

ALLIANCE FAQ – PATIENT-CENTERED MEDICAL HOME (PCMH) 2018 CONTENT

Overview: This FAQ is to inform you of new and revised Alliance Clinical Content for use in implementing PCMH 2017 Standards & Guidelines. The PCMH elements referenced in this FAQ are based on the National Committee for Quality Assurance (NCQA) PCMH model. Each clinical content item will be displayed, along with the related PCMH 2017 criteria and workflow recommendations for use.

How can I access this clinical content?

This content is already available in your Centricity EHR database. Please contact your EHR Team at your Health Center for help on embedding this content into your standard clinical workflows. This includes setting up your Favorites, Document Templates, and Encounter Types that contain this content.

How do I suggest an improvement or change to this content?

As with any Alliance Clinical Content item, there is always room for improvement. We fully anticipate that you will think of ways to improve and advance this content further as you continue to use this in your PCMH workflows.

Suggested Process for Content Change Requests

- **Use the content first, consistently, in your PCMH workflows.** Using the content with real, live patients, in partnership with your clinical care team, will best inform you as a health center on what you want to improve in the content.
- Submit the request to your EHR Team per your standard content request process.
- The EHR Team should review this request with your Medical Director, to ensure that the request meets the needs of your organization as a whole.
- Once this is approved by your Medical Director, submit this request through the Alliance Help Desk.

We look forward to your feedback!

Thank you,
The Alliance of Chicago Clinical Team

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Phone Note	AC: Patient Centered Access & Continuity	A	AC 04: Timely Clinical Advice by Telephone: Provides timely clinical advice by telephone. (Core)	1B4	Document any clinical advice in the “Details” text box and check the “Clinical advice provided” box.
	AC: Patient Centered Access & Continuity	A	AC 05: Clinical Advice Documentation: Documents clinical advice in patient records and confirms clinical advice and care provided after hours does not conflict with patient medical records. (Core)	1B2	Document any clinical advice in the “Details” text box. If the call was after-hours, mark the “after hours” checkbox.

Phone Note | Follow-Up | Follow-Up Cont

Phone Note | DOB: 01/27/1956 | Patient Age: 62 Years Old

☒ Call from Patient ☐ Call from Pharmacy ☐ Call from Other Clinic ☐ Other Incoming Call ☐ Outgoing Call

Ph #1: ☒ Mobile: (928) 000-0000
Ph #2: ☐ Home: (952) 525-5555
Ph #3: ☐
Other Phone Number:

Responsible Provider: **Chris A. Redfern MD**

AC04 & AC05 ☒ after hours
Clinical advice provided during call

Call Received: 03/26/2018 Time: 8:04 PM
 Call Returned: 03/27/2018 Time: 8:25 PM

Caller: Call For:

Reason for Call

☒ Acute illness
☐ Lab/imaging/Test results
☐ Privacy/Consent authorization
☐ Referral
☐ Refill medication
☐ Talk with Nurse
☐ Talk with Provider
☐ Insurance question
☐ Discuss billing issue

Complaint

☐ Abdominal pain
☒ Back pain
☐ Breathing difficulty
☐ Chest pain
☐ Constipation
☐ Cough
☐ Diarrhea
☐ Earache/Ear infection
☐ Fever

Action Taken

☒ Phone call completed
☐ Rx called in
☒ Triage Nurse notified
☒ Provider notified
☐ Appointment scheduled today
☒ Appointment scheduled
☐ Patient advised to go to ER
☐ Patient advised to call 911

Details

Patient is complaining of back pain in lumbar region radiating down both legs with intermittent numbness since Saturday. The pain has been getting worse (pain scale 8/10). Has taken flexeril and Ibuprofen with minimal relief. States she is unable to sit for long periods of time. Last time took medication - yesterday. Has prescription for Voltaren but has not used it. Informed patient to take Voltaren as prescribed, lie down flat surface to eliminate stress on area. Appt scheduled for tomorrow. If pain gets worse and intolerable, advised patient to go to ER.

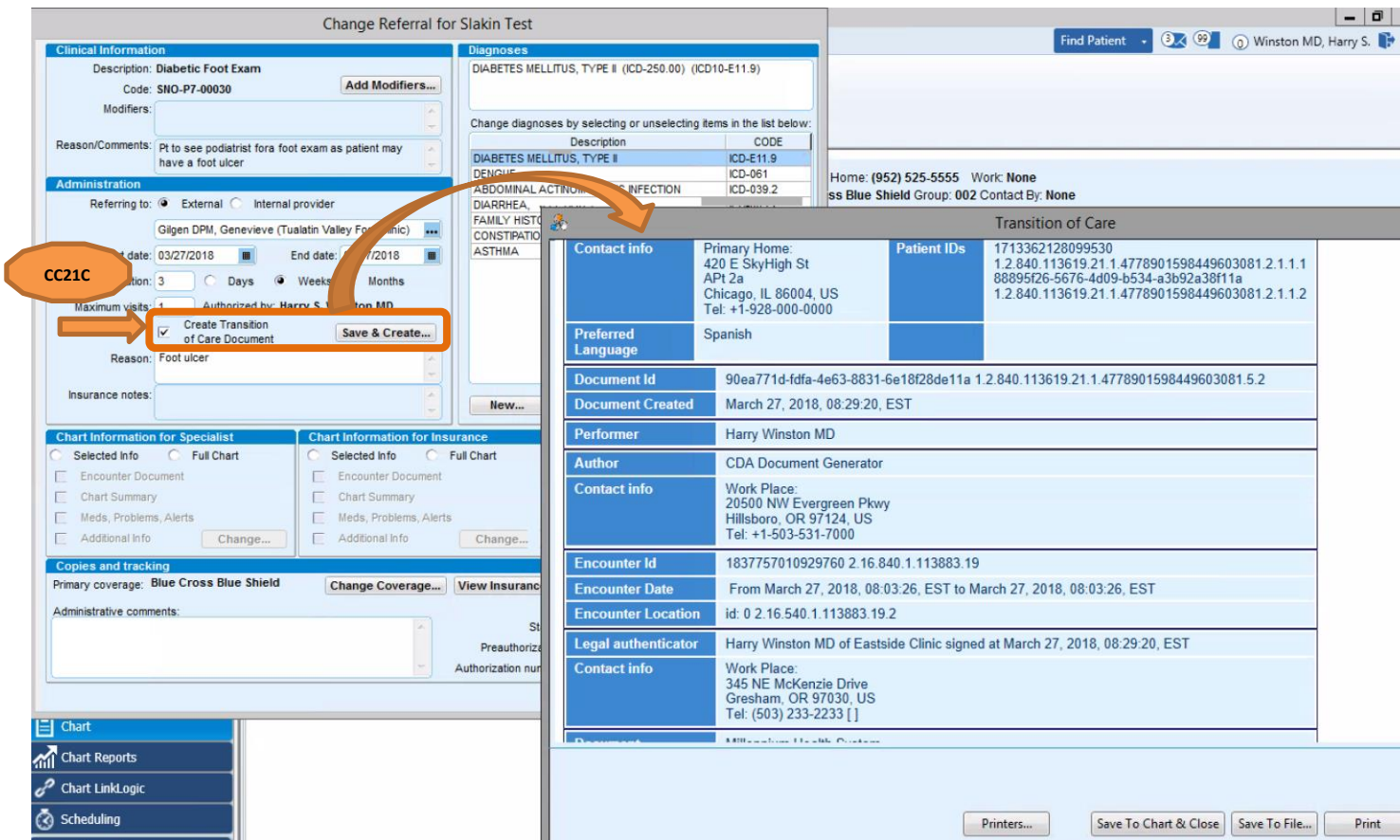
AC04 & AC05

Clinical Advice Provided ☒

Harry S. Winston MD, March 27, 2018 8:13 AM

v2.16 - version date: 04/25/2017 AllianceChicago

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Centricity Referral Orders	CC: Care Coordination and Care Transitions	C	CC 21C: External Electronic Exchange of Information: Demonstrates electronic exchange of information with external entities, agencies, and registries: C. Summary of care record to another provider or care facility for care transitions (1 credit)	5B7	<ul style="list-style-type: none"> This is used when Health Centers are managing their referrals. One way to get there: <ul style="list-style-type: none"> Chart Summary > Orders > Referrals > Change Health Centers set up their Transitions of Care Outbound in the Orders section in the Administration Module. Select the checkbox “Create Transition of Care Document” and hit “Save & Create” button



Change Referral for Slakin Test

Clinical Information
Description: **Diabetic Foot Exam**
Code: **SNO-P7-00030** **Add Modifiers...**
Reason/Comments: Pt to see podiatrist for a foot exam as patient may have a foot ulcer

