

# Care Gaps Module Manual

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MDLand International, Inc.

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**Modified By:**

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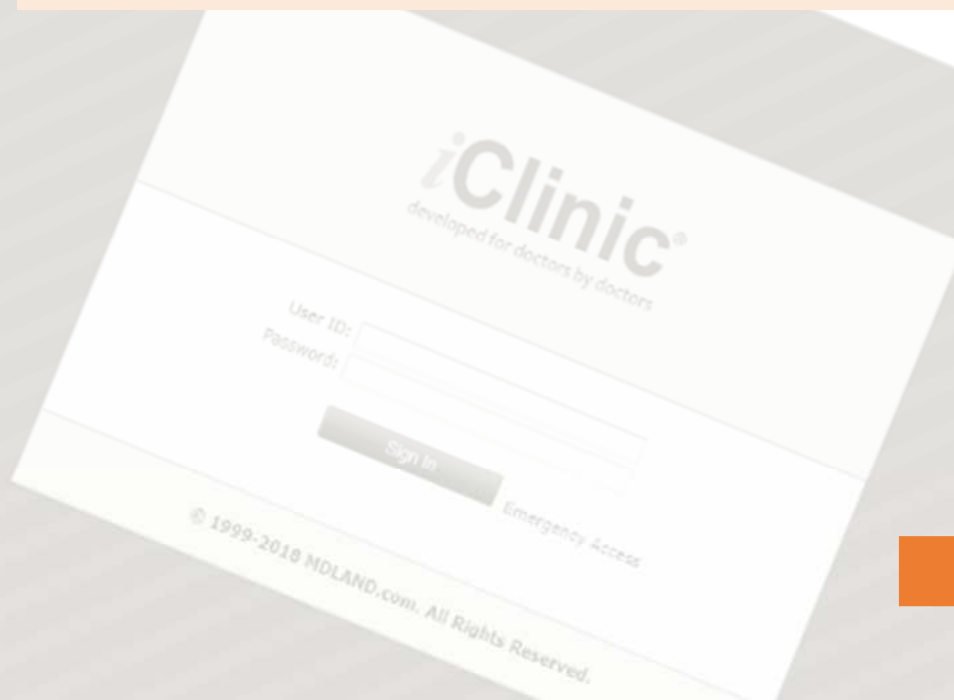
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## Purpose

The *Care Gaps Module* is designed to help your practice visualize, understand and close care-gaps across various measurements and metrics. The tools included aim to streamline your practice's ability to prevent missed revenue opportunities, as well as improve healthcare outreach, continuity, and outcomes for your patients. This document describes how to use the *Care Gaps Module* and any related changes.

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<b>Intended Audiences:</b>	MDLand Support, iClinic Users

Software Development



## Table of Contents

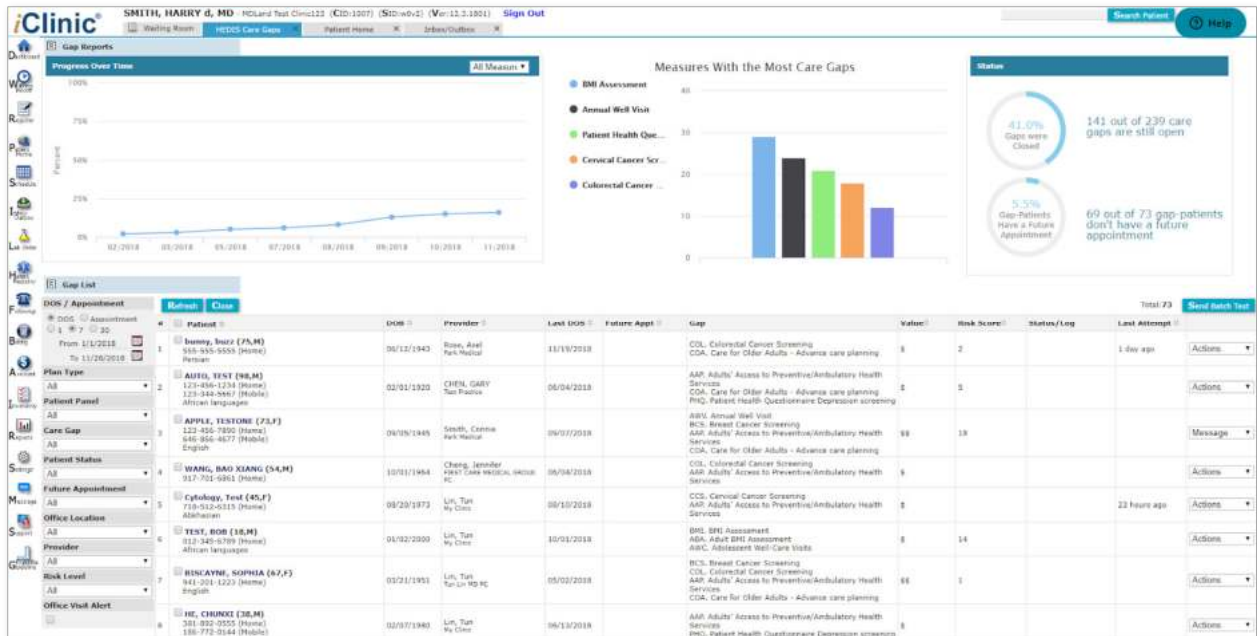
Preface .....	1
Dashboard Overview.....	3
Gap Reports.....	4
Progress over time.....	4
Measures with the most care gaps.....	5
Status .....	5
Gap List.....	6
Sending Batch Texts.....	8
Send a Single Text.....	10
Make a Phone Encounter.....	11
Scheduling an Appointment .....	12
Changing a Patient Status .....	14
QM List .....	15

