



Quality Improvement NEWSLETTER

Improving the Patient Experience - High Impact Changes for Physician Practices (continued)

For copies of previous newsletters (including sections 1-3 of the "High Impact Changes for Physician Practices" column) please go to the REA/LEA web portal.

4. Notify patients of all test results (positive or negative).

Establish protocols to efficiently manage and communicate test results to patients in a timely manner.

- Develop protocols for handling results that require a phone call from a clinician or a visit from the patient.
- Use pre-formatted letters to relay normal results for common reports.
- Include patient education flyers for further guidance about common situations.
- Include section at end of clinic notes listing tests ordered as a result of visit.

5. Review the patient chart prior to the visit.

Come prepared to the patient encounter.

- Review patient medical history prior to the visit.
- Identify visits with other providers and any follow-up tests/results.

6. Handle more than one medical problem during the visit and extend return intervals when appropriate.

Go beyond the chief complaint by asking patients to list all conditions and concerns at the start of the visit.

- Add to the list those chronic care and preventive issues that are medically indicated. Determine which can be covered during the appointment.
- Good examples include: Adding chronic care management (e.g., HBA1c and cholesterol test) onto visits for unrelated acute care problems or performing a Pap smear if a woman comes in for pelvic complaints.

One goal is to reduce future visits, especially demand for physical exams.

- For chronically ill but stable patients who return at regular intervals, consider extending inter-visit intervals. Patients with stable, well-controlled diabetes, hypertension or chronic stable angina are good candidates for this approach.
- Decisions to extend visit intervals will depend on patients' ability to self-manage and seek care if/when their conditions were to worsen, as well as the availability of urgent appointments. Keep in mind that more appointments will now be open at the start of the day if same-day slots are implemented.

Continued on next page →

About This Newsletter

You'll find helpful hints and resources for providers and specialists - as well as important standards information.

Getting to Know the QI Department Team

Kenneth Epstein, M.D.

Medical Director QI
Committee Chair QI & Credentialing
Charter FAAFP, ABFP (1973-2010)
RMG | LCH | ADOC
Phone: 818.637.2000 (ext. 4157)
ken.epstein@lakesidemed.com

Jenny O'Malley

B.S.N., R.N., A.C.R.N.
Director of QI, RMG/LCH
Phone: 818.637.2000 (ext. 3309)
jomalley@regalmed.com

Beatrice Ortiz

Sr. Manager, Quality Management
RMG | LCH
Phone: 818.357.5056
bortiz@regalmed.com

Jacqueline Menendez

QI Appeals Team Lead
QI Appeals & Grievance Trainer
Phone: 818.637.2000 (ext. 1229)

Department Address

8510 Balboa Blvd., Suite 190
Northridge, CA 91325
Fax: 818.654.3481

Future Topics

- PAS and MTC
- More High Impact Changes
- More Appointment Availability
Access Standards
- Enhancing the Member Experience
- Medical Record Review
- Dealing with Challenging Patients:
Non-Compliance
- What is an Appeal?
- What is a Grievance?

Additional Tips/Recommendations

- Lab/test results should be provided to the member in 10 working days, not to exceed 30 calendar days.
- Abnormal or critical lab/test results should be provided to members within 24-28 hours.
- Office visits are not required to provide normal test results.

Ways to communicate lab/test results to members:

- Phone:** Make sure you verify that you are speaking to the member or the member's guardian.
- Mail:** Must be sent in a sealed letter or concealed note card.
- Fax:** Do not fax lab/test results without specific written permission from the member.

Behavioral Healthcare Accessibility Standards

For previous newsletters (including additional Appointment and Availability Access Standards) visit the REA/LEA web portal.

Types of Care	Referral Time
Routine Appointment	< 10 business days of request
Urgent Care Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	< 48 hours of request
Life Threatening Emergency	Immediately
Non-Life Threatening Emergency	< 6 hours of request
Emergency Services and Care	Immediate, 24 hours a day, 7 days per week

Medi-Cal Preventive Compliance FAQs

Q: What is IHA/IHEBA?

A: IHA/IHEBA is a comprehensive assessment that is completed during a patient's initial encounter with his/her PCP. As a managed care organization, we are required by our health plans and ultimately California Department of Health Care Services (DHCS) to ensure that new Medi-Cal members 18 months or older receive an Initial Health Assessment (IHA) within 120 days and members less than 18 months old receive an IHA within 60 days of becoming RMG or LCH members.

Q: What is the PCPs responsibility?

A: The assigned PCP must provide an Initial Health Assessment/ Individual Health Education Behavioral Assessment for each new Medi-Cal member within 120 days and 60 days for children 18 months or younger who are enrolled in our medical groups.

Q: What should the initial history and physician exam include?

- Blood pressure, height, and weight
- Total serum cholesterol measurement for men ages 35 and over and women ages 45 and over
- Clinical breast examination for women over 40
- Mammogram for women age 50 and over
- Pap smear (or arrangements made for performance) on all women determined to be sexually active
- Chlamydia screen for all sexually active females aged 21 and older who are determined to be at high-risk for Chlamydia infection using the most current CDC guidelines. These guidelines include the screening of all sexually active females aged 21 through 25 years of age.
- Screening for TB risk factors, including a Mantoux skin test on all persons determined to be at high risk
- Health education behavioral risk assessment

Q: What is required after the IHA/IHEBA visit?

A: The PCP must make arrangements for any needed follow-up services that reflect the findings or risk factors discovered during the IHA and Health Education Behavioral Assessment.

Q: How should assessments be documented?

A: The PCP must document the member's completed IHA and Health Education Behavioral Assessment in the member's medical record and should be referenced during subsequent preventive health visits.

Q: Do we notify members? If so, what is the PCP's responsibility?

A: We send out an informational letter to all new Medi-Cal members and their Primary Care Physicians to notify them of their required IHA appointment. The PCP must make reasonable attempts to contact the member and schedule an IHA. All attempts must be documented.

Documented attempts that demonstrate unsuccessful efforts to contact a member and schedule an IHA shall be considered evidence in meeting this requirement. The requirements for missed or broken appointments are as follows:

- **First Attempt** – Phone call to member (or written letter if no telephone). If member does not respond, then;
- **Second Attempt** – Phone call to member (or written letter if no telephone). If member does not respond then;
- **Third Attempt** – Written letter.