

Prospective Chart Review

A RISK ADJUSTMENT BEST PRACTICE SERIES FOR PROVIDERS

A prospective chart review is performed prior to a patient encounter to identify a patient's suspected chronic and complex conditions that have not yet been evaluated this year and ensure they are available to the clinician at the point of care. Medical record documentation and Premera coding gap reports are used in the process. Prospective chart reviews improve the accuracy of the problem list and enable providers to efficiently address all conditions during the encounter that affect care and management of the patient.

Prospective Chart Review Process

- 1) Identify patients within provider panel with an upcoming Annual Wellness Visit (AWV), Comprehensive Physical Exam (CPE), or Complex Care Visit (CCV).
- 2) Identify method of communication with PCP or provider that will be seeing the patient for an AWV, CPE, or CCV.
- 3) Problem List*:
 - Remove resolved conditions
 - Update inaccurate or non-specific conditions
 - Adjust conditions that should be reflected as "history of"
- 4) Vital Signs/BMI (BMI >40 = morbid obesity; BMI 35-40 with co-morbid conditions = morbid obesity).
 - Add morbid obesity to the problem list.
- 5) Past Medical History:
 - Add any conditions in the PMH that are active to the problem list.
- 6) Medication List:
 - Review the problem list to determine if there are any conditions not included on the list that are currently being treated with medication.
 - Add any conditions to the problem list the patient is currently taking medications for.
- 7) Imaging:
 - Review advanced imaging, plain films, ultrasounds, and echocardiograms to identify conditions that are often found incidentally and should be addressed by the provider.
 - Add any imaging findings that should be on the problem list.
- 8) Labs:
 - Review CBC, chemistry panel, rheumatology, cardiology, immunology, and coagulation, which often provide insight into the presence or status of common chronic conditions, such as chronic kidney disease, rheumatoid arthritis, and congestive heart failure.

*Track these changes so that conditions that are listed inaccurately on Premera's gap list may later be invalidated through the One View Population Health (OVPH) online platform.

- Add any lab findings that should be on the problem list.

9) Speciality Tests:

- Review spirometry, stress tests, EKG, and Holter monitoring to identify common chronic conditions, such as COPD, angina, and atrial fibrillation.
- Add any test results that should be on the problem list.

10) Flow Sheet:

- Review PHQ2 or PHQ9 to determine if patient meets the criteria for major depressive disorder.
- Add any diagnoses from outside records that should be on the problem list.

11) Prior AWW, CPE, or CCV:

- Add any issues addressed at prior AWW/CPE/CCV that should be on the problem list.

12) Speciality Visits:

- Review cardiology, pulmonary, rheumatology, allergy and immunology, and behavioral health visits, as common chronic conditions, such as atrial fibrillation, COPD, and major depressive disorder are often managed by these specialties.
- Add any specialty visit diagnoses that should be on the problem list.

13) Outside Records (hospital stays; specialty visits; AWW, CPE, or CCV visits in other systems):

- Add any diagnoses from outside records that should be on the problem list.

14) Hospital Records (inpatient stays, ER visits, imaging, labs, medications):

- Add any diagnoses from the hospital record that should be on the problem list.

15) Exclusion Codes:

- Does the patient have any conditions that are appropriate for use of an exclusion code (exclusion from certain Quality measures)? If so, add exclusion to the problem list.

16) Population Health Tools:

- Add any diagnoses from population health tools, such as health risk assessments, in-home assessment visits, Healthy Planet, or other tools that are appropriate to the problem list.

17) Premera Gap Reports:

- Review OVPH gap report and determine if there is evidence to support the suspected diagnosis.
- If the suspect diagnosis is supported, then add it to the problem list. If not, then invalidate in OVPH.

18) Communicate to provider those conditions that need to be addressed during the upcoming visit.

Common methods of communication include:

- Staff message
- Telephone encounter
- Best practice alert

For questions or more information, email ProviderClinicalConsulting@Premera.com.