Factor 3: The practice measures or receives data on at least two utilization measures affecting health care costs

PCC clients have access to reporting tools that can be used to understand whether they are efficiently providing care and saving on overall health care costs. This section describes two examples of utilization measures that PCC clients can report on using Practice Management and EHR reporting tools:

Utilization Measure #1: Generic vs. brand name prescriptions

Using generic prescriptions vs brand name alternatives will keep patient out-of-pocket expenses down so therefore can be considered another utilization measure affecting health care costs.

All PCC EHR clients have access to the PCC eRx functionality through the interface with Dr. First. With this eRx functionality, all EHR users with access to this eRx functionality can generate a practice-wide or provider-specific "Drug Volume" report which breaks down utilization of each medication for a specified time period. Brand name prescriptions can be distinguished as they are capitalized in the report. Here is a description of how this report can be generated:
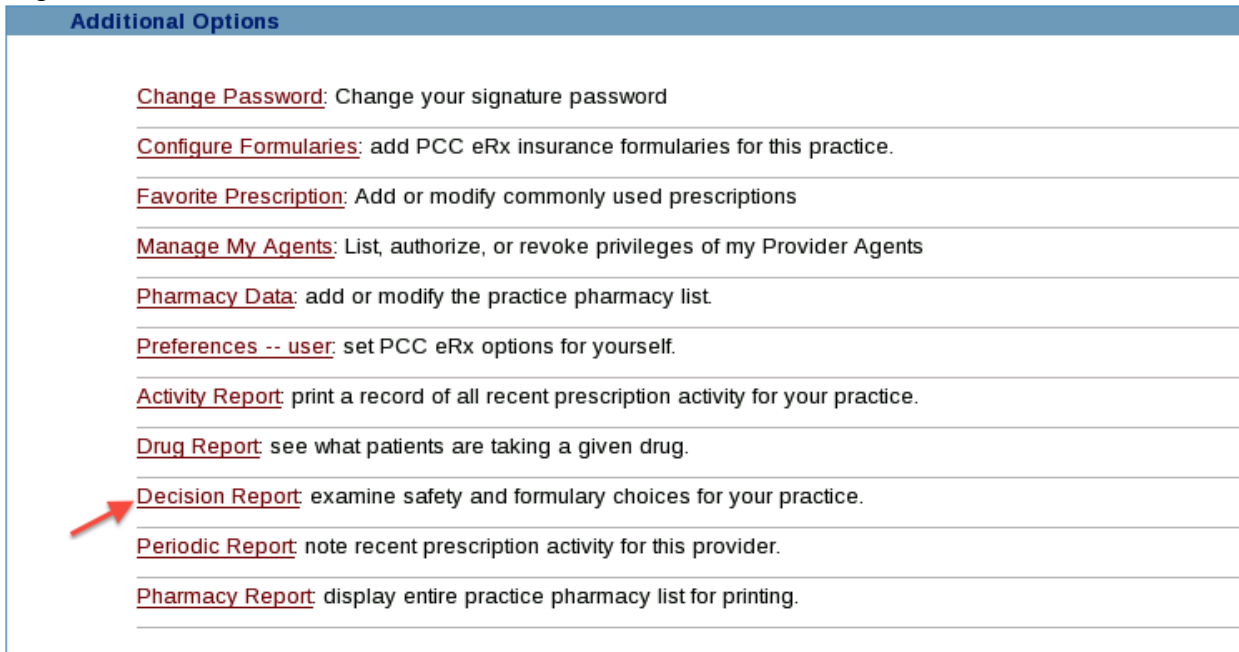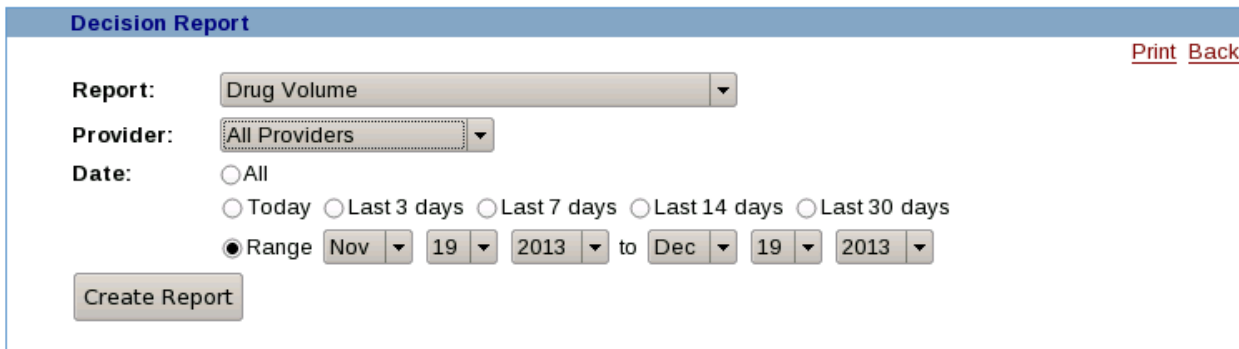
Start by accessing any patient's prescriptions:

Then click on the "Options" link in the PCC eRx menu at the top:

In the "Additional Options" section listing the different report types, choose the "Decision Report"

Next select the "Drug Volume" report, specify an individual provider or All Providers, and specify a date range:

The final report will indicate how many of each medication were prescribed. Generic medications are lowercase and brand name medications are upper-case:

Drug Volume Report for All Providers from 11/19/2013 to 12/19/2013	
Group	Volume
All	772
Drugs	
amoxicillin	89
Concerta	83
Adderall XR	36
Vyvanse	35
fluoxetine	22
azithromycin	17
Xopenex HFA	16
Flovent HFA	14
inhalational spacing device	14
albuterol sulfate	13
mupirocin	13
triamcinolone acetonide	12
cephalexin	11
Orapred	10
ranitidine hcl	10
sertraline	10
Ortho Tri-Cyclen	8
Ventolin HFA	8
melatonin	8
methylphenidate	8

Generic drugs begin with a lower-case letter — Utilization

Brand name drugs are capitalized.

Utilization Measure #2: Utilization of non-formulary medications

Similar to the brand vs generic medication utilization measure described above, avoiding the use of non-formulary medications whenever possible is another way to keep out-of-pocket patient expenses down.

All PCC EHR users with access to eRx functionality through the interface with Dr. First have access to a practice-wide or provider-specific "Non-Formulary" report which breaks down utilization of non-formulary medication for a specified time period.

Once any patient has been selected and you have accessed their medications, click on the "Options" link in the PCC eRx menu at the top:

In the "Additional Options" section listing the different report types, choose the "Decision Report":

Next select the "Non-formulary drugs by provider and specialty" report. Specify an individual provider or All Providers, and specify a date range:

The final report will indicate how many of each non-formulary medication was prescribed, broken down by specialty then provider:

Non-Formulary Report for All Providers from 11/20/2013 to 12/20/2013		
By Specialty		
Specialty	**Drug**	**Number**
Pediatrics	Total	18
	Aerochamber MV	4
	Flura-Drops	2
	Vivotif Berna Vaccine	2
	Vyvanse	2
	Triple Paste	1
	Mucinex	1
	Ventolin HFA	1
	Orapred ODT	1
	Cambia	1
	Portia	1
	Flovent HFA	1
	BreatheRite Rigid Spacer& Mask	1
By Provider		
Provider	Drug	Number
███████████	Total	7
	Aerochamber MV	4
	Vivotif Berna Vaccine	2
	Triple Paste	1
███████	Total	3
	Mucinex	1
	Orapred ODT	1