## Dashboard Overview

The **Care Gaps** button shows how many patients with open gaps there are from the start of the measurement year. Clicking on the Care Gaps button will take the user to the Care Gaps Dashboard.

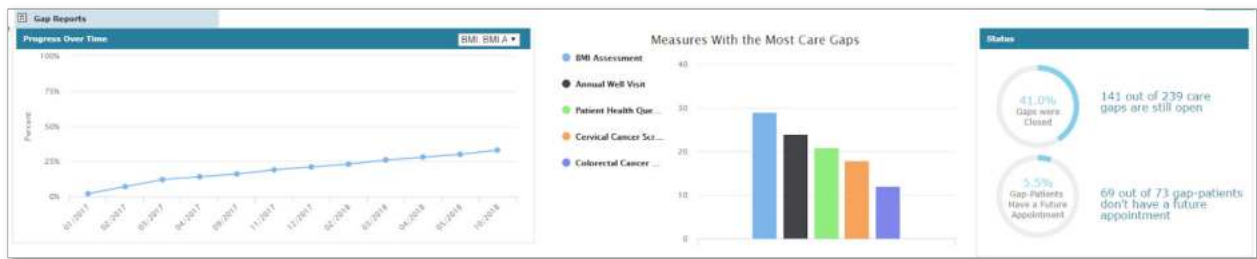


The Dashboard is comprised of two sections, “Gap Reports” and “Gap List”.



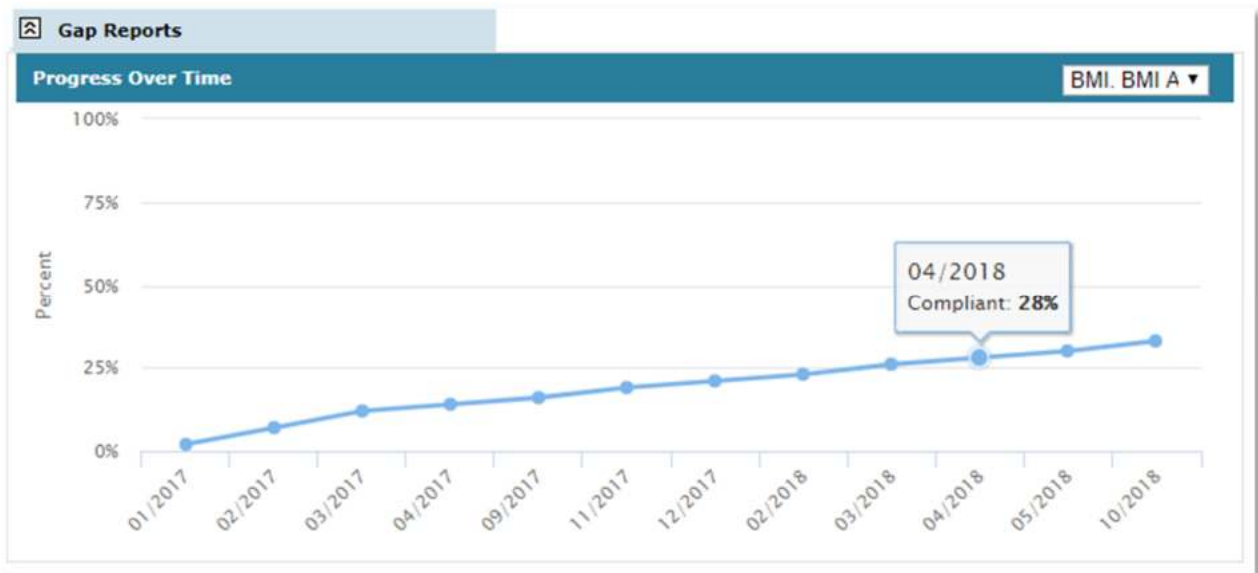
## Gap Reports

Gap Reports has 3 reports, Progress over time, Measures with Most Care Gaps, and Status.



