

## Element 2D: Use Data for Population Management

Every PCC client has access to the Practice Vitals Dashboard, which is a web-based tool for tracking and reporting their financial and clinical health. The clinical dashboards are specifically designed to help practices identify patients in need of a pediatric clinical response, from well visits to flu shots to ADHD checks and more. Lists of overdue patients are automatically generated within the Dashboard and include the following information:

- Patient name
- Date of birth
- Primary Care Provider
- Customizable patient status flags
- Date of last office visit
- Date of last well exam
- Date of next appointment and appointment type
- Address
- Phone number
- Email address

These lists include all the information a practice needs when contacting patients to remind them of an overdue service. These lists can be printed from the Dashboard or exported to a spreadsheet in .csv format for use with third party contact systems (Constant Contact, CallEmAll, etc.)

Every PCC client also uses the `recaller` program within Partner, the Practice Management System. This reporting tool provides the ability to generate counts, lists, mailing labels, and contact information for patients based on dozens of criteria including important preventive or chronic care measures. PCC clients use these lists to communicate with their patients individually and collectively, providing their own population management as suits their practice.

PCC clients also utilize the Patient Notification Center (`notify`) within Partner, the Practice Management System. `notify` is a powerful tool for contacting patients and families not recently seen by the practice or in need of services. With `notify`, PCC clients set up recurring or one-time notifications, and PCC will deliver messages to patients automatically through our partnership with TeleVox, either by phone call, text message, or e-mail.

PCC clients using PCC EHR also have the ability to use the “Patient Reminders” functionality to generate reminder lists of patients based on complex criteria. An interactive contact file and log can be created indicating which patients you have and have not sent a reminder to.

In this section, we have documented examples of how the Dashboard, `recaller`, and EHR “Patient Reminders” applications can be used to generate lists of patients in need of services, and how the `notify` program can be used to pro-actively remind patients of these needed services. **All PCC clients have access to**

**the *recaller* and Dashboard applications.** PCC clients using PCC EHR have access to the “Patient Reminders” application. The *notify* program is optional to PCC clients.

**Factor 1: Generate lists of patients and pro-actively remind patients/families and clinicians of services needed for at least three different preventive care services**

PCC's Dashboard has the ability to easily generate lists of patients overdue for the following preventive care services:

- Well-child visits
- Childhood Immunizations

Here is a screen shot from a Dashboard page showing how a practice is keeping their adolescents up-to-date for their well visits:

The screenshot shows the 'Practice Vitals Dashboard' for a 'Sample PCC Practice'. The dashboard includes a navigation bar with options: HOME, FINANCIAL PULSE, CLINICAL PULSE, EDI DASHBOARD, and PRODUCTIVITY. In the top right corner, there are links for Logout, Change My Password, View Dashboard, and Update Log. The main heading is 'Measure: Well Visit Rates - Patients 12-21 Years'. Below this is a dropdown menu labeled 'Choose a measure'. The dashboard reports are updated as of 3/31/2014. The user's score is 65 out of 100. A descriptive paragraph explains that the measure shows the percentage of active patients (aged 12-21) who have received at least one well visit in the past year. It notes that there are 4,636 active patients in this age range, and 1,568 of them are overdue for their well visit. A red arrow points to the text '1,568 of these patients are overdue for their well visit.', with a 'Click for a list of overdue patients' link next to it.

Included on this page is a count of how many active patients the practice has in that age range and a link to a listing of the overdue patients. Our experience shows that many practices dismiss clinical measures until they see the details of who is affected. Once the physicians see and understand their data, their behavior changes.

After clicking on the “Overdue patient listing” link in the above screenshot and choosing a desired age of patients to view, the Dashboard user will be presented with a report of patient details as shown in the screenshot below:

## Patients Overdue For a Well Visit (6 Years old)

Why are these 115 patients overdue?

Data is up-to-date as of 2/28/2014

- They have been seen by someone in your practice **at least once in the past three years**
- AND
- They are **not flagged** with any inactive flags
- AND
- They have not had a well visit **in the past year**, as recommended by the AAP Bright Futures Periodicity Schedule for children in this age range

[Save as Spreadsheet File](#) Spreadsheet file is in .csv format and includes patient address.

