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CHAPTER 2

Clinical Trends in Health Care

VOCABULARY REVIEW

Assignment 2-1: Matching

Match the term with its definition and place the corresponding letter in the blank.

D	1. Health information technology	A. Groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high-quality care to Medicare patients (sometimes referred to as medical communities)
C	2. Fee for service	B. Health care model designed to facilitate partnerships between patients and their health care team; ensures that patients receive continuity of care, and care provided is patient-centric
A	3. Accountable care organization	C. The most common health care delivery model where the provider is reimbursed according to the type and amount of services provided with no emphasis on patient outcomes
G	4. Triple Aim Initiative	D. The exchange of health information between providers, payers, and consumers in a secure electronic environment
I	5. Pay for performance organization	E. A type of health care delivery model that is often used in medical home environments and involves payment for specified care coordination services; the provider leads a team of professionals to oversee and coordinate the patient's overall health
E	6. Pay for coordination	F. A non-profit organization which strives to improve the quality of health care through accreditation
H	7. Patient-centered	G. A movement by the Institute for Healthcare Improvement developed to address three dimensions: patient experience of care, improving health populations, and to reduce the per capita cost of health care
F	8. National Committee for Quality Assurance	H. A model of care that emphasizes care coordination; places the needs and preferences of the patient at the core of health care

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B 9. Patient-centered medical home

I. Health care model using a team approach where providers are rewarded and reimbursed by way of care processes and measurable goals related to outcomes and patient satisfaction

Assignment 2-2: Grammar Challenge

Select/underline the correct word.

1. How will the change in health care delivery models (affect, effect) patients?
2. The provider will (advice, advise) you if a patient needs to be scheduled for a consultation.
3. Be sure to properly (sight, site, cite) the consultation report in the description.
4. By involving patients in the decision-making process, the manager was satisfied with the reduction in the (amount, number) of missed appointments.
5. The issue of the morning huddle will be (further, farther) discussed at the next staff meeting.
6. Using (two, too, to) models of health care delivery allow the practice (to, too, two) see better patient outcomes, without generating (two, to, too) many duplicate orders.

CHAPTER REVIEW

Assignment 2-3: Abbreviation Review

Write what each of the following abbreviations stands for.

1. ACO: accountable care organization
2. AHRQ: Agency for Healthcare Research and Quality
3. CMS: Centers for Medicare and Medicaid Services
4. HIT: health information technology
5. IBHC: integrated behavioral health consultants
6. IHI: Institute for Healthcare Improvement
7. IOM: Institute of Medicine
8. NCQA: National Committee for Quality Assurance
9. PCMH: patient-centered medical home
10. PPACA: Patient Protection and Affordable Care Act

Assignment 2-4: Short Answer

1. List the six NCQA PCMH 2014 Standards and provide a summary of the requirements.
   A. PCMH 1: Patient-Centered Access—The practice provides 24/7 access to team-based care for both routine and urgent needs of patients/families/caregivers.
   B. PCMH 2: Team-Based Care—The practice provides continuity of care using culturally and linguistically appropriate, team-based approaches.
   C. PCMH 3: Population Health Management—The practice provides evidence-based decision support and proactive care reminders based on complete patient information, health assessment, and clinical data.
   D. PCMH 4: Care Management and Support—The practice systematically identifies individual patients and plans, manages and coordinates care, based on need.

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E. **PCMH 5: Care Coordination and Care Transitions—The practice systematically tracks tests and coordinates care across specialty care, facility-based care, and community organizations.**

F. **PCMH 6: Performance Measurement and Quality Improvement—The practice uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency, and patient experience.**

2. (A) Define PCMH and (B) describe the relationship between an ACO and a PCMH.

A. **The PCMH is a health care model designed to facilitate partnerships between patients and their physicians; this model helps to ensure that the patient receives continuity of care, the facility has the ability to mine their data to track patient outcomes, the facility works toward continuous quality improvement, and the care provided is patient-centric.**

B. **The PCMH may be part of an ACO. ACOs are sometimes referred to as medical communities; they are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high-quality care to Medicare patients. ACOs are an example of a pay for performance organization.**

3. Describe the differences between fee for service health care delivery systems and pay for performance organizations.

In a fee for service delivery model, providers are reimbursed according to the type and amount of services provided. There is no emphasis on patient outcomes. In a pay for performance approach, the provider is reimbursed through care processes and measurable goals related to outcomes, as well as overall patient satisfaction. Paying providers for performance is one of the federal government's solutions toward fixing health care costs. In this model, providers are rewarded for such things as better glucose control in their diabetic population, lower blood pressures in their hypertensive patients, and an increase in preventative screenings in other patient populations. This model uses a team approach, which may include a variety of players including the provider (team leader), nurse case managers, social workers, pharmacists, and, of course medical assistants. Pay for performance organizations are reimbursed through care processes and measurable goals related to outcomes, as well as overall patient satisfaction.

4. Describe the medical assistant's role in the newer health care models, and describe how the role impacts the patient, employer, and nation.

The role of the medical assistant helps to implement care plans by carefully screening patients and sharing findings with the provider; entering orders into the electronic health record; helping patients stay up to date with preventive testing and health maintenance procedures through education and good coaching techniques; setting up outside procedures for the patient rather than having the patient set up the procedure; tracking the patient to make certain he or she follows through with outside testing; keeping a watchful eye on diagnostic reports and ascertaining the provider reviews the reports in a timely manner; making the reports accessible to patients in the patients' health care portal and providing any home care or follow-up instructions; and developing and maintaining a current list of community resources related to patients' health care needs and directing patients to these resources when applicable.

