9.0 Preventive Services

Goal: Actively screen, educate, and counsel patients on preventive care and health behaviors

9 total capabilities
All capabilities applicable to: Adult and Peds patients

Applicable to PCPs and specialists.
When patient is co-managed by PCP and specialist, roles must be clearly defined regarding who is responsible for ensuring patients receive needed preventive services.
Primary prevention is defined as inhibiting the development of disease before it occurs, and is typically performed on the general patient population. Secondary prevention, also called "screening," refers to measures that detect disease before it is symptomatic. Tertiary prevention efforts focus on people already affected by disease and attempt to reduce resultant disability and restore functionality.

9.1

Primary prevention program is in place that focuses on identifying and educating patients about personal health behaviors to reduce their risk of disease and injury.

PCP and Specialist Guidelines:

Patient questionnaire or other mechanism is used to elicit information about personal health behaviors that may be contributing to disease risk

i. During well-visit exam and initial intake for new patients
ii. During other visits when behavior may be relevant to acute concern (e.g., tobacco use when patient presents with cough)

b. Patient assessment addresses personal health behaviors and disease risk factors, based on age, gender, health issues
   i. Behaviors and risks assessed should include a majority of the following (or other primary prevention procedures) as appropriate to the patient population: Alcohol and Drug Use, Breast Self-Examination, Awareness of Lead Exposure, Low Fat Diet and Exercise, Use of Sunscreen, Safe Sex, Testicular Self-Examination, Tobacco Avoidance, and Flu Vaccine

Required for PCMH Designation: NO	**Predicate Logic: n/a**
PCMH Validation Notes for Site Visits	
• Provide a copy of the patient intake form & discuss the process for identifying patients in need of preventive services	

9.2

A systematic approach is in place to providing primary preventive services

PCP and Specialist Guidelines:

a. Preventive care guidelines are integrated into clinical practice (e.g., Michigan Quality Improvement Consortium - www.mqic.org). Examples of appropriate Guidelines include:
   i. Adult Preventive Services Guideline 18-49 Yrs.
   ii. Adult Preventive Services Guideline 50-65 Yrs.
   iii. Childhood Overweight Prevention Guideline
   iv. Prevention of Unintended Pregnancy in Adults Preventive Service for Children & Adolescents Ages Birth – 24 Months
   v. Preventive Service for Children and Adolescents Ages 2-18 Yrs.
   vi. Tobacco Control Guideline
b. Systematic appointment tracking system (implemented as part of Individual Care Management Initiative) is in place. Applies to full range of primary preventive services (for example, an ob-gyn ensuring patients receive mammograms and pap tests, but not flu shots, would not meet the intent of this capability).

Required for PCMH Designation: NO	**Predicate Logic: n/a**
PCMH Validation Notes for Site Visits	
• Preventive care guidelines in use - MQIC/HEDIS • How does the practice track appointments to ensure follow up (if not already discussed in 4.0)?	

9.3

Strategies are in place to promote and conduct outreach regarding ongoing well care visits and screenings for all populations, consistent with guidelines for such age and gender-appropriate services promulgated by credible national organizations

PCP and Specialist Guidelines:

a. Systematic reminder system is in place and incorporates the following elements:
   i. Age appropriate health reminders (e.g., annual physicals).
   ii. Age appropriate immunization information consistent with most current evidence- based guidelines
   iii. If reminders are generated by PO, offices should have knowledge of the process
b. For children and adolescents from birth to 18 years of age examples of outreach strategies may include birthday reminders for well-visits, kindergarten round-up, flu vaccine reminders, health fairs, brochures, school physical fairs
c. For adults, examples of outreach strategies may include annual health maintenance examination reminders, and age and gender-appropriate reminders about recommended screenings (e.g., mammograms)
d. Outreach should be systematic and consistent with evidence-based guidelines

Required for PCMH Designation: NO	**Predicate Logic: n/a**
PCMH Validation Notes for Site Visits	

• Outreach reminders - birthdays, annual physicals, immunizations, well visits • How to identify patients in need of preventive services? Provide an example of how patients are brought in for services.

