  Turner House Children's Clinic, 2015, used with permission.

# Example – AC 02 Same-Day Access

| | Time | Pri? | MRN | Name | Visit Type | Len | Appt Notes |
|---|---|---|---|---|---|---|---|
| 1 | 8:10a | | | | | | |
| 0 | 8:30a | | | | OFV | 20 | wte/ear pn/ qu |
| 1 | 8:50a | | | | | | |
| 0 | 9:10a | | | | OFV | 20 | wte/follow up/N |
| 0 | 9:30a | | | | OFV | 20 | wte/2 week fu |
| 1 | 9:50a | | | Same Day | | | |
| 1 | 10:10a | | | | | | |
| 1 | 10:30a | | | | | | |
| 1 | 10:50a | | | URG | | | |
| 1 | 11:10a | | | Same Day | | | |
| 1 | 11:30a | | | WALK IN | | | |
| | 11:50a | | END | | | | |
| 0 | 12:40p | | | | OFV | 20 | wte/fu heartbur |
| 0 | 1:00p | | | | OFV | 20 | wte/fu bones/n |
| 0 | 1:20p | | | | OFV | 20 | wte/fu/mc rep |
| 1 | 1:40p | | | | | | |
| 0 | 2:00p | | | | OFV | 20 | wte/lump in th |
| 1 | 2:20p | | | Same Day | | | |
| 0 | 2:40p | | | | PHY | 20 | wte/sp/phy/no |
| 0 | 3:00p | | | | OFV | 20 | wte/fu anxiety/ |
| 1 | 3:20p | | | URG | | | |
| 1 | 3:40p | | | URG | | | |
| 1 | 4:00p | | | WALK IN | | | |
| | 4:20p | | END | | | | |

40%  Tue 5/8/2018

# Competency A - AC 03 (Core) Appointments Outside Business Hours

- Offers routine and urgent care appointments outside typical business hours. For example, a practice may open for appointments at 7 a.m. or remain open until 8 p.m. on certain days or on open on alternating Saturdays.

- Evidence = *Documented process **AND** evidence of implementation. ***Consider VR!***

- Aligns with PCMH 2014 1A. *Documented process required only if practice does not provided extended access on-site.

# Competency A - AC 03 (Core) Appointments Outside Business Hours

## TURNER HOUSE CHILDREN'S CLINIC

| Manual | Front Desk | Policy No: | 5.2 |
|---|---|---|---|
| Section | 5.0 | Revision Date | May 4, 2015 |
| Scope | All Clinic Staff | Effective Date | May 4, 2015 |
| Origin Date | March 1,2010 | | |

APPROVED BY

Board of Directors

Executive Director

Policy Owners: Practice Manager, RN Clinical

**TITLE:  Appointment Scheduling Guidelines**

**PURPOSE:** To provide a framework for appointment scheduling that supports efficient clinic flow, quality patient care, and excellent customer service.

PCMH 1A; 2 – Providing routine and urgent-care appointments outside of regular business hours
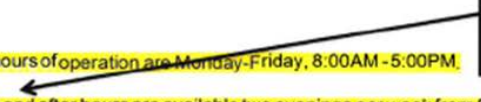
**PROCEDURE:**

**Office Hours**

A. Regular hours of operation are Monday-Friday, 8:00AM - 5:00PM.

B. Extended and after hours are available two evenings per week from 5:00PM - 8:00PM, and on Saturday from 8:0AM – Noon.

C. Walk-ins will be accepted by appointment availability or triage.

**Clinic Sessions:**

A. The clinic workday is divided into three sessions:

   (i)  Morning

   (ii)  Afternoon

   (iii)  Evening

B. Evening sessions are held on two week nights as defined in the Clinic Operations Manual.

C. Saturday sessions are held in the morning only.

# Perfect Example Suitable for VR



Extended hours are available until 7:00 PM 4 days a month on the following days to allow for more access options for our patients: 1st Monday, 2nd Tuesday, 3rd Wednesday, and 4th Thursday.

All providers have 1 to 2 same day appointment slots built into their appointment template for same day appointments that are outside of regular business hours. The same day appointment slots are not to be booked in advance. They are for same day use and can be filled starting noon of the prior work day.