## Progress over time

“Progress over time” report shows the percent of qualified patients who are compliant (in the numerator) for a particular measure (BMI chosen in this case) over monthly increments.



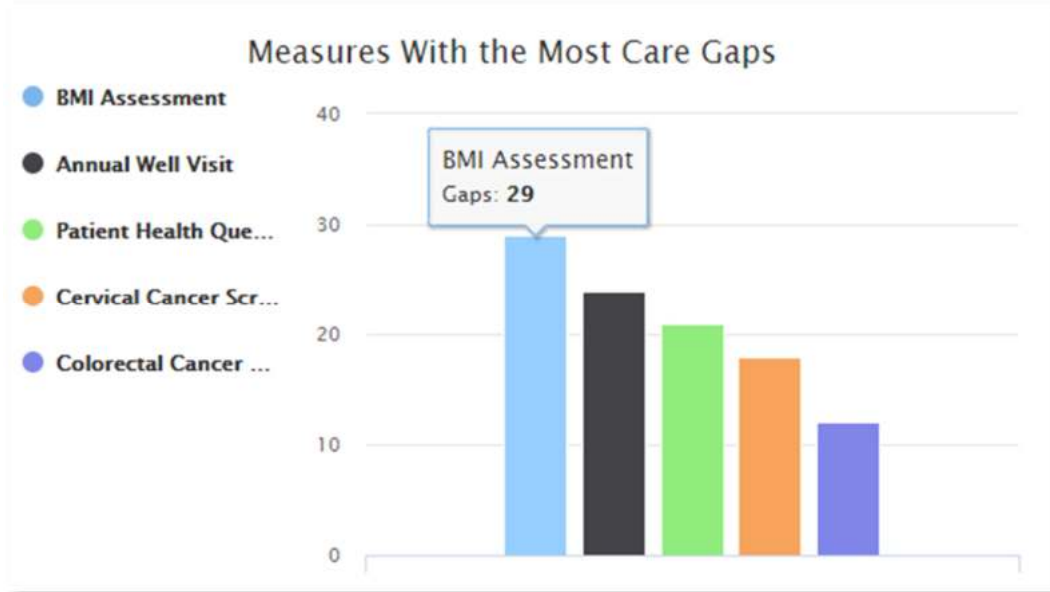
The drop-down shows other quality measures (or all measures at once) the user can monitor, as well as see performance for different outreach attempts (texting, phone encounters, or scheduling).

Note: more quality measures and metrics will be added to this dashboard over time.

- All Measures
- AWV. Annual Well Visit
  - BCS. Breast Cancer Screening
  - BMI. BMI Assessment
  - CCS. Cervical Cancer Screening
  - COL. Colorectal Cancer Screening
  - CDC-8. Diabetes Care - HbA1c Exists
  - All OutReach Attempts
  - Text Messages Sent
  - Phone Encounters Created
  - Appointments Scheduled

