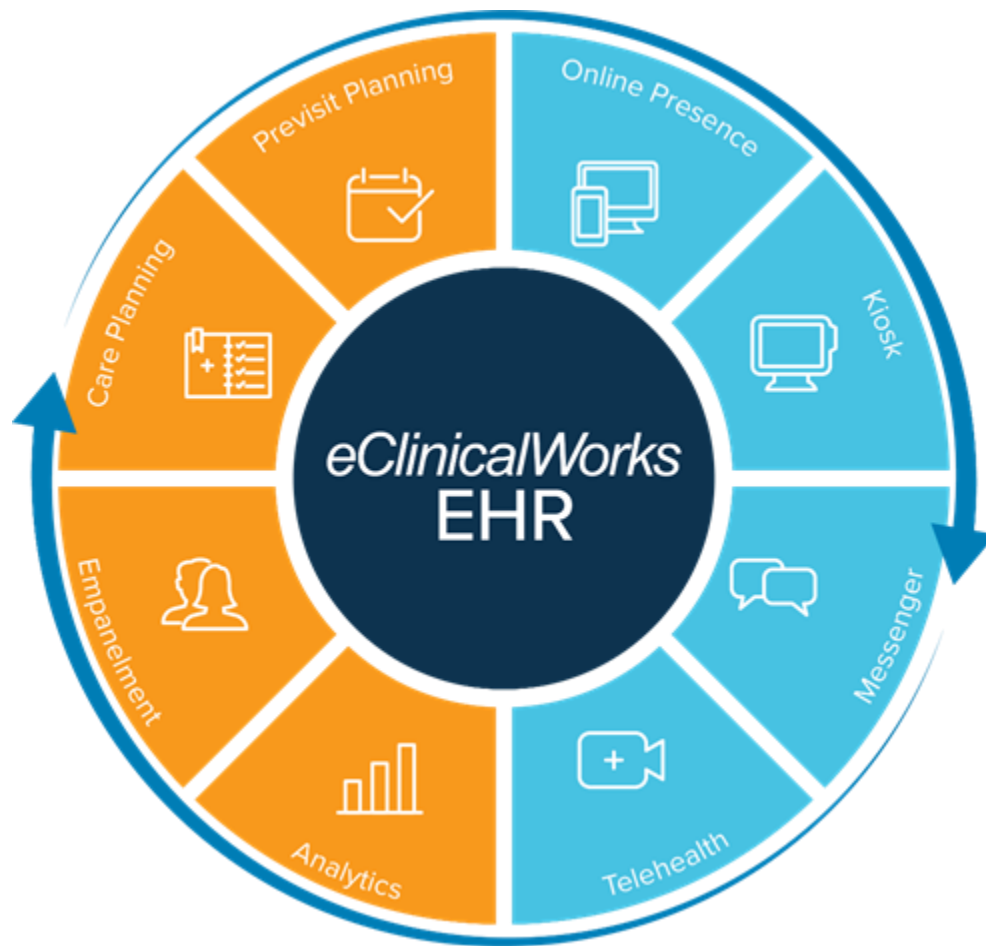


eClinicalWorks

Business Analysis Department



Workbook: PHM Care Plan- Behavioral Health

Client Name: Katy Trail Community Health Center

September 2020

CONTENTS

PHM navigation band > Care Planning	4
Care Planning Dashboard	4
Tasks and Reminders	4
Actions	5
Reminders	7
Enrollment Request	8
All Enrolled	9
My Patients	9
Patient Enrollment	11
Enrolling Patients from Patient PHM Hub	11
Program and Care Team Assignment	12
Enrolling Patients from the Care Planning ‘Dashboard’	14
Enrolling Patients from the Registry	15
Care Planning ‘Dashboard’	17
Care Planning Filters	17
Behavioral Health and Care Plan Visits	18
Create an Appointment	18
Documenting Health Risk Assessments	21
Documenting the Care Plan	24
Progress Note Documentation	27
Care Managers Assigning Progress Notes to Supervising Physicians	29
Reviewing and Approving Assigned Progress Notes	30
Care Plan Reviews	31
End Program Enrollment	35
Katy Trail CHC Care Planning and Behavioral Health Workflows	37
Enrollment and Care Team Selection – Katy Trail CHC Patient	37
Enrollment and Care Team Selection – School Based	38
Chronic Disease Management/Behavioral Health - Initial Visit	39
Chronic Disease Management/Behavioral Health – Follow up Visit	40
Chronic Disease Management/Behavioral Health – End Program Enrollment	41
Katy Trail Community Health Center - CP/BH Documentation	42

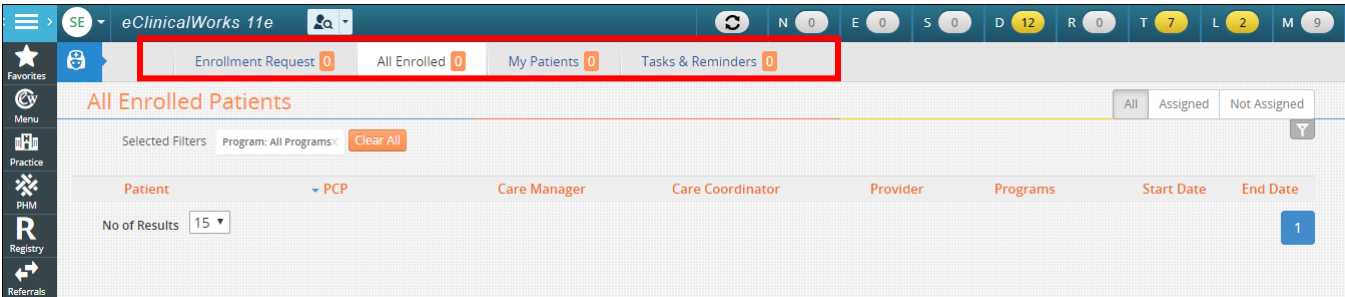
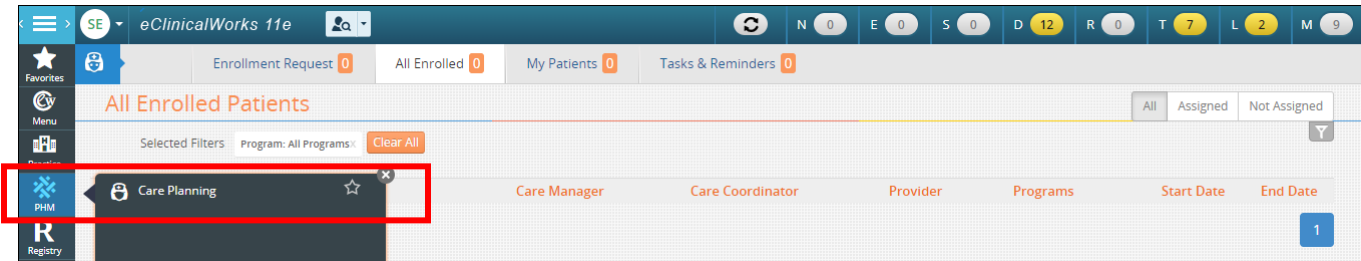
Programs	42
Problems.....	42
Templates	42
Goals	43
Objectives	47
Interventions	49
Appendix A: Notices	51
Trademarks.....	51
Copyright	51

PHM navigation band > Care Planning

Care Planning Dashboard

Care Planning Dashboard contains four tabs:

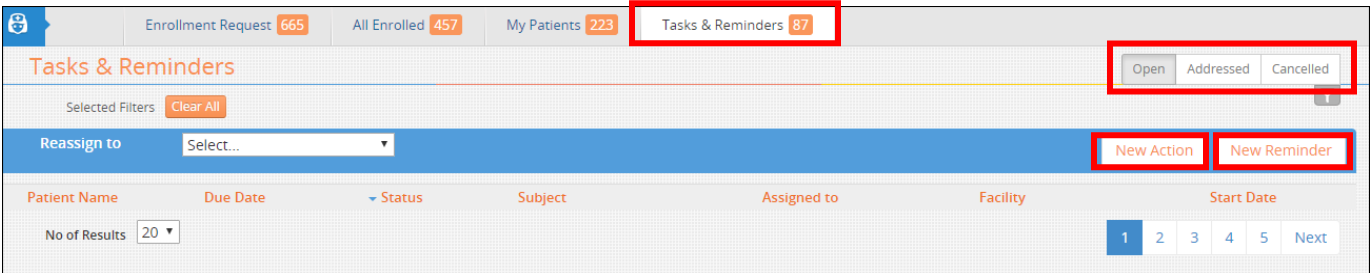
- Enrollment Request
- All Enrolled
- My Patients
- Tasks & Reminders



Tasks and Reminders

This tab has two features:

- Tasks (Actions) and Reminders.
- Both Actions and Reminders (Open, Addressed and Cancelled) can be viewed from this screen.



Actions

Actions enable users to create and assign patient specific tasks such as scheduling follow-up appointments or calling a PCP for referral, etc. You may assign an action to either self or any other staff member and track the progress until it is complete. Actions within the Care Planning Dashboard are the same as throughout eCW.

1. To open an Action assigned to the logged-in user:

- Click on the blue patient name from the 'Tasks and Reminders' page to open the Action.
- There are 3 tabs to this Actions window. Click on each tab to view additional details.
- To Address/ Close this action, change the 'Status' field to 'Completed'. This will remove this action from Open items and put it in the 'Addressed' bucket. All 'Closed' Actions can be viewed under the 'Addressed' tab.
- Click OK to save all changes.

Tasks & Reminders

Selected Filters: Assigned to: Willis, Sam x Clear All

Reassign to: Select...

New Action New Reminder

Patient Name	Due Date	Status	Subject	Assigned to	Facility	Start Date
Test, Test	03-14-2018 12:00:00 AM	Not Started	Test 1234567	Willis, Sam A	Westboro Medical Associates	03/12/2018
				Willis, Sam A		
			Call patient	Willis, Sam A	Westboro Medical Associates	01/02/2018

Click on patient name to open the Action

2. To Create a New Action

- Click on 'New Action' button, the following window will open:
- Fill out all appropriate details. 'Status' refers to the Action's progress. 'Assigned To' field indicates who receives the Action (the user will see it in their Tasks and Reminders window).
- Hit 'Ok' on the bottom of the window to save this new Action.

Actions

Actions

Structured Data

Recurrence History

Name

* Name/SSN/DOB

-

Action Type

-

Assigned To

* Enter User

Status

*

-

Start Date

03/22/2018

Subject

*

-

Facility

Priority

* Normal

-

Due Date

* 03/22/2018

Notes

☐ Recurrent Action Frequency

*

☐ Hour(s)

☒ Day(s)

☐ Week(s)

☐ Month(s)

☐ Year(s)

Last Due

03/22/2018

Last Done

03/22/2018

☒ No end date

☐ End After

occurrences

☐ End by

03/22/2018

1D

2D

3D

1W

2W

3W

4W

5W

2M

3M

4M

6M

Ok

Cancel

Reminders

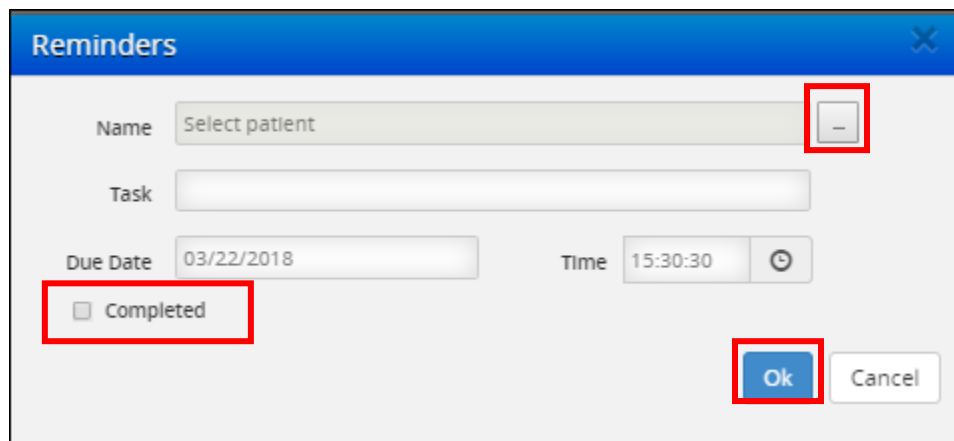
Reminders are not as elaborate or detailed as Actions. These can be used to create reminder messages to your self. Note that Reminders do not show in the 'T' jellybean or show in the patient record.

1. To open a previously created Reminder:

- a) Click on the blue patient name from the 'Tasks and Reminders' page to open the Reminder.
- b) In order to Close/ Address this action to remove it from the 'open' list, the check off the 'Completed' checkbox and hit OK to save.

2. To Create a New Reminder:

- a) Click on the blue patient name from the 'Tasks and Reminders' page to open the Reminder.
- b) New Reminder window will now open.
- c) Fill out all appropriate fields and click "Ok" to save this new Reminder.



The screenshot shows a 'Reminders' dialog box with a blue header and a close button (X) in the top right corner. The form contains the following fields and controls:

- Name:** A dropdown menu with the text 'Select patient'. A red box highlights the small downward arrow button on the right side of the dropdown.
- Task:** An empty text input field.
- Due Date:** A date input field containing '03/22/2018'.
- Time:** A time input field containing '15:30:30' with a clock icon to its right.
- Completed:** A checkbox labeled 'Completed'. A red box highlights the checkbox itself.
- Buttons:** 'Ok' and 'Cancel' buttons at the bottom right. A red box highlights the 'Ok' button.

Enrollment Request

Note: Katy Trail Community Health Center will not be utilizing Enrollment Requests at this time.

The Enrollment Request tab is a list of patients who have been flagged by providers or staff that the patient is eligible for receiving care management and are pending to be enrolled to a care management and/or BH program and assigned a care team.

Enrollment Request 665

All Enrolled 457

My Patients 224

Tasks & Reminders 87


















All Enrollment Request

Pending

Decline

Selected Filters

Clear All

	Patient	PCP	Date	Reason	Source
 	Whitney,Blaine MC5(F,27 Yrs)	Willis,Sam A	03/08/2018		Westboro Medical Associates
	Test - 1.0.1.NQF 0059 (M,18 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
 	Test,POQJA P(F,37 Yrs)		01/11/2016		Westboro Medical Associates
	Test,Pcmh3 s(M,12 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,PCMH2-M (M,32 Yrs)	Willis,Sam A	02/05/2018	XYZ	Westboro Medical Associates
	Test,PCMH2-M (M,32 Yrs)	Willis,Sam A	02/05/2018	XYZ 1	Westboro Medical Associates
	Test,NQF 0057 109 (F,73 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,NQF 0057 108 (M,73 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,NQF 0057 107 (M,21 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,NQF 0057 106 (F,15 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,NQF 0057 1028 (F,74 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,Nqf 0057 1024 (F,79 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,NQF 0057 1023 (F,74 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,NQF 0057 101 (M,18 Yrs)	Willis,Sam A	02/22/2018	High risk	Westboro Medical Associates
	Test,Nathan P(M,29 Yrs)	Willis,Sam A	10/27/2017	Authorization Review	Westboro Medical Associates

New

No of Results 15

1

2

3

4

5

>

>>

Click the 'Filter' icon to expand for additional filter options below:

All Enrollment Request						Pending	Decline	+
Patient Name	Patient name	PCP	Search providers					
Reason	Reason	Source	Source			Filter		
Milestone	Select any question	Risk score	All					
		Patient Facility						
Selected Filters Clear All								

All Enrolled

The All Enrolled tab allows the Care Manager to view all patients who have been enrolled into care management and/or BH programs.

