

Patient Centered Medical Home Analytics

Becoming a certified Patient Centered Medical Home (PCMH) is one of the highest priority initiatives for most medical practices in the US today. The concept of a PCMH is nothing new, but as healthcare reform is pushed harder and insurance companies begin rolling out larger scale reimbursement incentives, PCMH is gaining real momentum.

For many practices the thought of taking on an initiative such as PCMH seems daunting and almost unattainable at first. The LPA Patient Centered Medical Home Analytic is designed to automate much of the clinical based reporting that is required for the certification process.

The LPA PCMH Analytic provides a number of standard reports and dashboards that meets the needs of the PCMH certification process. Below are a few samples of the reports that are provided with the solution that can help speed any organization on their way towards PCMH certification.

Reports are uniquely labeled within the solution and tied to the NCQA 2011 guidelines using Standards and Elements.

Standard 2, Element D

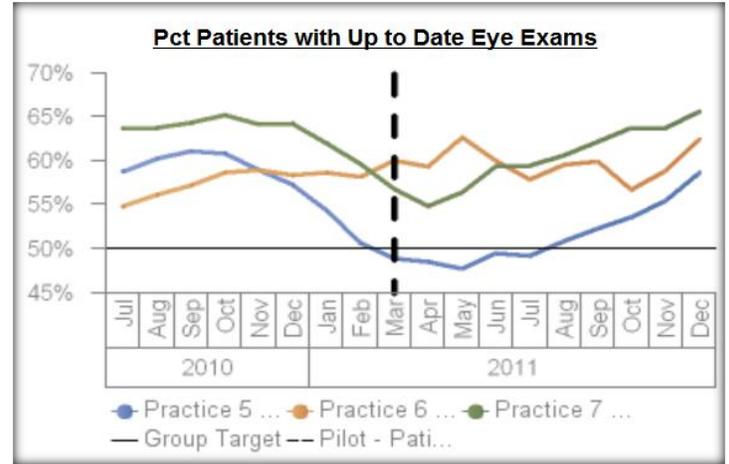
Diabetes Mellitus Screening Report - Diabetes Care
 Practice: Practice 2 - FAMILY MEDICAL GROUP
 Provider: BATEMAN, SOPHIA N.
 Run By: Katrina Adams
 Report Criteria: ACTIVE Patients
 No Appointments in : 0 month(s)
 Data Dictionary

BATEMAN, SOPHIA N. (126 Total Patients) Patient Contact List

Name	DOB	Last Visit	Next Appt.	Last HbA1c	Last LDL	Score	Class	Diabetes Care	Eye Exam	Foot Exam	ACEI/ARB	Aspirin
ASKE, PAUL	8/18/42	08/18/2011	-	6.1	08/09/2011	89	Underweight	-	08/01/2011	08/02/2011	No	No
AUSTIN, PATRICK	4/23/87	10/31/2008	-	11.6	03/18/2011	122	Not Recorded	-	11/05/2010	09/08/2010	No	No
ALBA, SHELA	2/25/73	11/09/2010	-	6.3	01/22/2011	99	Normal	-	12/22/2009	06/01/2011	No	No
ALBARAN, FABRICA	3/12/51	12/18/2010	-	7.3	12/15/2010	153	Obese	04/03/2008	01/06/2011	12/02/2010	Yes	No
ANDERSON, AMANDA	2/9/76	-	-	7.7	12/23/2010	84	Obese	-	01/30/2011	04/14/2011	No	No
BACON, ALBERT	8/21/7	02/20/2009	-	7.7	03/04/2010	69	Overweight	-	01/13/2010	06/07/2011	No	No
BAILEY, MICHELLE	1/23/53	06/28/2010	07/23/2011	5.3	03/20/2011	108	Normal	-	12/01/2010	05/03/2011	No	No
BARB, SYLVIA	9/13/65	-	-	5.3	06/01/2011	68	Normal	-	07/02/2011	12/16/2010	No	No
BECK, JOSHUA	3/28/48	-	-	6.9	08/27/2010	103	Normal	-	04/16/2011	03/30/2011	No	No
BELL, CAROL	7/27/56	05/27/2011	08/18/2011	6.2	01/08/2011	106	Underweight	-	05/22/2011	03/16/2010	No	No

The solution leverages LPA's experience in assisting organizations gain NCQA Level 3 certification, state of the art technology from IBM and integration with the Provider's EMR to effectively automate what can otherwise be a daunting manual effort.

Standard 6, Element D



The ability to track progress towards meeting targets and to visually track the impacts of specific care programs is easily enabled using built in functionality. These capabilities allow practices to identify gaps in care and monitor progress quickly and easily.

Written care plans as required by Standard 3, Element C are enabled by the integration of the LPA solution and Microsoft Word. By merging personalized care information with standard form letters, practices can quickly provide patients with the individual guidance they require.

Many other reporting areas are covered including Immunizations, Population Management, Continuous Improvement, Performance Reporting and Pre-appointment Checklists. Each of these standard reporting capabilities can then be customized to meet your practices specific needs and goals.

The benefits of the solution extend well beyond the boundaries of satisfying the PCMH standards. With the solution, users gain great insight into patient populations, have access to actionable reports and can drill down from population based reports all the way to individual patient information.

Take the first step today, contact LPA for a face to face meeting where we can introduce you to our capabilities in this area and help your organization obtain your PCMH goals.