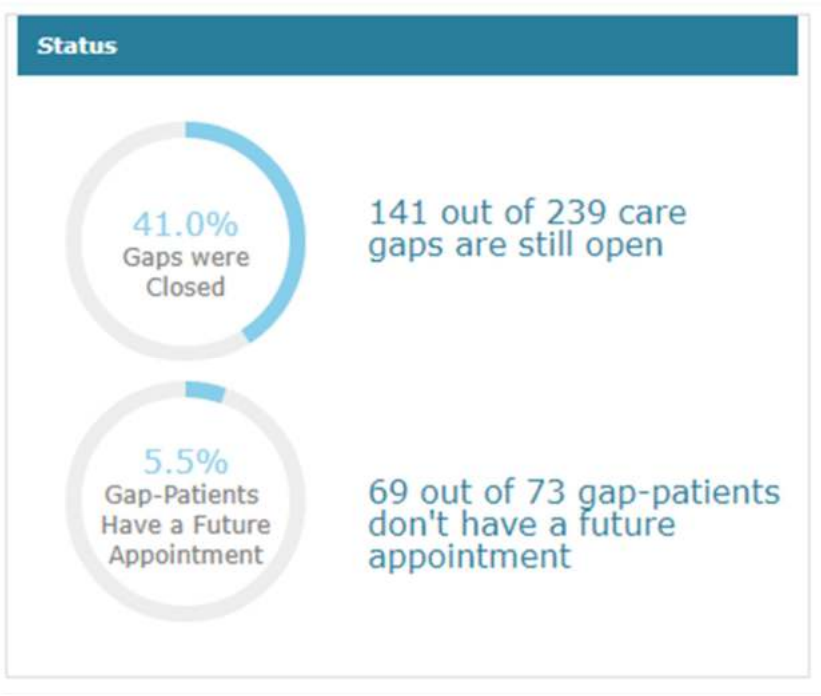
## Measures with the most care gaps

The “Measures with the most care gaps” report shows the top 5 measures with the most open care gaps. The number for each measure represents the patients who have that particular gap open.



## Status

The status report shows the number of gaps open/closed, as well as patients with gaps who have/haven't scheduled a future appointment.



## Gap List

The Gap List represents the list of patients who has open gaps. The list can be sorted by using the various filters on the left.

Patient	DOB	Provider	Last DOS	Future Appt	Gap	Value	Risk Score	Status/Log	Last Attempt
Chen, Jeffrey (F,M) 924-924-8555 (Home) English	05/12/1943	Rose, Axel Park Medical	11/19/2018		COL: Colorectal Cancer Screening COA: Care for Older Adults - Advance care planning	8	2		1 day ago
Smith, Tong (M,M) 123-456-1234 (Home) 123-344-5677 (Work) African languages	02/01/1920	CHEN, GARY Sun Health	06/04/2018		AAP: Adults' Access to Preventive/Ambulatory Health Services COA: Care for Older Adults - Advance care planning PHQ: Patient Health Questionnaire Depression screening	8	5		
Zai, Ari (F,F) 123-456-7890 (Home) 646-886-8877 (Work) English	04/05/1945	Smith, Connor Park Medical	09/07/2018		AAC: Annual Well-Visit RCS: Breast Cancer Screening AAP: Adults' Access to Preventive/Ambulatory Health Services COA: Care for Older Adults - Advance care planning	8	18		
WANG, BAO XIANG (M,M) 927-991-8888 (Home)	10/01/1964	Chang, Jennifer APOL LINE MEDICAL GROUP PC	08/04/2018		COL: Colorectal Cancer Screening AAP: Adults' Access to Preventive/Ambulatory Health Services	8			
Burge, Samuel (M,F) 718-932-4318 (Home) African	08/20/1973	Lin, Tim My Clinic	08/10/2018		CCS: Cervical Cancer Screening AAP: Adults' Access to Preventive/Ambulatory Health Services	5			22 hours ago
Chasen, Jenny (F,M) 927-349-4789 (Home) African languages	01/02/2000	Lin, Tim My Clinic	10/01/2018		RH: RH Assessment ASA: Adult RH Assessment AAC: Adolescent Well-Care Visits	9	14		
BENKAYE, SOPHIA (M/F) 943-291-1233 (Home) English	03/23/1991	Lin, Tim Sunrise PC	05/02/2018		RCS: Breast Cancer Screening COL: Colorectal Cancer Screening AAP: Adults' Access to Preventive/Ambulatory Health Services COA: Care for Older Adults - Advance care planning	8	3		
HE, CHUNKEI (M,M) 381-882-0555 (Home) 198-779-6544 (Work)	02/01/1980	Lin, Tim My Clinic	06/13/2018		AAP: Adults' Access to Preventive/Ambulatory Health Services PHQ: Patient Health Questionnaire Depression screening	8			

Some notable column headers are as follows:

**Patient** - Shows name, and any available phone numbers (i.e. work, mobile, home) and preferred language (i.e. Spanish). The checkbox in patient header/cells can be used to select all or some patients in the list for batch texting (see pg. 8). Clicking on a patient name will take the user to the corresponding QM List of the patient (see pg. 15).

**Provider** - Shows the provider (and location) to which the patient belongs.

**Last DOS** - The last date of service recorded for this patient.

**Future Appt** - Shows any future appointment the patient has with the practice.

**Gap** - Shows the list of open gaps the patient has.

**Value** - A proprietary qualitative score that represents potential value for closing a patient's gaps. We base this scoring on information from various sources such as insurance plans, IPAs/PPSs and other organizations.

