Prevent well-check burnout

How to excel in meeting well-checks and prevention measures without really trying

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Welcome!

On behalf of Anthem Blue Cross and Blue Shield (Anthem), thank you for your service to members enrolled in Hoosier Healthwise, Healthy Indiana Plan (HIP) and Hoosier Care Connect.
Outcomes from presentation

- Define the purpose of HEDIS®
- Understand recommended well-check and preventive measures
- Review documentation examples
- Define ideas for improving documentation
- Develop plan for overcoming barriers to HEDIS completion

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).*
What is HEDIS?

- HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA)
- HEDIS = Healthcare Effectiveness Data and Information Set
- Retrospective review of services and performance of care
- Used by more than 90% of America’s health plans; allows for comparison between plans
Why is HEDIS so ______________?

• HEDIS season typically impacts providers during late winter/spring months
• The process of record collection associated with HEDIS can cause burnout, frustration and _______
• We will discuss how to be prepared in advance for HEDIS to avoid “well-check burnout”
HEDIS information is collected in two ways

- Administrative – Data obtained from our claims database
- Hybrid – Data obtained from claims and medical record reviews; this method allows for data collection that is not available through claims codes, such as:
  - Childhood immunizations
  - Body mass index (BMI) number or percentile
  - Specific blood pressure measures
Alphabet soup – abbreviations, acronyms and “OWA”

• A little test – what do the following abbreviations mean?
  – W15
  – AWC
  – CDC
  – HbA1c
  – AAP
  – AAP
  – BCS
  – CBP
Alphabet soup – abbreviations, acronyms and “OWA”

• A little test – what do the following abbreviations mean? (Wikipedia)
  – W15 = a bus route in London; a missile warhead
  – AWC = Astronaut Wives Club; Air War College in Alabama
  – CDC = Centers for Disease Control, cul de canard (duck feathers used in fly fishing)
  – AAP = Apollo Applications Program (NASA), Advance Auto Parts
  – BCS = Bowl Championship Series; Better Call Saul (2015 TV spin-off)
  – CBP = Citizens Bank Park (baseball stadium for Phillies), Crippled Black Phoenix (British Rock band)
AWC – Adolescent well-care visits; children 12 to 21 years old

• Record must contain:
  – Medical history
  – Physical and mental developmental histories
  – Physical exam (disrobed)
  – Health education and anticipatory guidance

• May conduct and bill for a well-care visit with an acute visit

• Anticipatory guidance (age appropriate) examples:
  – Smoking/alcohol/drug avoidance
  – Sports safety (helmets)
  – Bullying
  – BSE
  – Sex education
Patient Visit Note

Active Problems
- Anxiety Disorder Nos
- Menorrhagia

Chief Complaint
The Chief Complaint is: grandma for med recheck.

History of Present Illness
17 year old female,

- Started Depo shots. Grades are A's and B's. Doing much better at school. Not as anxious. No problems with meds.

Current Medication
- Naproxen Sodium 275 MG TABS, 30 days, 11 refills, one po q 6 hours pm
- Sertraline Hydrochloride 50 MG TABS, 30 days, 2 refills, one po q am

Social History
Behavioral: Smoking status: Never smoked.

Allergies
- No Known Allergies

Physical Findings
- Vitals taken 01/22/2014 11:29 am
  - BP-Standing L: 106/60 mmHg
  - BP Cuff Size: Regular
  - Height: 63.5 in
  - Weight: 127 lbs 8 oz
  - Body Mass Index: 22.2 kg/m2
  - BMI Percentile: 61 st
  - Body Surface Area: 1.61 m2

General Appearance:
- Well developed.
- Well nourished.
- In no acute distress.

Ears:
- General/Bilateral:
  - External Auditory Canals: Normal
  - External Auditory Meatus Tympanic Membrane: Normal

Nose:
General/bilateral:
   External Deformities: • No external nose deformities.

Oral Cavity:
   Teeth: • Showed no abnormalities.

Pharynx:
   Oropharynx: • Normal

Lungs:
   • Respiratory movements were normal. Clear to auscultation.

Cardiovascular:
   Heart rate and rhythm: Normal
   Heart Sounds

Abdomen:
   Auscultation: • Bowel sounds were normal.
   Palpation: • No abdominal tenderness.
   Liver: • Not enlarged.
   Spleen: • Not enlarged.