9.4

Practice has process in place to inquire about a patient's outside health encounters and incorporates information obtained from those sources about relevant preventive services in patient tracking system or medical record

PCP and Specialist Guidelines:

a. "Outside health encounter information" includes relevant preventive services such as immunizations provided at health fairs
b. Practice unit should include actual/estimated date of service in the medical record whenever possible
c. Information may be included in historical section of record

Required for PCMH Designation: NO	**Predicate Logic: n/a**
PCMH Validation Notes for Site Visits	
• Demo an example of an outside health encounter - update patient chart history w/dates of services	

9.5

Practice has a systematic approach in place to ensure the provision/documentation of tobacco use assessment tools and advice regarding smoking cessation

PCP and Specialist Guidelines:

a. Examples may include yearly assessment sheet, tobacco use intervention programs

Required for PCMH Designation: NO	**Predicate Logic: n/a**
PCMH Validation Notes for Site Visits	
• Discussion about tobacco use and assessment with patient. • How frequently is this assessed? What options are offered to assist patients in quitting?	

9.6

Written standing order protocols are in place allowing Practice Unit care team members to authorize and deliver preventive services according to physician-approved protocol without examination by a clinician

PCP and Specialist Guidelines:

a. Standing orders are orders for office personnel that are signed in advance by the physician authorizing the provision of specified services under certain clinical circumstances, and

are reviewed/updated on a regular basis

b. Examples include vaccinations, fecal occult blood tests and mammogram orders, medication intensification algorithm for patients with lipid disorder or high blood pressure

Required for PCMH Designation: NO	Predicate Logic: n/a
PCMH Validation Notes for Site Visits	
• Provide written, signed and dated orders for review, which can include immunizations, fecal occult blood, mammograms • Orders should be reviewed annually	

9.7

Secondary prevention program is in place to identify and treat asymptomatic persons who have already developed risk factors or pre-clinical disease, but in whom the disease itself has not become clinically apparent; or tertiary prevention to prevent worsening of clinically- established condition

PCP and Specialist Guidelines:

a. System with guideline-based reminders for age-appropriate risk assessment and screening tests, including for depression, is in place.
    i. Practice Unit may choose to implement tools such as checklists attached to the patient chart, tagged notes, computer generated encounter forms and prompting stickers.
    ii. Systematic process is in place for following up on any positive screening results (e.g., process is in place for managing positive depression screenings]
b. Mechanisms are established to identify asymptomatic at-risk patients and provide additional screenings
    i. Practice systematically uses point of care alerts based on identified risk
    ii. Examples include accelerated regimen for colon and breast cancer screening in high risk patients
c. Practice systematically establishes or modifies existing point of care alerts based on identified risk (e.g., accelerated colonoscopy schedule for patients with polyps)

Required for PCMH Designation: NO	Predicate Logic: 9.1
PCMH Validation Notes for Site Visits	
• Review secondary prevention screening tools that promote early disease detection and prevention of progression - depression, Suicide, ADHD/ADD, anorexia screening, high risk CA, family health history questions – how to address these concerns with the patient?	

9.8

Staff receives regular training and/or communications and updates regarding health promotion and disease prevention and incorporates preventive-focused

practices into ongoing administrative operations

PCP and Specialist Guidelines:

a. Applicable to either primary or secondary preventive services
b. Practice unit staff has received training or educational material regarding a full range of preventive services and health promotion issues
c. Training occurs at time of hire for new staff, and is repeated at least annually for all staff
    i. Educational material is circulated or posted when guidelines change
        - For example, PO or practice unit staff person may be assigned to update clinical personnel on standards and guidelines such as AHRQ newsletter updates, the immunization schedule & standards issued by the Advisory Committee on Immunization Practices, Alliance of Immunization in Michigan, or Centers for Disease Control and Prevention.
        - For example, information may be provided to practice units educating them on appropriate billing and ICD-10 codes in order to ensure accurate reporting for preventive medicine services (including use of the correct ICD- 10 code for a physical)
d. Staff is trained (as appropriate to patient population) regarding consistently using and entering information into the Michigan Care Improvement Registry (MCIR)

Required for PCMH Designation: NO	**Predicate Logic: n/a**
PCMH Validation Notes for Site Visits	
• Ask to see training documents on preventive guidelines such as MCIR, AAP, CDC, etc. • Who receives updates & how are the updates communicated to the staff?	

9.9

Planned visits are offered as a means of providing preventive services in the context of structured health maintenance exams for which the practice team and patient are prepared in advance of the date of service

PCP and Specialist Guidelines:

a. Reference 4.8 for requirements of planned visit

Required for PCMH Designation: NO	**Predicate Logic: n/a**
PCMH Validation Notes for Site Visits	
• Documented process required • Walk through a planned preventive visit - what info is provided to the patient prior to the visit, what occurs during and post visit.	