MDLand
The Future of Digital Health

Care Gaps Module Manual

MDLand International, Inc.

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Modified By:

Approved By:

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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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Intended Audiences:	MDLand Support, iClinic Users

Software Development

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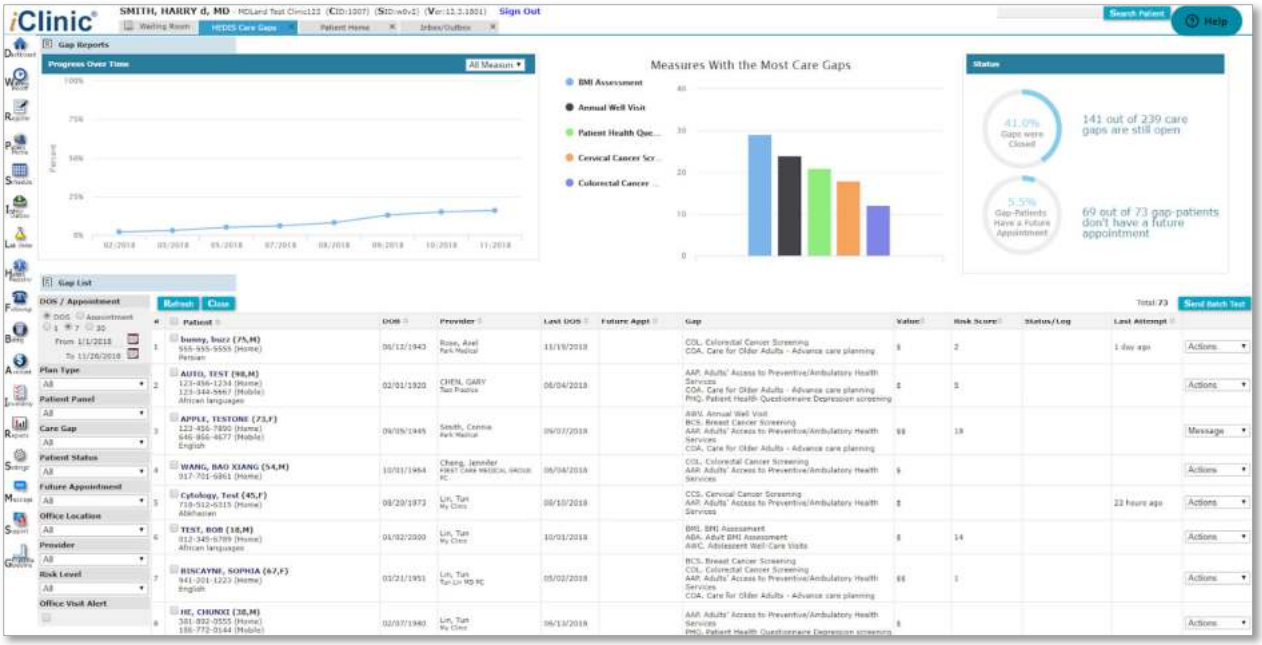
Dashboard Overview

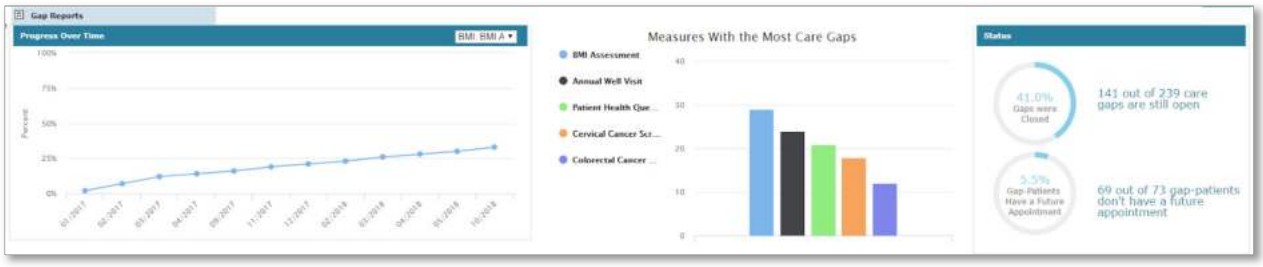
The **Care Gaps** button shows how many patients with open gaps there are from the start of the measurement year. Clicking on the Care Gaps button will take the user to the Care Gaps Dashboard.