**Risk Score** - Risk stratification enable providers to identify the right level of care and services for distinct subgroups of patients. The higher the risk score, the higher chance a patient will face a negative outcome regarding his/her health. The risk stratification scoring is based on comorbidities, polypharmacy, and utilizations documented in the patient's health record.

**Last Attempt** - The last time an outreach (text message sent, phone encounter created, or appointment scheduled) was attempted for this patient through this dashboard.

**Status/Log** - Shows the status of a patient's outreach and care, such as if an SMS was sent or if the patient's care is in progress or completed. Any custom notes regarding this patient will also show in this column.

**Actions** - Allows the user to take individual actions towards a patient, such as sending a single text message, documenting a telephone encounter to the patient’s record, scheduling an appointment and more.

Filters:

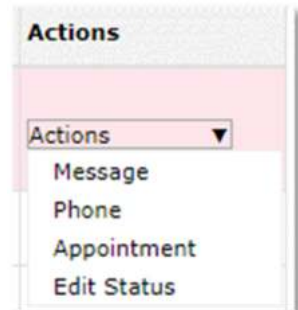


The filter panel is a powerful tool that lets you target subsets of your gap-patient population, such as patients who belong to a certain provider, or perhaps a particular risk stratum (i.e. Low Risk: 0-6, Moderate Risk: 7-12, Moderate-High Risk: 13-15, High Risk: >16).

A use case can be that you want to target High-Risk patients who are due for an Annual Well Visit, but don’t have a future appointment set in the scheduler, as shown on the left.

Actions:

Various tasks can be performed by clicking on “**Action**” dropdown located towards the right of each patient row. Message, Phone, Appointment, and Edit Status can be performed (see pgs. 16-19).





## Sending Batch Texts

In the patient column, checkmark individual patients or checkmark the patient header to select all patients. Click the **“Send Batch Text”** button on the right. Fill the form and click **“Send SMS”**.

The screenshot shows a patient list table with columns: #, Patient, DOB, Provider, Last DOS, Future Appt, Gap, Value, Risk Score, Status/Log, Last Attempt, and Send Batch Text. Three patients are listed: Burns, Jazmyn (37,F), Zai, Aysha (52,F), and Daisy, Smith (38,F). All patient headers have a checked checkbox. The 'Send Batch Text' button is highlighted in a red box, and a red arrow points from it to the patient list below.

#	Patient	DOB	Provider	Last DOS	Future Appt	Gap	Value	Risk Score	Status/Log	Last Attempt	Send Batch Text
1	<input checked="" type="checkbox"/> Burns, Jazmyn (37,F) 123-456-7890 (Home) 987-654-3210 (Mobile) English	04/09/1981	SMITH, HARRY My Clinic	08/01/2018		AWV, Annual Well Visit AAP, Adults' Access to Preventive/Ambulatory Health Services	\$	21			Actions
2	<input checked="" type="checkbox"/> Zai, Aysha (52,F) 123-456-7890 (Home) 718-309-1487 (Mobile) Italian	07/29/1966	SMITH, HARRY My Clinic	04/10/2018		CCS, Cervical Cancer Screening BCS, Breast Cancer Screening PHQ, Patient Health Questionnaire Depression screening	\$8	19			Actions
3	<input checked="" type="checkbox"/> Daisy, Smith (38,F) 631-111-2222 (Home) 631-759-6159 (Mobile) Chinese	01/01/1980	SMITH, HARRY My Clinic	11/17/2018	11/30/2018	CDC, Comprehensive Diabetes Care - Received All Three Tests CDC-1, Comprehensive Diabetes Care - Hemoglobin A1C CDC-2, Comprehensive Diabetes Care - Nephropathy CDC-4, Comprehensive Diabetes Care - HbA1c Control (<7.0%) CDC-5, Comprehensive Diabetes Care - HbA1c Control (<=6.0%) CDC-7, Comprehensive Diabetes Care - BP Control (<140/90 mm Hg) CDC-8, Comprehensive Diabetes Care - Hemoglobin A1C (<=8)	\$8	18	SMS Sent CDCgapsclosed	3 days ago	Actions

#	Patient	DOB	Provider
1	<input checked="" type="checkbox"/> Burns, Jazmyn (37,F) 123-456-7890 (Home) 987-654-3210 (Mobile) English	04/09/1981	SMITH, HARRY My Clinic
2	<input checked="" type="checkbox"/> Zai, Aysha (52,F) 123-456-7890 (Home) 718-309-1487 (Mobile) Italian	07/29/1966	SMITH, HARRY My Clinic
3	<input checked="" type="checkbox"/> Daisy, Smith (38,F) 631-111-2222 (Home) 631-759-6159 (Mobile) Chinese	01/01/1980	SMITH, HARRY My Clinic

Progress Over Time: 100% All Measur... Measures With th...

