PCTM QUARTER 1 REPORTING REVIEW

PCTM SHARED LEARNING WEBINAR

MAY 30, 2024

TODAY'S AGENDA

- Announcements-Laurel Avila
- Introductions
- Reporting Trends-Laurel Avila
- Question and Answer
- Evaluation

INTRODUCTIONS

Please take a moment to introduce yourself:

- Name
- Organization
- Something You Are Looking Forward to This Summer

Type your name and organization in the chat so we can give you credit for attending today.

PCTM UPDATES

- Incentive Allocation Payments 5/31/24
- Ability to Print Accountabilities (or print to PDF)
- Numbering System Corrected in Reporting Portal
- Data from Quarter 1 will flow to Quarter 2
- Next reporting deadline: July 31 (for April, May, and June)

ACCOUNTABILITY 1- WHOLE PERSON CARE

- 1.2.A
- For services not provided by the practice, the practice has established and documented practices that ensure that when care is referred to a clinician outside of the practice, the receiving physician understands the intent of the referral, the patient returns to primary care, and the specialist will provide their notes in a timely manner on a per person basis.

3 sites met the criterion and 4 sites didn't

PATIENT CONSULTATION/REFERRAL TO OUTSIDE AGENCIES

[redacted] has established procedures which govern patient consultations and referrals or transfers to another level of care, health professional or setting.

PROCEDURE:

1. Provider determines the need for a referral or consultation for emergent, urgent or a non-urgent specialty care consultation.
2. Provider instructs the referral coordinator to arrange the referral; the patient is notified and provided with instructions and offered resources for transportation and interpretation services as needed.
3. Referral Coordinator completes the appropriate referral template. (a copy is mailed or faxed to specialist)
4. Patient evaluated by specialist and either hospitalized or sent home with follow up instructions.
5. Specialist sends note from evaluation to referring provider.
6. Reports should be reviewed and signed by the provider and added to the patient's record. (See DIAGNOSTIC TESTING/LABORATORY TESTING for time frames for review and process for follow-up)
7. Provider directs subsequent care as needed.

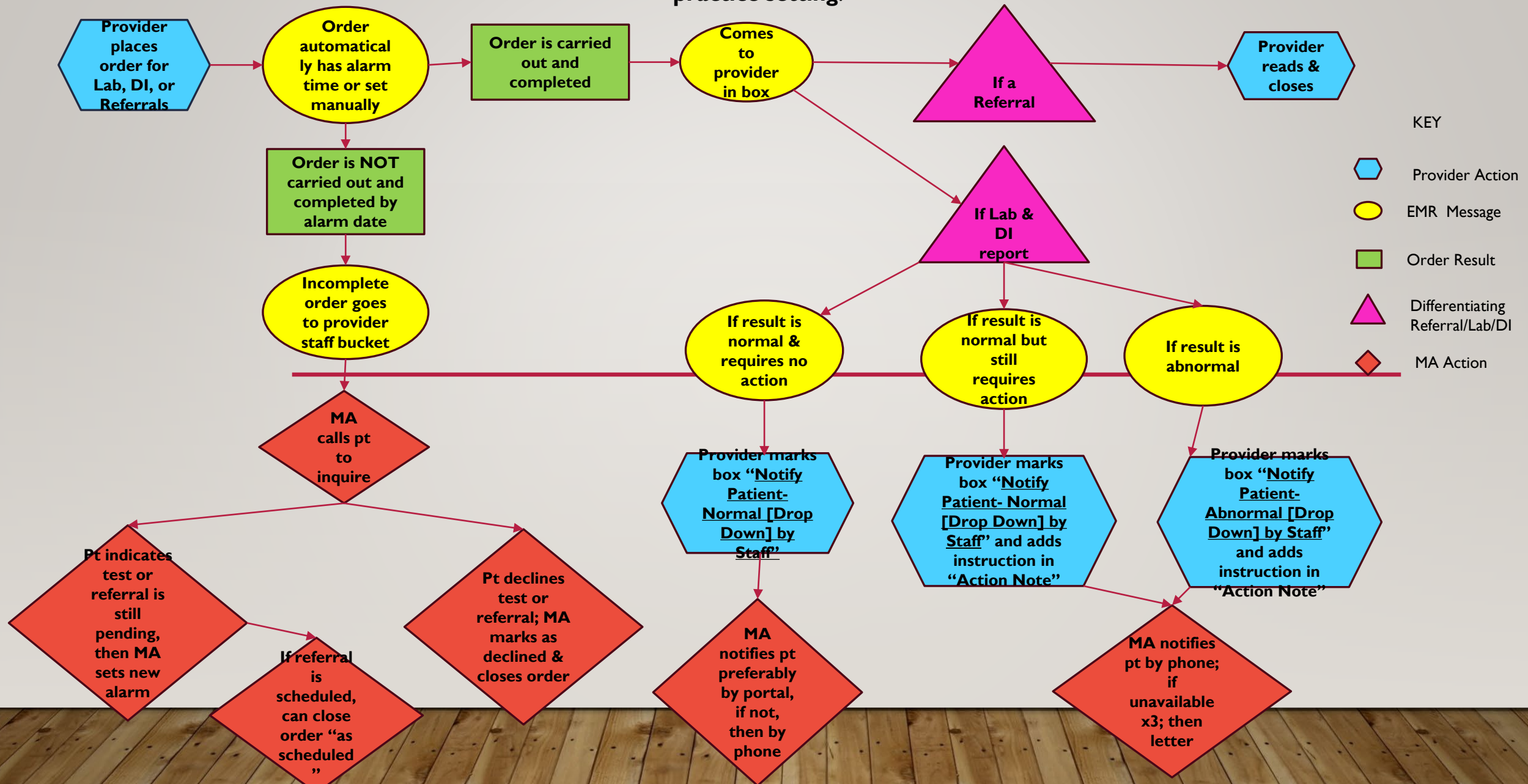
ACCOUNTABILITY 2 - A TEAM FOR EVERY PATIENT