Extended office hours are made available on our website: WCHealthCenter.org and posters.
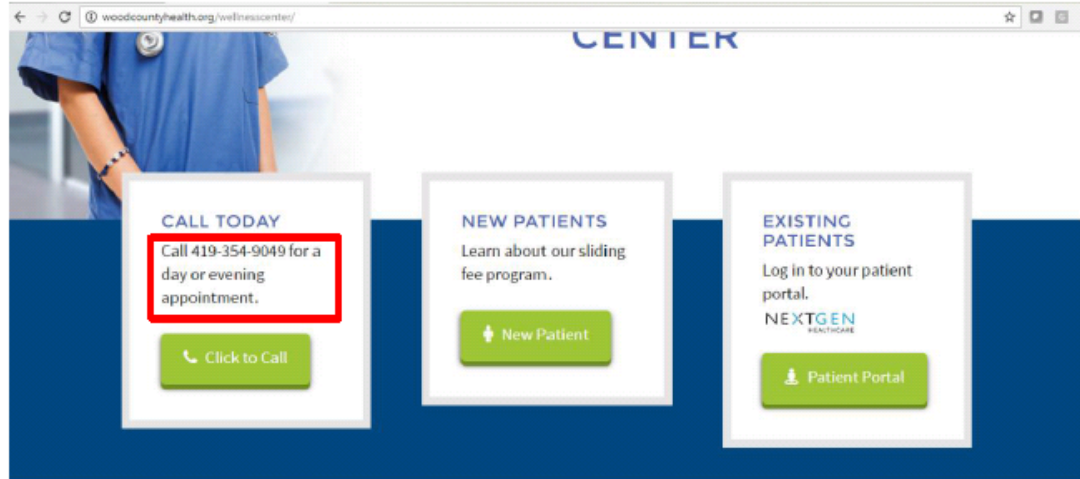
# Patient-Centered Access and Continuity

*AC 03 : Example*

## Contact Us

### Our location

Suburban Family Healthcare

### Get in touch

Phone:                    (Also for After Hours)
Fax:
Email:
(office manager – only for non-medical issues)

### Our hours

**Monday** 8:30a.m. – 12:00p.m., 1:00p.m. – 5:30p.m.
**Tuesday** 10:00 a.m. – 7:00p.m
**Wednesday** 8:30a.m. -12:00p.m., 1:00p.m. – 5:00p.m.
**Thursday** 8:30a.m. – 12:00p.m.
**Friday** 7:30a.m. – 12:00p.m., 1:00p.m. – 3:00p.m.

Walk in hours 8:30-9:30 am Monday and Fridays (existing patients only) and 1st and 3rd Saturdays of the month from 9-12 by appointment only.

# Competency A - AC 04 (Core)
## Timely Clinical Advice by Telephone

- Patients can telephone the practice any time of the day or night and receive interactive (i.e., from a person, rather than a recorded message) clinical advice.

- **Clinical advice** refers to a response to an inquiry regarding symptoms, health status or an acute/chronic condition.

- Evidence = Documented process defining timely *AND* report including 7 days of data.

- Aligns with PCMH 2014 1B

# Patient-Centered Access and Continuity

*AC 04 : Example*

Clinical Advice telephonic response 7 days' log

| Patient | Doctor | Date Called | Time Called | Urgent Y/N | Date Responded | Time Responded |
|---------|--------|-------------|-------------|------------|----------------|----------------|
| | | 04/11/2016 | 2:48 PM | Y | 04/11/2016 | 3:04 PM |
| | | 04/13/2016 | 10:55 AM | N | 04/13/2016 | 11:25 AM |
| | | 04/14/2016 | 10:55 AM | N | 04/14/2016 | 11:25 AM |
| | | 04/15/2016 | 2:26 PM | N | 04/15/2016 | 2:37 PM |
| | | 04/18/2016 | 7:26 PM | N | 04/18/2016 | 7:36 PM |
| | | 04/21/2016 | 8:23 PM | N | 04/21/2016 | 8:50 PM |

There were 3 after-hours provider calls received from 3/19/2017-3/28/2017. A weekly audit is performed to monitor demand and proper documentation.

