

PCC EHR Customizations & Workflows for Pediatric Medical Homes

Amanda Ciadella, MPH, Owner PCS

Kate Taylor, Client Advocate PCC

Session Goals

1. Learn easy to use tools that will improve operational workflows.
2. Apply manageable daily planning techniques for your staff.
3. Implement best-practices for large-scale patient management.

What Exactly Does “all of that” Mean?

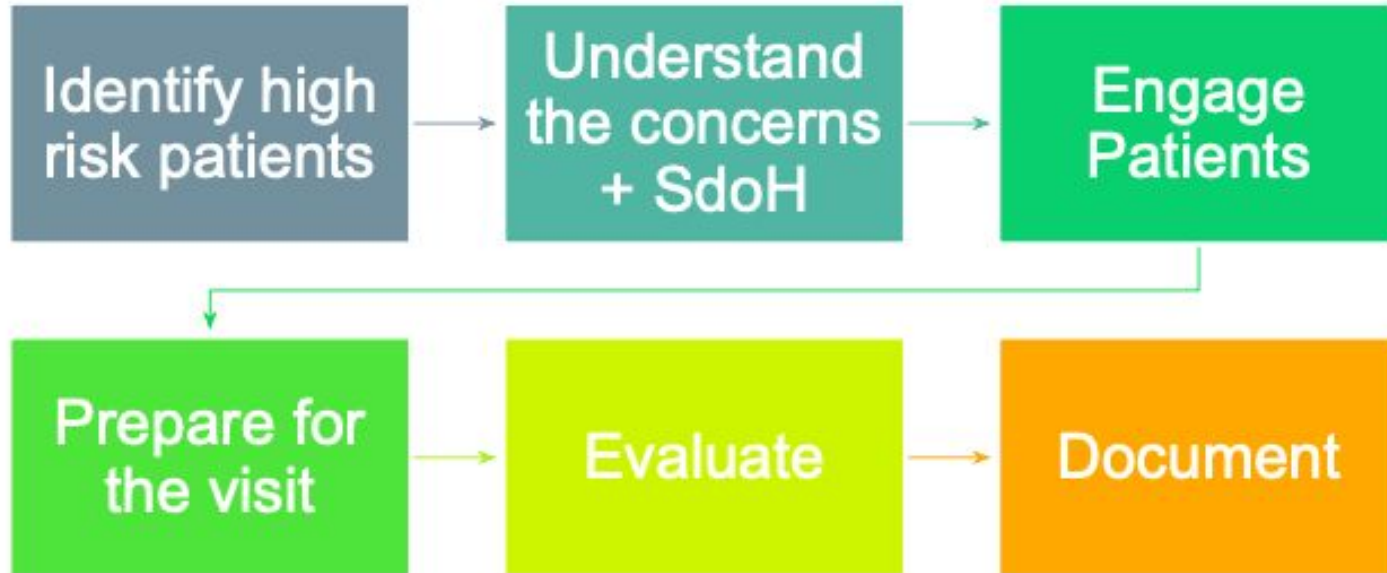
We're going to show you how to

- Prepare for upcoming appointments by:
 - Maximizing the huddle sheet
 - Utilizing relevant clinical alerts
- Streamline complex patient care :
 - Tips & tricks on configuration settings
 - Customization to reduce free-text
 - Encouraging the patient portal

What is a Pediatric Medical Home?