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



Gap Reports

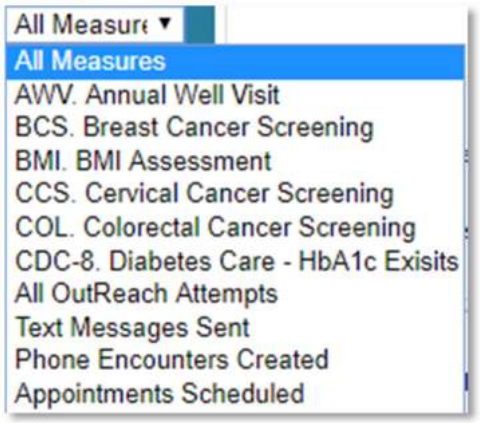
Gap Reports has 3 reports, Progress over time, Measures with Most Care Gaps, and Status.



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.

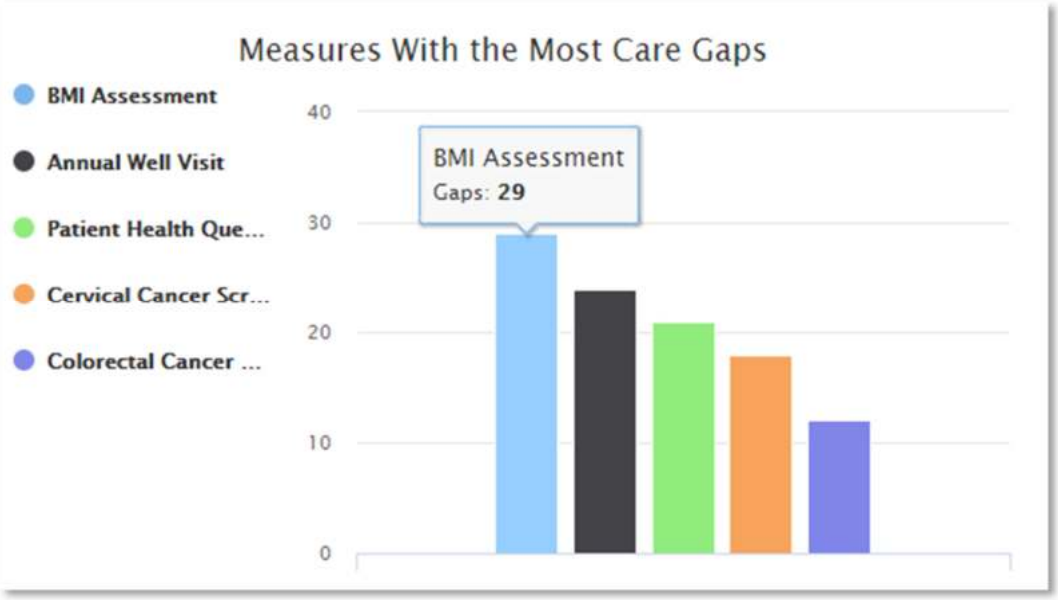
The drop-down shows other quality measures (or all measures at once) the user can monitor, as well as see performance for different outreach attempts (texting, phone encounters, or scheduling).