Enrollment Request 665

All Enrolled 457

My Patients 224

Tasks & Reminders 87

All Enrolled Patients


















AllAssignedNot Assigned

Y

Selected Filters

Program: All Programs

Clear All

Patient	PCP	Care Manager	Care Coordinator	Provider	Programs	Start Date	End Date
  XYZ,ABC (F,32Yrs)	Wyse,Mark	Cline,Erin	Harmeeek,Bhamra	Atule,Anis A Bartel,Wayne	PCMH	01/11/2018	
   Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A	Cline,Erin	Test,Soumya	Ausum,David J	BH- Program	07/06/2017	07/06/2019
   Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A				CCM	02/23/2016	
   Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A				Behavioral Health Care	11/22/2017	11/22/2018
   Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A				Diabetes	07/06/2015	
   Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A				Pecos Valley Care Management	11/14/2016	

Click the 'Filter' icon to expand for additional filter options below:

All Enrolled Patients							All	Assigned	Not Assigned
Patient Name		Programs	All Programs			Filter			
Care Manager		PCP				Export To Excel			
Care Coordinator		Provider							
Milestone	Select any question	Risk score	All						
		Patient Facility							
Selected Filters		Program: All Programs		Clear All					

My Patients

The My Patients tab allows the care manager/care coordinator to see the patients assigned to them.

Enrollment Request 665

All Enrolled 457

My Patients 224











Tasks & Reminders 87

My Patients

Selected Filters

Program: All Programs

Clear All

Patient	PCP	Care Manager	Care Coordinator	Provider	Programs	Start Date	End Date
  Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A	Cline,Erin	Atest,Ctest		Diabetes Care Management	07/15/2016	08/15/2016
  Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A	Cline,Erin	Test,Soumya	Ausum,David J	BH- Program	07/06/2017	07/06/2019
  Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A	Duran,Chris	Atest,Ctest		PCMH	12/09/2015	
  Whitney,Blaire MCS(F,27Yrs)	Willis,Sam A	Amatya,Kiza	Harmeeek,Bhamra	Ausum,David J Atule,Anis A	CAD Care Management Program	11/17/2015	11/17/2016
  White,Mary (F,27Yrs)	Willis,Sam A	Smith,John	Test,User	Atule,Anis A Cat,Handsome Doctor,New Heart,Linz	High Cost/High Utilization	09/23/2016	

Click the 'Filter' icon to expand for additional filter options below:

The screenshot shows the 'My Patients' section of a web application. At the top, there are four tabs: 'Enrollment Request' (665), 'All Enrolled' (457), 'My Patients' (224), and 'Tasks & Reminders' (87). The 'My Patients' tab is active. Below the tabs, the title 'My Patients' is displayed. The main area contains several filter fields: 'Patient Name' (text input), 'Care Coordinator' (text input), 'Provider' (text input), 'Milestone' (dropdown menu with 'Select any question' selected), 'Programs' (dropdown menu with 'All Programs' selected), 'PCP' (text input), 'Risk score' (dropdown menu with 'All' selected), and 'Patient Facility' (text input). To the right of these fields are two buttons: 'Filter' and 'Export To Excel'. The 'Export To Excel' button is highlighted with a red rectangular box. A callout box with a black border and white background points to the 'Export To Excel' button, containing the text 'Click to export list of patients to Excel'. At the bottom of the interface, there is a 'Selected Filters' section showing 'Program: All Programs' and a 'Clear All' button. A small blue icon with a white 'Y' is located in the bottom right corner.

Enrollment Request 665 All Enrolled 457 My Patients 224 Tasks & Reminders 87

My Patients

Patient Name

Care Coordinator

Provider

Milestone

Programs

PCP

Risk score

Patient Facility

Filter

Export To Excel

Click to export list of patients to Excel

Selected Filters Program: All Programs Clear All

Patient Enrollment

Enrolling Patients from Patient PHM Hub

To access the PHM Hub, go to the patient's hub, find the PHM icon and click on it. You will be presented with several options; PHM Hub, Create Virtual Visit, and Enroll. Clicking 'Enroll' will allow you to directly enroll a patient or send an enrollment request to the Care Planning dashboard.

Patient Hub (Test, 1026)

Test, 1026 21Y, F **INFO**

1 TECHNOLOGY DR, WESTBOROUGH, MA-01581-1786
111-111-1111 | |
gary@yahoo.com | 02/05/1997
Account No: ECW10956 | Messenger Enabled: Yes
Web Enabled: Yes | healow Tracker Data: No

Advanced Directive : 1124F(10/25/2017)*
Insurance : Medicare B
Last vMsg :
PCP : Willis, Sam
Rendering Pr : Amatya, Kiza

Billing
Patient Balance : \$119.00
Collection Balance : \$0.00
Account Balance : \$119.00
Collection Status :
Assigned to :
Billing Alert Guarantor Balance
Account Inquiry Billing Logs

Appointments
Last Appointment : 03/29/2018 02:00 PM
Facility : Family Medicine
Next Appointment :
Facility :
Bumped Appt: NONE Case Manager Hx:
New Appointment

Structured Data
4A2 Do you have frequent visits for urgent or emergent care?
4A3 Do you have any Comorbidities?
4A4 Are you lack in social or financial support that impedes ability for care?

2 Labs **2** DI **2** Referrals
0 Actions **0** Tel Enc **0** Web Enc
0 Docs **0** P2P

Progress Notes Patient Docs Action New Tel Enc
Medical Summary Devices Logs New Web Enc
Medical Record Consult Notes Letters >> Send Message
Problem List Flowsheets Print Labels Messenger
eClniForms >> **PHM Hub** Dental Exam

If you want to verify if a patient is already in a program, select PHM Hub from the patient hub. You can view the list of current programs under 'Enrolled to Programs'. When accessing the PHM patient hub, click on the blue '+' sign on the top right corner to initiate enrollment:

PHM Hub

Patient Hub

Health Risk Assessment

Problems

Care plan

Test, 2017 PCMH

68 Y 01/19/1950

1 TECHNOLOGY DR WESTBOROUGH MA 01581-1786

111-111-1111

Upload/Change Picture

Less Info

Patient Details

Ethnicity: Not Hispanic or Latino

Language: Arabic

Interpretation needed: No

Emergency Contact

Emergency Contact:

Emergency Phone:

Relation:

Care Team for

Problem(s)

Depression Behavioral Health ADHD

Enrolled to Program(s)

BH- Program

ACG Risk score HRA Risk Score

HRA Template: Behavioral Health Template

Calculated Final

0 0

0/26 0

Cost Analysis PHA Alerts

\$ NA 0

View Details Refresh View Details

Last Appointment Next Appointment

Mon, 12:00:00 AM 02 Apr 2018 No Appt.

Program and Care Team Assignment

Note: *Katy Trail Community Health Center will not be utilizing Enrollment Requests at this time.*

1. After initiating enrollment from the HUB or PHM HUB, you will see an option to choose 'Send Enrollment Request' or 'Enroll Now'. Choose Enroll Now and click Next.

Patient Enrollment [Test, BA]

1 Enrollment 2 Program Detail 3 Care Team

☐ Send Enrollment Request ☒ Enroll Now

2. In next screen, select the patient's program. The duration and reason fields are optional. Entering a duration will calculate an end date based off the start date and duration. Click Next when finished.

Patient Enrollment [Test, BA]

1 Enrollment 2 Program Detail 3 Care Team

Source CCHS Third Street Health Center

Select Program * Behavioral Health Care

Duration 6 Months

Start Date * 05/12/2017 **End Date** 11/12/2017

Reason

- After selecting a program, you will be prompted to assign the patient's care team. The PCP and care giver fields pulls from the patients demographics screen. The provider field lists all practicing and referring providers. You may select multiple care coordinators but only one care manager. If care team assignment is completed, check the box 'Care Team Assignment Complete'. Leave unchecked if the the care team is pending. When finished, click 'I'm Done'.

Patient Enrollment [Test, BA]

1 Enrollment 2 Program Detail 3 Care Team

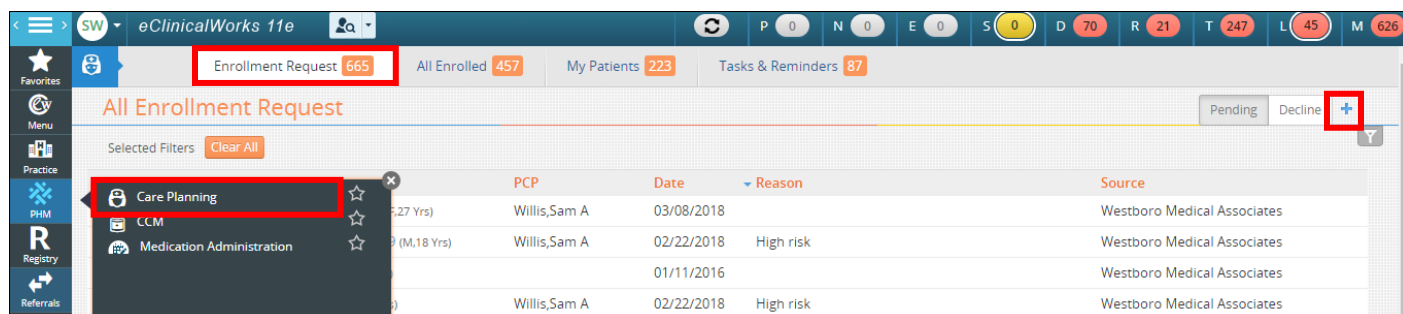
PCP: ☐ Care Team Assignment Complete

Provider	Care Manager	Care Coordinator	Care Giver
Q	Q	Q	Q

Note: Katy Trail Community Health Center will not be utilizing Care Coordinators at this time.

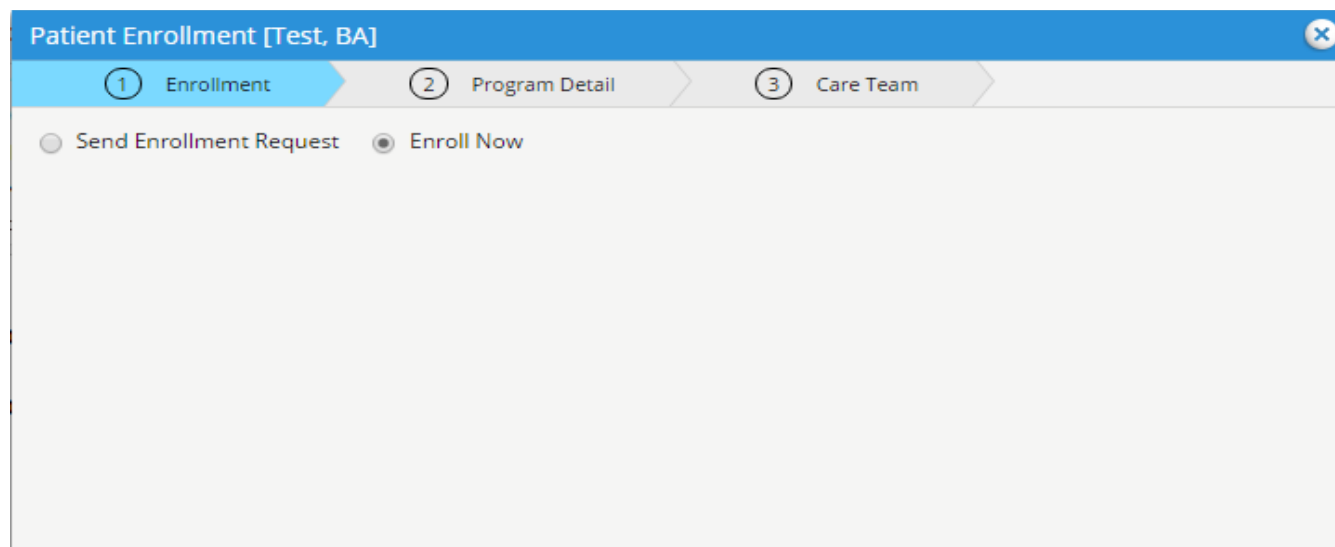
Enrolling Patients from the Care Planning ‘Dashboard’

From the PHM navigation band, click on Care Planning ‘Dashboard’ and then click on the Enrollment Request tab. The patients listed are pending enrollment. To add a new enrollment request, click on the blue “+” icon at the top right of the screen.

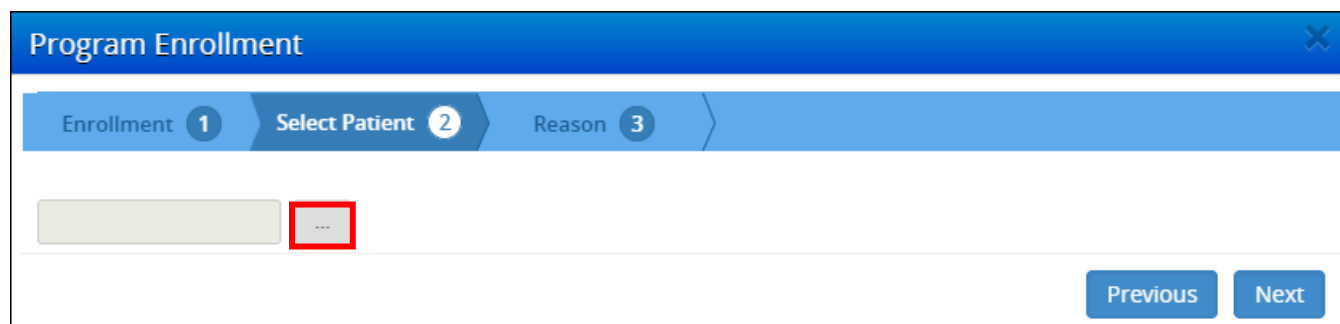


Using the ‘Enroll Now’ process, follow the steps below to complete the Enrollment process:

1. This will open the Patient Enrollment window, select Enroll Now, click “Next”.



2. Click the “...” button to search for a patient and click “Next”.



3. Complete the Care Team Assignment, select Care Team Assignment Complete.

Patient Enrollment [Test, BA]

1 Enrollment 2 Program Detail 3 Care Team

PCP: ☐ Care Team Assignment Complete

Provider	Care Manager	Care Coordinator	Care Giver
Q	Q	Q	Q

Enrolling Patients from the Registry

From the Registry, you can filter by specific criteria and enroll individual patients into a program or mass enroll multiple patients into the same program.

eClinicalWorks 11e

Registry

Demographics Vitals Labs/DI/Procedure ICD CPT RX Chief Complaints Medical History Imm/T.Inj Encounters Structured Data Reports Saved Reports Referrals Reports Allergies

Age Range: 0 100 M Select: All Facility: Race: Ethnicity: Program: Insurance: Language: PCP: Ren Provider: DOB (Actual): 04/03/2018 04/03/2018 Patient Search Options: Inactive Deceased Registry Enabled Exclude Beneficiaries

Demographics: Age >= 0 AND Age <= 100 AND Sex = Both AND Show = All

Check the box next to patient name

PATIENT NAME	DOB	SEX	AGE	TEL NO	ACC #
02.KM	09/29/1967	M	50Y		ECW11425
02.KM	12/02/1958	M	59Y		ECW11426
W 1111111.test	01/01/2012	M	6Y3M	972-727-4373	11223a
W 2017 1 Pt.Test	12/12/1986	M	31Y	075-454-4454	ECW11347
2017 11 Pt.PCMH	02/02/1986	U	32Y	075-454-4454	ECW11362
2017 12 Pt.PCMH	04/04/1976	F	41Y	075-454-4454	ECW11363
2017 13 Pt.PCMH	02/02/1999	M	19Y2M	075-454-4454	ECW11364
2017 2 Pt.PCMH				075-454-4454	ECW11357
2017 21 Pt.PCMH				075-454-4454	ECW11367
2017 3 Pt.PCMH				075-454-4454	ECW11358
2017 31 Pt.PCMH				075-454-4454	ECW11358

Click Enrollment to start mass enrolling patients into same program

Run Letter Flowsheet Patient Hub New Appointment Messenger Enrollment

No. of Result: 100 Total Counts: 2020 Prev Page 1 of 21 Next

1. To start enrollment, check the box next to the patient(s) name and click 'Enrollment'.
2. Select 'Enroll Now' and click Next.