Main Objective – Close Care Gaps



Pre-Visit Prep

- ***Objective: providers to walk into the room one time***
- Pre-scheduled appointments
- Prep charts the day before the appointment
- Staff will understand the daily plan
- Improve patient flow
- Prevent unnecessary follow-up visits

Appointment Note

- Communication between departments
- Use snap-text standing orders by age for pre-scheduled appointments
- Same-day sick appointments need consistent details
- Populates onto the Huddle Sheet

Appointment Notes:

Appointment Book, Schedule Screen, and Huddle Sheet

Patrick Taylor 13y 3m 3/14/10 M
12yr - 13yr Well Visit - 15 min

07/13/23 9:30am Thursday
Beverly Crusher, MD
Winooski Pediatrics
Appointment Note:
PHQ-9, CRAFFT, HPV
Scheduling Details:

- Scheduled by PCC PCC on 06/30/23 at 12:45pm

| Appointment Date | Appointment Time | Patient Age at Appointment | Patient DoB | Patient PCC # | Patient Name | Patient Sex | Appointment Reason | Appointment Note |
|----------------------|------------------|----------------------------|-------------|---------------|-----------------|-------------|------------------------|-------------------------------|
| 07/13/2023 9:30am | 9:30am | 13y 3m | 03/14/2010 | 3235 | Taylor, Patrick | Male | 12yr - 13yr Well Visit | PHQ-9, CRAFFT, HPV, Tdap, MCV |

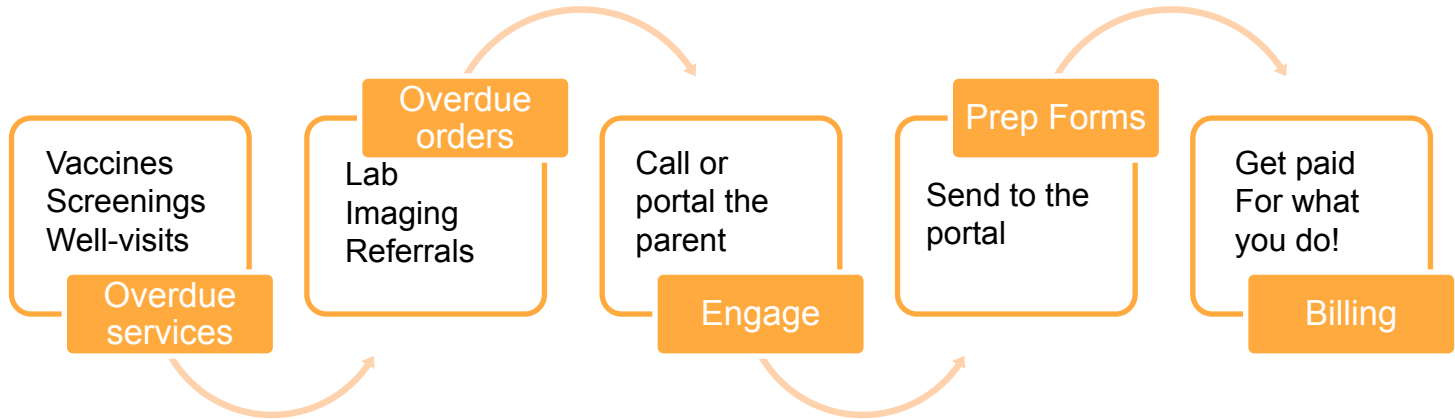
PCC EHR

Schedule (12) Visit Tasks (99+) E-lab Results (40) Rx Queue (0) Messaging (41) Signing (99+)

Thu 07/13/23

| Visit Status | Room | Tasks | Arrival Time | Last | First | DOB/Sex | Age | Visit Reason | Provider | Billing Status | Signed |
|--------------|------|-------|--------------|------------|----------|------------|--------|---|----------|----------------|--------|
| Scheduled | | | 9:30am | Taylor | Patrick | 03/14/10 M | 13y 3m | 12yr - 13yr Well Visit | Crusher | | |
| Scheduled | | | 9:45am | Farkas | Quinn J. | 12/24/09 M | 13y 6m | Appt Note: PHQ-9, CRAFFT, HPV, Tdap, MCV | sey | | |
| Scheduled | | | 10:00am | Capone Sr. | Emma M. | 01/16/22 F | 1y 5m | | sey | | |
| Scheduled | | | 10:30am | Flanagan | Aimee | 07/29/22 F | 11m 2w | 12mo Well Visit | Williams | | |