Neurological:
   Speech: • Normal

Psychiatric:
   Appearance: Normal
   Mood: • Euthymic.
   Affect: • Normal
   Thought Processes: • Not impaired.
   Thought Content: • Revealed no impairment.

Assessment
   • Anxiety disorder NOS doing much better

Plan
   • **ANXIETY-DEPRESSION**
     Sertraline HCl 50 MG tabs, 30 days, 3 refills, one po q am

Other
   Advised to return in 4 months for medication follow-up visit. Advised to contact physician if any worsening of side-effects, new side-effects, or new symptoms occur.
ABA – Adult BMI screening

• Body mass index
• Medical record should indicate the members’ weight and BMI value
• Consider discussing and documenting educational materials
Current Medications
Taking
- Protonix 40 mg delayed release tablet 1 tab(s) once a day
- Zantac 150 150 mg tablet 1tab(s) once a day
- Tricor 145 mg tablet 1tab(s) once a day
- Ventolin HFA CFC free 90 mcg/ inh aerosol 2 puff(s) 4 times a day
- Symbicort 160 mcg-4.5 mcg;inh aerosol 2 puff(s) 2 times a day
- lisinopril2o mg tablet tab(s) bid
- bisoprolol-hydrochlorothiazide 10mg-
- 6.25 mgtablet tab(s) once a day
- CPAP 14 cm H2O length of need 12 months as directed at night
- cpap mask dx 327.23 QHS
- ProAir HFA CFC free 90 mcg/ inh aerosol 2 puff(s) 4 times a day
- furosemide 20 mg tablet tab(s) once a day
- Hydrocodone 5/325 ito 2 tablets q6 hours pm
- Norvasc 5 mg tablet 1tab(s) once a day
- Keflex 500 mg capsule tcap(s) twice a day
- Medication List reviewed and reconciled with the patient

Past Medical History
Sleep apnea
Hypertension
GERD/reflux
Hypercholesterolemia
Obesity
Fractures
NoCA, NoDM, NoCVA, No MI, NoDVT/PE

Surgical History
No Surgical History documented.

Family History
Father: alive, No Known Medical Illness
Mother: deceased, cardiomyopathy, heart transplant
Siblings: alive, cardiomyopathy, COPD
Children: alive
brother(s), 2 sister(s), tsen(s), 3 daughter(s)- healthy

Reason for Appointment
1. CPAP, full face mask, doing pretty good with treatment
2. review the results of PFT that he had in Oct
3. Nasal drainage and clear productive cough, is currently on antibiotics

Vital Signs
Nurse/MA ma, Ht 75 in, Wt 316lbs, RR 18, HR 96; BP
150/102 mm Hg, BMI 39.49 Index, SaO2 98% on RA at rest.

Physical Examination
DERMATOLOGY:
Rash: none.

HEENT:

LUNGS:

HEART:

ABDOMEN:

EXTREMITIES:

Assessments
1. Obstructive sleep apnea- 327.23 (Primary)
2. Hypersomnia NOS- 780.54
3. ASTHMA NOS- 493.90
4. Atelectasis NOS - 518.0
5. HTN- 401.9
6. Essential hypertriglyceridemia- 272.1
7. OBESITY NOS- 278.00
8. Nicotine Addiction- 305-1
9. GERD- 530.81

Progress Note:
Social History

- **Smoking Status**: Are you a **current everyday** smoker? Smokes 1 pack per day, for at least 15 years.
- **Marital Status**: Married.
- **Occup. exposure**: dust, fumes.

**Allergies**
- ctdye
- amoxicillin
- ampicillin
- Tape

**Hospitalization/Major Diagnostic Procedure**

- fracture, right leg

**Review of Systems**

**ENT**:
- Nasal Congestion, sinus drainage.
- Snoring No.
- Allergies No.
- Sore throat none.

**RESPIRATORY**:
- Wheezing no.
- Hemoptysis none.
- Increased shortness of breath No.
- Cough y.e. productive clear.

**CARDIOLOGY**:
- Chest pain none.
- Palpitations none.
- Leg edema none.
- Dizziness none.

**GASTROENTEROLOGY**:
- Nausea none.
- Vomiting none.
- Abdominal pain none.

**MUSCULOSKELETAL**:
- Joint pain none.
- Leg cramps none.

**PSYCHOLOGY**:
- Depression none.
- Anxiety none.

**CPAPROS**:
- Nasal dryness no.
- Dry mouth none.

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**Treatment**

1. **Obstructive sleep apnea**
   - Continue CPAP length of need 12 months, 14 em H2O, as directed, dx OSA 327.23, at night
   - Continue cpap mask, dx 327.23, QHS
   - Notes: unsure of pressure. Having trouble w mask. Currently has full face mask tolerating better. Need for compliance stressed.