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

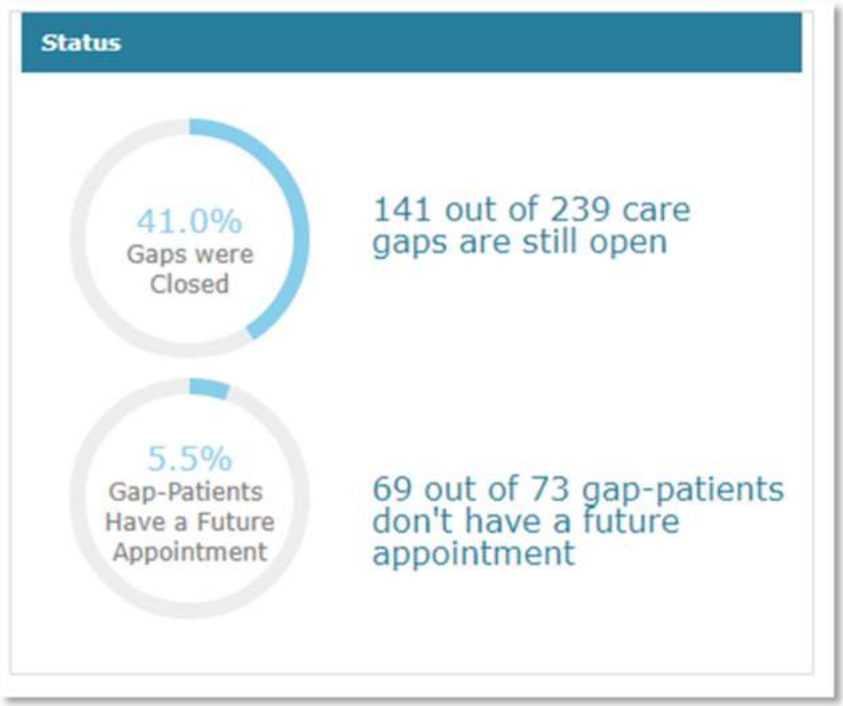
Measures with the most care gaps

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.

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.

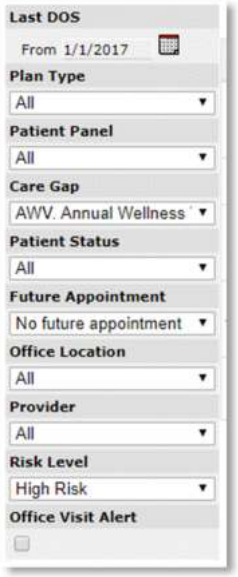
Risk Score - Risk stratification enable providers to identify the right level of care and services for distinct subgroups of patients. The higher the risk score, the higher chance a patient will face a negative outcome regarding his/her health. The risk stratification scoring is based on comorbidities,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

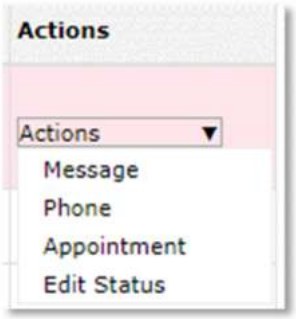


The filter panel is a powerful tool that lets you target subsets of your gap-patient population, such as patients who belong to a certain provider, or perhaps a particular risk stratum (i.e. Low Risk: 0-6, Moderate Risk: 7-12, Moderate-High Risk: 13-15, High Risk: >16).

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.

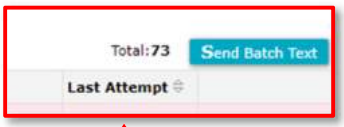
Actions:

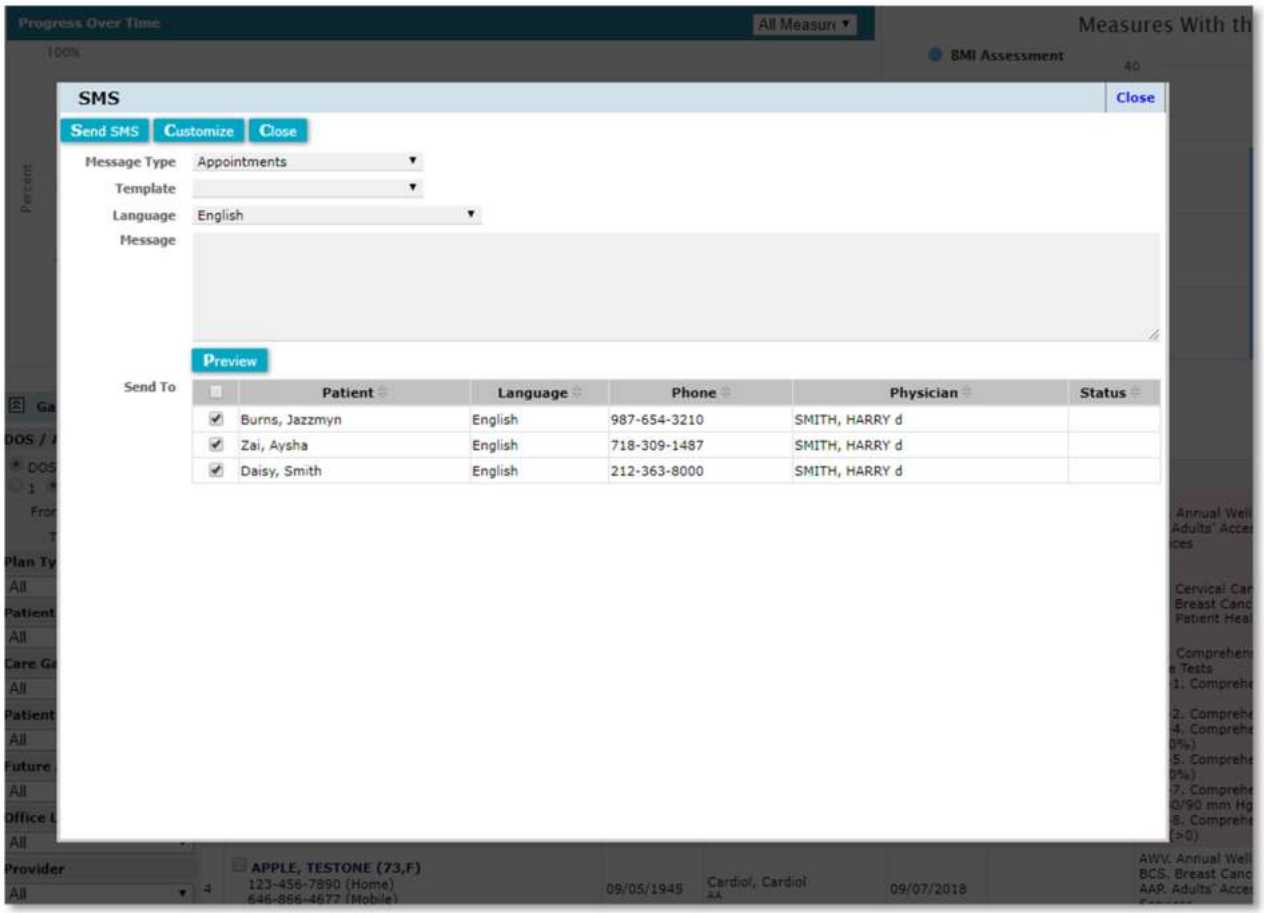
Various tasks can be performed by clicking on "**Action**" dropdown located towards the right of each patient row. Message, Phone, Appointment, and Edit Status can be performed (see pgs. 16-19).