Administration
Referring to: ☒ External ☐ Internal provider
Gligen DPM, Genevieve (Tualatin Valley Foot Clinic)
Start date: 03/27/2018 End date: 03/27/2018
Maximum visits: 3 ☐ Days ☐ Weeks ☐ Months
Authorized by: Harry S. Winston MD
☒ **Create Transition of Care Document** **Save & Create...**
Reason: Foot ulcer
Insurance notes:

Diagnoses
DIABETES MELLITUS, TYPE II (ICD-250.00) (ICD10-E11.9)
Change diagnoses by selecting or unselecting items in the list below:

Description	CODE
DIABETES MELLITUS, TYPE II	ICD-E11.9
DENGUE	ICD-061
ABDOMINAL ACTINOMYCETOSIS INFECTION	ICD-039.2
DIARRHEA	
FAMILY HISTORY	
CONSTIPATION	
ASTHMA	

Transition of Care

Contact info	Primary Home: 420 E SkyHigh St APT 2a Chicago, IL 86004, US Tel: +1-928-000-0000	Patient IDs	1713362128099530 1.2.840.113619.2.1.1.4778901598449603081.2.1.1.1 88895f26-5676-4d09-b534-a3b92a38f11a 1.2.840.113619.2.1.1.4778901598449603081.2.1.1.2
Preferred Language	Spanish		
Document Id	90ea771d-fdfa-4e63-8831-6e18f28de11a 1.2.840.113619.2.1.1.4778901598449603081.5.2		
Document Created	March 27, 2018, 08:29:20, EST		
Performer	Harry Winston MD		
Author	CDA Document Generator		
Contact info	Work Place: 20500 NW Evergreen Pkwy Hillsboro, OR 97124, US Tel: +1-503-531-7000		
Encounter Id	1837757010929760 2.16.840.1.113883.19		
Encounter Date	From March 27, 2018, 08:03:26, EST to March 27, 2018, 08:03:26, EST		
Encounter Location	id: 0 2.16.540.1.113883.19.2		
Legal authenticator	Harry Winston MD of Eastside Clinic signed at March 27, 2018, 08:29:20, EST		
Contact info	Work Place: 345 NE McKenzie Drive Gresham, OR 97030, US Tel: (503) 233-2233 []		

Chart Information for Specialist
☐ Selected Info ☐ Full Chart
☐ Encounter Document
☐ Chart Summary
☐ Meds, Problems, Alerts
☐ Additional Info **Change...**

Chart Information for Insurance
☐ Selected Info ☐ Full Chart
☐ Encounter Document
☐ Chart Summary
☐ Meds, Problems, Alerts
☐ Additional Info **Change...**

Copies and tracking
Primary coverage: **Blue Cross Blue Shield** **Change Coverage...** **View Insurance**
Administrative comments:

Chart
Chart Reports
Chart LinkLogic
Scheduling

Printers... Save To Chart & Close Save To File... Print

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Pre-Visit Preparation	AC: Patient-Centered Access and Continuity	B	AC 10 Personal Clinician Selection: Helps patients/families/ caregivers select or change a personal clinician. (Core)	2A1	While the documentation of the clinician choice is in the Responsible Provider field, mark the “Choice of provider given.” checkbox in the Provider Choice section to indicate that you gave the patient a choice.
	CC: Care Coordination & Care Transitions	A	CC 01A: Tracks lab tests until results are available, flagging and following up on overdue results CC 01B: Tracks imaging tests until results are available, flagging and following up on overdue results CC 01C: Flagging abnormal lab results, bringing them to the attention of the clinician CC 01D: Flagging abnormal imaging results, bringing them to the attention of the clinician (Core)	5A1, 2, 3-5	CC 01A: <ul style="list-style-type: none"> Document any pertinent notes in the “Lab/Img/Tst Results” field in the Chart Review section. Mark the “Lab, imaging, and test results reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests. CC 01B: <ul style="list-style-type: none"> Document any pertinent notes in the “Lab/Img/Tst Results” field in the Chart Review section. Mark the “Lab, imaging, and test results reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests. CC 01C&D: <ul style="list-style-type: none"> Document any pertinent notes in the “Lab/Img/Tst Results” field in the Chart Review section. Mark the “Lab, imaging, and test results reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests.
	CC: Care Coordination & Care Transitions	B	CC 04C: Tracks referrals until the consultant or specialist’s report is available, flagging and following up on overdue reports. (Core)	5B8	<ul style="list-style-type: none"> Document any pertinent notes in the “Referrals” field in the Chart Review section. Mark the “Referrals reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests.
	CC: Care Coordination & Care Transitions	C	CC 14: Identifying Unplanned Hospital and ED Visits: Systematically identified patients with unplanned hospital admissions and ED visits. (Core)	5C1	Document any pre-visit processes using the “Healthcare History” section.

Pre-Visit Preparation: any chart review performed prior to the day of the office visit.

Use the “Previous” and “Check All” buttons for efficient charting as appropriate.

Preparation | Review | F/U - Appts - Flowsheet

Pre-Visit Preparation DOB: 01/27/1956 **AC10** 62 Years Old

Provider Choice Given: 11/09/2017 Review "Resp Provider" field in Registration. ☒ Choice of provider given **Check**

Provider Care Plan

Risk: Complexity / Risk: Moderate **Previous** **Active Orders** ☐ add to note **Check**

test (02/14/2018) Patient has uncontrolled diabetes and is not compliant with medications

Care Team

Andrew Hamilton - Healthy Start (07/22/2015) **Care Team**

Healthcare History

Hosp: No (11/09/2017) Hospital admission: ☒ Yes ☐ No ☒ Request for health information sent to hospital. **CC14**

Admitted to NW 3/20 (3 days) for Pneumonia r/o

ER/UC: No (11/09/2017) ER/Urgent Care visit: ☐ Yes ☒ No ☒ Request for health information sent to emergency room/urgent care.

See above

HC: No (11/09/2017) Other healthcare provider: ☐ Yes ☒ No ☐ Request for health information sent to other healthcare provider.

ICQA PCMH **Phone Note** **Quality of Care** **Adult Prev Care** **Care Mgmt Plan** **Disease Mgmt Adv**

v1.09 - version date: 12/18/2017 AllianceChicago

Preparation | Review | F/U - Appts - Flowsheet

Pre-Visit Preparation - Review DOB: 01/27/1956 Patient Age: 62 Years Old

Chronic Condition Alert Asthma, Diabetes **?**

Clinical List Review **Prob/Med/All Reconciliation**

Problems Problem List reviewed today ☒

Dengue (ICD-061) (ICD10-A90)
Abdominal actinomycotic infection (ICD-039.2) (ICD10-A42.1)
Diarrhea, infectious (ICD-009.2) (ICD10-A09)
Family history of sudden cardiac death (ICD-V17.41)
Constipation (ICD-564.00) (ICD10-K59.00)
Asthma (ICD-493.90) (ICD10-J45.909)
Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)

Medications Medication List reviewed today, including over-the-counter/herbal/supplement meds ☒

ACETAMINOPHEN EXTRA STRENGTH 500 MG ORAL TABLET (ACETAMINOPHEN) one by mouth every 4 - 6 hours
NASONEB NEBULIZER STARTER (NASAL NEBULIZERS)
MACROBID 100 MG ORAL CAPSULE (NITROFURANTOIN MONOHD MACRO) 1 by mo

Allergies Allergy List reviewed today ☒

No Known Allergies ☒
No Known Allergies (updated 03/27/2018) **CC01A-D**

Chart Review **Previous** **Check All**

Clin Prot: Clinical Protocols: Diabetes exam ☒ Clinical protocols reviewed.

Lab / Img: Lab/Img/Tst Results: Need lipid panel ☒ Lab, imaging, and test results reviewed.

Ref: Referrals: Podiatry ☒ Referrals reviewed.

Ord: Orders: **CC04C**

Oth: Other Notes:

Pre-Visit Preparation ☐ Pre-Visit Preparation completed.