2. **Hypersomnia NOS**
   - Start Nuvigil tablet, 150 mg, 1 tab(s), orally, once a day, 30 day(s), 30 Refills 1
   - **IMAGING**: MSLT at THPPC
     - Smith, Sonya 12/08/2014 09:19:51 AM EST > Received a fax from Anthem Approving the MSLT. Auth # is 0235892275-001 and is valid for 90 days.
   - Notes: very sleepy while driving...advised not to drive while feeling sleepy.

3. **ASTHMA NOS**
   - Continue Ventolin HFA aerosol, CFC free 90 mcgfinh, 2 puff(s), inhaled, 4 times a day, 30 day(s), 1 Refills 4
   - Continue Symbicort aerosol, 160 mcg-4.5 mcgfinh, 2 puff(s), inhaled, 2 times a day, 30 day(s), 1 Refills 4
   - Notes: FEV1=29%. Improves to 40%.

4. **Atelectasis NOS**
   - Notes: f/u CXR w persistent LL atelectasis. CR w ground glass changes. Will f/u w CXR

5. **HTN**
   - Continue lisinopril tablet, 20 mg, 1 tab(s), orally, bid
   - Continue bisoprolol-hydrochlorothiazide tablet, 10 mg-6.25 mg, 1 tab(s), orally, once a day
   - Notes: continue home monitoring. Go to ER prn. sig better.

6. **Essential hypertriglyceridemia**
   - Continue Tricor tablet, 145 mg, 1 tab(s), orally, once a day

7. **OBESITY NOS**
   - Notes: need for wt reduction discussed.

8. **Nicotine Addiction**
   - Notes: need for complete smoking cessation stressed. Still smoking 1 pd.

9. **GERD**
   - Continue Protonix delayed release tablet, 40 mg, 1 tab(s), orally, once a day
   - Continue Zantac 150 tablet, 150 mg, 1 tab(s), orally, once a day
BCS – Breast cancer screening

• Women aged 50 to 74 who receive a mammogram during the calendar year
• Document results in member’s chart, even if service provided outside the provider’s office or health system partner
• Members aged 18 to 75 with type 1 or type 2 diabetes

• Measures include:
  – HbA1c
  – Retinal or dilated eye exam by an eye care professional
  – Kidney disease monitoring
  – Blood pressure monitoring
  – Neuropathy monitoring
  – Foot care
Immunizations – General information

• Children and Hoosiers Immunization Registry Program documentation
• Work with school corporations and health departments for locally specific requirements
• Include hospital-administered immunizations in office record
• Combo 10
LSC – Lead screening in children

- Target – Children who turn 2 during the measurement year
- Be sure to record results of lead screen, even if performed at local health department or other provider
- Lead = Pb
- Capillary of venous blood sample is acceptable
CHIRP-Patient Vaccination View/Add

Logged

Organization (IRM8)/Facility: ANTHEM BLUE CROSS AND BLUE SHIELD (490002) ANTHEM BLUE CROSS AND BLUE SHIELD

Patient
Name: [redacted]
Date of Birth: [redacted]
StIIS Patient ID: [redacted]
Age: [redacted]
Status: [redacted]

Barcode Scanner: READY

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FPC and PPC – Frequency of prenatal care and postpartum care

• Frequency of prenatal care (FPC) – first prenatal visit within 42 days of enrollment or within the first trimester
• Postpartum visit (PPC) within 21 to 56 days after delivery
• Challenges – suture removal
• Must include pelvic exam, evaluation of weight, blood pressure and breasts/abdomen
### Patient Identification

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### Initial Prenatal Screening

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### Additional Lab Findings

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### Medication Sensitivity

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### Baby's Diagnosis

- Date of Birth: 1/1/2003
- Sex: Girl
- Mother: Maria Rodriguez
- Father: None
- Prenatal Care: Yes
- Cesarean Birth: No
- Birth Weight: 6.0 kg
- Length: 49 cm
- APGAR: 1-5-1-5-5
- Prematurity: No
- Birth Trauma: None