Sending Batch Texts

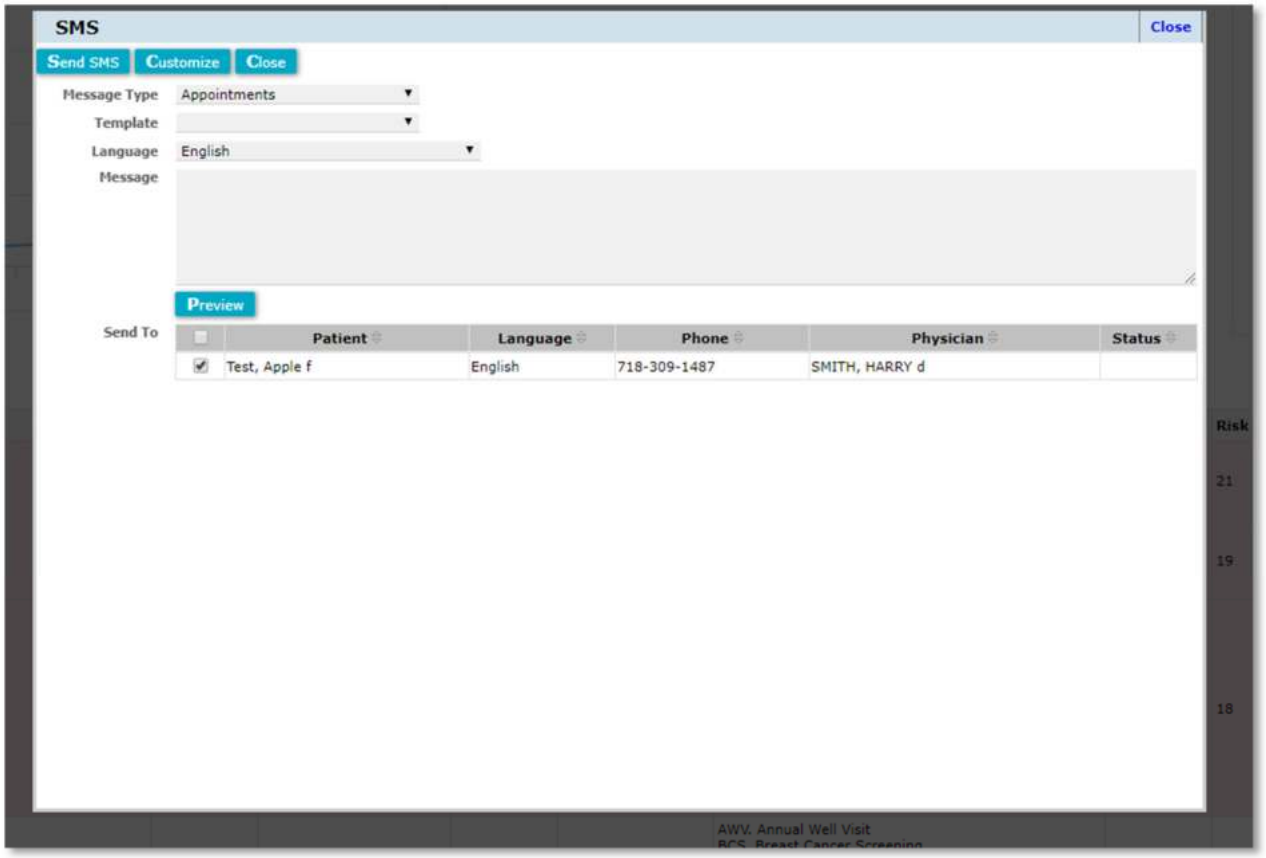
In the patient column, checkmark individual patients or checkmark the patient header to select all patients. Click the "**Send Batch Text**" button on the right. Fill the form and click "Send SMS".




SMS
Close
Send SMS
Customize
Close
Message Type
Appointments
Template
Language
English
Message
Preview
Send To
Patient
Language
Phone
Physician
Status
Burns, Jazzmyn
English
987-654-3210
SMITH, HARRY d
Zai, Aysha
English
718-309-1487
SMITH, HARRY d
Daisy, Smith
English
212-363-8000
SMITH, HARRY d

