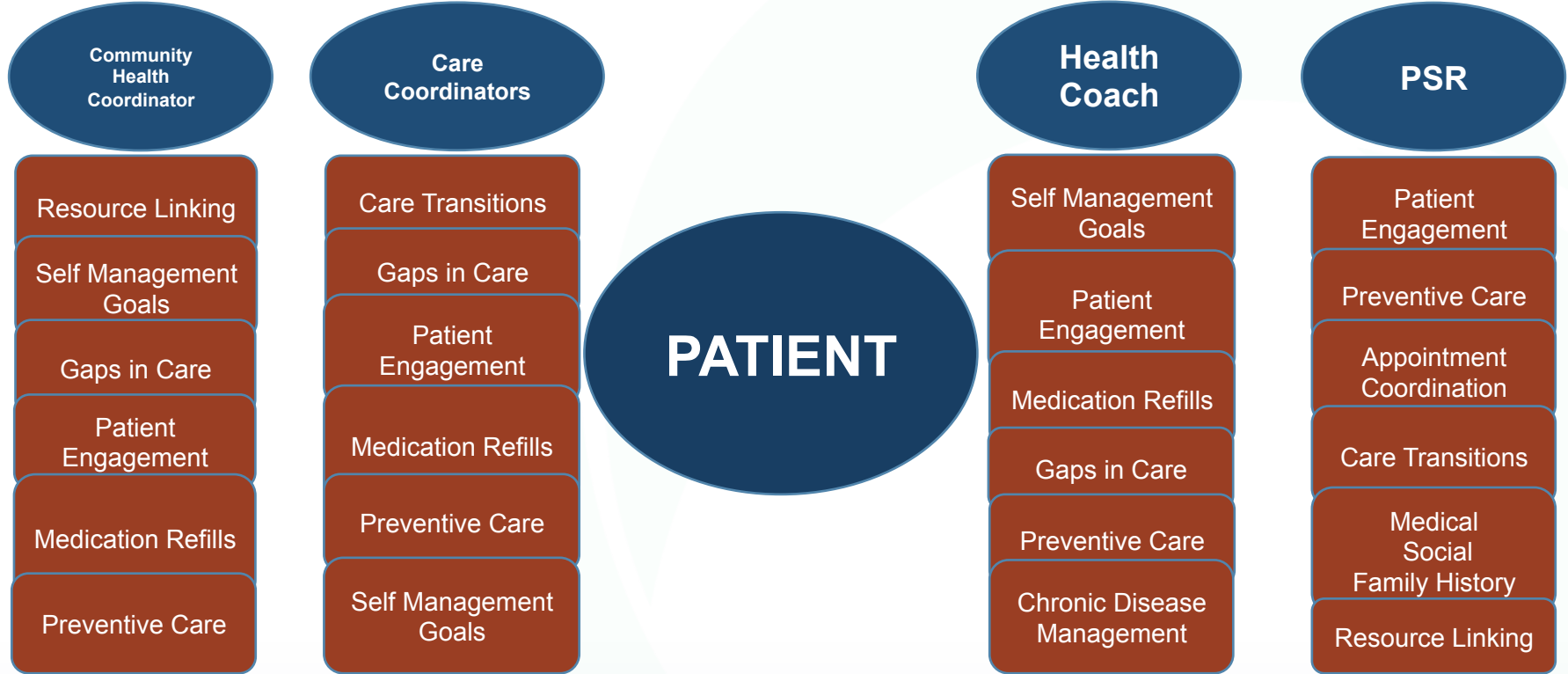


Population Health Management

Care Coordination

Integrated Care Team



Care Coordination

- Centralized Care Coordination
 - Outreach Calls for Gaps in Care Closures/Education
 - Aftercare Scheduling of Post Hospital Stays/ER Visits
 - Patient Education on Preventive Needs
 - Utilization of External Database Programs for Tracking
 - Patient Outreach to Reengage Those not Seen in Over a Year
- Community Health Coordinators (Community Based)
 - Patient Education on Health Prevention
 - Coordination Between Healthcare Providers
 - Functional Needs Assessments
 - Care Planning and Identification and Interventions to Remove Care Barriers
 - Identify and Schedule Appointments for Identified Gaps in Care

How The Team Coordinates And Communicates

- Patient Dashboard
- Morning Huddles
- Communication from Care Coordination in EHR
- Weekly Integrated Team Meetings
- Standing Orders
- Daily Opportunities Reporting on Care Gaps

Care Team	
Type	Provider
CHC	Lovain BA, Geraldine
PCP	Green FNP, Laura Ann
Therapist	Cobb PhD, Jean Eleanor
TPR Clinician	Cobb PhD, Jean Eleanor

Future Appointments

Provider	Event	Time	Date
Cobb PhD, Jean Eleanor	BHC	09:00 AM	10/10/2018
Larson MD, Tim Vernon	BH Est Psy 15	10:00 AM	10/10/2018

Past Appointments

Provider	Event	Status	Date
Cobb PhD, Jean Eleanor	BHC	Kept	08/15/2018
Green FNP, Laura Ann	PC Planned Est 15m	Kept	08/15/2018
Larson MD, Tim Vernon	BH Est Psy 15	Kept	08/15/2018

Self Management

Goal	Status	Start Date
Walk 30 mins 3 x a week	Ongoing	08/15/2018

Diagnoses

Chronic Conditions	
Code	Description
I10	Essential (primary) hypertension
401.9	Hypertension, essential NOS
J45.40	Moderate persistent asthma, uncomplicated
E11.9	Type 2 diabetes mellitus without complications

Behavioral

Code	Description	Axis	Date
F31.30	Bipolar I disorder, current episode depressed	Ia	07/25/2018

Hospital ER/Admissions *(Last 90 Days)*

Description	Date
None	

BPSA Score - PCMH Care Management - Last Screen: 07/11/2018

BPSA	Low	Medium	High
Medical			13
Behavioral		12	
Social	2		
Total			27

Care Coordination

Care Intervention
Diabetes Outreach Patient stated recent DM Eye Exam at Uptown Vision. Obtain record release and request report at next office visit.

Point of Care

Preventative Care				
	Protocol	Status	Last Date	Due Date
	Colonoscopy			08/06/2036
	Mammogram			08/06/2036
	PAP		07/08/2016	07/08/2019
	Pneumococcal			08/06/2051

Health Management

	Protocol	Status	Last Date	Due Date
	ACT		08/15/2018	02/11/2019
	Eye Exam	Due		09/17/2018
	Foot exam	Due		08/20/2018
	Hemoglobin A1c		08/16/2018	02/16/2019
	Microalbumin		09/28/2017	09/28/2018

Required Measures

Description	Status	Source	Date
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