Patient Enrollment [Multiple]

1 Enrollment 2 Program Detail 3 Select Patient 4 Care Team

☐ Send Enrollment Request ☒ **Enroll Now**

Next Cancel

Patient Enrollment [Multiple]

1 Enrollment 2 Program Detail 3 **Select Patient** 4 Care Team

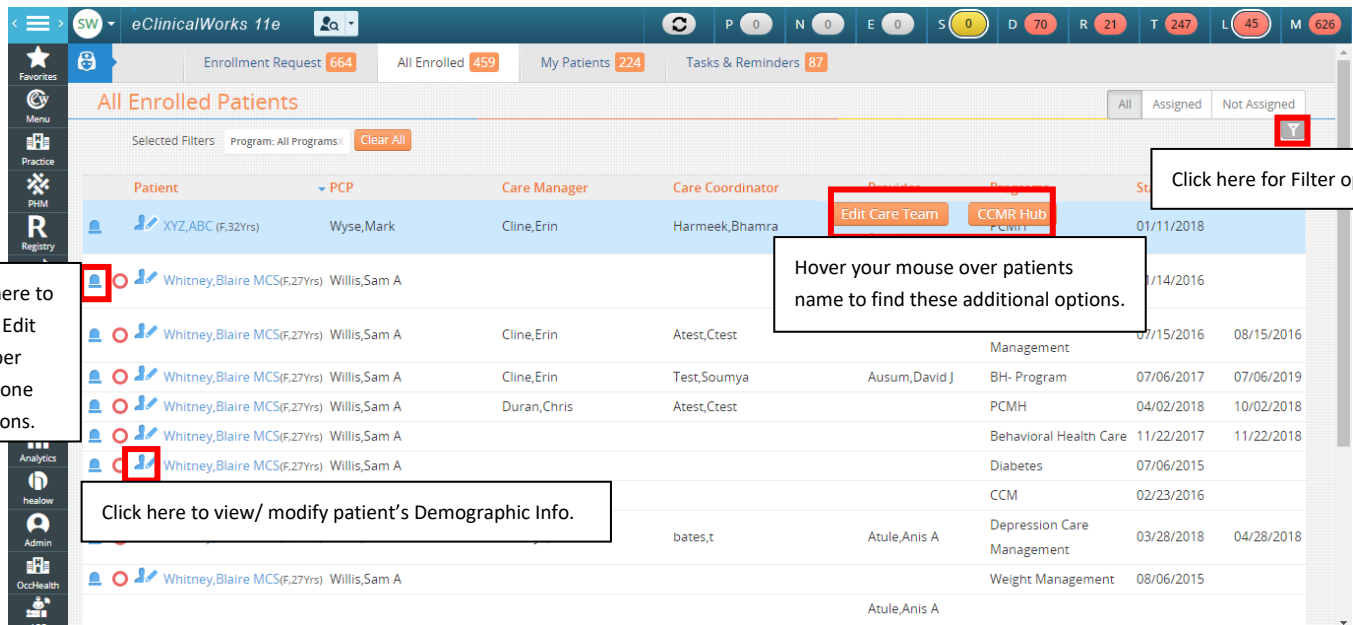
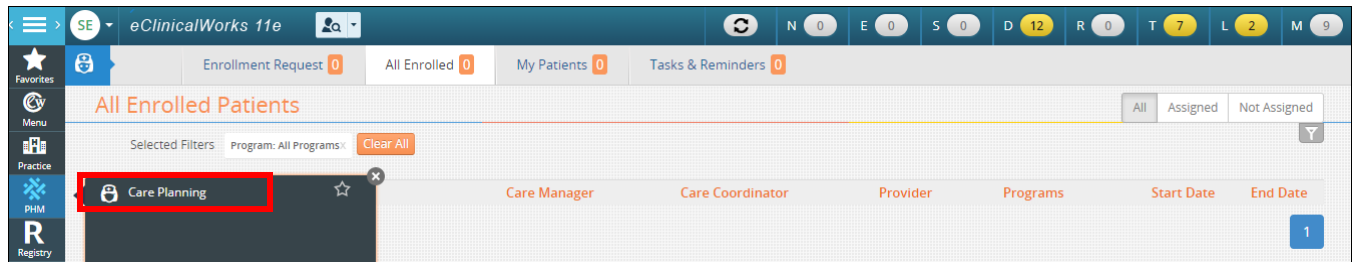
	Patient Name	DOB	Enrolled
<input checked="" type="checkbox"/>	2017 6 Pt, PCMH	04/04/1990	No
<input checked="" type="checkbox"/>	2017 21 Pt, PCMH	10/10/1992	No

- After selecting a program, you will be prompted to confirm patient(s) to be enrolled in same program and assign the care team. The PCP and care giver fields pull from the patient's demographics screen. The provider field lists all practicing and referring providers. If care team assignment is completed, check the box 'Care Team Assignment Complete'. Leave unchecked if the care team is pending. When finished, click 'I'm Done'.

Care Planning 'Dashboard'

The Care Planning 'Dashboard' can be used by Care Managers or Care Coordinators to view and manage their patients. Using this window, the logged in user can view and answer 'Member Milestone' questions, edit a patient's Care Team assignment, view a patient's PHM Hub and view all patients Enrolled into specific or all programs.

To access Care Planning 'Dashboard', click on 'Care Planning' on the top of the window as shown below:



Care Planning Filters

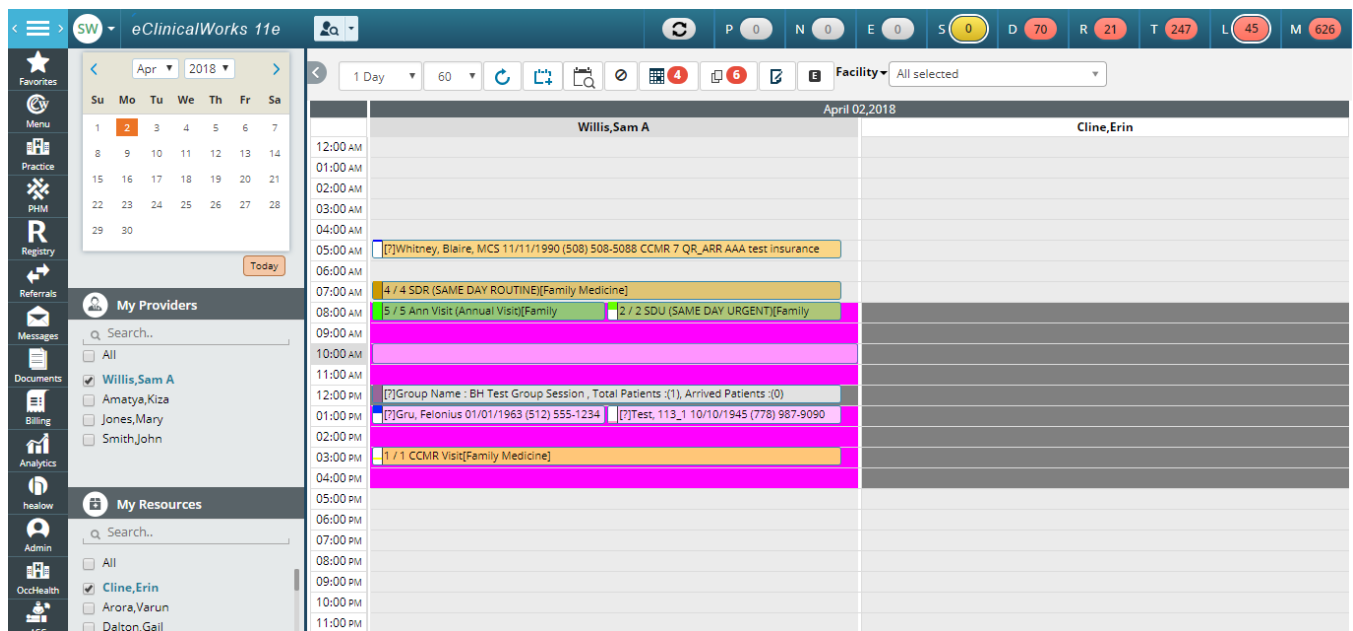
Filter options are available in the Care Planning 'Dashboard' as well as the Enrollments tab. They offer a way to organize or filter patients based on the attributes listed below.

All Enrolled Patients		All	Assigned	Not Assigned
Patient Name	<input type="text"/>	Programs	<input type="text" value="All Programs"/>	<input type="button" value="Filter"/>
Care Manager	<input type="text"/>	PCP	<input type="text"/>	<input type="button" value="Export To Excel"/>
Care Coordinator	<input type="text"/>	Provider	<input type="text"/>	
Milestone	<input type="text" value="Select any question"/>	Risk score	<input type="text" value="All"/>	
		Patient Facility	<input type="text"/>	

Behavioral Health and Care Plan Visits

Create an Appointment

1. If front office staff have not already scheduled the appointment, or if you are seeing a walk-in patient, you will need to create an appointment/encounter before you can document a progress note or care plan. For advanced options, please refer to the Front Office workbooks.
2. Open the resource schedule and double click on the time slot that reflects the desired time and provider for the encounter. This will open a new appointment window.



3. Select the patient and the appropriate visit type. Make sure to document the reason for the appointment. If the patient has arrived, change the visit status to ARR (Check-In). Refer to the Front Office workbooks for additional appointment functionalities. When you are finished, click "OK".

Appointment on Monday, April 02, 2018

Patient* x Name Info Hub ☐ New PT.

Test, BH1 | 11 Sep 1980 |

Appointment

Facility* POS 11 Provider* Willis, Sam A
 Dept Resource* Willis, Sam A
 Date* 04/02/2018 Email ☐ Web Enable
 Time* 09:00 am 10:00 am

Visit

Visit Type* Reason Warm hand-off
 Visit Status Diagnosis Transition Of Care

Billing

Open Cases Case Manager N
 Billing Notes S
 General Notes

Co-Pay/ Claim changes for this visit only

☐ Change co-pay for this visit
☐ Non-billable visit

Encounters Find Logs Referrals Orders Checkout Bubblesheet

Charge Details eClniForms Rx Eligibility Misc Info Save And View Treatment Plan OK Cancel

Use the drop-down option to select the appropriate visit type

Use the ellipsis to search for the visit Reason

Use the drop-down option to change the visit status

- From the 'Office Visit' screen/ 'S' jellybean, check in the patient by clicking on the "Check In/Out" button on the top of the screen. You can edit the "Visit Status" to indicate the current stage of the encounter. Once the patient is checked in, double click on appointment to open the Progress note.

SW eClinicalWorks 11e P 0 N 0 E 0 S 0 D 70 R 21 T 247 L 45 M 626

Office Visits Group Appointments

Office Visits 04/02/2018 Providers Resources All

Provider Appt Time All Day
 Facility View All
 Sort by Appt Time Filter

Check In/Out Billing Data View Orders eClniForms Messenger View Progress Notes Lock Progress Note Copy Toggle to ASC Visits

	OFFICE VISIT	APPT TIME	PATIENT NAME	INDICATOR	REASON	AGE	VISIT STATUS	DURATION	ROOM	STATUS	CYCLE TIME	NOTES STS
	CCMR 7	09:00 AM	Whitney, Blaire MCS	AAA test	FU	F	27 Y	QR_ARR	-	-	-	-
	BH	09:00 AM	Test, BH1	AATNA	FU	M	37 Y	PEN	-	-	-	-
	BH	12:00 PM	Test, 2017 PCMH	FU	F	68 Y	PEN	03:39 PM	-	-	-	-
	AV - Male	01:00 PM	Gru, Felonius	FU	wellness	M	55 Y	PEN	-	-	-	-
	CCMR -mcs	01:45 PM	Test, 113.1	FU	F	72 Y	PEN	-	-	-	-	-

Encounter

Patient Name: Whitney, Blaire MCS, female
11/11/1990

Appt Time :05:00 AM

Total Time (after Arrival)

Total Time (after Check In)

Check In

Time In

04:54 PM

Room No

Status

...

Check Out

Time Out

00:00 AM/PM

Cancel

OK

- Double clicking on the patient will open the SOAP Notes/Progress Note for the patient. To open the Care Plan from the progress note, click the orange “CP” button at the top of the progress note and select “Current Appointment” or Care Plan heading under Treatment section of progress note.

SW

eClinicalWorks 11e

P 0

N 0

E 0

S 0

D 70

R 21

T 247

L 45

M 626

Whitney, Blaire, MCS, 27 Y, F

INFO HUB ASK EVA

1111 Stairway To Heaven Lane, Worcester, MA

11/11/1990 | 508-508-5088

w.b@gmail.com

Wt: 05/03/16:110.23 lbs.