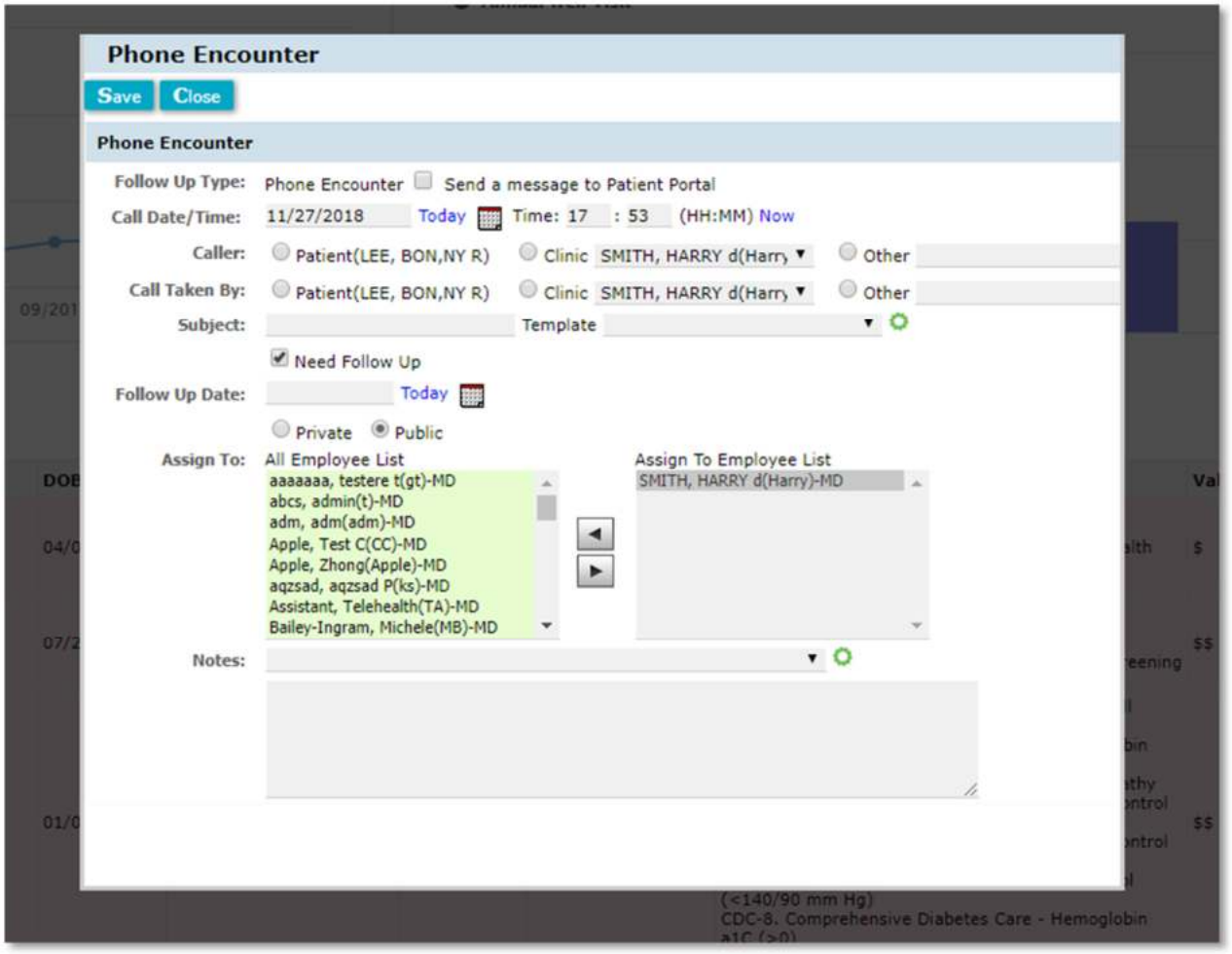
Send a Single Text

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”.