| Date | After Hour Calls | Turnaround Time |
|---|---|---|
| 3/19/2017 | 1 | 0 minutes, call was answered |
| 3/19/2017 | 1 | 0 minutes, call was answered |
| 3/20/2017 | 1 | 0 minutes, call was answered |
| 3/21/2017 | 0 | N/A |
| 3/22/2017 | 0 | N/A |
| 3/23/2017 | 0 | N/A |
| 3/24/2017 | 0 | N/A |
| 3/25/2017 | 0 | N/A |
| 3/26/2017 | 0 | N/A |
| 3/27/2017 | 0 | N/A |
| 3/28/2017 | 0 | N/A |

# Competency A - AC 05 (Core) Documents Clinical Advice – Aligns with PCMH 2014 1B

- Documents clinical advice in the patient record, whether it is provided by phone or by secure electronic message during office hours and when the office is closed.

- Evidence = Documented process **AND** two examples of documenting clinical advice (1 during office hours and 1 after normal business hours as defined in AC 03). Consider Virtual Review

# Use Virtual Review

Clinical advice documented in the medical record:

March 19, 2017 is a Sunday.  The call was received and advice given on a Sunday morning @ 8:45 AM.

**Spoke with:** mother (Heather)
**Time of call:** 8:45 AM
**Call taken by:** Steven Dood
**Contact type:** incoming call
**Call type:** medical question

**Telephone Contact Detail**

| Date | Time | Employee | Concerns/Issues | Detail |
|------|------|----------|-----------------|--------|
| 03/19/2017 | 8:45 AM | Steven Dood | | Communication<br>Counsel patient  - completed.<br>Comment :<br>still has fever, is this unusual, No and<br>continue fever control |
| 03/19/2017 | 8:45 AM | Leslie Madaras | | Communication<br>Comment :<br>patients mother called stating that she still<br>has a fever and wants to know what she<br>should do. |

# Competency A - AC 06 (1 Credit) Alternative Appointments Technology -

- The practice uses a mode of real-time communication (e.g., a combination of telephone, video chat, secure instant messaging).

- Evidence = Documented process *AND* a report of the number and types of visits in a specified time period.

# AC 06 – Additional Detail

- Question:  We provide tele-health visits for our primary care patients in need of behavioral health services. This is the only type of technology-supported visit we provide.  Is this enough to claim credit for the criteria?

- Answer:  Yes, due to the fact that behavioral health integration has become more and more important, scheduled telehealth appointments offered to primary care patients provided only for behavioral health services would meet the intent of AC 06.

# Competency A - AC 07 (1 Credit) Secure Electronic System for Patient Requests

- Patients use a secure electronic system to request appointments, prescription, refills, referrals and test results.

- Evidence = Must demonstrate at least two functionalities *or* provide guidance to patients on how to make such requests. Consider Virtual Review of examples.

- Aligns with PCMH 2014 1C

# Use Virtual Review

# Competency A - AC 08 (1 Credit) Electronic Two - Way Communication

- Has a secure, interactive electronic system (website, patient portal, secure e-mail system) allowing two-way communication between the practice and patients/families/caregivers.

- Evidence = Documented process including expected response time *AND* a report with 7 days of response time data

- Aligns with PCMH 2014 1B

# AC 08 Documented Process

**Secure Electronic Messaging:**

[redacted] nd Wellness Patients have 24/7 access to the interactive [redacted] The website contains general information and  Patient Portal log in access where patients can send and receive secure messages. All patients sending an email through the patient portal receive a message informing the sender to call 911 for medical emergencies, urgent medical needs outside normal business hours to call the on call provider at 419-[redacted] nd all routine emails and appointment requests will be answered within 1 Business day.

Time of message, reason for message and clinical advice given is documented in the Electronic Health Record.

**Secure Messaging Response Timeliness Standards:**

Appropriate staff will respond to routine emails and appointment requests will be answered within 1 Business day.