Ins: AAA test insurance

Acc Bal: \$ 0.00

Gr Bal: \$0.00

Rem: Abule, Anis

NOTES

SECURE NOTES

HEALOW

Medical Summary

CDSS

Labs

DI

Procedures

Growth Chart

Imm

T.Inj

Encounters

Patient Docs

Flowsheets

Notes

Progress Note

Scribe

Orders

PHM Hub

CP

Current Appointment

04/02/2018 FU

UpToDate

Quick Search

Patient: Whitney, Blaire, MCS DOB: 11/11/1990 Age: 27 Y Sex: Female

Phone: 508-508-5088 Primary Insurance: AAA test insurance Payer ID: 111

Address: 1111 Stairway To Heaven Lane, Worcester, MA-01603

Lab Req No: 9999.37948 Account Number: 9999

Provider: Sam Willis, MD Encounter Date: 04/02/2018 Appointment Facility: Westboro Medical Associates

Emergency Contact: Curran, Shannen, Relation: Care giver, Address: 2500 Madison Ave, State: FL, 01581, Home: 774-641-2000

Subjective: Verify Histories

Chief Complaint(s):

HPI:

Current Medication:

Taking

ASA-APAP-Caff Buffered 227-194-33 MG Tablet as directed Orally

ASA-APAP-Caff-Ca Gluc Tablet as directed Orally

Asacol(Mesalamine) 400 MG Tablet Delayed Release 1 tablet Orally Four times a day

Medical History:

Allergies/Intolerance:

Surgical History:

Hospitalization:

Family History:

Social History:

Overview

DRTLA

History

CDSS

Ordersets

Templates

Dental

Whitney, Blaire, MCS, 27Y, F as of 04/02/2018

Problem List SNOMED

Global Alerts

Autism

Interpreter Needed

CCM

Advance Directive

Problem List

F32.9 Depression

F32.9 Major depressive disorder, single episode, unspecified

K30 Functional dyspepsia

M25.571 Pain in right ankle and joints of right foot

Medication Summary

Group By:

Medication

All

ASA-APAP-Caff Buffered 227-194-33 MG Tablet: Taking (OV)

ASA-APAP-Caff-Ca Gluc Tablet: Taking (OV)

Send

Print

Fax

Record

Lock

Details

Templates

Claim

Letters

Ink

Scan

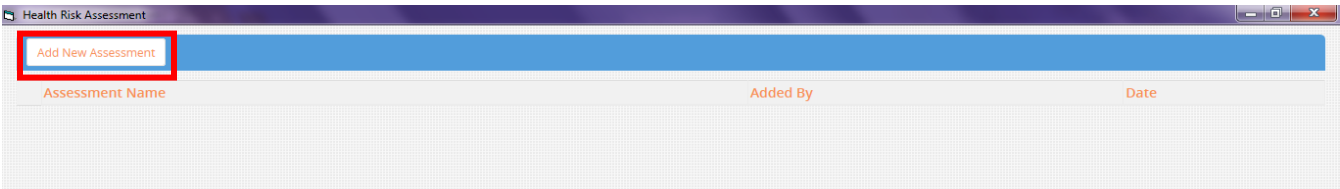
Progress Note last refreshed : 04:56:00 -0400

Documenting Health Risk Assessments

Enter assessments in the HRA section of the Progress Note or HRA section in the PHM Hub.

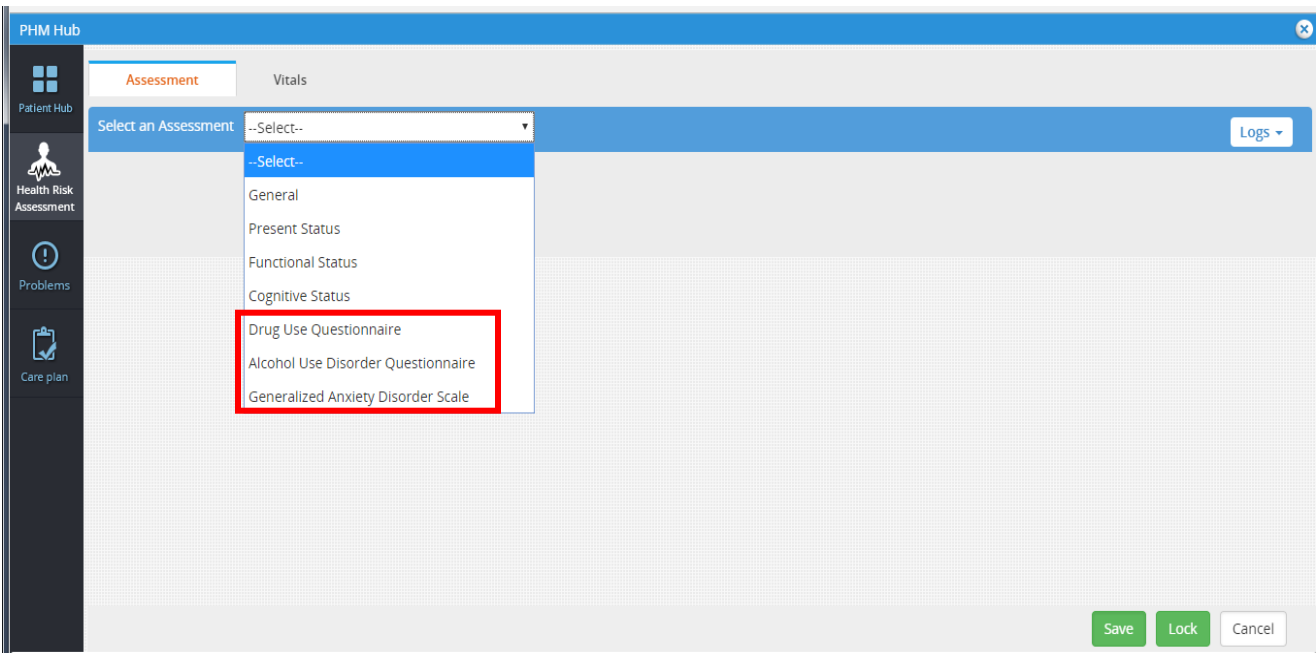
1. On the Progress Notes window, click on Health Risk Assessment.

The Assessment window opens:



2. Click on Add New Assessment.

From the Select an Assessment drop-down list, select the appropriate screening/assessment.



The assessment questions display:

PHM Hub

Assessment Vitals

Select an Assessment **Drug Use Questionnaire** Logs [Icons]

Click in the box next to the item to add assessment information

Have you used drugs other than those required for medical reasons?	<input type="checkbox"/>	[Trash]
Do you abuse more than one drug at a time?	<input type="checkbox"/>	[Trash]
Are you always able to stop using drugs when you want to?	<input type="checkbox"/>	[Trash]
Have you had "blackouts" or "flashbacks" as a result of drug use?	<input type="text"/>	[Trash]
Do you ever feel bad or guilty about your drug use?	<input type="text"/>	[Trash]
Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="text"/>	[Trash]
Have you neglected your family because of your use of drugs?	<input type="text"/>	[Trash]
Have you engaged in illegal activities in order to obtain drugs?	<input type="text"/>	[Trash]
Have you ever experienced withdrawal symptoms (felt sick) when you stopped	<input type="text"/>	[Trash]

Save Lock Cancel

- Click in the box next to the item to add assessment information.
- Click each question to display answers on the right-hand side. Select the options from the available list. A green check mark next to a question indicates that a question has been answered. Comments can also be entered in the Comment box. When done, click Close.

Questions & Answers [Icons]

☆ Have you used drugs other than those required for medical reasons?	<p>Answers</p> <p><input type="radio"/> No (0)</p> <p><input checked="" type="radio"/> Yes (1)</p> <p>Comment</p>
☆ Do you abuse more than one drug at a time?	
☆ Are you always able to stop using drugs when you want to?	
☆ Have you had "blackouts" or "flashbacks" as a result of drug use?	
☆ Do you ever feel bad or guilty about your drug use?	
☆ Does your spouse (or parents) ever complain about your involvement with drugs?	
☆ Have you neglected your family because of your use of drugs?	
☆ Have you engaged in illegal activities in order to obtain drugs?	

Close Clear

Patient Hub

Select an Assessment: Drug Use Questionnaire

Logs

Have you used drugs other than those required for medical reasons? Yes (1)

Do you abuse more than one drug at a time? No (0)

Are you always able to stop using drugs when you want to? Yes (1)

Have you had "blackouts" or "flashbacks" as a result of drug use? Yes (1)

Do you ever feel bad or guilty about your drug use? Yes (1)

Does your spouse (or parents) ever complain about your involvement with drugs? No (0)

Have you neglected your family because of your use of drugs? No (0)

Have you engaged in illegal activities in order to obtain drugs? Yes (1)

Have you ever experienced withdrawal symptoms? Yes (1)

Save Lock Cancel

5. After clicking Close, manually calculate the score and document in the Scoring Field

See example:

Click into the blank space to document the score

Your DAST-10 Score is:

Questions & Answers

Answers

Severe (9-10)

Substantial (6-8)

Moderate (3-5)

Low (1-2)

No problem reported (0)

Comment

Close Clear

1. To save, click Save.
2. To lock, click Lock.
3. To cancel, click Cancel.
4. Once assessment is saved, user may click on Add New Assessment to document any additional health screenings
5. Click 'X' to return to the Progress Notes Window.

Documenting the Care Plan

1. To access and fill out the Care Plan, click the Care Plan Link or orange CP button on the progress note (select “Current Appointment”). This will open the window page:

Current Appointment

Whitney, Blaire 27 Y, female

Patient Detail Care Teams Risk Score

Problem Template

Select Problem

Care Plan Problems

Enter Problem

☐ Hypertension

☐ Depression

Goal: Depression- Alleviate depressed mood and return to previous level of affective functioning. Objective: Depression- State feelings by using affective vocabulary and non-verbal cues. Interventions: Interventions: Free Text

☐ Obesity

☐ Diabetes

kick the bucket syndrome (MCS)

Goal: Anxiety- Diminish symptoms of anxiety including: Restlessness, fatigue, Objective: Anxiety- Identify activities/physical exercises that patient can complete at home to decrease the level of anxiety. Interventions: Interventions: Free Text

Choose from existing problems here.

Add New Care Plan Problem

Enter Problem

☐ Acquired Hypothyroidism

☐ Acute MI

Add a new problem for a patient here.

Add

Patient Problem List

F32.9 Depression

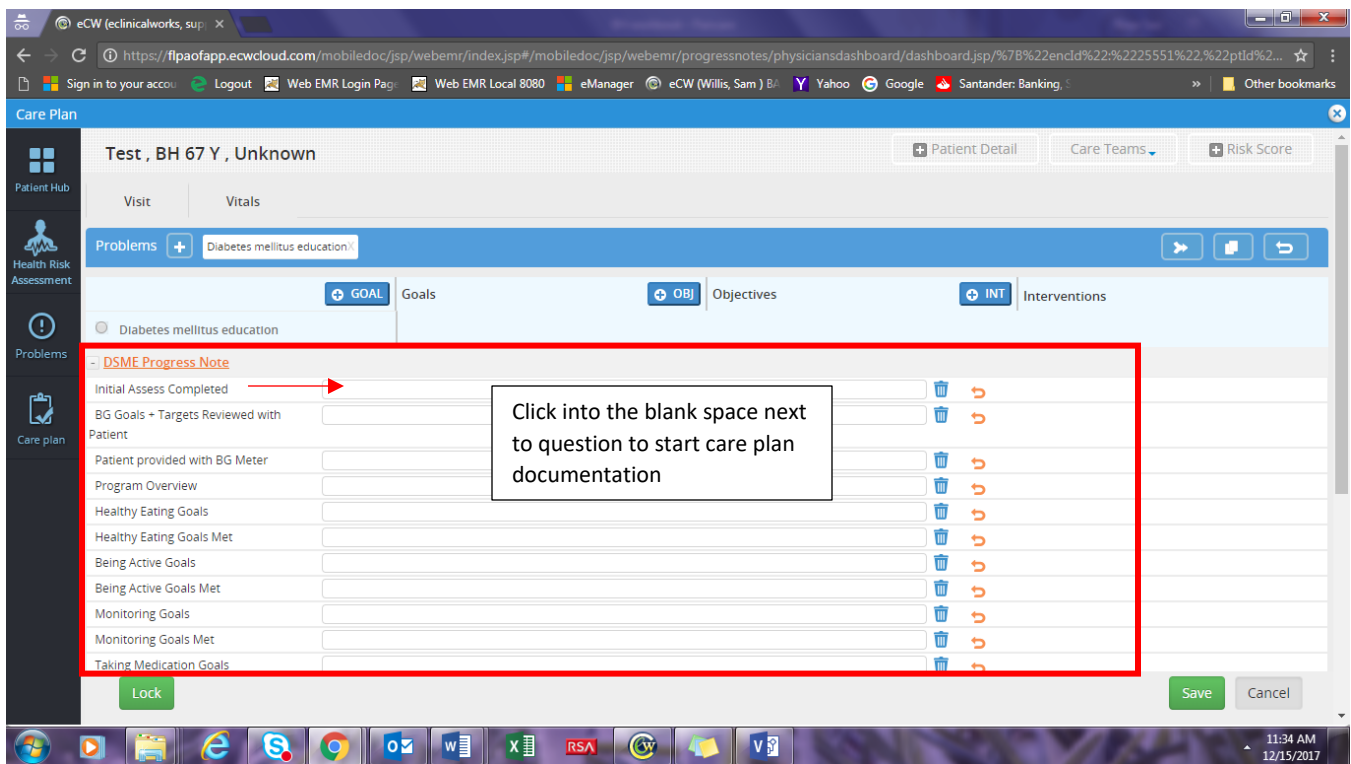
F32.9 Major depressive disorder, single episode, unspecified

K30 Functional dyspepsia

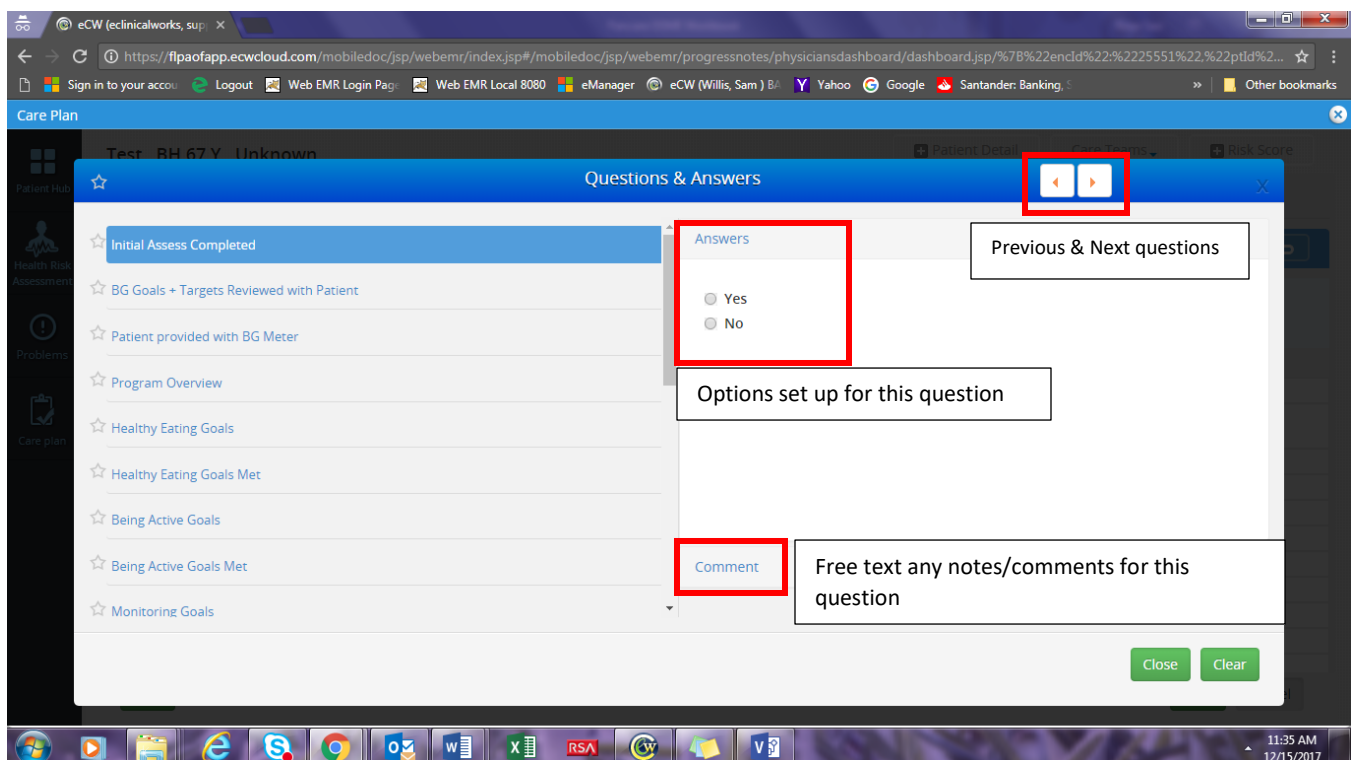
M25.571 Pain in right ankle and joints of right foot

Current Visit View All

2. Check off the box next to the problem(s) that are to be addressed during the visit. If the problem is new or has yet to be documented, you can add it by selecting an option from the bottom half of the screen. If you are documenting a Care Plan based off of a template, select the Template radio button at the top of the screen.
3. After documenting the patients problem, you may be responsible for answering additional items that appear below the goals, objectives and interventions (if applicable). These items are linked to the templates or problems that were selected for this care plan. If these questions were documented on the previous care plan, it is possible to copy the responses.