Pre-Visit Prep Process



Pre-Visit Prep Processes Live Demonstration



Huddle Sheet Functionality

- Review Appointment Notes
- Check for Care Plans
- Review Patient Flags
- Quick daily financial view

Same-day/sick-visit prep

- Receptionist to ask the “why” of the visits and document in the appointment note field
- “Sick” is not a descriptive appointment note
- Fever & vomiting for the last 24-hours gives details
- Allows provider to pull correct protocol
- Protocols can be configured with standard labs/testing
- Point of care testing can be completed before a provider enters the room

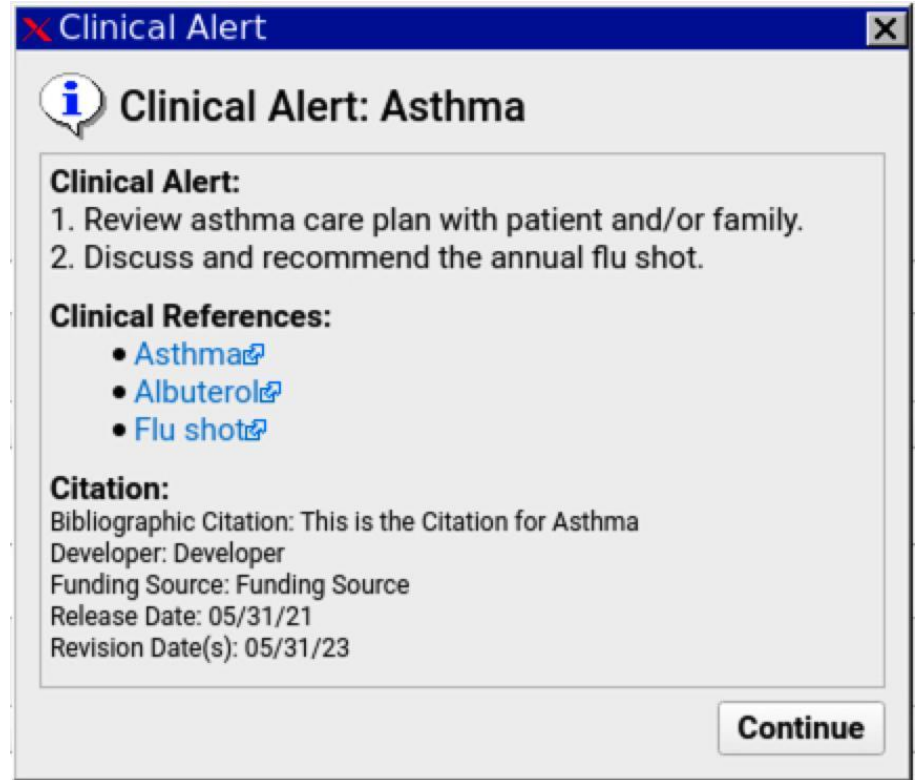
Getting the sick patient out of the office faster

Scribe Workflow

- Start an encounter based on visit type
- Family history, patient history, social history, medication summary can be notated as normal, until the child is in front of the scribe
- ROS and the physical examination can be noted as normal until the child is in front of the scribe
- The scribe will verify any outstanding orders [labs, imaging or referrals] are completed or properly followed up on
- Front office verifies billing information

PCC Clinical Alerts

- Manageable reminders for identified complex patients
- Parameters are customizable
- 1st step of pre-visit prep!



The screenshot shows a software window titled "Clinical Alert" with a blue header bar. Inside the window, there is an information icon (a lowercase 'i' in a circle) followed by the text "Clinical Alert: Asthma". Below this, the text "Clinical Alert:" is followed by a numbered list: "1. Review asthma care plan with patient and/or family." and "2. Discuss and recommend the annual flu shot." Underneath, the text "Clinical References:" is followed by a bulleted list of three items: "Asthma", "Albuterol", and "Flu shot", each with a small blue square icon containing a white arrow pointing to the right. Below the references, the text "Citation:" is followed by several lines of text: "Bibliographic Citation: This is the Citation for Asthma", "Developer: Developer", "Funding Source: Funding Source", "Release Date: 05/31/21", and "Revision Date(s): 05/31/23". In the bottom right corner of the window, there is a button labeled "Continue".