Daily review by appropriate staff is completed

# Portal Response Time Report

This report summarizes our practices response times through secure electronic messaging:

| PCMH 1: Element B: Factor 3 | |
|---|---|
| Providing timely clinical advice using a secure, interactive electronic system. | |
| **Patient Portal Messages Received Date/Time** | **Patient Portal Messages Replied Date/Time** |
| 1/19/2017 @ 7:42 AM | 1/20/2017 @ 9:27 AM |
| 1/20/2017 – none | |
| 1/21/2017 – none | |
| 1/22/2017 – none | |
| 1/23/2017 @ 10:33 AM | 1/24/2017 @ 8:40 AM |
| 1/24/2017 – none | |
| 1/25/2017 @ 2:24 PM | 1/26/2017 @ 8:48 AM |
| 1/25/2017 @ 2:57 PM | 1/26/2017 @ 10:45 AM |
| 1/26/2017 – none | |
| 1/27/2017 – none | |
| 1/28/2017 – none | |
| 1/29/2017 – none | |
| 1/30/2017 – none | |
| 1/31/2017 – none | |
| 2/1/2017 – none | |
| 2/2/2017 – none | |
| 2/3/2017 – none | |
| 2/4/2017 – non | |
| 2/5/2017 – none | |
| 2/6/2017 – none | |
| 2/7/2017 – none | |
| 2/8/2017 – none | |
| 2/9/2017 @ 4:04 PM | 2/10/2017 @ 9:27 AM |
| 2/10/2017 – none | |
| 2/11/2017 @ 11:15 AM | 2/13/2017 @ 9:28 AM |

# Competency A - AC 09 (1 Credit)
# Equity of Access - *New*

- Evaluates whether identified health disparities demonstrate differences in access to care.

- Evidence = Evidence of implementation

- Example:  A report of how an identified group has lower rates of access to same day appointments, higher no-show rates, higher ED use, or lower satisfaction with access than the general population.

# Competency A - AC 09 (1 Credit) Equity of Access - *New*

- **Question:** Can the information about the access needs of disparate populations served in AC09 be derived from the access to care evaluation and survey data required in AC 01?

- **Answer:** The intent of AC 01 is to assess the access needs and preferences of your patient population. To get to the information needed you may need to review how you're currently obtaining patient feedback on access needs. For example, a patient survey may ask patients if they're able to get an appointment when needed, however, *that question doesn't tell you when patients want to access the practice.* The practice may be offering access when the majority of patients don't or aren't able to utilize it. *This criteria is more about how/when patients would like to access appointments.*

# Competency A - AC 09 (1 Credit) Equity of Access - *New*

- **Answer (cont.):**   An example for AC 09 might be if a practice identifies a vulnerable group, such as its homeless patient population, and then uses reports on access that it already monitors to stratify by that patient population and identify any possible health disparities in access; one example of this might be if the practice stratifies its report of no shows and sees that its homeless patient population has a higher no show rate than other patient groups.
*The intent of the elective criterion AC 09 is for the practice to (1) identify a vulnerable patient group through data collected through the patient medical record or community data, and then (2) review reports that monitor access to stratify and identify any disparities.*

# Competency B

**Practices support continuity through empanelment and systematic access to the patient's medical record.**



Whose Patient Is It?



My Patients

# Competency B Criteria

- AC 10 Personal Clinician Selection (Core)

- AC 11 Patient Visits with Clinician/Team (Core)

- AC 12 Continuity of Medical Record Information (2 Credits)

- **AC 13 Panel Size Review and Management (1 Credit)**

- **AC 14 External Panel Review and Reconciliation (1 Credit)**

# Competency B - AC 10 (Core) Personal Clinician Selection

- Gives patients/families/caregivers a choice of practitioner which emphasizes the importance of the patient-clinician relationship.

- Evidence = Documented Process

- Aligns with PCMH 2014 2A

# AC 10 Example

**Clerical Staff**

Appointments

- Schedule appointments back to back, if possible
    - Offer appointment with Judy for Behavioral Health issues
    - Annual pap smear and well-child visits need to be after 1-year date
    - No TB tests on Thursdays
    - No laundry list appointments
        - "You are scheduled for a ___exam. If you have any other concerns, it will require a separate visit or we will address that issue instead of ___."
        - Reproductive Health Annual Visit Example: "You are scheduled for a preventative exam. This service may/may not be a covered service. A preventative exam includes: breast, pap, and pelvic exam, weight, height, blood pressure, and smoking cessation."
- For New Patients: Determine Primary Care Provider status and preference (Medical Doctor or Nurse Practitioner, Male or Female provider). If none, "we would like you to establish with us as your primary care provider. It is important to the continuity of your care to establish with a primary care provider." If there is not a preference, patients are assigned to the first available primary care provider. Patients are welcomed to change primary care provider preference at any time. Document selected provider in patient demographics.