● BMI Assessment 40

**SMS** Close

Send SMS Customize Close

Message Type: Appointments

Template:

Language: English

Message:

Preview

Send To	Patient	Language	Phone	Physician	Status
<input checked="" type="checkbox"/>	Burns, Jazzmyn	English	987-654-3210	SMITH, HARRY d	
<input checked="" type="checkbox"/>	Zai, Aysha	English	718-309-1487	SMITH, HARRY d	
<input checked="" type="checkbox"/>	Daisy, Smith	English	212-363-8000	SMITH, HARRY d	

Provider: APPLE, TESTONE (73,F)  
 123-456-7890 (Home)  
 646-866-4677 (Mobile)

09/05/1945 Cardiol, Cardiol

09/07/2018

AWV, Annual Well  
 BCS, Breast Canc  
 AAP, Adults' Accer

## Send a Single Text

In the “Gap List,” for any patient, choose “**Message**” in the “Actions” (dropdown). The “SMS” (pop-up) will show. Fill the form and press “Send SMS”.

Close
SMS

Send SMS
Customize
Close

Message Type: Appointments ▼

Template:   ▼

Language: English ▼

Message:

Preview

	Patient	Language	Phone	Physician	Status
<input checked="" type="checkbox"/>	Test, Apple f	English	718-309-1487	SMITH, HARRY d	

Risk  
21  
19  
18

AWV Annual Well Visit  
BCS Breast Cancer Screening

### Make a Phone Encounter

In the “Gap List,” for any patient, choose “**Phone**” in the “Actions” (dropdown). The “Phone Encounter” (pop-up) will show. Fill the form to document the encounter and press “Save”.

**Phone Encounter**

Save Close

**Phone Encounter**

Follow Up Type: Phone Encounter  Send a message to Patient Portal

Call Date/Time: 11/27/2018 Today Time: 17 : 53 (HH:MM) Now

Caller:  Patient(LEE, BON,NY R)  Clinic SMITH, HARRY d(Harry)  Other

Call Taken By:  Patient(LEE, BON,NY R)  Clinic SMITH, HARRY d(Harry)  Other

Subject: Template

Need Follow Up

Follow Up Date: Today

Private  Public

Assign To: All Employee List

- aaaaaa, testere t(gt)-MD
- abcs, admin(t)-MD
- adm, adm(adm)-MD
- Apple, Test C(CC)-MD
- Apple, Zhong(Apple)-MD
- aqzsad, aqzsad P(ks)-MD
- Assistant, Telehealth(TA)-MD
- Bailey-Ingram, Michele(MB)-MD

Assign To Employee List

- SMITH, HARRY d(Harry)-MD

Notes:

(<140/90 mm Hg)  
CDC-8. Comprehensive Diabetes Care - Hemoglobin  
a1C (>0)

## Scheduling an Appointment

In the “Gap List,” for any patient, choose “**Appointment**” in the “Actions” (dropdown). The “Appointment” (pop-up) will show. Fill the form and click “Save” to schedule an appointment directly to the iClinic scheduler.

Close

### Appointment

Save
Cancel

#### New Appointment

Select doctor ▼  
CHEN, GARY(GC)

Select office location ▼  
GARY CHEN MEDICAL PC

Reason of visit ▼  
Follow-up

Select appointment date Click the day in the calendar to select appointment date.

Available Not Available

◀

December 2018

▶
Today

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Select appointment time ▼  
8:30AM

Notes ▾

VERSION: 1.0 12

The "Select appointment date" and "Select appointment time" fields will change based on availability and previous bookings/blocks as shown below:

Select appointment date

Click the day in the calendar to select appointment date.