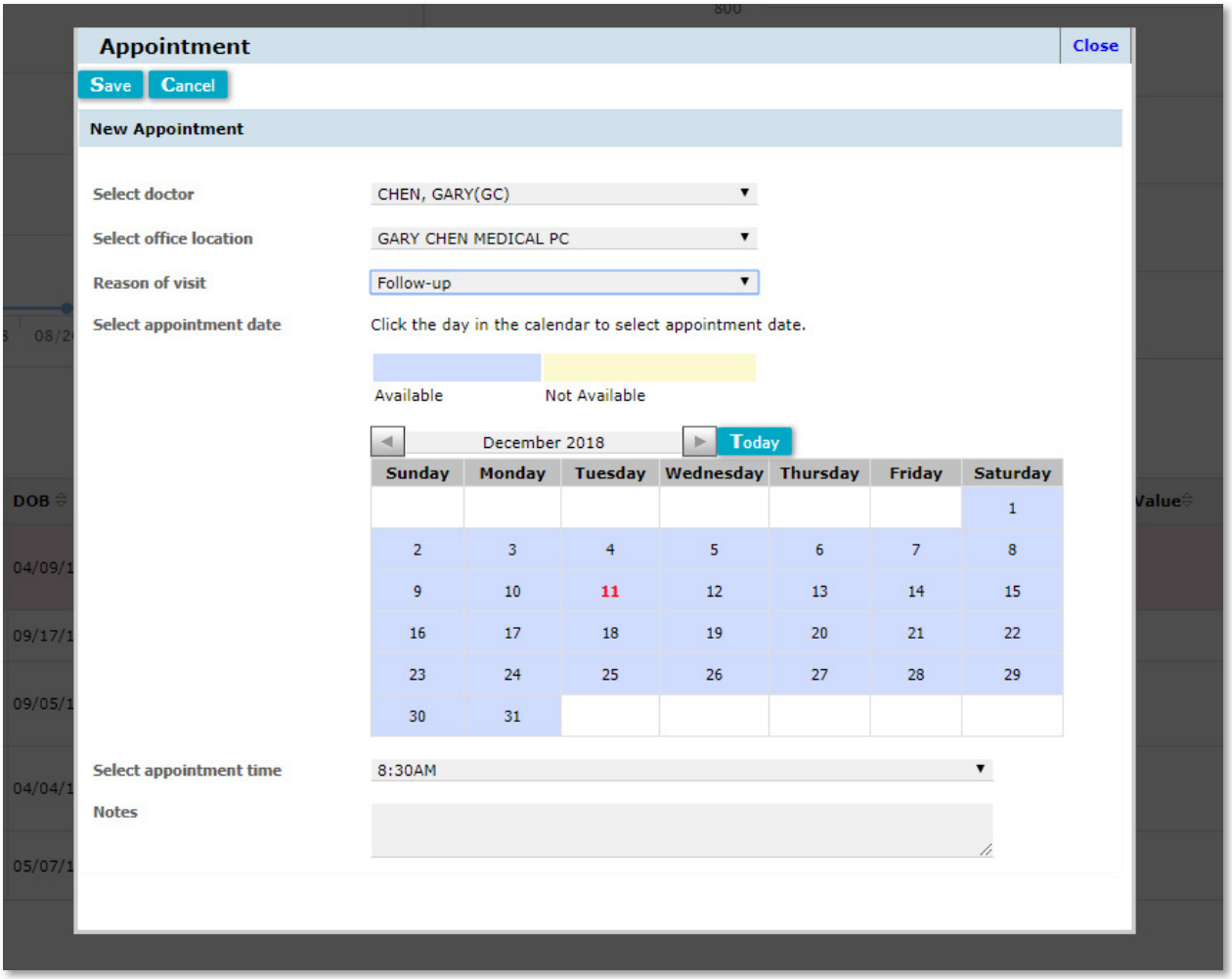
Make a Phone Encounter

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”.

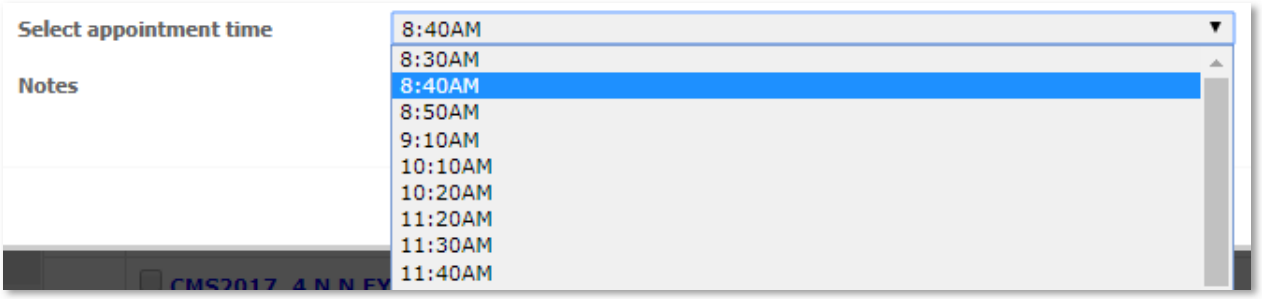


Scheduling an Appointment

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.