- 2.1.C

Care teams leverage data tracked by the practice regarding labs, testing, and referrals to reduce service duplication and medical errors.

5 sites met the criterion and 2 sites didn't

2.1.C.2. Upload a document or workflow diagram outlining how the tracking of labs, diagnostic testing, and referrals are addressed in the practice setting.



ACCOUNTABILITY 2 – A TEAM FOR EVERY PATIENT

- 2.2.A

Core workflows are examined, and roles assigned to promote top license performance for all team members.

5 sites met the criterion and 2 sites didn't

	MA-R	MA-C
A **medical assistant-registered** may perform the following duties delegated by, and under the supervision of, a health care practitioner:		
(a) Fundamental procedures:		
(i) Wrapping items for autoclaving;	x	x
(ii) Procedures for sterilizing equipment and instruments;	x	x
(iii) Disposing of biohazardous materials; and	x	x
(iv) Practicing standard precautions.	x	x
(b) Clinical procedures:		
(i) Preparing for sterile procedures;	x	x
(ii) Taking vital signs;	x	x
(iii) Preparing patients for examination; and	x	x
(iv) Observing and reporting patients' signs or symptoms.	x	x
(c) Specimen collection:		
(i) Obtaining specimens for microbiological testing; and	x	x
(ii) Instructing patients in proper technique to collect urine and fecal specimens.	x	x
(d) Patient care:		
(i) Telephone and in-person screening limited to intake and gathering of information without requiring the exercise of judgment based on clinical knowledge;	x	x
(ii) Obtaining vital signs;	x	x
(iii) Obtaining and recording patient history;	x	x
(iv) Preparing and maintaining examination and treatment areas;	x	x
(v) Preparing patients for, and assisting with, routine and specialty examinations, procedures, treatments, and minor office surgeries utilizing no more than local anesthetic. The department may, by rule, prohibit duties authorized under this subsection (4)(d)(v) if performance of those		

ACCOUNTABILITY 2 – A TEAM FOR EVERY PATIENT

- 2.2.B
- Practice has an active process for empaneling patients and maintaining and evaluating panels. Patient panels should be adjusted regularly to ensure patients are empaneled with teams that have the capacity and skill to address their needs; at least quarterly.

- 2 sites met the criterion and 5 sites didn't

https://phminitiative.com/resource/empanelment-guide/#introduction

ACCOUNTABILITY 2 – A TEAM FOR EVERY PATIENT

- 2.3.B
- Teams use documented policies, systems, and processes to coordinate with community-based organizations to address patients' health related social needs.
- 4 sites met the criterion and 3 sites didn't

ACCOUNTABILITY 3 – RESOURCE ALLOCATION STRATEGY

- 3.1.A
- Practice has a process for identifying individuals that need greater care management.