First Name	Last Name	Date of Birth	Patient PCC #	Primary Care Provider	Patient Flags	Date of Last Well Visit	Date of Last Visit	Date of Next Scheduled Visit	Reason for Next Scheduled Visit	Phone Number	Email Address
		09/07/07					03/14/11				
		01/04/08					03/18/11				
		05/11/07				05/17/11	05/17/11				

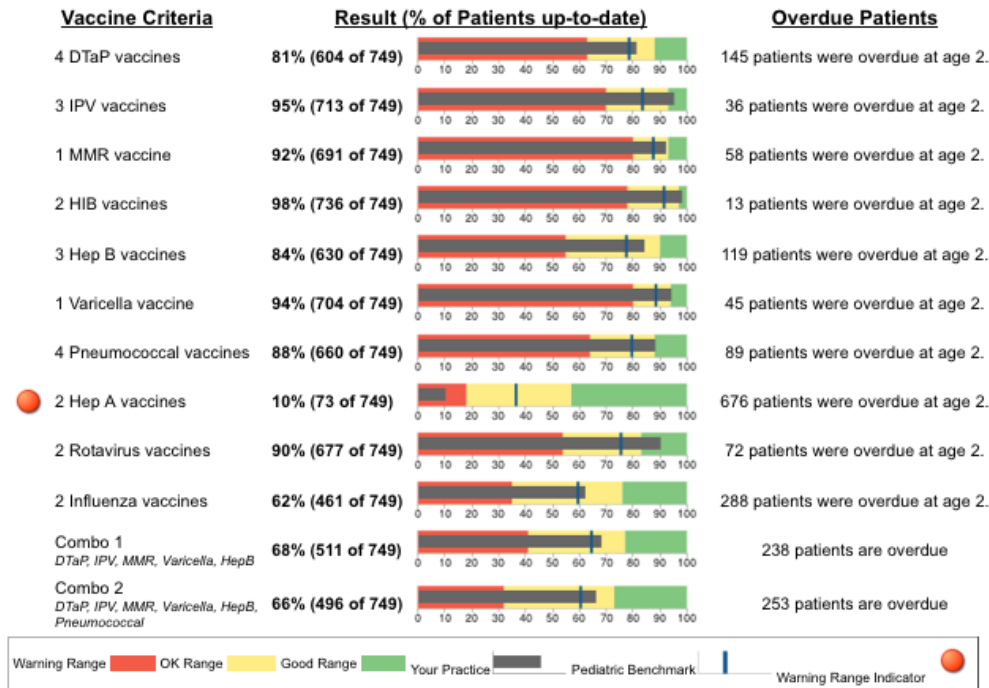
The list includes details for overdue patients, dates of recent and upcoming visits, and contact information. Overdue patients on this list could be patients they regularly see but are just overdue for a routine well visit, or they could be patients who have rarely if ever visited and have fallen off the practice radar. A Dashboard user can work from this list to contact patients reminding them that they are overdue for a routine well visit.

A spreadsheet in .csv output can also be generated from the Dashboard, allowing the practice to manage and distribute the lists to other practice staff or to integrate with a third party notification tool like *Constant Contact* or *Phonetree*.

A second preventive measure reported in the Dashboard for every PCC client is the percentage of patients who are up-to-date on the series of vaccines recommended by age two based on the “Childhood Immunization Status” Meaningful Use measure NQF 0038. Here is a screenshot showing what the practice will see in the Dashboard for this measure:

## Measure: Childhood Immunization Status

This measure is an alternate core clinical quality measure that pediatric practices will need to report in order to demonstrate Meaningful Use. In 2012, you had 749 active, unflagged children that turned two years old. The measures below show the percentage of these children who were up-to-date on the following vaccines by their second birthday. Please note that this is meant to be a retrospective measure of immunization rates. Some patients who appear in the list as overdue at age two may have since been caught up on their vaccination schedule.