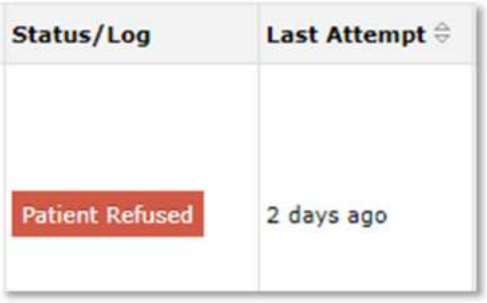
The “Select appointment date” and “Select appointment time” fields will change based on availability and previous bookings/blocks as shown below:



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.

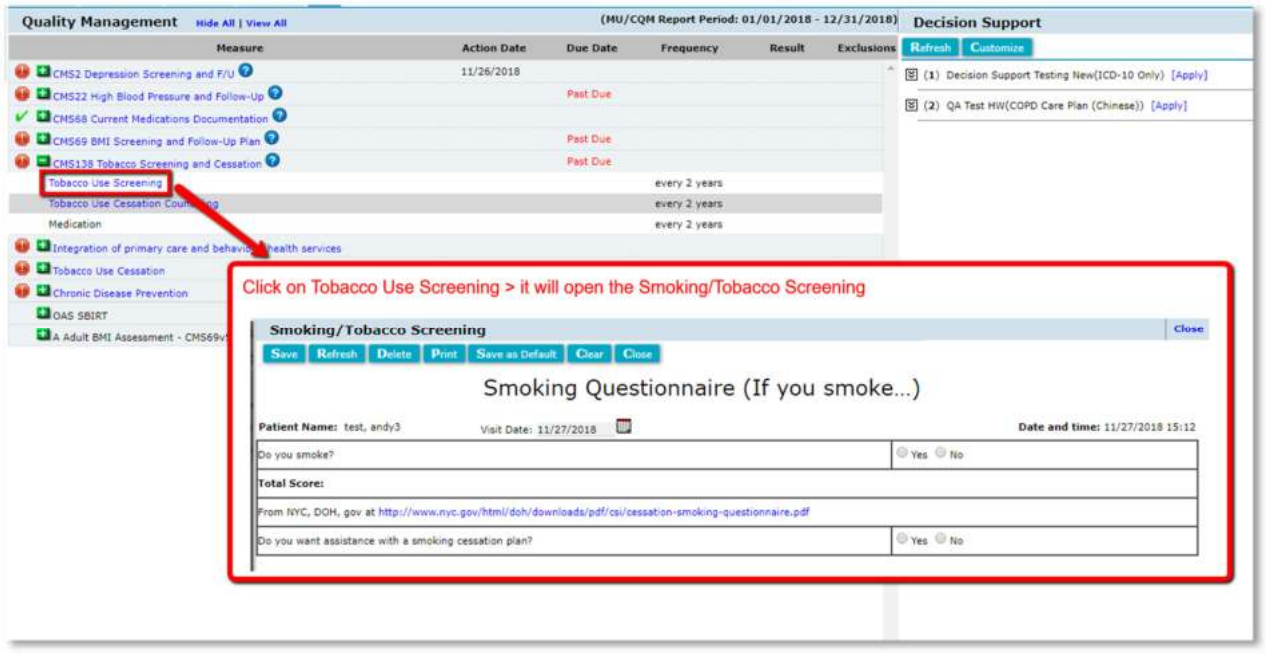


Patient Status will show in “Status/Log”

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: