



JPA's PGIP News

This newsletter updates JPA Practices on the BCBSM PGIP program

COMMUNITY RESOURCE DATABASE NOW AVAILABLE ON JPA WEBSITE

The Jackson Physicians Alliance published an online Community Resource Database, which contains numerous resources available to the greater Jackson physician community. These resources range from, but are not limited to: counseling services, diabetes education, food pantries, lower cost insurance plans, prescription assistance, interpreter services and transportation services. JPA designed this webpage to be used as a "Go To" for all JPA members to use when they have a patient who needs some type of community assistance. Another reason JPA created the Community Resource Database is because it helps practices meet four PGIP-PCMH capabilities.

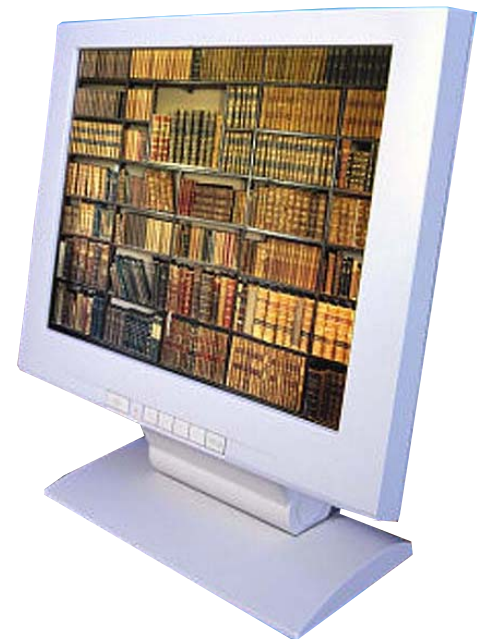
The first capability this resource helps practices meet is 10.2 – *The PO maintains a community resource database based on input from practice units that serves as a central repository of information for all practice units.* As the PO, JPA has created and will maintain the community resource database, which can be found on the JPA website, www.JPAdocs.com.

The second capability this resource helps practices meet is 5.9 – *The practice unit has telephonic or other access to interpreter(s) for all languages common to practice's established patients.* JPA has researched and identified multiple interpreters within the community who are willing to work with JPA practices for a nominal fee. Practices can use the interpreter resource to compile a list of their own, which includes all the languages common to the practice's established patients.

The third and fourth capabilities this resource helps practices meet are 10.4 - *All members of practice unit care team involved in establishing care treatment plans have received training on community resources so that they can identify and refer patients appropriately* and 10.5 - *Systematic approach is in place for educating all patients about community resources and assessing/discussing need for referral.*

Capability 10.4 requires that each staff member is trained and knows which resources are available in the community, and can use that information to appropriately refer patients in need. The practice manager or clinical lead will need to develop a training session for the practice staff. This training session will need to be documented to meet this capability.

Capability 10.5 is met when the practice has actually begun assessing its patient population and is discussing the need for referral with patients regularly. This can include handing out 2-1-1 brochures or community



resource booklets at the check-out desk. JPA has a PDF of the 2-1-1 brochure if you need it.

The Community Resource Database is available on the JPA website. If you know of any additional resources not listed, please let JPA staff know, so that we may share them with other practices. If you have any questions about how to meet any of these capabilities, please contact Erika Byrum at (517) 817-2140.

PGIP Program



PGIP PCMH Initiative - Standing Orders

JPA will be working on the PGIP PCMH Service-Focused Initiative *Capability 9.6 - Standing Orders* with you and your practice this quarter. This is in addition to those PGIP initiatives already underway.

What are standing orders?

Standing order protocols are written guidelines that allow a practice care team member to authorize and deliver treatment options and preventative services according to a physician-approved protocol without examination by the clinician. Written approval is needed for each standing order by the physician.

What is the purpose of standing orders?

Written standing orders will allow practice care team members to prepare the patient for their visit by ordering necessary labs and/or diagnostic testing prior to the appointment. Having all the pertinent information available will allow the clinician to be more patient focused during the exam. Written standing orders will empower practice care team members to provide immunizations and guidance to patients with questions concerning over-the-counter medication dosage without having to ask the clinician.

Use of standing orders: Some of the most common uses are for vaccinations; fecal occult blood tests; medication intensification algorithm for patients with lipid disorder or high blood pressure; over-the-counter medications dosages; preventative radiological exams; and education.

Sample of standing orders: [Note: these examples have been summarized due to newsletter space constraints.]

EMLA/LIDOCAINE AND PRILOCAINE

- Cream- Lidocaine 2.5% + prilocaine 2.5%.
- Birth-3 mo or < 5kg – Max. Dose 1, Max. application area in cm 10, Max. application time 1 hr.
- 3-12 mo and >5kg – Max. Dose 2, Max. application area in cm 20, Max. application time 4 hrs.
- 1-6 yrs and >10kg. –Max. Dose 10, Max. application area in cm 100, Max. application time 4 hrs.
- 7-12 yrs and >20kg – Max. Dose 20, Max. application area in cm 200, Max. application time 4 hrs.

2) COLORECTAL CANCER SCREENING

Practice Care Team Members are authorized through this standing order to order laboratory testing for patients aged 50 or older who have not had one of the following screenings completed during the time periods shown:

- Colonoscopy within the last 10 years
- Fecal Occult Blood test within the last 12 months
- Double Barium Contrast enema within the last 5 years
- Flexible Sigmoidoscopy within the last 5 years

3) FLU IMMUNIZATIONS

1. Identify adults with no history of influenza vaccination for the influenza disease season.



2. Screen all patients for contraindications and precautions to influenza vaccine.
3. Provide all patients with a copy of the most current federal Vaccine Information Statement.
4. Administer 0.5 ml of injectable trivalent inactivated influenza virus (TIV) IM (22-25g, 1-1 1/2" needle) in the deltoid muscle.
5. Document each patient's vaccine administration information and follow up in the Medical Chart and Personal Immunization Record Card.

4) DIABETIC PATIENT TESTING

Practice Care Team Members are authorized through this standing order to order laboratory tests under the following conditions:

Hemoglobin A1c

- No hemoglobin A1c within the last 3 months

Microalbumin (Qualitative)

- No microalbumin within the last year
- No current ACE-inhibitor or ARB therapy
- No documentation of proteinuria (>300 mg/dl)

Serum creatinine/BUN

- No serum creatinine or BUN within the last year
- Before initiation of Biguanide, ACE-inhibitor, ARB, Thiazide Diuretic, and/or Loop Diuretic therapies
- After initiation or titration of Diuretic(s) ACE-inhibitor or ARB

Currently, 38 percent of JPA practices utilize standing orders. We'd like to increase this percentage. Focusing on this initiative will assist your practice in its PCMH transformation. If you would like assistance with establishing and/or using standing orders, please contact Erika Byrum at the JPA office at (517) 817-2140.

QUESTIONS?

Contact the Jackson Physicians Alliance

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