ICQA PCMH **Phone Note** **Quality of Care** **Adult Prev Care** **Care Mgmt Plan** **Disease Mgmt Adv**

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Team Huddles	TC: Team-Based Care and Practice Organization	B	TC 06: Individualized Patient Care Meetings/Communication: Has regular patient care team meetings or a structured communication process focused on individual care plan. (Core)	2D3	<ul style="list-style-type: none"> If you want to use the EHRS to document this process, use this form. Please note that this requires you to conduct a “Team Huddle” visit for each patient’s electronic chart, since Centricity does not allow group documentation that can auto-save to multiple patient charts with one charting of the document. If using the EHRS to document this process, set up the “Team Huddle” form in a separate Document Template and Encounter Type titled with the same name, so that you can then report on how often these were conducted.
	CC: Care Coordination & Care Transitions	A	CC 01A: Tracks lab tests until results are available, flagging and following up on overdue results CC 01B: Tracks imaging tests until results are available, flagging and following up on overdue results CC 01C: Flagging abnormal lab results, bringing them to the attention of the clinician CC 01D: Flagging abnormal imaging results, bringing them to the attention of the clinician (Core)	5A1, 2, 3-5	CC 01A: <ul style="list-style-type: none"> Document any pertinent notes in the “Lab/Img/Tst Results” field in the Chart Review section. Mark the “Lab, imaging, and test results reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests. CC 01B: <ul style="list-style-type: none"> Document any pertinent notes in the “Lab/Img/Tst Results” field in the Chart Review section. Mark the “Lab, imaging, and test results reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests. CC 01C&D: <ul style="list-style-type: none"> Document any pertinent notes in the “Lab/Img/Tst Results” field in the Chart Review section. Mark the “Lab, imaging, and test results reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests.
	CC: Care Coordination & Care Transitions	B	CC 04C: Tracks referrals until the consultant or specialist’s report is available, flagging and following up on overdue reports. (Core)	5B8	<ul style="list-style-type: none"> Document any pertinent notes in the “Referrals” field in the Chart Review section. Mark the “Referrals reviewed.” checkbox in the Chart Review section to indicate that you reviewed these tests.
	CC: Care Coordination & Care Transitions	C	CC 14: Identifying Unplanned Hospital and ED Visits: Systematically identified patients with unplanned hospital admissions and ED visits. (Core)	5C1	Document any pre-visit processes using the “Healthcare History” section.

Team Huddle: any chart review performed the morning of the office visit.

TC06

Team Huddle | Clinical List Review

Team Huddle | DOB: 01/27/1956 | Patient Age: 62 Years Old

Patient Care Information | Last Chief Complaint: chronic disease recheck test (03/02/2018)

Care Team | **Previous**

Name: Team Blue

Members: Dr. Winston - PCP, Karen Iversen - RN, Christina Kim - MA, Jin Nam- Diabetes Educator

Longitudinal Care Plan | **Previous**

test (02/14/2018)

Patient has uncontrolled diabetes and is not compliant with medications

Chronic Condition Alert | Asthma, Diabetes | ?

Chart Review | **Previous** | **CC01A-D** | **Check All**

Clin Prot: Diabetes exam

Lab / Img / Tests: Need lipid panel

Ref: Podiatry

Orders:

Other:

CC04

Other Notes:

☒ Clinical protocols reviewed.

☒ Lab, imaging, and test results reviewed.

☒ Referrals reviewed.

Healthcare History | **Previous** | **CC14** | **Check All**

Hosp: No (11/09/2017)

ER/UC: No (11/09/2017)

HC: No (11/09/2017)

Hospital admission: ☒ Yes ☐ No

Admitted to NW 3/20 (3 days) for Pneumonia r/o

ER/Urgent Care Visit: ☐ Yes ☒ No

See above

Other healthcare provider: ☐ Yes ☒ No

☒ Request for health information sent to hospital.

☒ Request for health information sent to emergency room/urgent care.

☐ Request for health information sent to referral provider, specialist, co-managing provider, or other healthcare provider.

Orders | **Flowsheet** | **Phone Note** | **Care Management Plan** | **Disease Mgmt Advisor**

v1.04 - version date: 12/18/2017 | AllianceChicago

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Initial Intake	KM: Knowing and Managing Your Patients	A	KM 02C: Family/Social/Cultural Characteristics. (Core)	3C	<ul style="list-style-type: none"> Document in the Family Information section on the last tab of the Initial Intake: Review <ul style="list-style-type: none"> Examples: family/household structure, support systems, patient/family concerns Broad consideration should be given to a variety of characteristics (e.g. education level, marital status, unemployment, social support assigned responsibilities) Free text any additional pertinent information in the “Family/Social/Cultural Characteristics” section under Family Information
	KM: Knowing and Managing Your Patients	A	KM 02D: Communication needs. (Core)	3C3	Document any pertinent information in the “Patient Learning & Communication Needs” section.
	KM: Knowing and Managing Your Patients	A	KM 05 Oral Health Assessment and Services: Assesses oral health needs and provides necessary services during the care visit based on evidence-based guidelines or coordinates with oral health partners. (1 credit)		<ul style="list-style-type: none"> Assess oral health by asking patient if patient has seen a dentist within the past year. Document any oral health needs or services provided in the free text box NOTE: This is just ONE area in the content oral health assessment and services can be documented. Other recommendations to document: <ul style="list-style-type: none"> Well Child > Anticipatory Guidance > Oral Health OR Pediatric Physical Exam Assessment & Plan > Problems Area Create an Order for Fluoride Varnish OR Add Fluoride Varnish to the Med Admin Form Oral Health Assessments
	KM: Knowing and Managing Your Patients	A	KM 07 Social Determinants of Health: Understands social determinants of health for patients, monitors at the population level and implements care interventions based on these data. (1 credit)		Capture food insecurity information in the initial intake to meet this SDOH criteria OR access the PRAPARE form directly if you wish to capture another area of SDOH.
	KM: Knowing and Managing Your Patients	D	KM 08: Patient Materials: Evaluates patient population demographic/communication preferences/health literacy to tailor development and distribution of patient materials. (1 credit)		Choose from the drop down and free text any additional health literacy information on the patient in the Comments section
	KM: Knowing and Managing Your Patients	D	KM 14: Medication Reconciliation: Reviews and reconciles medications for more than 80% of patients received from care transitions. (Core)	4C1&4C2	<ul style="list-style-type: none"> Mark a Transition of Care, Inbound in the Transitions of Care section. If checked, a reminder will appear in the form to “Perform Medication Reconciliation” with easy access to the Centricity Medications functionality. Review the patient’s medication list and then document that it was complete by selecting the checkbox, “Medication List reviewed today, including over-the-counter/herbal/supplement meds”
	CC: Care Coordination & Care Transitions	C	CC 14: Identifying Unplanned Hospital and ED Visits: Systematically identified patients with unplanned hospital admissions and ED visits. (Core)	5C1	Document any pre-visit processes using the “Healthcare History” section.

Initial Intake: any documentation not considered a traditional “vital sign” but performed when the patient is roomed.

Intake	Screening	ID/TB	Review																
Initial Intake DOB: 01/27/1956 Patient Age: 62 Years Old																			
Chief Complaint follow-up visit Info from: patient Room #:																			
Infectious Disease- Travel Have you or your sexual partner travelled outside of the country recently? <input type="radio"/> Yes <input checked="" type="radio"/> No																			
Education Education (Spanish) CDC Guidelines																			
<table border="1"> <thead> <tr> <th>Type of Screening</th> <th>Last Screening</th> <th>Today's Documentation</th> <th>Resources</th> </tr> </thead> <tbody> <tr> <td>Smoke Status & Tobacco Use</td> <td>Smoke Status: current every day smoker (01/17/2018) Advised to Quit: 01/17/2018 Tobacco Status:</td> <td>Smoke Status: never smoker Tobacco Use: <input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td>Patient History Adult HM&Ed Adolescent HM&Ed</td> </tr> <tr> <td>Passive Smoke Exposure</td> <td>Passive Smoke: Comments:</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No Add Passive Smoke (Z77.22) to Prob List</td> <td>Adult HM&Ed Adolescent HM&Ed</td> </tr> <tr> <td>Menstrual History</td> <td>LMP: 11/01/2017 (entered on 11/09/2017) LMP History: Definite (11/09/2017) Comments:</td> <td>LMP: <input type="text"/> LMP Hx: Unknown Age at Menarche: 12 <input type="text"/> Age at Menopause: 54 <input type="text"/> Any possibility of pregnancy? <input type="radio"/> Yes <input checked="" type="radio"/> No</td> <td>Menstrual History Labs In-House Verif of Pregnancy</td> </tr> </tbody> </table>				Type of Screening	Last Screening	Today's Documentation	Resources	Smoke Status & Tobacco Use	Smoke Status: current every day smoker (01/17/2018) Advised to Quit: 01/17/2018 Tobacco Status:	Smoke Status: never smoker Tobacco Use: <input type="radio"/> Yes <input checked="" type="radio"/> No	Patient History Adult HM&Ed Adolescent HM&Ed	Passive Smoke Exposure	Passive Smoke: Comments:	<input checked="" type="radio"/> Yes <input type="radio"/> No Add Passive Smoke (Z77.22) to Prob List	Adult HM&Ed Adolescent HM&Ed	Menstrual History	LMP: 11/01/2017 (entered on 11/09/2017) LMP History: Definite (11/09/2017) Comments:	LMP: <input type="text"/> LMP Hx: Unknown Age at Menarche: 12 <input type="text"/> Age at Menopause: 54 <input type="text"/> Any possibility of pregnancy? <input type="radio"/> Yes <input checked="" type="radio"/> No	Menstrual History Labs In-House Verif of Pregnancy
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Healthcare History Since your last office visit... All "No" Previous ?																			
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ER/UC: No (11/09/2017) Admitted to NW 3/20 (3 days) for Pneumonia r/o Have you been to an emergency room (ER) or urgent care? <input type="radio"/> Yes <input checked="" type="radio"/> No																			
HC: No (11/09/2017) See above Have you seen another healthcare provider? <input type="radio"/> Yes <input checked="" type="radio"/> No																			
Dent: No (11/09/2017) Have you seen a dentist? <input checked="" type="radio"/> Yes <input type="radio"/> No Date of Last Visit: 12/05/2018																			
Transitions of Care In: 09/16/2014 <input checked="" type="checkbox"/> Transition of Care, Inbound Perform Medication Reconciliation Review Medications																			
Additional Comments: Sign																			
References: NCQA PCMH CMS MU Joint Commission Care Management Plan																			