4. Click into the blank space of a question to open the questions and answers page. The left side of the page displays the questions contained in the care plan while the right displays potential options. There is a comment box available to additional details. Navigate through questions either by clicking on them or using the orange arrow at the top of the screen.



- Once the responses are completed, click Close.

Selected Problems for today's Care Plan Note.

Click here to delete this answer

Orange arrow copies previous visit's answers to today's notes.

This will lock both the Care Plan and associated Progress Note

This will save the Care Plan in its current state.

- You can update the goals, objectives and interventions for the Problems selected for this progress note during the visit (if applicable).

- Once care plan documentation is completed, click Save. A summarized view with further options then appear as below:

Click here to lock both Progress Note as well as Care Plan Note associated with this visit.

- Once you have saved your care plan it will change slightly in appearance. Click the orange arrow at the top right of the screen for a list of care plan options.

Edit this visit

Print this visit

Print Action Plan

Lock this Visit

To print all questions that were answered during this visit.

To go back to the Care Plan note and make any changes.

To print an Action Plan.

Click here to lock both Progress Note as well as Care Plan Note associated with this visit.

Progress Note Documentation

Note: *Katy Trail Community Health Center Care Management and Behavioral Health will document Chief Complaints, Assessments, Visit Codes, and Next Visit within the progress note.*

1. Many visits will require documentation both in the Care Plan as well as the Progress Note. To return to the progress note view after Care Plan documentation, simply save your care plan and exit the screen by clicking on the [X] in the top-right corner of the screen.
2. Most of your relevant Progress Note content can be pulled into a new note by merging a template. If a template has been added as a favorite, it will be listed in the right chart panel under the Templates tab. Click on the orange arrow to merge the template to your existing Progress Note (if applicable).

The screenshot displays the eClinicalWorks 10e interface. The top navigation bar includes tabs for Medical Summary, CDSS, Labs, Procedures, Growth Chart, Imm, T.Inj, Encounters, Patient Docs, Flowsheets, and Notes. The main content area shows a patient's progress note for 'Test, 10e, 16Y 2M, M'. The patient's information, including DOB (02/01/2000), age (16 Y), sex (Male), and address, is visible. The 'Subjective' section contains 'Chief Complaint(s): Warm Hand-off', 'HPI: Taking', and 'Current Medication: Accu-Chek Aviva Plus Strip In Vitro, Coumadin 2 MG Tablet Orally 1 tablet Once a day'. The 'Medical History' section lists 'abnormal mammogram' and 'Extreme immaturity of newborn, gestational age 24 completed weeks'. On the right, the 'UpToDate' panel is open, showing a list of templates under the 'Templates' tab. The templates include 'Plastic surgery ROS/Exam', 'Podiatric ROS/Exam', 'Urologic ROS/Exam', 'Vascular surgery ROS/Exam', 'All_Template', 'ALLERGY: Cough', 'ALLERGY: Poison Ivy', 'ALLERGY: Rash', 'temp1', 'test 2', 'TEST TEM', 'Test Template 4', 'TEST VIBHA', 'test-aar', and 'Test987'. An orange arrow points to the 'Plastic surgery ROS/Exam' template, indicating it is selected for merging.

3. Once the template is merged into your note, you can begin to click on the items that carried over to start documentation.
4. If the note is complete and no other providers will be working from it, you may proceed to locking the note. Click the lock button at the bottom of the progress note. Please note that locking the Care Plan will lock the Progress Note and vice versa.

Progress Note | Scribe | Orders | Quick Order | 04/06/2016 S...

Patient: Test, 10e | **DOB:** 02/01/2000 | **Age:** 16 Y | **Sex:** Male
Phone: 888-888-8888 | **Primary Insurance:**
Address: Atlantis Prahladnagar, ALFORD, MA-01230-0001
Account Number: 10368 **Case Label:** **Date Of Injury:**
Encounter Date: 04/06/2016 **Provider:** Sam Willis, MD
Appointment Facility: eClinical Clinic

Subjective:
Chief Complaint(s):
 • Warm Hand-off
HPI:
Current Medication:
 Taking
 • Accu-Chek Aviva Plus Strip In Vitro
 • Coumadin 2 MG Tablet Orally 1 tablet Once a day
 Unknown
 • Aspirin 75 MG Tablet Chewable Orally 1 tablet Once a day, stop date 04/30/2016
 • Keflex 500 MG Capsule Orally 1 capsule Twice a day, stop date 04/08/2016
 • Upitor 40 MG Tablet Orally 1 tablet Once a day
 • Lisinopril 40 MG Tablet Orally 1 tablet Once a day
Medical History:
 • abnormal mammogram
 • Extreme immaturity of newborn, gestational age 24 completed weeks

UpToDate | Quick Search | Overview | ORTLM | History | CDSS | Templates | eHX | PopHealth | K | < | > | X |

Test, 10e, 16Y2M, M as of 04/06/2016
 My Favorite Templates
 • Plastic surgery ROS/Exam
 • Podiatric ROS/Exam
 • Urologic ROS/Exam
 • Vascular surgery ROS/Exam
 • All_Template
 • ALLERGY: Cough
 • ALLERGY: Poison Ivy
 • ALLERGY: Rash
 • temp1
 • test 2
 • TEST TEM
 • Test Template 4
 • TEST VIBHA
 • test-aar
 • Test987

Send | Print | Fax | Record | **Lock** | Details | Templates | Claim | Letters | Ink | Scan | eHX Options

- To enter billing information, go to Billing section of the Progress Note (refer to billing workflow for more information).

Billing Information:

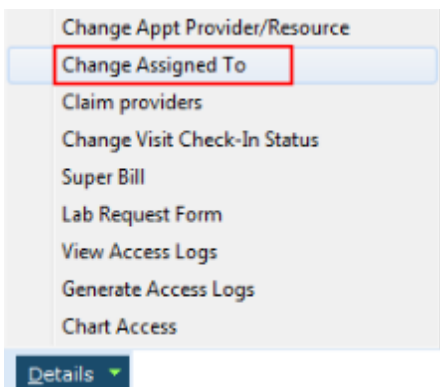
Visit Code: ▼

Procedure Codes: ▼

- Follow same documentation workflow for subsequent care planning and BH visits.
- If another provider will be reviewing/co-signing the Progress Note, refer to the Assigning, Reviewing and Co-Signing Progress Note Workflow.

Care Managers Assigning Progress Notes to Supervising Physicians

Path: *Progress Notes > arrow next to Details > Change Assigned To*



The care manager can assign the Progress Notes to the supervising physician after the documentation is complete.

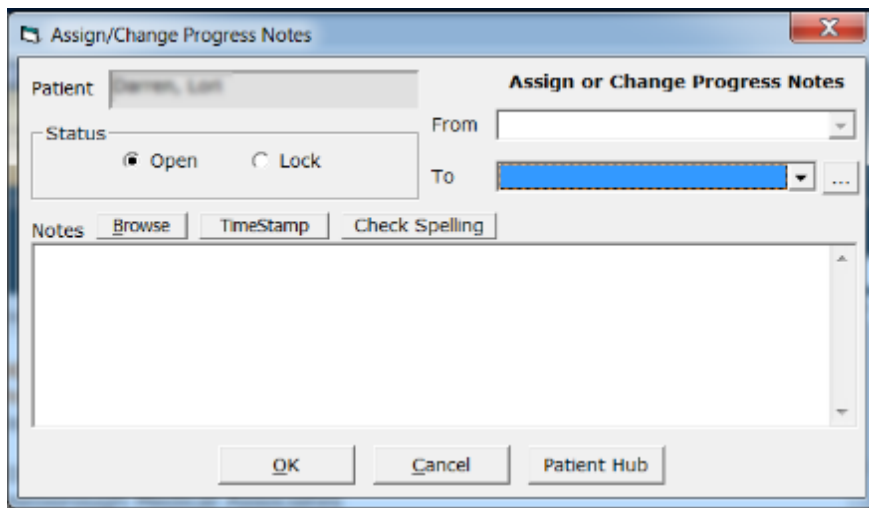
To assign to supervising physician:

1. In the Notes section, enter additional notes. This note does not become part of the Progress Notes.
1. To sign off on the note and assign the supervising physician to co-sign, select the *Lock* radio button.

OR

To have supervising physician sign-off, select the *Open* radio button.

2. From the *To* drop-down list, select the name of the supervising physician:



The Progress Notes are assigned to the supervising physician.

Reviewing and Approving Assigned Progress Notes

A lock sign displays next to Progress Notes that require a co-sign. An open lock sign displays next to Progress Notes that require a sign off.

To review and sign off on the assigned Progress Notes:

1. Click the S next to the Quick-Launch button.
2. Click *Review Progress Notes*:



The Review Progress Notes window opens.

3. In the Status column, click the *More (...)* button.
4. For Progress Notes that were previously locked, select the *Co-sign* radio button.
5. Lock the Progress Notes that require a sign off.

Care Plan Reviews

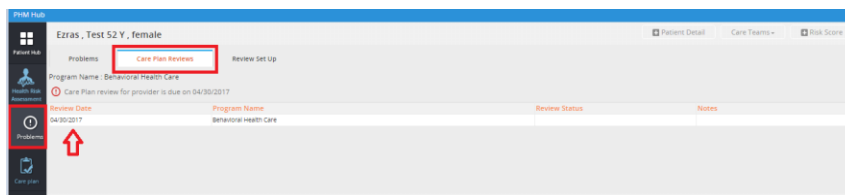
A Care Plan Review is where the BH provider (Care Manager) along with a clinical staff member (care coordinator) can certify that the treatment plan was discussed with the client during the face-to-face encounter, and that the client agrees to the treatment plan. Referring providers and non-BH providers can also review this care plan once they have logged on to eCW using their own credentials.

For a care plan review to be completed on a client, there are two requirements:

- 1) The client must be enrolled into the 'Behavioral Health Care' program.
- 2) The client must be assigned a Care Team.

Completing the Care Plan Review

After the goals, objectives, interventions have been added on to the client's chart and a treatment plan has been completed, the final step is to go to the 'Problems' tab and click on 'Care Plan Reviews.' This will show you the encounter for the day that the client had a BH visit.



Click on the encounter date marked by the red arrow above and it will open this screen below. The BH provider will be under care manager. In this case, Dr. Willis is the BH provider and can click on the signature section highlighted to document his/her signature. The highlighted providers section where you see Providers A, B, C are where non-BH providers will go in and sign. They will be unable to sign this right now as you must be logged on to eCW under your credentials to see the signature pad icon.

The screenshot shows the 'Care Plan Reviews' form for the same patient. The 'Review Date' is '04/30/2017'. The form includes fields for 'Patient Label', 'Patient Signature', 'Care Team', 'Care Manager' (Willis, Sam, MD), and 'Care Coordinators' (Bergen, Rachel). A red box highlights the 'Providers' section, which lists 'A, Provider', 'B, Provider', and 'C, Provider'. A red arrow points to the 'Signature' section, which includes a signature pad icon and a 'Date & Time' field. A red arrow also points to the 'Providers' section. At the bottom, there are 'Lock Review' and 'Save' buttons.

Now, put in your comments under notes and use the mouse or signature pad (if used) to document the patient's signature.

Ezras, Test 52 Y, female

Problems **Care Plan Reviews** Review Set Up

Ezras, Test (F) 52 Y (01/01/1965)
Review Date : 04/30/2017

Patient Label: Ezras, Test

Note: This client agrees to the treatment plan

Patient Signature: [Signature]
Clear

Now, the BH provider will document their signature by clicking on the signature pad icon next to her name as seen in the screen shot below.

Care Team	ccmr-Behavioral Health Care	Signature	Date & Time
Care Manager	Willis, Sam, Multi	[Signature] Clear	
Care Coordinators	Berger, Rachel		
Providers	A, Provider		
	B, Provider		
	C, Provider		
PCP	Bacon, Shoshana		

OK

You can save your review or lock your review.

Ezras, Test 52 Y, female

Problems **Care Plan Reviews** Review Set Up

Ezras, Test (F) 52 Y (01/01/1965)
Review Date : 04/30/2017

Patient Label: Ezras, Test

Note: This client agrees to the treatment plan

Patient Signature: [Signature]
Clear

Care Team	ccmr-Behavioral Health Care	Signature	Date & Time
Care Manager	Willis, Sam, Multi	[Signature]	Signed by Willis, Sam, Multi on 04/30/2017 8:28 PM
Care Coordinators	Berger, Rachel		
Providers	A, Provider		
	B, Provider		
	C, Provider		
PCP	Bacon, Shoshana		

Lock Review

Save

Locking your review will turn your screen in to this screenshot below where your notes will show up in the orange cloud icon. While this review is part of the client's BH note, it will not go inside the client's progress note. It will always be associated to the client's chart and meets all state regulations in terms of documenting multiple signatures on the care plan review.