Available      Not Available

November 2018      Today

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

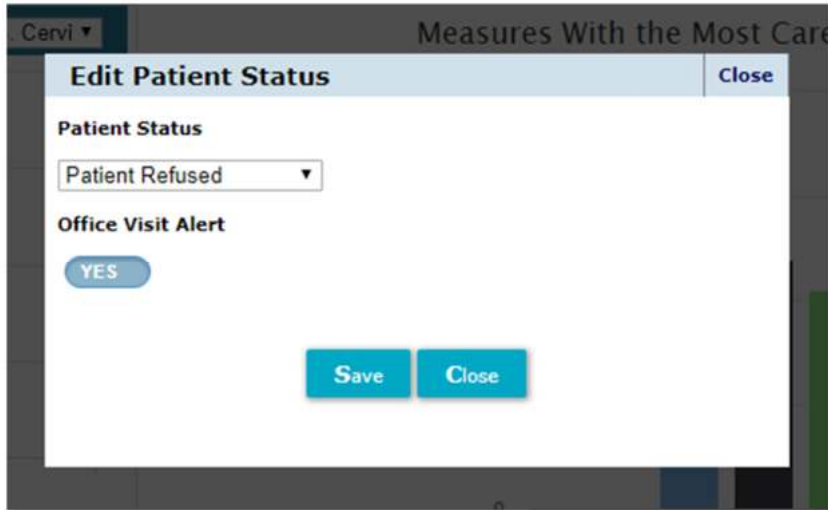
Select appointment time

Notes

- 8:40AM
- 8:30AM
- 8:40AM
- 8:50AM
- 9:10AM
- 10:10AM
- 10:20AM
- 11:20AM
- 11:30AM
- 11:40AM

### Changing a Patient Status

The "Patient Status" feature allows the user to document the status of a patient's outreach/care. To edit a patient's status, go to a patient in the Gap List, click on the "Edit Status" option from the "Actions" (dropdown). The "Edit Patient Status" (pop-up) will appear. Choose a status and click "Save".



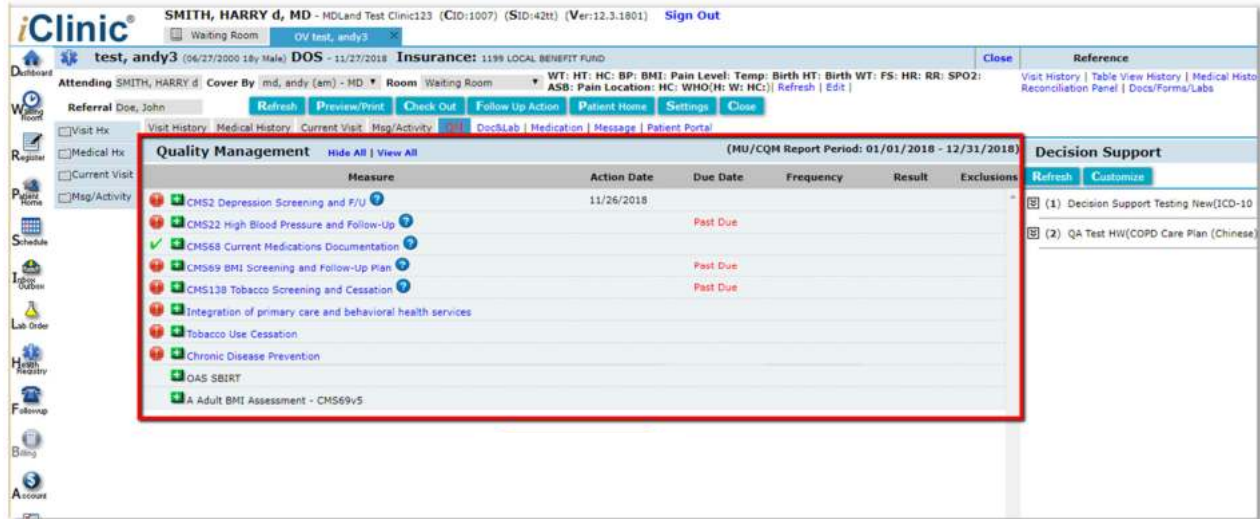
The office visit alert option will alert the practice the next time this patient is in the office.