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Intake			Screening			ID/TB			Review		
Initial Intake			DOB: 01/27/1956			Patient Age: 62 Years Old					
Clinical List Review											
Problems				Medications				Allergies			
Problem List reviewed today <input checked="" type="checkbox"/>				Medication List reviewed today, including over-the-counter/herbal/supplement meds <input checked="" type="checkbox"/>				Allergy List reviewed today <input checked="" type="checkbox"/>			
No Known Allergies <input checked="" type="checkbox"/> No Known Allergies (updated 03/27/2018)				ACETAMINOPHEN EXTRA STRENGTH 500 MG ORAL TABLET (ACETAMINOPHEN) one by mouth every 4 - 6 hours NASONEB NEBULIZER STARTER (NASAL NEBULIZERS) MACROBID 100 MG ORAL CAPSULE (NITROFURANTOIN MONOHD MACRO) 1 by mouth twice a day LISINOPRIL 10 MG ORAL TABLET (LISINOPRIL) 1 by mouth every day BICILLIN C-R 1200000 UNIT/2ML INTRAMUSCULAR SUSPENSION (PENICILLIN G PROC & BENZATHINE) 1.2 million units IM times one only							
Dengue (ICD-061) (ICD10-A90) Abdominal actinomycotic infection (ICD-039.2) (ICD10-A42.1) Diarrhea, infectious (ICD-009.2) (ICD10-A09) Family history of sudden cardiac death (ICD-V17.41) Constipation (ICD-564.00) (ICD10-K59.00) Asthma (ICD-493.90) (ICD10-J45.909) Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)											
Chart Review				Previous				Check All			
Clin Prot: <input type="text"/> Lab / Img: <input type="text"/> Ref: <input type="text"/> Ord: <input type="text"/> Oth: <input type="text"/>				Clinical Protocols: Diabetes exam Lab/Img/Tst Results: Need lipid panel Referrals: Podiatry Orders: <input type="text"/> Other Notes: <input type="text"/>				<input checked="" type="checkbox"/> Clinical protocols reviewed. <input checked="" type="checkbox"/> Lab, imaging, and test results reviewed. <input checked="" type="checkbox"/> Referrals reviewed.			
Family Information											
Gender Identity: <input type="text"/> Sexual Orientation: <input type="text"/> Spouse/Partner/Significant Other: <input type="text"/> # Adults: <input type="text"/> # Children: <input type="text"/> Other Family Info: <input type="text"/> Family / Social / Cultural Characteristics: <input type="text"/>				Gender Identity: Female Sexual Orientation: Heterosexual Spouse/Partner/Significant Other: Husband- Mark # Adults in Household: 2 # Children in Household: 1 Other Family Info: <input type="text"/> Family / Social / Cultural Characteristics: Patient has strong support system at home- husband takes care of her and				add to note <input type="checkbox"/> Previous			

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Adult CC/HPI Pediatric CC/HPI	KM: Knowing and Managing Your Patients	D	KM 14: Medication Reconciliation: Reviews and reconciles medications for more than 80% of patients received from care transitions. (Core)	4C1&4C2	<ul style="list-style-type: none"> Mark a Transition of Care, Inbound in the Transitions of Care section. If checked, a reminder will appear in the form to “Perform Medication Reconciliation” with easy access to the Centricity Medications functionality. Review the patient’s medication list and then document that it was complete by selecting the checkbox, “Medication List reviewed today, including over-the-counter/herbal/supplement meds”

Adult Chief Complaint/History of Present Illness DOB: 01/27/1956 Patient Age: 62 Years Old

Chief Complaint: follow-up visit

Previous History of Present Illness: Patient was tested for Hep C 5 years ago.

History of Present Illness: Patient is presenting today to the office after being discharged from UC Hospital. She went to the ER on 4/17 complaining of shortness of breath, difficulty breathing, and having a panic attack. She didn't have her asthma medication with her. Her O2 levels kept wavering and CXR showed fluid in her lungs so she was admitted. Patient had multiple nebulizer treatment during her stay and was educated on asthma inhaler usage. Patient was also seen by psych for an assessment due to her anxiety.

☐ brief (1-3 elements) ☐ extended (4 or more elements) ?

Sign

Chronic Condition Alert does not display in text of your note ?
Asthma, Diabetes

Disease Management Advisor **Care Management Plan**

Transitions of Care
☒ Transition of Care, Inbound **KM14**

Vital Signs Review **Adult BP Interpretation** **Vital Signs**

Ht (in.): 68 Wt (lbs.): 200 Prev. Wt (lbs.): 135 (03/02/2018) BMI: 30.52 BMI Interp: **Obese**
Temp (F): 98 O2 Sat: BP: 145 / 99 Pulse: 76 Resp: 30 ☒ Wt Management Education Done

Problems **Medications** **Allergies**

Problem List reviewed today ☒

Dengue (ICD-061) (ICD10-A90)
Abdominal actinomycotic infection (ICD-039.2) (ICD10-A42)
Diarrhea, infectious (ICD-009.2) (ICD10-A09)
Family history of sudden cardiac death (ICD-V17.41) ()
Constipation (ICD-S64.00) (ICD10-K59.00)
Asthma (ICD-493.90) (ICD10-J45.909)
Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)

Medication List reviewed today, including over-the-counter/herbal/supplement meds ☒ **KM14**

ACETAMINOPHEN EXTRA STRENGTH 500 MG TABLETS
NASONEB NEBULIZER STARTER
MACROBID 100 MG ORAL CAPSULE 1 by mouth twice a day
LISINAPRIL 10 MG ORAL TABLET 1 by mouth every day
BICILLIN C-R 1200000 UNIT/2ML INTRAMUSCULAR SUSPENSION
ACCUPRIL 20 MG ORAL TABLET 1 by mouth twice a day

Allergy List reviewed today ☒
No Known Allergies ☒
No Known Allergies (updated 03/27/2018)

v2.20- version date: 09/26/2016 Alliance of Chicago Community Health Services, L3C

Prev Form (Ctrl+PgUp) **Next Form (Ctrl+PgDn)**

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Care Management Plan	CM: Care Management and Support	B	CM04: Person-Centered Care Plans: Establishes a person-centered care plan for patients identified for care management (Core)	4B2	Use the “Provider Care Plan” field to document the treatment goals for the patient.
	CM: Care Management and Support	B	CM05: Written Care Plans: Provides a written care plan to the patient/family/caregiver for patients identified for care management (Core)	4B5	Any self-management goals charted from this form can be printed using the “Print Care Management Plan” button.
	CM: Care Management and Support	B	CM07: Patient Barriers to Goals: Identifies and discusses potential barriers to meeting goals in individual care plans (1 credit)	4B3	Document barriers information in the “Comments/Progress” section of the self-management goals.
	KM: Knowing and Managing Your Patients	D	KM16: New Prescription Education: Assesses understanding and provides education, as needed, on new prescriptions for more than 50% of patients/families/caregivers (1 credit)	4C3	<ul style="list-style-type: none"> Document the providing of new prescription information by marking the “Information on new prescriptions provided to patient/family.” checkbox in the Medication Adherence & Education section. Document any pertinent notes in the “Understanding of meds” field in the Medication Adherence & Education section. Mark the “Assessed patient/family understanding of medications.” checkbox in the Medication Adherence & Education section.
	KM: Knowing and Managing Your Patients	D	KM17: Medication Responses and Barriers: Assesses and addresses patient response to medications and barriers to adherence for more than 50% of patients and dates the assessment (1 credit)	4C5	<ul style="list-style-type: none"> Document any pertinent notes in the “Barriers to taking meds” field in the Medication Adherence & Education section. Mark the “Assessed patient response to medications & potential barriers to adherence.” checkbox in the Medication Adherence & Education section.
	CM: Care Management and Support	A	CM 03: Comprehensive Risk-Stratification Process: Applies a comprehensive risk-stratification process for the entire patient panel in order to identify and direct resources appropriately. (2 credits)		<p>Mark the “Patient risk” checkbox and document additional pertinent information in the free text section.</p> <p>Patient risk is subjective and is the practices discretion to determine how to determine a patient’s risk</p>
	CM: Care Management and Support	B	CM08: Self-Management Plans: Includes a self-management plan in individual care plans (1 credit)	4B4	Use this form to chart self-management plans/goals.
	CM: Care Management and Support	F	KM22: Access to Educational Resources: Provides access to educational resources, such as materials, peer-support sessions, group classes, online self-management tools or programs (1 credit)	4E3	<p>Mark the “Provided self-management tools to record self-care results” checkbox in the Self-Care Assessment section when you provided tools.</p> <p>Mark the “Patient education offered for care management plan support” checkbox in the Self-Care Assessment section when you provided education.</p>