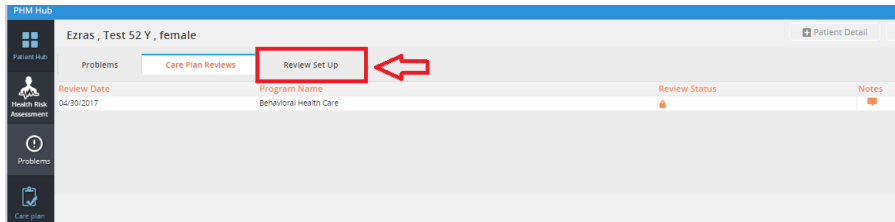
Ezras, Test 52 Y, female

Problems **Care Plan Reviews** Review Set Up

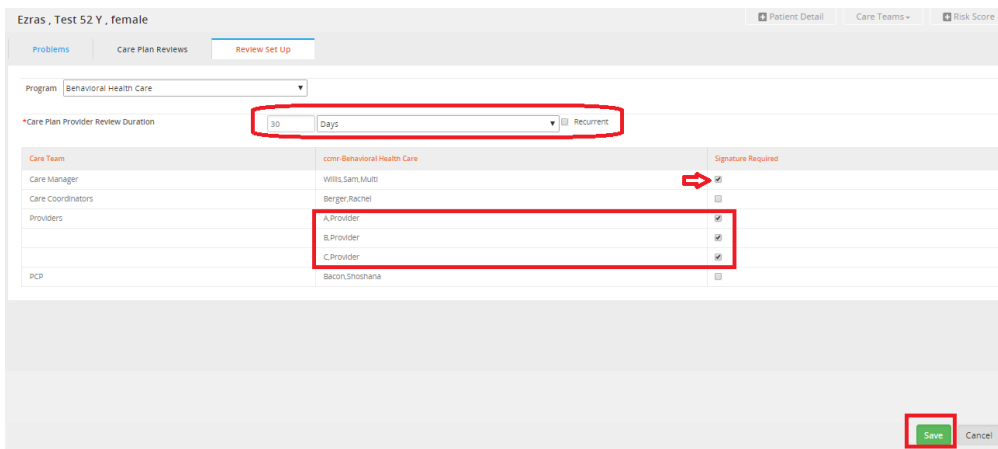
Review Date	Program Name	Review Status	Notes
04/30/2017	Behavioral Health Care	[Up Arrow]	[Up Arrow]

Creating a Care Plan Review alert

A care plan review alert is a reminder you can put on the client if you want to complete a care plan review in 30/60/90 days. In this scenario, if you want Amanda to come back in 30 days and want to make sure you complete a review on her chart, click on the 'Review Set Up' tab seen below.

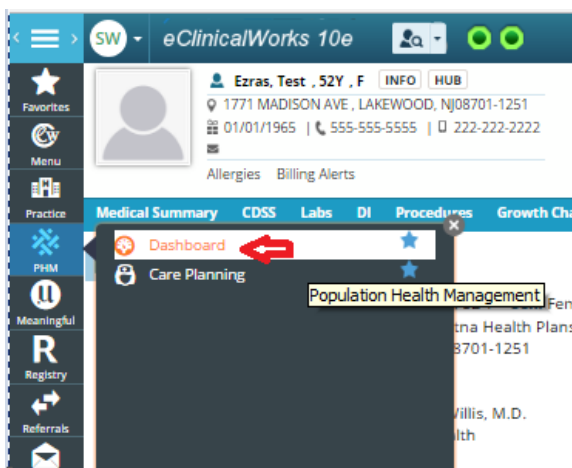


Make sure you select Providers A, B, and C if you want non-BH providers to complete a care plan review on the client. If these boxes next to the providers are not checked, non-BH providers will not be able to do a care plan review on the client. Click on 'Save' to save this care plan review alert.

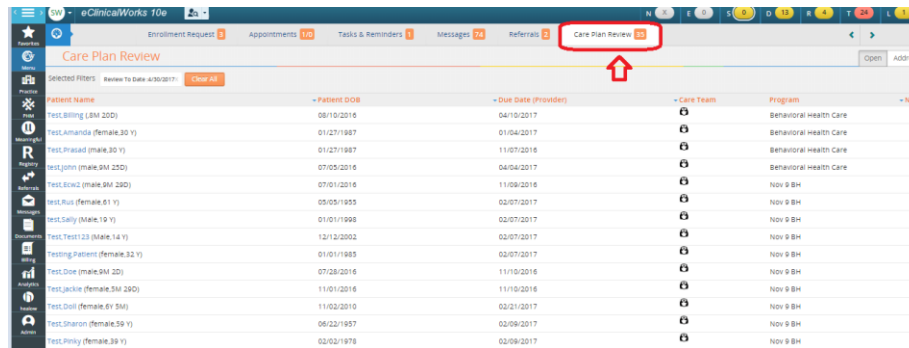


Viewing Care Plan Review Alerts

Go to the PHM Band → Dashboard

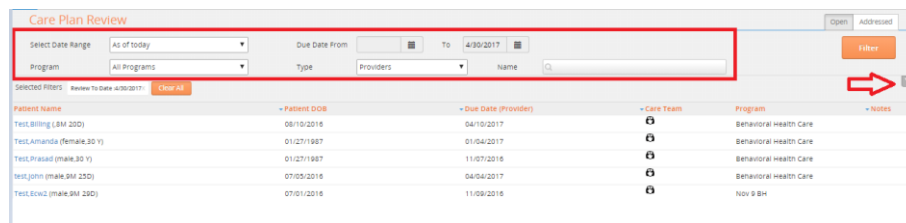


The 'Care Plan Review' tab shows you all care plan reviews which are due. The Care Plan review tab lists patients who are currently due for a new Care Plan Review. Hovering over a client's name will display options for completing either a patient review, provider review, or both. Clicking on any of the options will open the Care Plan Hub on the reviews tab.



Patient Name	Patient DOB	Due Date (Provider)	Care Team	Program	Notes
Test,Billing (BM 20D)	08/10/2016	04/10/2017		Behavioral Health Care	
Test,Amanda (female,30 Y)	01/27/1987	01/04/2017		Behavioral Health Care	
Test,Prasad (male,30 Y)	01/27/1987	11/07/2016		Behavioral Health Care	
Test,John (male,SM 25D)	07/05/2016	04/04/2017		Behavioral Health Care	
Test,Bow2 (male,SM 28D)	07/01/2016	11/09/2016		Nov 9 BH	
Test,Rus (female,61 Y)	05/05/1955	03/07/2017		Nov 9 BH	
Test,Sally (male,19 Y)	01/01/1998	03/07/2017		Nov 9 BH	
Test,Test123 (Male,14 Y)	12/12/2002	03/07/2017		Nov 9 BH	
Test,ing.Patient (female,32 Y)	01/01/1985	03/07/2017		Nov 9 BH	
Test,Dore (male,SM 2D)	07/08/2016	11/10/2016		Nov 9 BH	
Test,Jackie (female,SM 29D)	11/01/2016	11/10/2016		Nov 9 BH	
Test,Doll (female,6Y 3M)	11/02/2010	02/21/2017		Nov 9 BH	
Test,Sharon (female,59 Y)	06/22/1957	03/09/2017		Nov 9 BH	
Test,Pinky (female,39 Y)	02/02/1978	02/09/2017		Nov 9 BH	

You can use different filters to search for care plan reviews based on date range, program name, or BH providers.



Select Date Range: As of today
 Due Date From: 4/30/2017 To: 4/30/2017
 Program: All Programs Type: Providers Name:
 Filter

Patient Name	Patient DOB	Due Date (Provider)	Care Team	Program	Notes
Test,Billing (BM 20D)	08/10/2016	04/10/2017		Behavioral Health Care	
Test,Amanda (female,30 Y)	01/27/1987	01/04/2017		Behavioral Health Care	
Test,Prasad (male,30 Y)	01/27/1987	11/07/2016		Behavioral Health Care	
Test,John (male,SM 25D)	07/05/2016	04/04/2017		Behavioral Health Care	
Test,Bow2 (male,SM 28D)	07/01/2016	11/09/2016		Nov 9 BH	

End Program Enrollment

When a patient has completed their treatment, is discharged, or needs to be dis-enrolled from a program for any other reason, they are removed from a program by following the “End Enrollment” workflow below.

1. Click the orange CP button on the upper right of the note.
2. Select PHM Hub.

The screenshot shows a patient record for TEST, BH2, 18 Y, M. The interface includes a top navigation bar with tabs like Medical Summary, CDSS, Labs, etc. A red box highlights the 'CP' button in the top right. A dropdown menu is open, showing 'PHM Hub' as the first option, which is also highlighted with a red box. Other options in the menu are 'Create Virtual Visit' and 'Current Appointment'. Below the menu, patient details are visible, including DOB, Age, Sex, and Address.

3. In the PHM Hub, select the pencil icon next to Enrolled in Programs

The screenshot shows the 'PHM Hub' interface. On the left, there are icons for Patient Hub and Health Risk Assessment. The main area displays patient information for TEST, BH2. On the right, there is a section titled 'Enrolled to Program(s)' which lists 'BH - Behavioral Health'. A red box highlights a pencil icon in the top right corner of this section, indicating where to click to edit the enrollment.

4. Hover your mouse over the program name, it will highlight blue, and select the pencil.

The screenshot shows the 'PHM Hub' interface with a modal window open. The modal has tabs for 'Programs' and 'Requests'. Under the 'Programs' tab, the program 'BH - Behavioral Health' is highlighted in blue. A red box highlights a pencil icon next to the program name. Another red box highlights an 'I'm Done' button at the bottom right of the modal.

5. Check 'End Program,' then select 'I'm Done.'

TEST, BH2

Program Details 1 Care Team 2

Source: Katy Trail Com Health Sedalia ☒ End Program

Select Program: BH - Behavioral Health Start Date: 09/16/2020

Duration: Months End Date:

Save & Next I'm Done

6. The program will show 'Ended.' Select 'I'm Done.'

TEST, BH2

Programs Requests

BH - Behavioral Health 09/16/2020 Months ENDED

I'm Done

7. Click 'X' in the upper right of the hub to go back to the progress note.

PHM Hub

Patient Hub Health Risk Assessment

TEST, BH2 18 Y 09/09/2002 821 WESTWOOD DR New York NY 10018 660-221-8084

Upload/Change Picture Patient Details

Problem(s) Enrolled to Program(s)

HRA Risk Score HRA Template: Adverse Childhood Experience

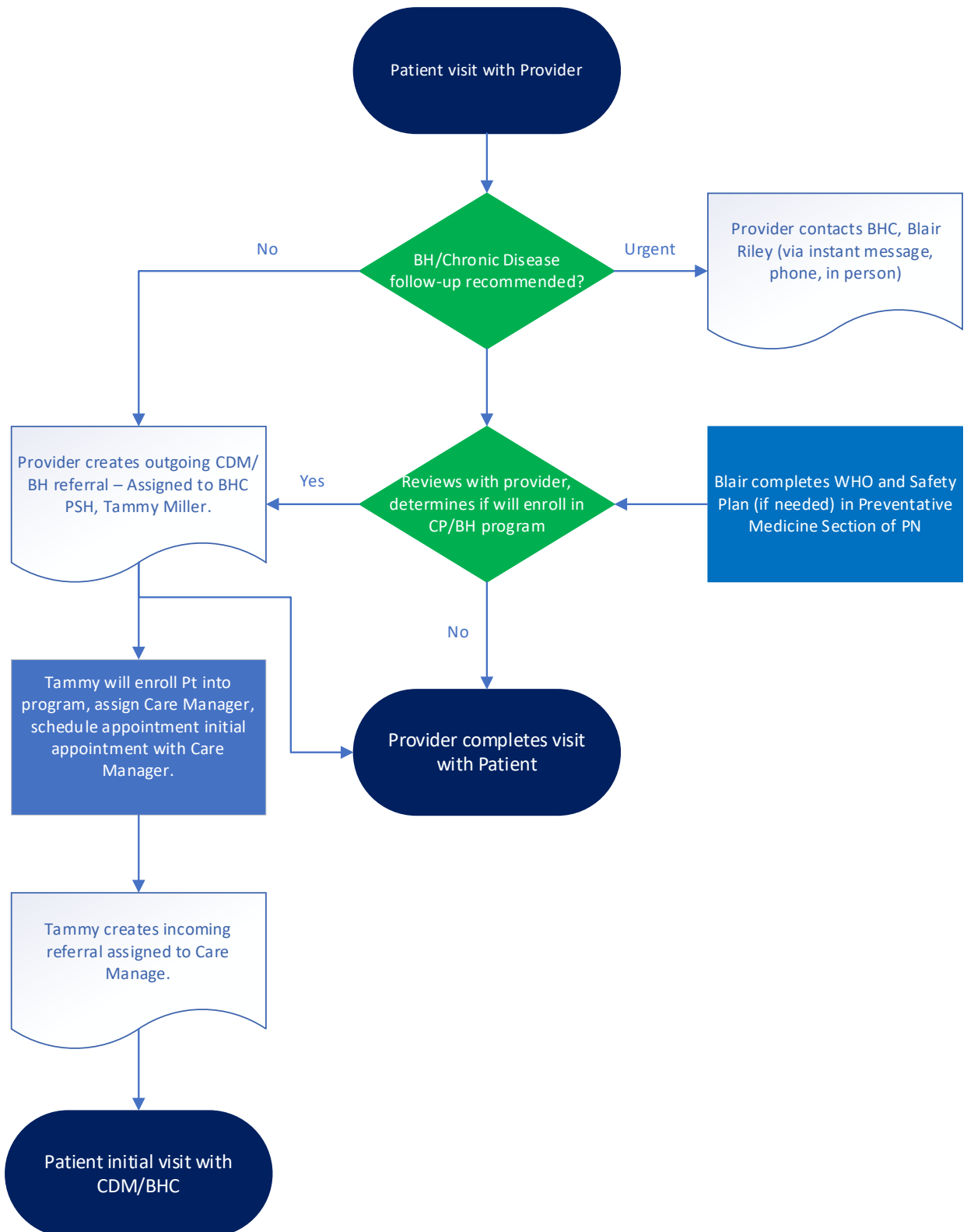
Calculated Final

X

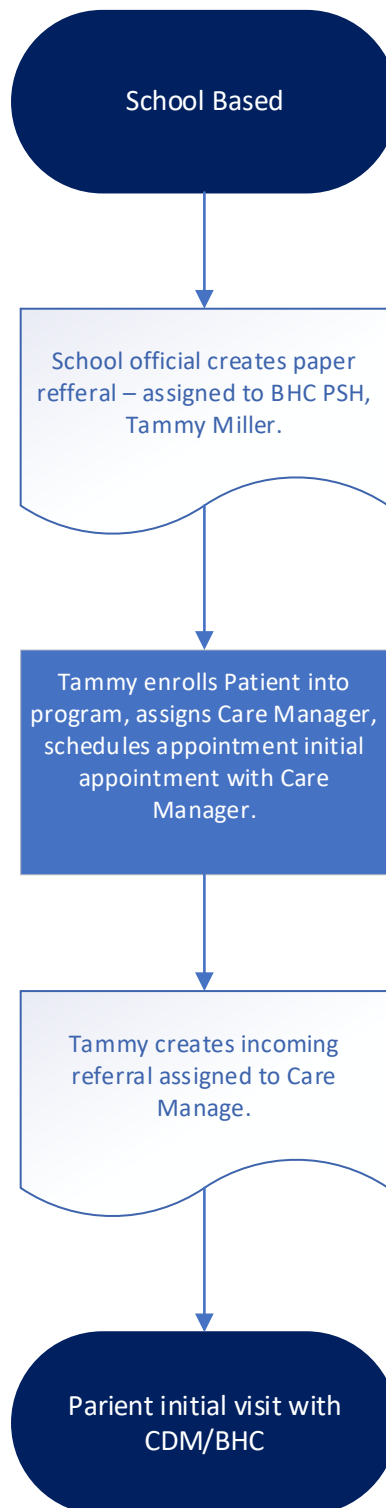
Note, you can also access the PHM Hub directly from the Patient Hub or Care Planning Dashboard.