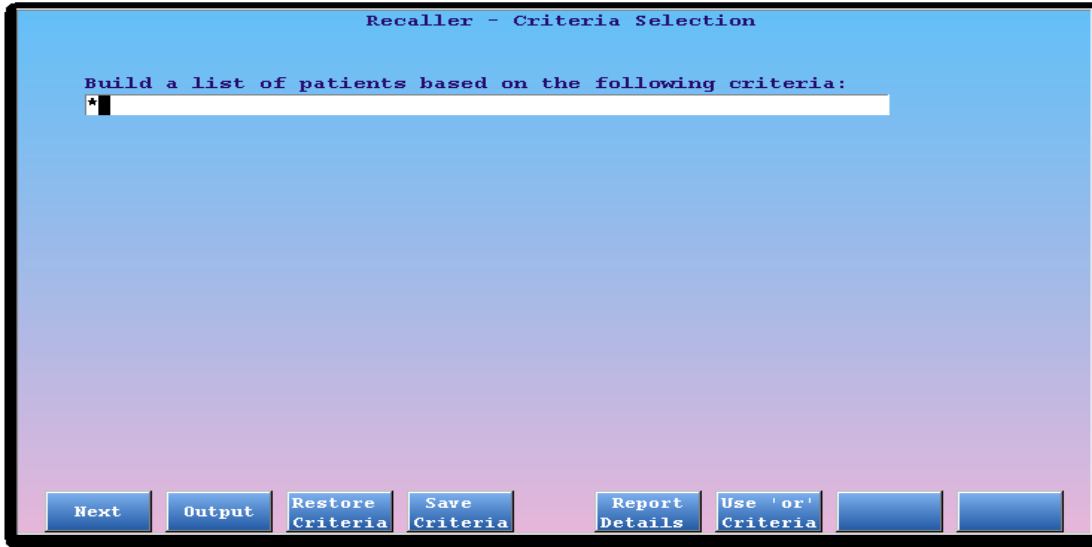


For each vaccine criteria, the practice will see its current performance with a graphical comparison to the pediatric benchmark of PCC's pediatric clients. A link will appear in the "Overdue Patients" column allowing the practice to see a listing of children who are overdue for each recommended vaccination series.

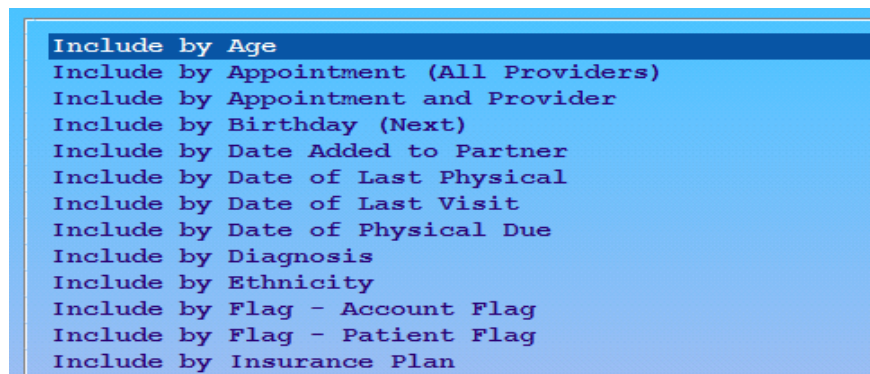
As with the patients overdue for a well visit report, the list of overdue patients can be exported to a spreadsheet to manage the overdue list of patients in an external application.

PCC clients can also use the *recaller* reporting tool to generate lists of patients overdue for preventive care services. We'll describe below how to use *recaller* to generate a listing of active preschool age patients who are in need of a vision screening. In this example, we'll generate a list of four-year-old kids who have not had a vision screening in the past two years.

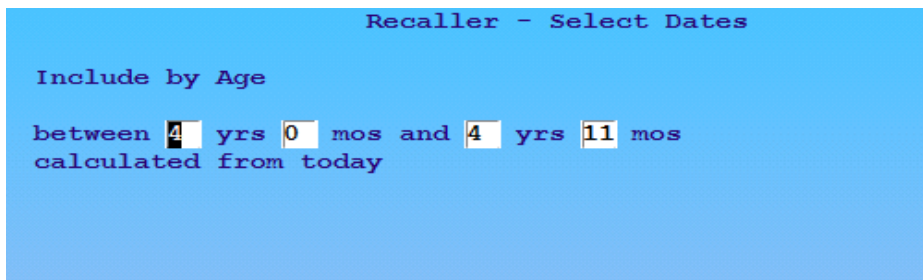
The user would first restrict by age to include only patients currently four years old.



Then choose the criteria for “Include by Age”:



When prompted specify that you want to include patients between the ages of 4 years, 0 months to 4 years, 11 months. This captures patients at least four years old but less than five years old:



Proceed and you will see a count of patients matching your criteria so far:

```
Recaller - Criteria Selection

1,512 Patients
1,419 Guarantors associated with these Patients
1,421 Custodians associated with these Patients

Build a list of patients based on the following criteria:
Include by Age
and
```

Next, to restrict this list to include only patients who still need a vision screening, you want to **exclude** patients who already had a vision screening procedure performed (CPT codes 99173, 99174, etc.):

Search for a second criteria by typing an asterisk and choose the “Exclude by Procedure (All Providers)” criteria:

```
Exclude by Appointment and Provider
Exclude by Diagnosis
Exclude by Ethnicity
Exclude by Flag - Account Flag
Exclude by Flag - Patient Flag
Exclude by Insurance Plan
Exclude by Preferred Language
Exclude by Procedure (All Providers)
Exclude by Procedure and Provider of Service
Exclude by Race
```

Then proceed specifying “In the past 2 years” for a time period and choosing the 99173 (vision acuity testing) and 99174 (ocular photoscreening) billable procedure codes when prompted. This excludes patients already having a vision screening in the past two years. You don't want them on your list if they aren't in need of the service.