- 5 sites met the criterion and 2 sites didn't

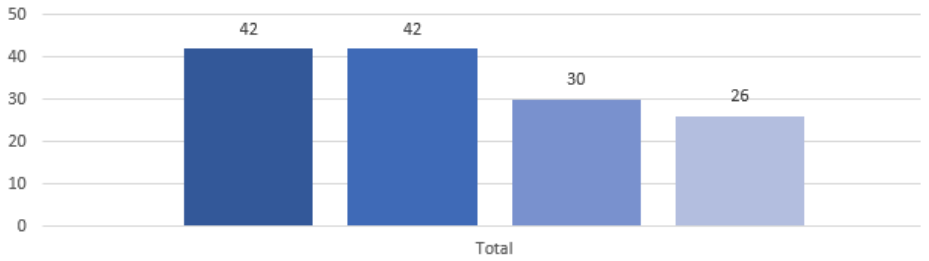
ACCOUNTABILITY 3 – RESOURCE ALLOCATION STRATEGY

- 3.2.C
- Practice follows up with patients following an inpatient stay. The follow-up visit occurs within one week of discharge and can be rendered via telemedicine when clinically appropriate.

- 6 sites met the criterion and 1 site didn't

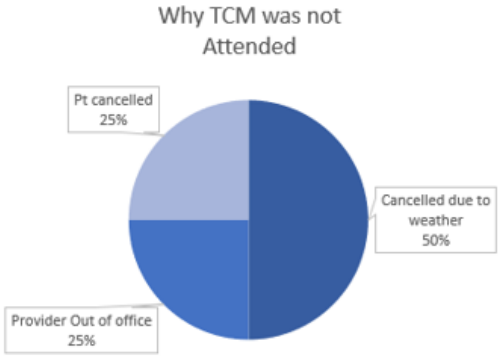
January 2024 TCM Totals

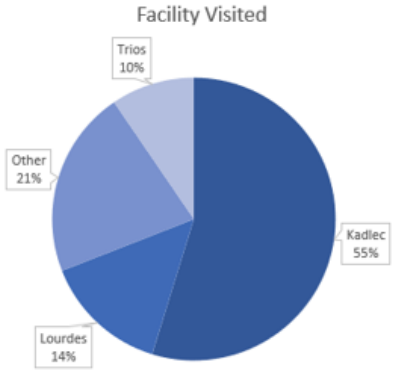
Family Practice



Values

Count of Elligible for TCM? Count of Contact Criteria Met Count of TCM Appt Appts Attended





ACO/CIN, NW MSSP Patients

Family Practice ACO/CIN patients had 11 unplanned hospitalizations, all were contacted within 2 business days of discharge, 8 scheduled appointments, and 6 attended

Billing Codes Used for TCM's at Family Practice

99212	1
99214	3
99495	4
99496	18
Grand Total	**26**

85% of TCM appointments were coded as TCMs.

Estimated reimbursement for FP from correctly coded TCMs:

$234 x 22 = $5,148

ACCOUNTABILITY 5 – PATIENT SUPPORT

- 5.2.D
- Teams engage in shared decision making with patients that respects their personal goals.
- 3 sites met the criterion and 4 sites didn't

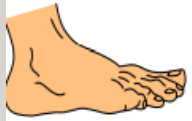
ACCOUNTABILITY 5 – PATIENT SUPPORT

- 5.3.A
- A Practice has appropriate patient decision aids, personal digital assistants and/or self-management support tools for chronic diseases and has practice workflows to use them. Materials should be linguistically and culturally appropriate to patient population.
- 2 sites met the criterion and 5 sites didn't

Diabetes Self Management

Diabetes is a very serious disease which may cause damage to the blood vessels and nerves leading to the brain, eyes, heart, kidneys, toes and feet.