Katy Trail CHC Care Planning and Behavioral Health Workflows

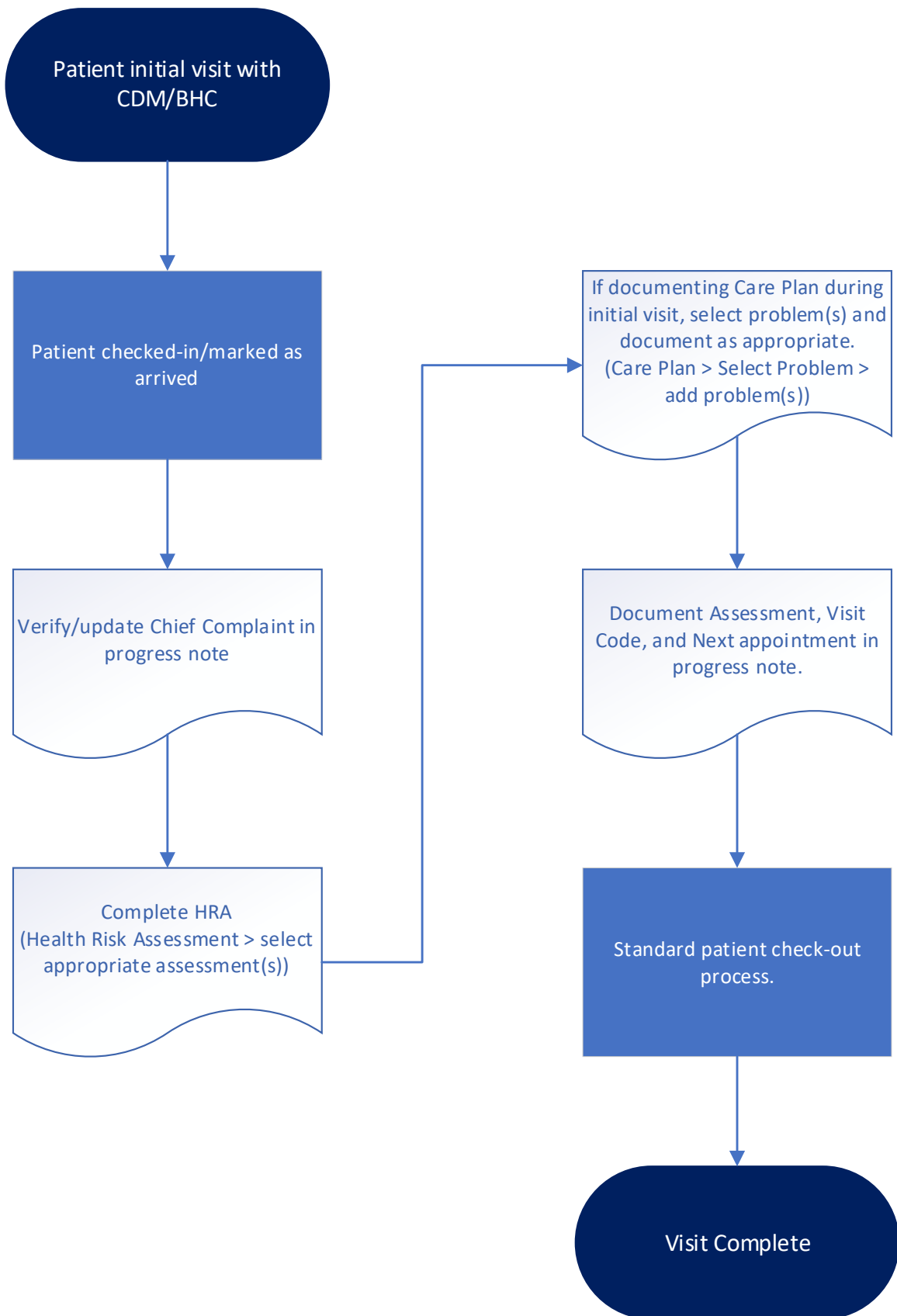
Enrollment and Care Team Selection – Katy Trail CHC Patient



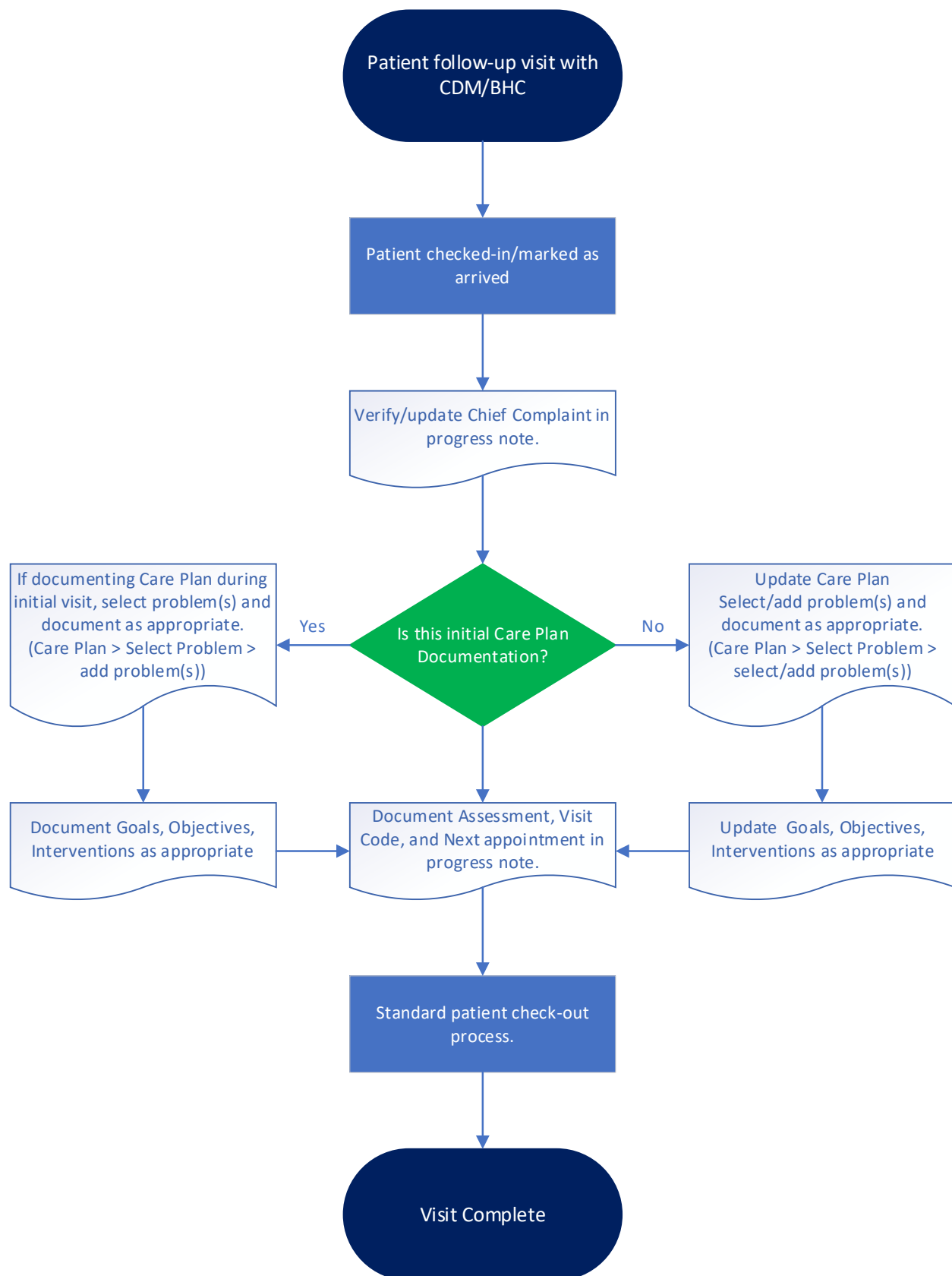
Enrollment and Care Team Selection – School Based



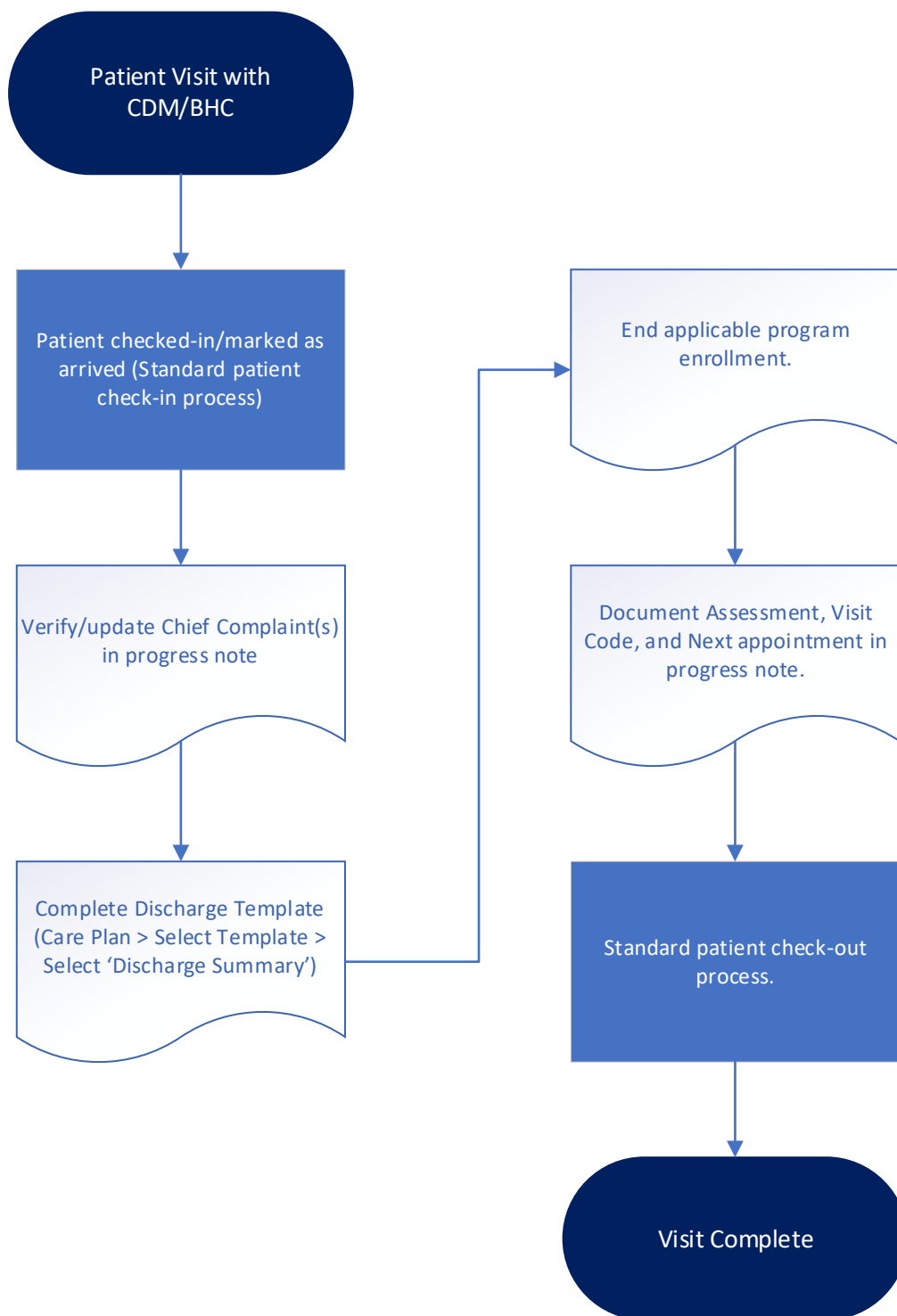
Chronic Disease Management/Behavioral Health - Initial Visit



Chronic Disease Management/Behavioral Health – Follow up Visit



Chronic Disease Management/Behavioral Health – End Program Enrollment



Katy Trail Community Health Center - CP/BH Documentation

Programs

- BH - Behavioral Health
- BH - Chronic Disease Management
- BH - Medicaid Initiative
- BH - Chronic Pain/MAT/IBHS
- BH - Zero Suicide
- BH - Community Connections

Problems

- ADHD
- Alcohol Drug Use
- Anger
- Anxiety
- Behavior
- Communication/Social Skills
- Depression
- Emotions
- Grief
- Manic Behaviors
- OCD
- ODD
- Psychosis
- School related
- Suicidality
- Trauma
- Asthma
- Chronic Pain
- Diabetes
- Hyperlipidemia
- Hypertension
- Tobacco Use
- Weight

Templates

- Discharge Summary

Goals

Anxiety Disorder:

- Anxiety - GAD-7: Reduce negative symptoms of anxiety. Progress will be measured on the assessment/screening tool, GAD-7, seeing a reduction for baseline to identified target.
- Anxiety - Avoidance: Gain skills to work through negative feelings and reduce avoidance behaviors and will gradually increase involvement in the listed behavior/activity.
- Anxiety - Panic Reduction: Reduce the frequency of panic attacks from baseline to identified target
- Anxiety - SUD – Reduce SUD (Subjective Units of Disturbance) related to anxiety symptoms from baseline to target.
- Anxiety – Additional goal 1
- Anxiety – Additional goal 2

Depression Disorder:

- Depression - PHQ-9: Reduce negative symptoms of depression. Progress will be measured on the assessment/screening tool, PHQ-9, seeing a reduction for baseline to identified target.
- Depression - Self 1 to 10: Decrease depression, based on self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing a decrease from baseline to identified target.
- Depression - Self-Esteem 1 to 10: Increase self-value, based on a self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing an increase from baseline to identified target.
- Depression - Self-harm: Reduce self-harm urges and/or behavior based on self-report. Progress will be measured by:
- Depression - SUD – Reduce SUD (Subjective Units of Disturbance) related to depression symptoms from baseline to target.
- Depression – Additional goal 1
- Depression – Additional goal 2

Suicidality

- Suicidality - Columbia (C-SSRS): Reduce thoughts of suicidality. Progress will be measured on the assessment/screening tool, C-SSRS, seeing a reduction from baseline to identified target.
- Suicidality - 1 to 10: Suicidal ideation will improve based on self-report. Progress will be measured on a scale of 1 (less frequent) to 10 (more frequent), seeing a reduction from baseline to identified target.
- Suicidality - Reduction: Experience a reduction of suicidal thoughts, noticing a decline withing designated time period, from baseline to target.
- Suicidality - Self Harm: Reduce negative self-harm urges and/or behavior based on self-report. Progress will be measured by:
- Suicidality - SUD – Reduce SUD (Subjective Units of Disturbance) related to suicidal ideation and or self-harm from baseline to target
- Suicidality - Safety Plan: Complete and utilize a Safety Plan to identify triggers, coping skills, contact information and local resources, prior to engaging in self harm or suicidal behaviors. This will be measured through patient report.
- Suicidality – Additional goal 1
- Suicidality – Additional goal 2