### Medical History

- Mother: High blood pressure
- Father: None

### Observations

- Heart Rate: 110 bpm
- Blood Pressure: 120/80 mmHg
- Temperature: 37.2°C
- Oxygen Saturation: 98%
W15 – Well-child visits for children 0 to 15 months old

- Immunization schedules
- Physical and mental development
- Anticipatory guidance – age appropriate
  - Injury prevention/childproof home
  - Smoke alarms
  - Thermometer use and fever definition
  - Safe sleep
  - Car seat appropriate installation
- Eye check
Subjective:

Chief Complaints:
1. 4 month chk NEW apnea monitor download m doc PLEASE REVIEW. 2. W/ PARENTS LQ 2:55.

HPI:

Well Baby/Toddler Visit
Concerns no growth or development concerns. Sleep all night. Social, Development looks towards voices. Coos and makes noises

DOING WELL. MOM NEEDS RX FOR WIC FOR THEIR NEAR SURE FORMULA.

ROS:

General: no fever. sleep normal  appetite normal. energy level normal. elimination good
Neurology:
no seizures. no weakness.
Ophthalmology:
no eye irritation. no drainage from eyes.
ENT:
o no snoring. no cough. no wheeze. no runny nose. no pulling on ears. no sneezing.
Cardiology:
no shortness of breath.
Gastroenterology
No vomiting, no diarrhea. no gassy.
Endocrinology:
no tiredness. no excessive thirst. no constipation

Dermatology:
no rash
Musculoskeletal:
no joint swelling. No joint pain

Psychology
no sleep disturbances

Medical History: St. Joe NICU x 3 months discharged 3/18/13, 26 weeks gestation, C-section 1 year
Ophthalmology, Sinus Tachycardia at first visit from Caffeine- Had to d/c to settle the heart sounds/rate.,
ECG DONE 3/21/13 NORMAL, 04/15/2013 LH· IMPRESSION. The patient with history of prematurity with apneas causing apparent life-threatening event, hemodynamically

Medications: Taking home health care d/c home healthcare, Taking ursodiol capsule 1.5ml 2 times a day Taking phenobarbital elixir 3.0ml qd, Taking Poly-Vi-Sol with Iron Drops 1.0ml qd, Taking Zantac solution 0.4ml tid, Taking caffeine citrate 11 mg liquid 0.55ml bid, Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A.

Objective:

Vitals: Ht 21.2, Wt 9.6, Temp 98.4, HC 15.0, BMI 15.02
Examination:

**Newborn**


Assessment:

**Assessment:**
1. Well infant/child exam - V20.2 (Primary)
2. Prevnar - V03.82
3. Rotavirus - V04 89
4. HIB - V03.81
5. Pedrarrx - V06.8

To hospital, PICU last Friday d/t heart rate drops et RDS. Stayed for 2 days. DX with viral infections. NICU doctors followed. Received IV antibiotics. No alarms post hospitalization et new retractions, grunting or nasal flaring. Smiles, regards face. Doing tummy time.

Plan:
1. **Well infant/child exam**

Start Tylenol Children's suspension, 160mg/5mL, 1/4 tsp, po, q4h, prn fever or pam, 4 oz, Refills 2.

Notes: Anticipatory guidance reg bathing, sleep, feeding and hygiene etc.

**Immunizations:**
- PEDIARIX, DTAP-IPV-HEP B given by Iq on Right Thigh
- Prevnar 13 given by Iq on Right Thigh
- Act H1b given by Iq on Left Thigh
- ROTARIX given by Iq

**Procedure Codes:** 99173 Visor Screen, 92551 AUDIOMETRY-HEARING, 99401 P/1/1 COUNSEL, INDIV 15 f/1IN, 90471 IMMZ ADJ.'-1IN FIRST, 90670 PREVNAR 13, 90472 Imzm ea add'tl single or combo, 90681 ROTARIX, VACC 2 DOSE ORAL, 90474 ADMINISTRATION INTERNASAI/ORAL PLUS SHOT, 90723 PEDIARIX DTAP-HEP B-IPV VACCINE, IM, 90645 HIBERIX, 90645 Act Hib

**Follow Up:** 2 Months (Reason: w/1th GRV)

Provider: [Redacted]
Patient: [Redacted]
Date: A/C

Electronically signed: [Redacted]
Signoff status: Pending
W34 – Well-child visits for children 3 to 6 years old