Care Management

Care Management Terminology

Care Management

Activities performed to improve patient outcomes

Care Coordination

Organizing patient care between clinicians & facilities

Care Plans

Individualized instructions given to the patient

Care Plans

- What is a care plan?
 - Individualized instructions to accomplish goals between visits
- Why is it needed?
 - Patients forget what the provider says
 - Accountability

Patient Criteria for Care Management

YES

- Food allergies + asthma with EpiPen & medications
- In need of home health or medical equipment
- Cardiac patient with specialist coordination
- Depression + ADHD & multiple medications

NO

- One-time constipation
- One-time ear infection
- Well-controlled intermittent asthmatic
- Acute illness [e.g., flu, COVID, strep, stomach virus]
- Manageable acne or eczema

Care Plan Components

YES

- Specific to child & concern
- Goals
- Barriers & ways to overcome
- Care team contact info
- Relevant resources
- Given in the preferred modality

NO

- Medical jargon & acronyms
- Providing only the clinical summary
- Including old information/concerns
- Not involving the family in creating care plan

Care Plans

- Configure to show Active Care Plans in Portal
- Add to your Protocols
- Utilize Snap-text to help reduce free-text
- Professional Contacts as Team Members
- Care plans by date report for easy tracking

PCC EHR Care Plan Live Demonstration

Care Plan

▼ 06/30/23

Goals

- Manage Healthy Weight and Increase Exercise | Referral to Nutritionist

Actions

- Weight management program
- Nutritional monitoring
- Weight monitoring
- Exercise regime

Next Steps

Discussed with patient and family the following treatment goals between now and the next visit:

- Removing all sweetened beverages from diet in favor of water
- Eating a diet rich in foods with low caloric density
- Limiting sedentary entertainment to < 2 hours per day
- Active exercise or rigorous play for >60 min/day
- Reduction in BMI
- Consider keeping a food diary or using an app for tracking food intake and weight goals
- Consider keeping an exercise diary or using an app for tracking activity and goals
- Referral to Karen Jones, Nutritionist at FAHC

Discussion barriers to meeting goals, such as:

- Limited access to healthy food sources
- Limited access to activities
- Lack of family involvement
- Sedimentary lifestyle
- Poor participation/involvement and encouragement from members of household

Discussed overcoming barriers:

- Discussed using federal food assistance programs (i.e. WIC, SNAP, local food pantry, school food programs)
- A family-wide focus on changing sedimentary behaviors and limiting screen time
- Finding resources in the community and/or school system for activities opportunities
- Joining a sport or club with physical activity
- Keeping all follow up appointments every three months, or sooner
- Provided Patient Education resources directly to Patient Portal

Care Coordination Notes (internal use)

Team Members

| | | | |
|---------------------|----------------------------|---------------|----------------------|
| Karen Jones | | Organization: | FAHC |
| Phone: | 802 656-3000 | Address: | Colchester Avenue |
| Fax: | 802 656-3001 | | Burlington, VT 05401 |
| Email: | karenj@fahc.com | | |
| Phone Notification: | portalPhoneNotificationLbl | | |
| Email Notification: | portalEmailNotificationLbl | | |

Benefits of the PCC Patient Portal

- Complex patients should always have portal accounts
- Active Care Plans are available on the portal immediately
- Configuration settings and Messaging Templates
- PCC Education Tool and Portal Documents

References

- <https://learn.pcc.com>
- <https://patientcenteredsolutions.org/>

What Questions Do You Have?

Later Viewing

This and all other UC 2023 course recordings will be available for later viewing through the app.