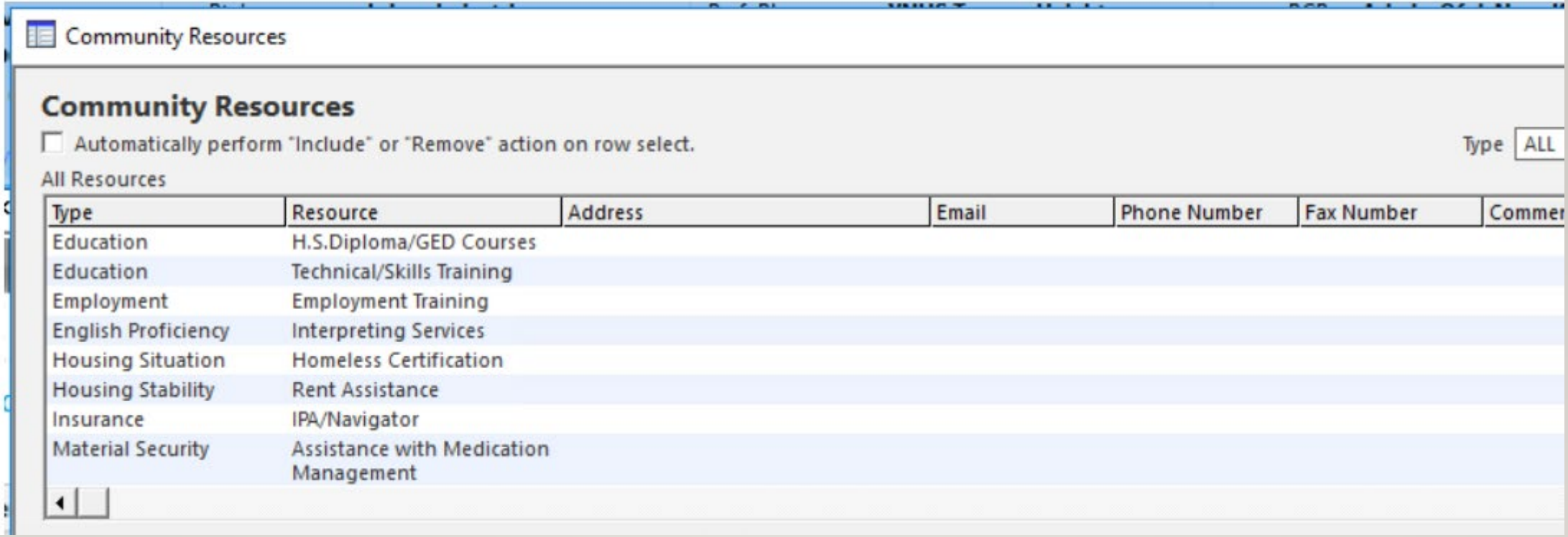
You, the patient, are the most important person to manage your diabetes. We will guide you and offer support as you manage your diabetes. The following goals will help you gain and maintain diabetic control to reduce damage to your blood vessels and nerves.

Please choose goals you are willing to work on to better manage your diabetes		Yes	No
	Goal 1: I will work hard to keep my HbA1c below 7. My most recent HbA1c was _____. By monitoring my blood sugar daily I can help meet this goal. My blood sugar should be between ____ and ____ before meals and between ___ and ___ after meals.		
	Goal 2: I will check my feet daily. If I notice a sore or irritation, I will seek medical attention		
	Goal 3: I will follow my diabetic and low fat diet to reduce my blood sugar and cholesterol.		
	Goal 4:		

ACCOUNTABILITY 6 – CARE COORDINATION STRATEGY

- 6.3.A
- Tracks, or has a documented plan to track within one year, referrals to community resources until the outcome of the referral is validated.
- 1 site met the criterion and 6 sites didn't

Community Resource popup template



ACCOUNTABILITY 8 – CULTURALLY ATTUNED CARE

- 8.3.C
- Practices partner with local culturally attuned community-based organization to better understand and participate in addressing the community's health-related needs
- 2 sites met the criterion and 5 sites didn't

ACCOUNTABILITY 9 – HEALTH LITERACY

- 9.3.C
- Practice has an explicit approach to accommodating patients with low vision and/or hearing.
- 3 sites met the criterion and 4 sites didn't

QUESTION AND ANSWER

- Other questions or comments?

- Upcoming Shared Learning Webinar Topics:
  - Patient Engagement
  - Accommodating Patients with Low Vision and Hearing
  - Contracting with Community Based Organizations
  - Utilizing PointClickCare

PLEASE PROVIDE YOUR FEEDBACK