ADHD

- ADHD - Vanderbilt: Reduce inattention and or hyperactivity symptoms. Progress will be measured on the assessment/screening tool, Vanderbilt, seeing a reduction from baseline to identified target.
- ADHD - 1 to 10: Reduce inattention and or hyperactive symptoms, based on self-report. Progress will be measured on a scale of 1 (reduced behaviors) to 10 (more behaviors), seeing a reduction from baseline to identified target.
- ADHD - Demonstrate increased ability to focus on tasks as evidence by:
- ADHD - SUD – (Name) will reduce SUD (Subjective Units of Disturbance) related to inattention and or hyperactivity symptoms from baseline to target.
- ADHD – Additional goal 1
- ADHD – Additional goal 2

ODD

- ODD - Vanderbilt: Reduce inattention and or hyperactivity symptoms. Progress will be measured on the assessment/screening tool, Vanderbilt, seeing a reduction from baseline to identified target.
- ODD - 1 to 10: Reduce defiant symptoms, based on self-report. Progress will be measured on a scale of 1 (reduced behaviors) to 10 (more behaviors), seeing a reduction from baseline to identified target.
- ODD - Neg Interactions: Reduce negative interactions with adults/authority figures as evidence by:
- ODD - SUD – Reduce SUD (Subjective Units of Disturbance) related to oppositional and defiant behaviors from baseline to target.
- ODD – Additional goal 1
- ODD – Additional goal 2

Anger

- Anger - 1 to 10: Reduce negative anger symptoms based on self-report. Progress will be measured on a scale of 1 (less behaviors) to 10 (more behaviors), seeing a reduction from baseline to identified target.
- Anger - Increase ability to manage anger effectively as evidence by:
- Anger - Reduce intensity and frequency of verbal and physical aggression as evidence by:
- Anger - SUD – Reduce SUD (Subjective Units of Disturbance) related to anger and aggression from baseline to target.
- Anger – Additional goal
- Anger – Additional goal

Trauma

- Trauma - 1 to 10: Trauma related symptoms severity will improve, based on a self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing an improvement from baseline to identified target.
- Trauma - Self 1 to 10: Nightmare severity will decrease, based on a self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing a reduction from baseline to identified target.
- Trauma - Explore and resolve issues related to trauma as evidence by:
- Trauma - SUD – Reduce SUD (Subjective Units of Disturbance) related to trauma response symptoms from baseline to target.
- Trauma – Additional goal 1

- Trauma – Additional goal 2

Manic Behaviors

- MB - Self 1 to 10: Manic behavior severity will improve, based on self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing and reduction from baseline to identified target.
- MB - Self 1 to 10: Reduce impulsive behaviors, based on self-report. Progress will be measured on a scale of 1 (less behaviors) to 10 (more behaviors), seeing a reduction from baseline to identified target.
- MB - SUD – Reduce SUD (Subjective Units of Disturbance) related to manic symptoms from baseline to target.
- MB – Additional goal 1
- MB – Additional goal 2

OCD

- OCD - 1 to 10 Obsessions: Reduce obsessive thinking, based on self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing a reduction from baseline to identified target.
- OCD - 1 to 10 Compulsions: Reduce compulsive behaviors, based on self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing a reduction from baseline to identified target.
- OCD - SUD – Reduce SUD (Subjective Units of Disturbance) related to obsessive and or compulsive symptoms from baseline to target.
- OCD – Additional goal 1
- OCD – Additional goal 2

Grief

- Grief - SUD: Reduce SUD (Subjective Units of Disturbance) related to grief and loss from baseline to target.
- Grief - Additional goal 1
- Grief - Additional goal 2

Psychosis

- Psychosis - 1 to 10: Reduce severity of psychosis, based on self-report. Progress will be measured on a scale of 1 (negative) to 10 (positive), seeing a decrease from baseline to identified target.
- Psychosis - SUD – Reduce SUD (Subjective Units of Disturbance) related to Psychosis symptoms from baseline to target.
- Psychosis – Additional goal 1
- Psychosis – Additional goal 2

School Related

- School Related - Improve classroom functioning as evidence by:
- School Related - Improve school attendance as evidence by:
- School Related - SUD: Reduce SUD (Subjective Units of Disturbance) related to school stressors from baseline to target.
- School Related - Additional goal 1
- School Related - Additional goal 2

Emotions

- Emotions - Learn appropriate ways to express different feelings as evidence by:
- Emotions - SUD – (Name) Reduce SUD (Subjective Units of Disturbance) related to negative emotional responses from baseline to target.
- Emotions – Additional goal 1
- Emotions – Additional goal 2

Behavior

- Behavior - Improve overall behavior (and attitude/mood) as evidence by:
- Behavior - Demonstrate ability to process thoughts and feelings before acting as evidence by:
- Behavior - SUD – Reduce SUD (Subjective Units of Disturbance) related to negative behaviors from baseline to target.
- Behavior - Additional goal 1
- Behavior - Additional goal 2

Diabetes

- Diabetes - A1C: Reduce barriers to health and wellness resulting in lower A1C score. Progress will be measured by routine A1C lab work.
- Diabetes - Glucose: Reduce barriers to health and wellness resulting in lower glucose. Progress will be measured by routine sugar level checks.
- Diabetes - Carbohydrates: Reduce barriers to health and wellness by reducing daily carbohydrates.
- Diabetes – Additional goal 1
- Diabetes – Additional goal 2

Hypertension

- Hypertension - Blood pressure: Reduce barriers to health and wellness by reaching and maintaining a healthy blood pressure reading.
- Hypertension – Additional goal 1
- Hypertension – Additional goal 2

Weight

- Weight - Total pounds: Reduce barriers to health and wellness to reach a healthy weight.
- Weight - Per pound: Reduce barriers to health and wellness to reach a healthy weight goal.
- Weight - Calories: Reduce barriers to health and wellness to reach a healthy weight goal, by focusing on calorie intake.
- Weight – Additional goal 1
- Weight – Additional goal 2

Hyperlipidemia

- Hyperlipidemia - Total Cholesterol: Reduce barriers to health and wellness as evident by reducing total Cholesterol.
- Hyperlipidemia - LDL: Reduce barriers to health and wellness as evident by reducing LDL cholesterol.
- Hyperlipidemia – Additional goal 1

- Hyperlipidemia – Additional goal 2

Asthma

- Asthma - Frequency: Reduce barriers to health and wellness as evident by improved maintenance of asthma with reduction in asthma attacks. Progress will be measured by tracking number of attacks from baseline to identified target.
- Asthma – Additional goal 1
- Asthma – Additional goal 2

Tobacco Use

- Tobacco Use - Taper down: Reduce barriers to the cessation of tobacco use by tapering down with the intent to eventually quit.
- Tobacco Use - Stop: Reduce barriers to the cessation of tobacco use and will no longer use tobacco products by the target date.
- Tobacco Use - Additional goal 1
- Tobacco Use - Additional goal 2

Alcohol/Drug Use

- Alcohol/Drug Use - Alcohol: Reduce barriers to reduce / stop the use of alcohol and maintain sobriety.
- Alcohol/Drug Use - Drugs: Reduce barriers to reduce / stop drug usage and maintain sobriety.
- Alcohol/Drug Use - Alcohol and drug use: Reduce barriers to reduce / stop alcohol and drug usage and maintain sobriety.
- Alcohol/Drug Use – Additional goal 1
- Alcohol/Drug Use – additional goal 2

Chronic Pain

- Chronic Pain - Rating scale: Reduce barriers and utilize strategies and treatments to better manage chronic pain.
- Chronic Pain - Behavior change: Reduce barriers and utilize strategies and treatments to better manage chronic pain.
- Chronic Pain - Additional goal 1
- Chronic Pain - Additional goal 2

Objectives

- Adherence: Pt will maintain medication adherence for symptom management.
- Self-care: Patient will explore and implement self-care practices to improve overall health and wellness.
- Sleep: Patient will improve sleep quality, utilizing good Sleep hygiene.
- Hygiene: Patient will maintain personal hygiene / grooming.
- Specialists: Pt will work with treatment team and specialist to improve health and wellness, as well as utilize community supports appropriately.

- Education of dx: Patient will gain understanding of the diagnosis and symptoms related to diagnosis, and impact on overall health and wellness.
- Ed Cycle of Behaviors / ABC Model: Pt will understand the cycle of behaviors, recognizing precipitating event, that triggers thoughts, and feelings, which translate into behaviors and can reinforce negative thinking patterns and actions.
- F-F-F: Patient will understand and be able to identify the warning signs / triggers of the Fight-Flight-Freeze response, to allow the use of coping skills to counter the physical impacts. Pt will report noticed changes with Fight, Flight, or Freeze response.
- Coping: Patient will use healthy coping strategies to improve negative symptom management.
- Deep Breathing: Patient will learn, practice, and utilize Deep Breathing for coping and calming.
- Mindfulness: Patient will learn, practice, and utilize mindfulness for coping.
- Tension Reduction: Patient will learn, practice, and utilize tension reduction strategies for wellness.
- Behavioral Activation: Patient will gain understanding of the benefits of and utilize behavioral activation.
- Cognitive Distraction: Patient will learn, practice, and utilize cognitive distraction for coping.
- Activity/Exercise: Patient will increase physical activity.
- Triggers: Patient will be able to recognize triggers for negative symptoms and utilize strategies to cope with emotional reactions.
- Behaviors: Patient will be able to identify behaviors, patterns and functional impact connected to symptoms and identify behavior changes to assist with negative symptoms reduction.
- Communication: Patient gain understanding of the difference between passive, aggressive, and assertive communication and increase the use of and confidence in assertive communication.
- Emotions: Patient will gain understanding in the purpose of emotions, reduce the urge to avoid and gain skills to work through uncomfortable / overwhelming emotions.
- Core Beliefs: Patient will increase awareness and of negative thing patterns, cognitive distortions, and core beliefs, to evaluate facts from judgements.
- Socratic Questions: Patient will analyze and thoughts through Socratic questions, to identify evidence of, or lack of, evidence to support thoughts.
- Exposure: Patient will utilize strategies, such as imagery and progressive exposure to reduce the intensity of negative symptoms, giving the ability to have more control over emotions, and focus on successes, versus the what ifs. Pt will report exposure exercises and the impact within sessions.
- Self-Worth: Patient will utilize strategies to develop a positive self-worth, identify strengths, learn to care for and like self and to reduce self-judgment to improve self-esteem.
- Problem solving Skills: Patient will learn and utilize problem solving skills to evaluate situations and identify healthy solutions.
- Interpersonal Relationships: Patient will evaluate relationships, examine healthy versus unhealthy interactions, and set appropriate boundaries.
- Safety Plan: Patient will complete and follow safety plan to reduce risk.
- Additional objective 1
- Additional objective 2
- Additional objective 3
- Additional objective 4
- Additional objective 5

Interventions

Risk

- Risk - BH Provider assessed safety and risk.
- Risk - BH Provider completed safety plan.
- Risk - BH Provider reviewed safety plan.
- Risk - BH Provider educated and provided crisis line phone numbers and phone applications.
- Risk - other

Adherence

- Adherence - BH Provider reviewed adherence to attending scheduled appointments and taking medications as prescribed.
- Adherence - BH Provider educated on the benefits of medication adherence.
- Adherence - BH Provider encouraged scheduling appointment with prescribing provider for medication review.
- Adherence - BH Provider reviewed adherence to behavioral activation plan.
- Adherence - BH Provider reviewed adherence to diet and lifestyle changes for wellness.
- Adherence - Other

Assessment

- Assessment - BH Provider assessed current mood and symptoms.
- Assessment - BH Provider explored changes in mood and symptoms.
- Assessment - BH Provider assessed functioning and Behaviors.
- Assessment - BH Provider assessed functional limitations caused by presenting problem.
- Assessment - BH Provider assessed functional limitations caused by mobility.
- Assessment - BH Provider assessed functional limitations caused by work.
- Assessment - BH Provider assessed functional limitations caused by school.
- Assessment - BH Provider assessed functional limitations caused by Interpersonal interactions.
- Assessment - BH Provider assessed functional limitations caused by Activities of Interest.
- Assessment - BH Provider assessed readiness for change.
- Assessment - BH Provider assessed progress toward goals.
- Assessment - other

Educate

- Educate - BH Provider provided education on BH services within the clinic and community.
- Educate - BH Provider provided education on the therapeutic process and treatment modality.
- Educate - BH Provider provided education on symptoms and / or diagnosis.
- Educate - BH Provider provided education on relaxation, coping skills, and / or distress tolerance.
- Educate - BH Provider provided education on deep breathing
- Educate - BH Provider provided education on mindfulness
- Educate - BH Provider provided education on tension reduction
- Educate - BH Provider provided education on imagery
- Educate - BH Provider provided education on other:

- BH Provider provided education on intervention strategies.
- BH Provider provided education on health risks connected to unmanaged symptoms.
- BH Provider provided education on diet changes and modifications.
- BH Provider provided education on benefits of behavioral activation and or change.
- Educate - Other

Goal Setting

- Goal Setting - BH Provider explored goals and expectations for services.
- Goal Setting - BH Provider assisted in the identification of long term and short-term smart goals.
- Goal Setting - BH Provider connected objectives to reach and / obtain goals.
- Goal Setting - BH Provider facilitated in the development of Treatment Plan.
- Goal Setting - BH Provider evaluated progress toward objectives and goals.

Strategies

- Strategies - BH Provider utilized and reinforced Relaxation, Coping Skills, and / or Distress Tolerance strategies.
- Strategies - BH Provider evaluated and reinforced behavioral activation.
- Strategies - BH Provider utilized strategies to expand emotional understanding.
- Strategies - BH Provider analyzed and identified maladaptive thoughts.
- Strategies - BH Provider utilized and reinforced strategies to challenge and alter thoughts.
- Strategies - BH Provider utilized and reinforced strategies for building confidence in self.
- Strategies - BH Provider encouraged and reinforced assertive communication skills.
- Strategies - BH Provider evaluated and reinforced healthy relationships and boundaries.
- Strategies - BH Provider utilized and reinforced impulse control strategies.
- Strategies - BH Provider utilized and reinforced inattention and focus strategies.
- Strategies - BH Provider encouraged and reinforced behavior modification strategies.
- Strategies - BH Provider evaluated and identified healthy parental skills.
- Strategies - Other

Termination

- Termination - BH Provider educated and discussed the termination process, assessing continued need for current level of services and the need for follow up services.
- Termination - Other

APPENDIX A: NOTICES

Trademarks

eClinicalWorks®

eClinicalWorks® is a registered trademark of eClinicalWorks®, LLC.

All other trademarks or service marks contained herein are the property of their respective owners.

Current Procedural Terminology® (CPT®¹)

CPT® is a registered trademark of the American Medical Association.

Copyright

CPT® Copyright Notice

CPT® copyright 2019 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein

¹CPT copyright 2014 American Medical Association. All rights reserved.