

# Microalbumin & A1C Process

Northern Pines Health Center

1

## Regular Staff Training

- ▶ On the importance and value of ordering and patient completion of microalbumin and A1C lab tests.
  - ▶ Patient health improvement
  - ▶ Diabetic Management
  - ▶ Insurance company
  - ▶ Incentive based programs
- ▶ Staff trained multiple times throughout the year at staff meetings and one on one training as needed by PCMH/Hedis Coordinator and providers.

2

## Diabetic Chronic Care Visits

- ▶ Most diabetic patients are seen in the office quarterly for their chronic care visit.
- ▶ Exceptions would be patients managed by endocrinology and very well controlled diabetic patients that are seen at least biannually.

3

## Microalbumin

- ▶ Microalbumin is instructed to be ordered at the first non-acute visit of the year for all diabetic patients as a standing order in our office regardless of the appointment reason.
- ▶ Most insurance companies pay for one microalbumin lab order per calendar year.
- ▶ Making this a standing order has:
  - ▶ Improved the percentages of patients that complete the microalbumin lab test.
  - ▶ Improved the clinical outcome results.
  - ▶ Improved administrative performance results.
  - ▶ Allows more time to evaluate and/or reevaluate patient treatment plans as necessary.

4

## A1c

- ▶ A1c labs are encouraged to be ordered every three months for all uncontrolled A1c diabetic patients.
- ▶ All uncontrolled A1c patients are referred to work with our in office care management department.

5

## Diabetic Registry/Performance Report

- ▶ A Diabetic Registry and Performance report is run at least biannually
- ▶ Provided to the corresponding primary care physician, the medical director and the care management department.
- ▶ The diabetic registry includes patients most recent A1c results, last microalbumin date, vitals, demographics and other structured fields.
- ▶ Allow for a detailed and broad view of the diabetic patients in the practice.
- ▶ Individual provider statistics and overall office statistics allow for appropriate design of training and patient improvement plan training with clinical teams.
- ▶ Utilized to perform recalls to close and improve patient gaps in care.

6

## Chart Preparation

- ▶ A Medical Assistant prepares the patients chart 1-2 business days prior to the patients appointment.
- ▶ Chart prep utilizes insurance registries, patient portals, internal clinical alerts in the patients chart to determine open gaps in care.
- ▶ Gaps in care are transferred to the patient encounter sheet prior to the patients appointment.
- ▶ Improve medical assistant and provider team in treating patient date of service.

7

DATE: Time Patient <<Appointment Date>> <<Appointment Time slot>> <<Patient First Name>> <<Patient Last Name>>		Balance: <<PatientBalance>>	Today's Appointment Reason: <<Appointment Reason>>
Doctor <<Appointment Provider>>		Charge	Appointment Notes: <<Appointment Notes>>
DOB <<DateOfBirth>> Age: <<Patient Age>>		Current Pharmacy:<<Current Used Pharmacy>>	
Acct # Phone # Reg. Party <<AccountNo>> <<Patient Contact No>>		Adjustments	Active Allergies:<<Active Allergy>>
Email: <<EMAIL>>		Payments	Principal Provider:<<Principal Provider>>
Sex Address City/State Zip <<Patient Gender>> <<Patient Address>> <<Patient City>> <<Patient State>> <<Patient Zip>>			
Patient Insurance Information <<Patient Insurance>>		Check Patient Account Details: <<Patient Unposted Amount>>	I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and I hereby authorize the release of pertinent medical information to insurance carriers.
Primary Guarantor: <<Guarantor>> <<Primary Guarantor>> Relation:			Patient Signature

  

<b>FD Chart Check every visit ( Data based on either, apt reason/type and/or insurance recommendations )</b>		
CPE: Due: _____	A1C < 7	Patient Portal: Needed 13 18
AWV: Due: _____	DM Eye Exam	Spirometry
Explain/Code PCMH/CR	Microalbumin	SDOH Code/Tablet ACO

  

<b>FD Chart Check every visit ( Data based on insurance recommendations )</b>		
Complete Metabolic Lab	Chlamydia	Meridian only: HRA complete & bill <b>96166</b>
Lead Screening	Pneumo Vaccine	Complete HRA but <b>DO NOT BILL</b>
LDL < 100	Flu Vaccine	

  

<b>FD Chart Check every NON-preventative visit ( Data based on insurance recommendations ) FD Standard at every Preventative visit: Just circle no chart check Required!</b>		
Mammogram: Last: _____	PAP: Last: _____ w/ HPV or w/o HPV	Colorectal screening
	Bone Density	

  

<b>FD Standard at every visit: Just circle no chart check Required ( Data based on either, apt reason/type/ insurance)</b>		
PHQ9	Check Statin	Check Beta Blocker
Counseling for nutrition/physical activity	BP < 139/89	Immunizations
Developmental screening	Tobacco Status	Aspirin/Antiplatelet Therapy
		Check ACE/ARB

8

- ▶ These tools have improved Northern Pines Health Center's ability to capture and close gaps in care for our diabetic patients and are also utilized for all other clinical alerts and gaps in care needed for patients on both the preventative and chronic care level of treatment.