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Assessment & Plan	CM: Care Management and Support	A	CM 03: Comprehensive Risk-Stratification Process: Applies a comprehensive risk-stratification process for the entire patient panel in order to identify and direct resources appropriately. (2 credits)		Mark the “Patient risk” checkbox and document additional pertinent information in the free text section. Patient risk is subjective and is the practices discretion to determine how to determine a patient’s risk
	CM: Care Management and Support	B	CM 05: Written Care Plans: Provides a written care plan to the patient/family/caregiver for patients identified for care management. (Core)	4B5	Click the Print Visit Summary blue button if your practice’s workflow is to document pertinent care management information the Assessment & Plan form or other areas in the clinical content outside of the Care Management Plan form
	KM: Knowing and Managing Your Patients	D	KM 16: New Prescription Education: Assesses understanding and provides education, as needed, on new prescriptions for more than 50% of patients/families/caregivers (1 credit)	4C3	Document providing of new prescription information by marking the “Info. On new rxs provided to pt” checklist

Assessment & Plan		Clinical Visit Summary	
Assessment & Plan		DOB: 01/27/1956	Patient Age: 62 Years Old
Problems Prob. List reviewed today <input checked="" type="checkbox"/> reviewed all		Previous Assessments View Insert Previous	
Inadequate housing~ (ICD-V60.1) (ICD10-Z59.1) Lack of adequate food~ (ICD-V60.2) (ICD10-Z59.4) Dengue~ (ICD-061) (ICD10-A90) Abdominal actinomycotic infection~ (ICD-039.2) (ICD10-A42.1) Diarrhea, infectious~ (ICD-009.2) (ICD10-A09) Family history of sudden cardiac death~ (ICD-V17.41) () Constipation~ (ICD-564.00) (ICD10-K59.00) Asthma~ (ICD-493.90) (ICD10-J45.909)		Problem Details: 04/05/2018 -Instructions: Patients asthma has been getting worse. Advised patient to keep inhaler in her purse at all times so she has easy access to her inhaler when needed 11/11/2016-Unchanged-Continue using ProAir inhaler as needed. Discuss alternate medication if no improvement at next visit.	
Treatment/Plan <input type="radio"/> New <input type="radio"/> Improved <input type="radio"/> Unchanged <input checked="" type="radio"/> Deteriorated		Patient Instruct/Care Plan Remove From Note <input type="checkbox"/>	
For Provider Meds ?		For Patient & Chart Meds ?	
Patients asthma has been getting worse. Advised patient to keep inhaler in her purse at all times so she has easy access to her inhaler when needed		Asthma: Patients asthma has been getting worse. Advised patient to keep inhaler in her purse at all times so she has easy access to her inhaler when needed ----- Developed in collaboration with patient and/or family <input checked="" type="checkbox"/>	
Record Assessments			
Medications Med Admin		Orders	
Med List reviewed today <input checked="" type="checkbox"/> ACETAMINOPHEN EXTRA STRENGTH 500 MG ORAL TABLET NASONEB NEBULIZER STARTER MACROBID 100 MG ORAL CAPSULE LISINAPRIL 10 MG ORAL TABLET		OV Code Entered Ofc Vst, Est Level IV [CPT-99214]	
Refills Info. on new rx's provided to pt. <input checked="" type="checkbox"/>		Follow-Up Further workup planned <input checked="" type="checkbox"/> Return to clinic: in 2 weeks For: asthma Additional Follow-up: patient to also follow up for diabetes	
Allergies Allergy List reviewed today <input checked="" type="checkbox"/> No Known Allergies <input type="checkbox"/> No Known Allergies (updated 03/27/2018)		Plan Comments: KM16	
Self-Management Goals		Care Management Plan CM05 2018	
-Keep asthma inhaler in purse at all times and use when having an asthma attack. -Walk 3x/week for at least 30 minutes		Print Clinical Visit Summary english Clinical Visit Summary Completed Pt Declined CVS <input type="checkbox"/> Other form of CVS given <input type="checkbox"/>	
Protocols FLU VAX, FUNDUSCOPY, DIAB FOOT CK, ALBUMIN URIN, TSH, CREATININE, TD BOOSTER, MAI		Process Lab Orders	

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
PRAPARE	KM: Knowing and Managing Your Patients	A	<p>KM 02C: Family/Social/Cultural Characteristics: Evaluates social and cultural needs, preferences, strengths and limitations. Examples include family/household structure, support systems, and patient/family concerns. Broad consideration should be given to a variety of characteristics (e.g., education level, marital status, unemployment, social support, assigned responsibilities). (Core)</p> <p>KM 02F: Social Functioning: Assesses a patient's ability to interact with other people in everyday social tasks and to maintain an adequate social life. May include isolation, declining cognition, social anxiety, interpersonal relationships, activities of independent living, social interactions, and so on. (Core)</p>	3C	<p>KM 02C: Documentation in the Sociodemo/Socioecon tab- Family & Home section and documentation in the Money/Resources tab – Money & Resources section meet this criteria.</p> <p>KM 02F: Under the Psychosocial Assets tab of the PRAPARE form, ask the questions in the Social and Emotional Health section regarding social interaction and stress.</p>
	KM: Knowing and Managing Your Patients	A	KM 07 Social Determinants of Health: Understands social determinants of health for patients, monitors at the population level and implements care interventions based on these data. (2 credits)		The entire PRAPARE form highlights the different areas of social determinants of health.

KM07

Review Sociodemo/Socioecon Money/Resources Psychosocial Assets

PRAPARE DOB: 01/27/1956 Patient Age: 62 Years Old

(remove PRAPARE text from note)

Sociodemographic Characteristics Add to Note ✓

Race: Filipino, Undetermined Ethnicity: Other or Undetermined Preferred Language: Spanish

At any point in the last 2 years, has season or migrant work been your or your family's main source of income? No ?

Veteran Status: No

Family and Home Add to Note ✓

Address: 420 E SkyHigh St
APT 2a
Chicago, IL 86004

Number of people in your household: 3 ?

Monthly family income: \$100000 ?

What is your housing situation today? I have housing ?

Are you worried about losing your housing? No

Orders Care Management Plan Care Coordination Summary Enabling Services

Review Sociodemo/Socioecon **Money/Resources** Psychosocial Assets

PRAPARE DOB: 01/27/1956 Patient Age: 62 Years Old

Money and Resources (Previous) Add to Note ✓

high school graduate (04/02/2018)

No (04/02/2018)

Yes (04/02/2018)

What is the highest level of school that you have finished? high school graduate

Employed? Yes No

Are you seeking work? Yes No

Insurance: Blue Cross Blue Shield

Detailed Insecurities

DONE (04/02/2018)

Admits insecurity: food, utilities, clothing, child care, phone, yes

In the past year, have you / any family members you live with been unable to get any of the following when it was really needed?

Food: Yes No Clothing: Yes No

Utilities: Yes No Phone: Yes No

Child care: Yes No Legal services: Yes No

Other: Yes No

In the past year, have you had trouble affording costs associated with health insurance (such as deductibles, co-payments, etc.)? Yes

Yes (04/02/2018)

Add Unemployment, Unspecified (Z56.0) to Problem List

Add Lack of Adequate Food (Z59.4) to Problem List

Add Inadequate Housing (Z59.1) to Problem List

Orders Care Management Plan Care Coord Summary Enabling Services Nutrition Assessment

Review	Sociodemo/Socioecon	Money/Resources	Psychosocial Assets
PRAPARE DOB: 01/27/1956 Patient Age: 62 Years Old			
Social and Emotional Health		Previous Add to Note <input checked="" type="checkbox"/>	
1 or 2 times a week (11/14/2017)		How often do you see or talk to people that you care about and feel close to? 1 or 2 times a week	
Very much (11/14/2017)		Add Problem r/t Primary Care, Unspecified (Z63.9) to Problem List	
		How stressed are you? Very much	
Additional Optional Domains		Previous Add to Note <input checked="" type="checkbox"/>	
Yes (11/14/2017)		In the past 3 months, have you spent more than 2 nights in a row in a jail, prison, detention center or juvenile correctional facility? No	
Yes - medical (11/14/2017)		Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Yes - medical	
mental health care (11/14/2017)		In the past year, have you had trouble getting any of the following when it was really needed (check all that apply)?	
Yes - with health care costs (11/14/2017)		<input type="checkbox"/> health insurance <input type="checkbox"/> medical care <input checked="" type="checkbox"/> dental care <input type="checkbox"/> mental health care	
Yes (11/14/2017)		<input type="checkbox"/> none <input type="checkbox"/> I choose not to answer this question	
Argentina (11/14/2017)		In the past year, have you had trouble paying the costs associated with health care or medicine (such as co-payments, costs for services, prices of medicines)? Yes - with both HC and medicine	
Unsure (11/14/2017)		Are you a refugee? Yes	
Yes (11/14/2017)		Country of origin: Argentina	
		Do you feel physically and emotionally safe where you live? Yes	
		In the past year, have you been afraid of a partner, ex-partner? Yes	
Orders Care Mgmt Plan Care Coord Summ Enabling Services HITS Pt Stress Quest			

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Patient History	KM: Knowing and Managing Your Patients	A	<p>KM 02A: Medical history of patient and family. (Core)</p> <p>KM 02B: Mental health/substance use history of patient and family. (Core)</p> <p>KM 02C: Family/social/cultural characteristics. (Core)</p>	3C	<p>KM 02A: Collect patient and family medical history in the Patient History Form. You can collect directly on the Summary tab and if you need additional options go into the specific tabs (Med Hx & Family Hx)</p> <p>KM 02B: Collect patient and family behavioral health history in the medical Hx tab and Family Hx tabs</p> <p>KM 02C: Under the Socs Pers Hx Tab, document any information regarding family/social/cultural characteristics in the Relationship & Family, Residence, & Work & Education sections. Additional documentation can be free texted in the “Other information” section</p>

Summary Med Hx Surg Hx Fam Hx Soc Pers Hx Abuse Hx

Patient History DOB: 01/27/1956 Patient Age: 62 Years Old Reviewed All

Medical History No Known Expanded Detail
Last updated today reviewed today

Asthma
Cancer - Breast
Cancer - Colorectal
Coronary artery disease
Depression
Diabetes - Type II
High cholesterol
Hypertension
Hypothyroidism
Liver disease
Osteoarthritis

KM02A-B

Denies: ☐ include in note

Add Curr Prob Rx of Prob

Surgical History No Known Expanded Detail
Last updated today reviewed today

CABG
Cesarean section
Hysterectomy (Comp)
Hysterectomy (Partia)
Lumpectomy
Mastectomy - B
Mastectomy - L
Mastectomy - R
Prostate surgery
Tonsillectomy
Total knee
Total hip
Stent placement

KM02A-B

Denies: ☐ include in note

Add Rx of Prob

Family History No Known Expanded Detail
Last updated today reviewed today

Cancer - Breast
Cancer - Colorectal
Diabetes
Heart disease
Hypertension

Mother
Father
Brother
Sister
Maternal Grandmother
Maternal Grandfather
Paternal Grandmother
Paternal Grandfather
Unknown Relative

KM02A-B

Denies: ☐ include in note

Add

Social/Personal History No Known Expanded Detail
Last updated today reviewed today

Dating
Homeless. Born in Afghanistan. Birth State: AZ.
Employed.

Smoking never smoker (03/27/2018)

Alcohol Previously (04/20/2018)

Drugs Previously (04/20/2018)

Denies: ☐ include in note

Add

v2.18 - version date: 07/25/2016 Alliance of Chicago Community Health Services, LLC

Summary Med Hx Surg Hx Fam Hx Soc Pers Hx Abuse Hx

Social / Personal History DOB: 01/27/1956 Patient Age: 62 Years Old Summary

updated today reviewed today

Relationships & Family Relationship status: Married Since: 1980
Spouse/Partner/Significant Other: Matthew

Residence Homeless? ☐ Yes ☒ No Country of origin: Argentina
Birth City: State: AZ

Work & Education Employed? ☐ Yes ☒ No
Occupation: Food service worker Since: Highest ed level: high school graduate

Sexual History/Information Sex @ birth: Female Sexual orientation: Heterosexual
Gender identity, self: Female
Gender identity, partner(s): Husband
Age 1st sex: Sexually active? ☒ Yes ☐ No

KM02C

will overwrite (Update)

Other Information (hobbies, religion, pets, etc.): Previous Travel: Pts culture/religion does not allow her to get any blood transfusions

Smoking Previous never smoker (03/27/2018) Smoking Status: Comments: Advised to Quit/Tobacco Education: ☐ Yes

Alcohol Previous Alcohol Use: Previously Year Quit: Comments: Alcohol Education: ☐ given

Drugs Previous Drug Use: Previously Date Quit: Comments: Drug Education: ☐ given

Adult HM & Ed DAST

Summary **Med Hx** Surg Hx Fam Hx Soc Pers Hx Abuse Hx

Medical History DOB: 01/27/1956 Patient Age: 62 Years Old Summary

Most Common Conditions

- ☐ Asthma
- ☐ Cancer - Breast
- ☐ Cancer - Colorectal
- ☐ Coronary artery disease
- ☐ Depression
- ☐ Diabetes - Type II
- ☐ High cholesterol
- ☐ Hypertension
- ☐ Hypothyroidism
- ☐ Liver disease
- ☐ Osteoarthritis

Medical History Last updated today ☒ reviewed today

Asthma
Hypertension
Anxiety

Problem List Update Problems

- ☐ HIV-1 AIDS
- ☐ Chronic systolic (congestive) heart failure
- ☐ Depression - single episode - unspecified
- ☐ Tobacco use
- ☐ Unemployment - Unspecified
- ☐ Inadequate housing
- ☐ Lack of adequate food
- ☐ Dengue
- ☐ Abdominal actinomycotic infection
- ☐ Diarrhea - infectious
- ☐ Family history of sudden cardiac death
- ☐ Constipation
- ☐ Asthma
- ☐ Diabetes mellitus - type II

Denies: ☐ include in note

Clinical Category

- ☐ Cardiovascular
- ☐ Respiratory
- ☐ Cancer/Blood Disorders
- ☐ Endocrine/Autoimmune Disorders
- ☐ ENT/Ophthalmology
- ☐ Skin
- ☐ Musculoskeletal
- ☐ GVLiver
- ☐ Nephrology/Genitourinary
- ☐ Neurology/Sleep
- ☒ Behavioral Health/Developmental Disorders
- ☐ Obstetrics
- ☐ Gynecology
- ☐ Infectious Diseases

Behavioral Health/Developmental Disorders

- ☐ ADHD
- ☐ Alcohol abuse
- ☒ Anxiety
- ☐ Autism
- ☐ Bipolar disorder
- ☐ Birth defects
- ☐ Depression
- ☐ Mental retardation
- ☐ Panic attacks
- ☐ PTSD
- ☐ Schizophrenia
- ☐ Substance abuse
- ☐ Domestic violence/abuse
- ☐ Suicide attempts

OB Past Preg Hx

Add **Add & Current Prob** **Add & Hx of Prob**

Summary Med Hx Surg Hx **Fam Hx** Soc Pers Hx Abuse Hx

Family History DOB: 01/27/1956 Patient Age: 62 Years Old Summary

Most Common Conditions

- ☐ Cancer - Breast
- ☐ Cancer - Colorectal
- ☐ Diabetes
- ☐ Heart disease
- ☐ Hypertension

Family History Last updated today ☒ reviewed today

Heart disease (Mother, Father)
Cancer - Breast (Mother)
Depression (Brother)

Parent Status ☐ include in note

Mother / Parent 1: Father / Parent 2:

Denies: ☐ include in note

☐ Patient is adopted.

Clinical Category

- ☐ Cardiovascular/Respiratory
- ☐ HEENT
- ☐ Cancer/Blood Disorders
- ☐ Endocrine/Autoimmune/MSK Disorders
- ☐ Gastrointestinal/Genitourinary (GI/GU)
- ☐ Neurology
- ☒ Behavioral Health/Developmental Disorders
- ☐ Genetic History

Family Members

- ☐ Mother
- ☐ Father
- ☒ Brother
- ☐ Sister
- ☐ Maternal Grandmother
- ☐ Maternal Grandfather
- ☐ Paternal Grandmother
- ☐ Paternal Grandfather
- ☐ Unknown Relative

Behavioral Health/Developmental Disorders

- ☐ ADHD
- ☐ Anxiety
- ☐ Asperger's
- ☐ Autism
- ☐ Bipolar disorder
- ☐ Birth defects
- ☒ Depression
- ☐ Down's syndrome
- ☐ Panic attacks
- ☐ Schizophrenia
- ☐ Suicide attempts
- ☐ Substance abuse

Add

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Well Child Care	KM: Knowing and Managing Your Patients	A	KM 02H: Comprehensive Health Assessment- Developmental screening using a standardized tool. (Core)	3C	Well Child Care Form – Screening Tab: Select ASQ and complete the cut off and scores as needed for newborns through 30 months. If there are no established risk factors or parental concerns, screens are done by 24 months. Indicate in the Comments box the results.
	KM: Knowing and Managing Your Patients	A	KM 05: Oral Health Assessment and Services: Assesses oral health needs and provides necessary services during the care visit based on evidence-based guidelines or coordinates with oral health partners. (1 credit)		In the Anticipatory Guidance, complete the Oral Health section and assess any oral health needs. Check the “Areas of Concern” box to populate the free text and document services or referrals made to oral health partners.
	KM: Knowing and Managing Your Patients	F	KM 23: Oral Health Education: Provides oral health education resources to patients. (1 credit)		In the Anticipatory Guidance, complete the Oral Health section and assess any oral health needs. Check the “Ed Done” box and “Areas of Concern” box to populate the free text and document any educational resources provided to the patient.

Summary | Intake | History | Review | Standard PE | Expanded Detail | **Anticip Guid**

WCC 12 Months - Anticipatory Guidance DOB: 02/10/2017 Patient Age: 14 Months Old

Area of Concern?

Development & Behavior *ed done*

- ☒ Sleep location
- ☒ Sleep importance
- ☒ Daily routines
- ☒ Learning & developing
- ☒ Limit the word 'no'
- ☒ Nap & bedtime
- ☒ Weight gain & growth spurts

Health Promotion *ed done*

- ☒ Sun exposure & sunscreen
- ☒ No TV

Communication skills

Nutrition *ed done*

- ☒ Adequate calcium
- ☒ Consistency in meals & snacks
- ☒ Elimination
- ☒ Encourage proper nutrition
- ☒ Iron-fortified formula
- ☒ Safe foods
- ☒ Self-feeding

Oral Health *ed done*

- ☒ Brush teeth twice daily
- ☒ First dentist visit
- ☒ No sharing of utensils/pacifier
- ☒ When to use bottle & baby bottle tooth decay

Parental & Family Well-Being *ed done*

- ☒ Domestic violence
- ☒ Family adjustment & functioning
- ☒ Family activities, time, & traditions
- ☒ Age-appropriate discipline & limits
- ☒ Time for self
- ☒ Time for spouse/partner

Safety & Risk Reduction *ed done*

- ☒ Burns prevention
- ☒ Choking prevention
- ☒ Safe navigation

Water safety/drowning prevention

Car safety seat

Gun safety

Carbon monoxide detectors

Smoke detectors

Smoke-free environment

Walkers

Kitchen safety

Crib safety

Home safety & emergency plan

Social Development *ed done*

- ☒ General social development
- ☒ Community activities & involvement

Has not started brushing

Dental visit recommended

KM05 & KM23

Patient Education / [Print BF Handout English](#)

Summary | Immunizations | Bright Futures Recs | **Screening Scores**

Pediatric Screening Scores DOB: 12/13/2016 Patient Age: 16 Months Old

View: ASQ

KM02H

Ages & Stages Questionnaire (ASQ) *add to note*

Age of Questionnaire: 16 Months

Communication - Cutoff:	Score:	Communication - Cutoff:	Score:
17.4	50	17.4	50
Gross Motor - Cutoff:	Score:	Gross Motor - Cutoff:	Score:
25.6	50	25.6	50
Fine Motor - Cutoff:	Score:	Fine Motor - Cutoff:	Score:
23	50	23	50
Problem Solving - Cutoff:	Score:	Problem Solving - Cutoff:	Score:
22.6	60	22.6	60
Personal/Social - Cutoff:	Score:	Personal/Social - Cutoff:	Score:
23	40	23	40

Comments: Normal

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Adult HM & Ed	KM: Knowing and Managing Your Patients	A	KM 02E: Behaviors affecting health- Assesses risky and unhealthy behaviors that go beyond physical activity, alcohol consumption and smoking status and may include nutrition, oral health, dental care, risky sexual behavior and secondhand smoke exposure. (Core)	3C	In the Drugs/Tobac tab of the Adult HM & Ed, practices can document second hand smoke exposure information In the Diet/Exercise tab of the Adult HM & Ed, practices can document nutrition information.

Review Alcohol **Drugs/Tobac** Diet/Exercise Health Ed Safety Mental Status

Drugs and Tobacco DOB: 01/27/1956 Patient Age: 62 Years Old

Drug use: Smoking Status: never smoker (03/27/2018)

Passive Smoke Exposure: No (04/13/2018 10:44:48 AM) Passive Smoke Exposure: ☒ Yes ☐ No

Passive Smoke Exposure Comments: Patient's husband has been a heavy smoker for the past 15 years **KM02E**

☒ **Drugs** ☐ Tobacco **Health Maintenance Handouts**

Use Drugs?

Drugs

Family history of substance abuse:

Family history of substance abuse? ☐ Yes ☐ No ☒ Unknown

Comments:

Review Alcohol Drugs/Tobac **Diet/Exercise** Health Ed Safety Mental Status

Diet and Exercise DOB: 01/27/1956 Patient Age: 62 Years Old

Exercise **Health Maintenance Handouts**

Activity: walking Days per wk: 3 Advise patient to exercise regularly Education: ☐ done

Diet **KM02E** Number of meals per day: 4

1500mg/day Calcium: ☐ Yes ☒ No **?** Advise patient to increase lowfat dairy products or take calcium Education: ☒ done

8mg/day Iron: ☒ Yes ☐ No **?**

Fat: < 65gm/day: ☐ Yes ☒ No Advise patient to reduce high fat foods. Education: ☒ done

Fiber: 25mg/day ☒ Yes ☐ No **?**

Do you drink caffeine? ☒ Yes ☐ No Advise patient to decrease caffeine. Education: ☒ done

Number of caffeinated drinks per day (8 oz or soda):

Do you have enough money for food? ☐ Yes ☒ No Inadequate resources for purchasing food Education: ☒ done

Weight Recent weight change? ☒ Yes ☐ No **?** Recent weight change of +/- 10 pounds Education: ☒ done

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Preventative Care Form	KM: Knowing and Managing Your Patients	E	KM 20: Implements clinical decision support following evidence-based guidelines for care of (Practice must demonstrate at least four criteria): A. Mental health condition. B. Substance use disorder. C. A chronic medical condition. D. An acute condition. E. A condition related to unhealthy behaviors. F. Well child or adult care. G. Overuse/appropriateness issues. (Core)	3E1, 2-6	The Adult Preventative Care form provides clinical decision support once the protocols are calculated and indicates if a patient is due for a specific service. Complete the recommended criteria to calculate the protocols. Use the Summary tab for a quick reference and clinic on the view button or each additional tab at the top to direct you to specific forms.

KM 20

Summary | Immunizations | Cancer | Lung Ca Scrn | STIs | Screening | Labs/Meds/Other

Adult Preventive Care

DOB: 01/27/1956 Patient Age: 62 Years Old

Chronic Condition Alert

Asthma, Diabetes, HIV, Depression

Recalculate Protocols

Always Click Recalculate Button To Update Protocol Status

Recommendation Criteria:

Age: 62 Sex: Female Tobacco User: No Sexually Active: Yes

At Risk: No

All Patient Protocols Calculated and Reviewed: ☒

Protocol	Recommendation	Protocol	Recommendation
Immunizations			
Influenza	Due ? View	Pneumococcal - PPSV	Exclusion ? View
Tdap	Due ? View	Shingles	Protocol Satisfied ? View
USPS Protocols			
Blood Pressure	Due ? View	All protocols based on Exclusions yearly	
Colorectal CA Scrn	Protocol Satisfied ? View		
Mammogram	Due ? View		
Counseling STIs	Protocol Satisfied ? View		
Depression Scrn	Protocol Satisfied ? View		
Tobacco Scrn	Due ? View		
Alcohol Scrn	Due ? View		
Lipid Panel	Protocol Satisfied ? View		
Aspirin	Due ? View		
Counseling Nut/Phys Act	Protocol Satisfied ? View		
HBSAg	Due ? View		
Hep C Scrn	Due ? View		

Medications

Orders

USPS Task Force A and B Recommendations

v2.11- version date: 03/26/2018

AllianceChicago

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
GAD	KM: Knowing and Managing Your Patients	A	KM 04A: Conducts behavioral health screenings and/or assessments using a standardized tool-Anxiety. (1 credit)		Complete the GAD form for the patient and calculate the score. Provide necessary follow up based on the results

KM 04A

Generalized Anxiety Disorder 7-Item Screening (GAD-7)
DOB: 01/27/1956
Patient Age: 62 Years Old

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	Over half the days	Nearly every day
0 (03/27/2018) Feeling nervous, anxious, or on edge:	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
0 (03/27/2018) Not being able to stop or control worrying:	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Worrying too much about different things:	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input checked="" type="radio"/> 3
Trouble relaxing:	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Being so restless that it's hard to sit still:	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Becoming easily annoyed or irritable:	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3
Feeling afraid as if something awful might happen:	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

How difficult have these made it for you to do your work, take care of things at home, or get along with other people?

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="radio"/> 0	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Calculate Score

Previous Info
GAD-2 Score: 0 (03/27/2018)
GAD-7 Score:
Functional Impairment:
Recommendation:

Today's Info
GAD-2 Score: 2
GAD-7 Score: 10
Functional Impairment: Somewhat difficult
Recommendation: Moderate anxiety

Orders
Problems
Medications

Reference: Spitzer, RL, Kroenke, K, Williams, JBW, Lowe, B. (2006 May 22). A brief measure for assessing generalized anxiety disorder - the GAD-7. Archives of Internal Medicine, 166(5), 1092-7.

v1.00 - version date: 07/29/2013 Alliance of Chicago Community Health Services, L3C

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
AUDIT	KM: Knowing and Managing Your Patients	A	KM 04B: Conducts behavioral health screenings and/or assessments using a standardized tool- Alcohol use disorder. (1 credit)		Complete the AUDIT form and calculate the score & interpretation. Provide any necessary follow up based on the results.

AUDIT

DOB: 01/27/1956 Patient Age: 62 Years Old

KM 04B

☐ Remove AUDIT from chart note

How often do you have a drink of alcohol? 2-4 times a month

How many drinks containing alcohol do you have on a typical day when you are drinking? 1 or 2

How often do you have four or more drinks on one occasion? Less than monthly

Sub-Score (#2 and #3): 1

In the last year, how often have you...

Found that you were not able to stop drinking once you had started? Less than monthly

Failed to do what was normally expected of you because of drinking? Never

Needed a first drink in the morning to get yourself going after a heavy drinking session? Less than monthly

Had a feeling of guilt or remorse after drinking? Never

Been unable to remember what happened the night before because you had been drinking? Less than monthly

Have you or someone else been injured because of your drinking? Yes, but not in the last year

Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? Yes, but not in the last year

Previous Results

☐ Add to Note

Score:

Interpretation:

Today's Results

Calculate Score & Interpretation

Score: 10

Interpretation: Brief Intervention

Sign

Harry S. Winston MD, May 1, 2018 8:18 AM

Orders

Add Positive AUDIT (ICD V79.1) to Problem List

Add Alcohol Use (ICD 305.00) to Problem List

References: AUDIT developed by the World Health Organization 1982

AUDIT

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
DAST	KM: Knowing and Managing Your Patients	A	KM 04C- Conducts behavioral health screenings and/or assessments using a standardized tool- Substance use disorder. (1 credit)		Complete the DAST form and calculate the score & interpretation. Provide any necessary follow up and treatment based on the results.

DAST

DOB: 01/27/1956 Patient Age: 62 Years Old

KM 04C

☐ Remove DAST from chart note

In the past year...

Have you used drugs other than those required for medical reasons? ☒ Yes ☐ No

Do you abuse more than one drug at a time? ☐ Yes ☒ No

Are you always able to stop using drugs when you want to? ☒ Yes ☐ No

Have you ever had blackouts or flashbacks as a result of drug use? ☐ Yes ☒ No

Do you ever feel bad or guilty about your drug use? ☒ Yes ☐ No

Does your spouse (or parents) ever complain about your involvement with your drugs? ☒ Yes ☐ No

Have you neglected your family because of your use of drugs? ☒ Yes ☐ No

Have you engaged in illegal activities in order to obtain drugs? ☐ Yes ☒ No

Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? ☒ Yes ☐ No

Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? ☐ Yes ☒ No

Previous Results

☐ Add to Note

Score:

Interpretation:

Today's Results

Calculate Score & Interpretation

Score:

Interpretation:

Sign

Harry S. Winston MD, May 1, 2018 8:20 AM

Orders

Add Positive DAST (ICD-305.9) to Prob List

Add Drug Use (ICD-305.9) to Prob List

References: Harvey A Skinner, Department of Public Health Science, University of Toronto

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
HEEADSSS	KM: Knowing and Managing Your Patients	A	KM 04D: Conducts behavioral health screenings and/or assessments using a standardized tool- Pediatric behavioral health screening. (1 credit)		In the HEEADSSS form, click on the very last tab labeled “Suic/MH” to assess your pediatric patient’s behavioral health status. Conduct any necessary follow up based on the patient’s response.

Risk Asmt Home Education Eating Activities Drugs Safety Sex **Suic/MH**

Psychosocial Risks - Suicidality/Mental Health DOB: 01/18/2001 Patient Age: 17 Years & 3 Months Old

KM 04D

confidentiality discussed with teen ☐ with parent(s) ☐

[Previous](#) [Remove from note](#)

Depression: ☒ Yes ☐ No
Details: pt has been diagnosed with depression in 2016 [PHQ-A](#) [PHQ-9](#)

Anxiety: ☒ Yes ☐ No
Details: Anxious about applying to colleges [GAD-7](#)

Suicide ideation: ☒ Yes ☐ No
Suicide means: ☐ Yes ☒ No
Suicide plan: ☒ Yes ☐ No
Details: [Suicide Addendum](#)

History of psychologic counseling: ☒ Yes ☐ No
Details: pt has seen a psychiatrist in the past for suicide thoughts [Mental Status](#)

[Previous](#)

Other mental health diagnosis:
Counseling/Recommendations:
[Return to Risk Assessment](#) [Well Child Care](#) [WCC 9-10 Years](#) [WCC 11-14 Years](#) [WCC 15-21 Years](#) [Adol HM&Ed](#)

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Primary Care Post-Traumatic Stress Disorder Screen	KM: Knowing and Managing Your Patients	A	KM 04E: Conducts behavioral health screenings and/or assessments using a standardized tool- Post Traumatic Stress Disorder. (1 credit)		Complete the PC-PTSD Screening questionnaire to obtain the score. Provided any necessary follow up base don the results.

KM 04E

Primary Care Post-Traumatic Stress Disorder Screen

DOB: 01/27/1956 Patient Age: 62 Years Old

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

Have had nightmares about it or thought about it when you did not want to? ☒ Yes ☐ No

Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? ☒ Yes ☐ No

Were constantly on guard, watchful, or easily startled? ☒ Yes ☐ No

Felt numb or detached from others, activities, or your surroundings? ☒ Yes ☐ No

[Add PTSD \(ICD-309.81\) to Problem List](#)

Previous Results

☐ Add to Note

Score:

Today's Results

PC-PTSD Score:

Harry S. Winston MD, May 1, 2018 8:21 AM

Previous Trauma Type

☐ Add to Note

Trauma Type

Patient Stress Questionnaire

PHQ-9

GAD-7

AUDIT

Prins, A., Ouimette, P., Kimerling, R., Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., Thrallkill, A., Gusman, F.D., Sheikh, J. I. (2003). (PDF) The primary care PTSD screen (PC-PTSD): development and operating characteristics. Primary Care Psychiatry, 9, 9-14.

SAMHSA

Content Name	2017 PCMH Concept	2017 PCMH Competency	2017 PCMH Criteria	2014 Crosswalk	Workflow Notes
Adult ADHD	KM: Knowing and Managing Your Patients	A	KM 04F: Conducts behavioral health screenings and/or assessments using a standardized tool- Adult ADHD. (1 credit)		Complete the Adult ADHD form and calculate the score. Provide any necessary follow up based on the results.

KM 04F

Adult ADHD

DOB: 12/13/2016

Patient Age:

As you answer each question, select the correct number that best describes how you have felt and conducted yourself over the past 6 months.

☒ A
 ☐ B

0 - Never 1 - Rarely 2 - Sometimes 3 - Often 4 - Very Often

- How often do you make careless mistakes when you have to work on a boring or difficult project?
☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4
- How often do you have difficulty keeping your attention when you are doing boring or repetitive work?
☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4
- How often do you have difficulty concentration on what people say to you, even when they are speaking to you directly?
☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4
- How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?
☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4
- How often do you have difficulty getting things in order when you have to do a task that requires organization?
☐ 0 ☐ 1 ☐ 2 ☒ 3 ☐ 4
- When you have a task that requires a lot of thought, how often do you avoid or delay getting started?
☐ 0 ☒ 1 ☐ 2 ☐ 3 ☐ 4
- How often do you misplace or have difficulty finding things at home or at work?
☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4
- How often are you distracted by activity or noise around you?
☐ 0 ☐ 1 ☐ 2 ☒ 3 ☐ 4
- How often do you have problems remembering appointments or obligations?
☐ 0 ☐ 1 ☒ 2 ☐ 3 ☐ 4

Next

Part A 18

Previous Result

Add to Note ☐

Scores: A: B:

Interpretation

Comments:

Today's Result

Score ASRS ADHD

A: 18 B: 0

Interpretation Likely to have ADHD

Comments:

Screening Gateway