Status/Log	Last Attempt
Patient Refused	2 days ago

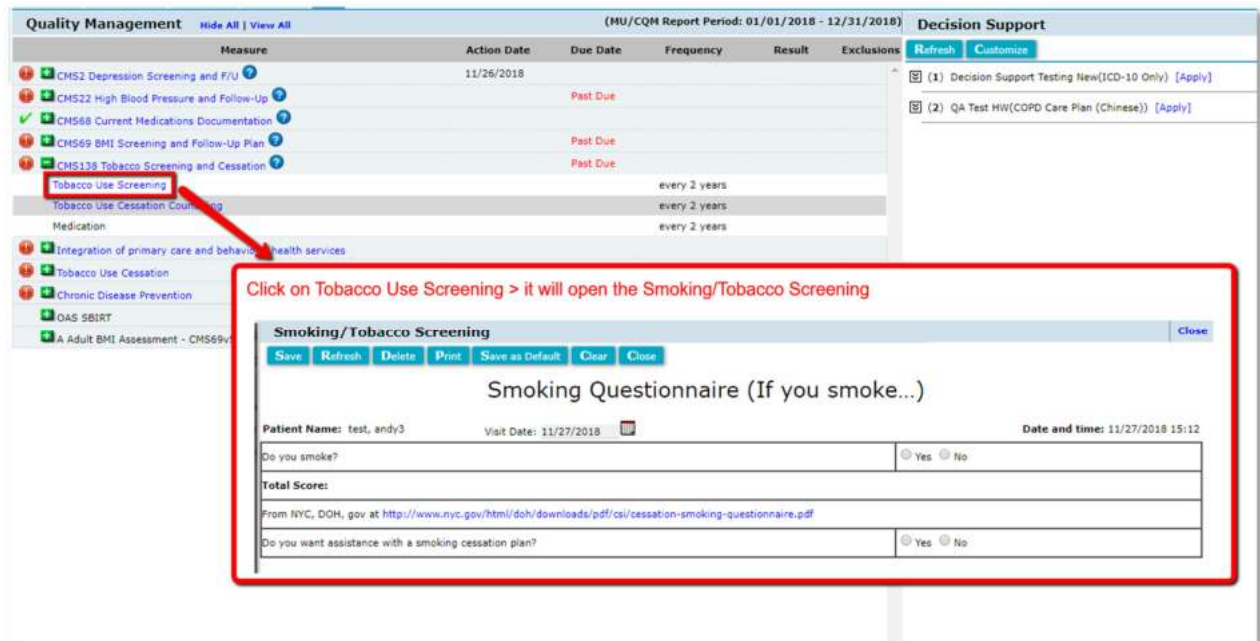
Patient Status will show in "Status/Log"

## QM List

The QM List is a feature within the Patient Home that helps the practice close gaps through a step-by-step process. The QM list can be accessed by clicking on a patient name in the Care Gaps dashboard or by clicking the QM tab in a Patient Home:



Clicking on sub-item within a measure allows you to open and complete some tasks for the measure, for example: Tobacco Use Screening





To edit a measure's settings, click on the measure name:

The screenshot shows the iClinic Quality Management interface for patient 'test, andy3'. The interface includes a navigation sidebar on the left and a main content area. The main content area displays a table of quality measures. A red box highlights the 'CMS2 Depression Screening and F/U' measure, and a red arrow points to an 'Edit page' button next to it.

Measure	Action Date	Due Date	Frequency	Result	Exclusions
CMS2 Depression Screening and F/U	11/26/2018				
Depression Screening	11/26/2018		Yearly	9(Positive)	
Depression Intervention					
Suicide Risk Assessment					
<b>Medication</b>					
CMS22 High Blood Pressure and Follow-Up		Past Due			
CMS58 Current Medications Documentation					
CMS59 BMI Screening and Follow-Up Plan		Past Due			
CMS138 Tobacco Screening and Cessation		Past Due			
Integration of primary care and behavioral health services					
Tobacco Use Cessation					
Chronic Disease Prevention					
OAS SBIRT					
A Adult BMI Assessment - CMS69v5					

The screenshot shows the Quality Management Editor interface for the 'CMS2 Depression Screening and F/U' measure. The interface includes a 'Save' button, a 'Refresh' button, and a 'Close' button. A hint message is displayed: 'Hint: The patient is missing depression screening, or patient depression screening is positive and needs follow up intervention. To see the most up-to-date result, please wait until the next day. Our re-calculation process is scheduled on every midnight.' Below the hint, there is a checkbox for 'Ignore this Measure'. The main content area shows a list of checkboxes for various components: 'Adult Depression Screening (18 & older) [Adult Depression Screening]', 'Adult Depression Intervention [Adult Intervention/Plan]', 'Suicide Risk Assessment [Columbia Suicide Severity Rating Scale \*]', and 'Medication [Medication]'. Below this, there is a section for 'Exclusion / Exception' with checkboxes for 'Diagnosis: Depression Diagnosis', 'Diagnosis: Bipolar Diagnosis', 'Risk Category Assessment not done: Medical or Other reason not done', and 'Risk Category Assessment not done: Patient Reason refused'.