**Behavioral Health Staff**

Social Worker

- New Patient Orientation (Outreach and Enrollment Specialist will act as backup)
- Manage self-referral room and scheduled referrals
- Follow up on clients who have initiated Medicaid applications

# Competency B - AC 11 (Core) Patient Visits with Clinician Team

- Establishes a goal for the proportion of visits a patient should have with the primary care provider and care team.

- The goal should acknowledge that meeting patient preferences for timely appointments will sometimes be at odds with the ability to see their selected clinician.

- Evidence = Continuity report

- Aligns with PCMH 2014 2A

# Competency B - AC 11 (Core)
# Patient Visits with Clinician Team

The practice averages 90% continuity of care with preferred provider.

| PCMH 2: Element A: Factor 2 | | | | | | | |
|---|---|---|---|---|---|---|---|
| Monitoring the percentage of patient visits with selected clinician or team. | | | | | | | |
| Date | Numerator | Denominator | % of Patients seen by | Numerator | Denominator | % of Patients seen by |
| 2/13/17 | 2 | 2 | 100% | 6 | 7 | 85% |
| 2/14/17 | 11 | 11 | 100% | 6 | 8 | 75% |
| 2/15/17 | 9 | 10 | 90% | 0 | 0 | N/A |
| 2/16/17 | 14 | 14 | 100% | 6 | 8 | 75% |
| 2/17/17 | 12 | 12 | 100% | 0 | 0 | N/A |

# Competency B - AC 12 (2 Credits) Continuity of Medical Record Information

- Makes patient clinical information available to on-call staff, external facilities, and clinicians outside the practice, as appropriate, when the office is closed.

- Access to medical records may include direct access to a paper or electronic record or arranging a telephone consultation with a clinician who has access to the medical record.

- Evidence = Documented process

- Aligns with PCMH 2014 1B

# Competency B - AC 13 (1 Credit) Panel Management - *New*

- The practice has a process to review the number of patients assigned to each clinician and balance the size of each providers' patient panel.

- The American College of Family Physicians provides a tool for practices to use when considering and managing panel sizes: http://www.aafp.org/fpm/2007/0400/p44.pdf

- Evidence = Documented process and a report

# Competency B - AC 14 (1 Credit) External Panel Reconciliation - *New*

- The practice receives reports from outside entities such as health plans, ACOs and Medicaid agencies on the patients that are attributed to each clinician.

- The practice has a process to review the reports and a process to inform those entities of the patients known or not known to be under the care of each clinician.

- Evidence = Documented process and evidence of implementation

# Recap – Core Competencies

- AC 01 – Access needs and preferences ***New***
- AC 02 – Same-day appointments
- AC 03 – Appointments after – hours
- AC 04 – Timely clinical advice by phone
- AC 10 – Personal clinician selection
- AC 11 – Patient visits with clinician/team

# Questions?

*Join us for the Series!*

# Care Management and Support (CM)
## Wednesday, August 8, 12-1 PM

[REGISTER HERE](REGISTER HERE)

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**Learning Objectives:**

- Identify high-risk patient needs in order to plan, manage, and coordinate patient care in partnership with patients, families, and caregivers.

- Consider how to utilize patient information to collaborate with patients, families, and caregivers to develop a care plan that addresses barriers and incorporates preferences and lifestyle goals.

# *Upcoming WACMHC Training*

**Lean Boot Camp Office Hours**
July 16  | 12:00 – 1:00 pm
REGISTER HERE

**Scholarship Opportunity:**
**IHI National Summit**
July 24  | 8:00 – 9:00 am
REGISTER HERE

**QI Strategies to Address**
**Diabetes and Hypertension**
August 3  |  12:00 – 1:00 pm
REGISTER HERE

**Insights into Implementation Strategy:**
**Diabetes Prevention**
July 31  | 12:00 – 1:00 pm
REGISTER HERE

**NAHQ CPHQ Review Course**
August 16-17  |  Seattle, WA
REGISTER HERE

**Please complete the evaluation after the end of the session.**
**Your feedback is appreciated!**

Questions? Contact the WACMHC Practice Transformation Team at QualityImprove@wacmhc.org