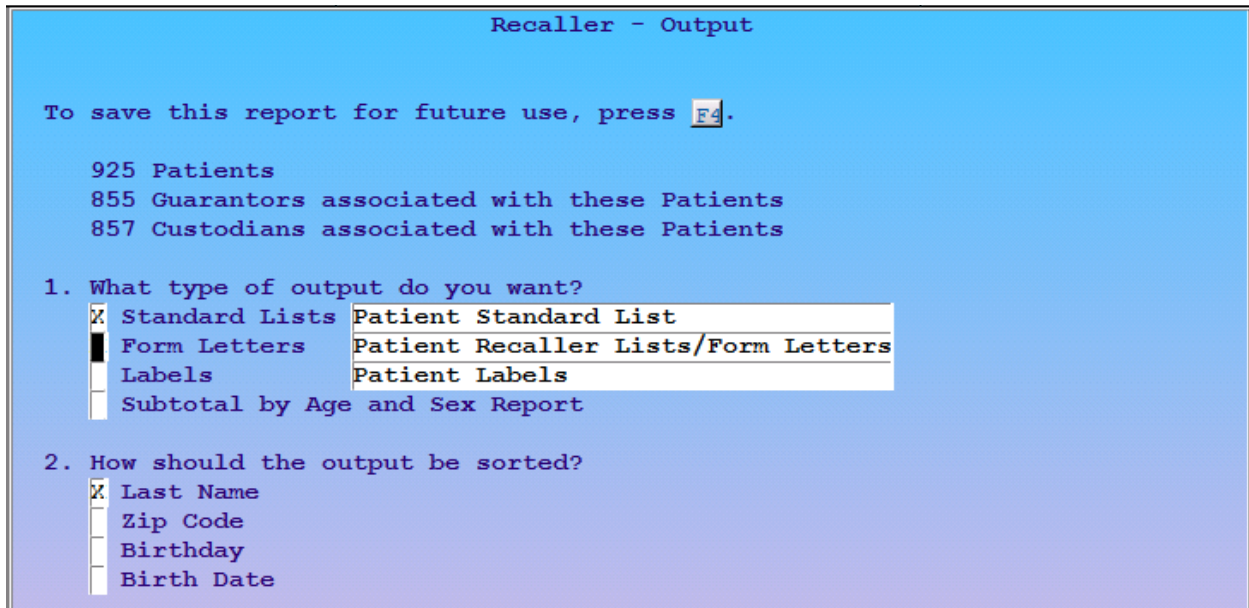
Next, you'll return to the criteria selection screen and will see a new count of patients at the top:

```
Recaller - Criteria Selection

925 Patients
855 Guarantors associated with these Patients
857 Custodians associated with these Patients

Build a list of patients based on the following criteria:
Include by Age
and Exclude by Procedure (All Providers)
and
```

This includes the patients we need to contact as they are due for a vision screening. Patients may be further segmented by clinical or billing flags, payer, primary care provider, etc. To get a list of these patients, press the <F2> “Output” button:



recaller has a variety of output options including:

- **Customizable patient list** – This allows you to generate a standard list of patients including name and contact information. Or, you have the ability to create a customizable list including the specific demographic output you want to see.
- **Form letter** – This allows you to output a form letter for each patient found in your recaller results. Each practice can configure its own form letters or lists using 100s of variables.
- **Mailing labels** - You can create printable labels, formatted to standard Avery sizes, or your own custom label.
- **Report** subtotaled by age and sex

Other examples of lists for patients needing preventive services reportable using the recaller report as we have described above include:

- Adolescents needing depression screening
- 4-5 year old children needing hearing screening
- Newborns needing hearing screening
- Patients recently discharged from the hospital or ER who need a followup office visit

Using the Patient Notification Center (notify), PCC clients can also configure their system to generate lists of overdue patients and send automated reminders to these patients. PCC will deliver messages to patients automatically through our partnership with TeleVox, either by phone call, text message, or e-mail. With

notify, PCC clients can use any of the **recaller** criteria described above to create a list of patients and automatically remind patients of the needed service. Reminders will prompt the patient that they are due for a visit, asking them to call the office to schedule an appointment.

For phone call reminders, the following voice message is delivered:

*“Hello, this is <Practice name> calling with a reminder that Johnny is due for a <recall reason>. Please call us at <practice phone> to schedule an appointment. We look forward to hearing from you soon.”*

Here is an example of the template used for email reminders:

**patient's first name** → **Zachariah**

**recall reason is optional** → is due for a Well Visit.  
Please call us to schedule an appointment.

**practice phone** → **802-555-1212**  
Thank you!

**practice location** → **Physician's Computer Company (PCC)**  
US  
20 Winooski Falls Way  
Suite 7  
Winooski, VT 05404  
(800)722-7708

**MAP TO OFFICE**  
Google

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And for text message reminders, the following message is sent:

*“<practice name>: Johnny is due for a <recall reason>. Please contact us at <practice phone> to schedule an appointment.”*