• Annual visit
• Combine well-visit services with acute visit
• Anticipatory guidance examples:
  – Oral health
  – TV/electronic use limits
  – Sun exposure
  – Poison safety (household products)
  – Lock up guns in the home
• Chart examples
History of Present Illness/Subjective: Pt is here with mother with hx that he was doing well until 1 1/2 week ago, when he consulted ER because nose bleed, was prescribe nasal spray and cream. Nose bleed resolved but he has been complaining of abdominal pain on and off around the navel, no vomiting but nausea. Diarrhea #4, 2 days ago, no blood. no mucus. No fever. No hx of easy bruising or family hx of bleeding problem. Good energy level.

Review of systems: Constitutional, Entfi\Auth, Gastrointestinal addressed in history; all other systems not addressed.

PHYSICAL EXAM:
General Appearance: Age appropriate appearing male in no acute distress.
Neurological/Psychiatric: Oriented to person, place and time. Appropriate affect.
Skin: no bruises, no lesions.
Head: Normocephalic, hair evenly distributed with normal texture.
Eyes: PERRLA, sdera white, conjunctiva clear, EOM full.
Ears: wax
Nose: Nares patent, septum midline.
Mouth/throat: Buccal mucosa pink, posterior pharynx clear without exudate.
Neck: Thyroid not enlarged, no nodes palpable, no lymphadenopathy.
Lungs: Clear to auscultation bilaterally, no obvious distress
Heart: Regular rate and rhythm, no audible murmurs.
Abdomen: Soft, nontender, no hepatosplenomegaly.

Impression: Nausea-787.02 Nosebleed-784.7

Impression: Plan notes: Observe Supportive care
Zofran PRN
If worsening symptoms, not improving, decrease energy level or any concern consult PRN

Plan:
- Follow up: PRN or PE.

Patient Education:
- Patient education material given

[what was given]
How do you know where you are during the year?

Best practices:
• Check your providers’ panels monthly
• Gap-in-care reports – based upon claims
• Medical record reviews
• Work with your practice consultant for more specifics, such as:
  – ER utilization
  – Member incentives
  – Provider incentives
Tips

• Document!
• Access standards – well-check appointment availability; scheduling flex
• Follow up on behavioral health and ER visits
• Keep copies of any handouts used for member education
• Electronic medical record – program reminders; check routers and update encounter sheets
<table>
<thead>
<tr>
<th><strong>HEDIS measure</strong></th>
<th><strong>Records required for review</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC)</td>
<td>Include:</td>
</tr>
<tr>
<td></td>
<td>• Documentation of height and weight in &lt;2014&gt;</td>
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<tr>
<td></td>
<td>• Documentation of BMI percentile in &lt;2014&gt;</td>
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<tr>
<td></td>
<td>- As a value (e.g., 85th percentile)</td>
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<tr>
<td></td>
<td>- Plotted on an age-growth chart</td>
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<tr>
<td></td>
<td>• Documentation of counseling for nutrition in &lt;2014&gt;</td>
</tr>
<tr>
<td></td>
<td>• Documentation of counseling for physical activity in &lt;2014&gt;</td>
</tr>
<tr>
<td>Childhood immunization with lead</td>
<td>Entire immunization record and all blood lead screening results</td>
</tr>
<tr>
<td>Lead screening in children</td>
<td>All blood lead screening results</td>
</tr>
<tr>
<td>Immunizations for adolescents</td>
<td>Entire immunization record</td>
</tr>
<tr>
<td>Human papillomavirus vaccine for female adolescents</td>
<td>Entire immunization record</td>
</tr>
<tr>
<td>Well-child visits (3, 4, 5, 6)</td>
<td>Records for all visits in &lt;2014&gt;. Include any anticipatory guidance and development screening tools/checklists.</td>
</tr>
<tr>
<td>Adolescent well-care visit</td>
<td>Records for all visits in &lt;2014&gt;. Include any anticipatory guidance and development screening tools/checklists.</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>Pap tests from &lt;2012, 2013 and 2014&gt; with results or documentation of a hysterectomy with no residual cervix. Include any progress notes or histories that document a test.</td>
</tr>
</tbody>
</table>
Results

- Improved documentation of services now results in fewer chart requests in HEDIS season
- Timely preventive services for our members
Questions?
Thanks for your attention!

And good luck!

Contact information:
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1-812-469-7546