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CERTIFICATION PRACTICE

Assignment 2-5

Choose the best answer and place the corresponding letter in the blank.

C 1. The implementation of electronic health records (EHR) is an essential component of:
   A. ANHQ.
   B. PCMH.
   C. HIT.
   D. the Triple Aim Initiative.

C 2. The most common health care delivery model used for reimbursing providers in the Unites States is the _____ model.
   A. pay for coordination
   B. patient-centered
   C. fee for service
   D. pay for performance

B 3. Which model of health care emphasizes quantity of services rather than quality of services?
   A. Pay for coordination
   B. Fee for service
   C. Pay for performance
   D. PCMH

C 4. The two major provisions of the PPACA that directly impact health care providers are _____ *and* _____.
   A. Obamacare; quality affordable health care for all Americans
   B. quality affordable health care for all Americans; prevention of chronic disease and improving health
   C. improving quality and efficacy of health care; prevention of chronic disease and improving health
   D. pay for performance; improving quality and efficacy of health care

B 5. _____ health care models, which are sometimes referred to as medical communities, are groups of doctors, hospitals, and other health care providers who come together voluntarily to give coordinated high-quality care to their Medicare patients.
   A. PCMH
   B. ACO
   C. HMO
   D. All of the above

A 6. The health care team working collaboratively with patients is referred to as:
   A. a patient-centered approach to health care.
   B. HIPAA compliant.
   C. a pay for coordination approach.
   D. None of the above

A 7. There is(are) _____ level(s) of NCQA PCMH Recognition.
   A. three
   B. six
   C. one
   D. None of the above

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D 8. The medical assistant can help implement care plans in the new health care delivery models by:
   A. entering orders into the electronic health record.
   B. carefully screening patients and sharing findings with the provider.
   C. tracking the patient to make certain he or she follows through with outside testing.
   D. All of the above

A 9. The Institute for Healthcare Improvement (IHI) has initiated a movement referred to as the *Triple Aim Initiative*. The initiative hopes to do the following:
   A. Improve the patient experience of care, improve the health populations, and reduce the per capita cost of health care
   B. Improve the HIPAA Privacy Act, improve the patient experience of care, and reduce the per capita cost of health care
   C. Incorporate the HIPAA Privacy Rule, the HIPAA Security Rule, and the Americans with Disabilities Act Amendments Act
   D. Improve the Patient Bill of Rights, improve the health populations, and reduce the per capita cost of health care

A 10. Health care reform is necessary due to:
   a. surging health care debt and poor outcomes.
   b. violations of HIPAA Privacy and HIPAA Security Rules.
   c. more and more providers entering the health care field.
   d. All of the above

SKILL APPLICATION CHALLENGES

Assignment 2-6: Research Activity

1. Research the various types of health care models (PCMH, ACO, Pay for performance, etc.). Which type of health care model do you consider the most effective? How did you reach your conclusion?
2. Based on each type of health care model, how can you apply your skills to maintain or lower costs while at the same time increasing patient outcomes and satisfaction levels? Consider how to apply the *professionalism keys* you possess to develop and integrate a plan to improve patient outcomes and satisfaction. Support your conclusion with facts.

Assignment 2-7: Role Play

1. Pair up with a classmate and practice your patient interviewing skills.
2. Pair up with a classmate and practice your medication reconciliation skills.
3. Reverse order (or change classmate) and repeat #1 and #2.

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FIELD APPLICATION CHALLENGE

Assignment 2-8

Read the following Field Application Challenges and respond to the questions following each scenario.

1. As the medical assistant for Dr. Endo, you are getting ready to reconcile patient Jane Morgan's medication. The practice recently converted to electronic health records (EHR) and no medications, supplements, or allergies have been entered. You have the patient's paper chart but this is her first visit since the practice converted from paper to electronic charts. From the choices below, what would be the *best* solution for obtaining and reconciling the patient's medications?

   A. Scan a copy of the medication history page from the paper chart.

   B. Ask the patient if she has a copy of her medication list, and scan into the electronic health record.

   C. **Review the medications noted in the paper chart, then confirm with the patient and record in the electronic health record. Include any supplements the patient takes, and inquire about any allergies (review paper chart for any note of allergies). Confirm and enter accurate information in the EHR.**

   D. Ask the medical records department to update the list.

2. Having completed the medication reconciliation, you will document the chief complaint (reason for the visit by Ms. Morgan today). You note that in the electronic scheduling module, the reason for visit was noted as "Follow-up". Your provider and the practice are following a PCMH model, and your responsibilities include performing the patient interview to record an accurate chief complaint. Everyone is running behind since it is taking more time to update and enter information in the electronic health record than it was using the paper chart. Dr. Endo likes to run on time and you are responsible for keeping him on schedule. How would you be sure to obtain the accurate information from Ms. Morgan? Reflect on which of the professionalism keys you would use to handle this situation, and apply them to your answer.

   Answers will vary but can include: Using proper interviewing techniques and professional communication, ask Ms. Morgan the reason for her visit today. Review the patient's paper chart and locate the last progress note and look for any diagnoses, orders, and plans that need to be addressed, confirming with the patient. Document the chief complaint in the electronic health record (e.g., follow-up UTI, history of 5× in last 12 months). Pull up or scan any reports and/or lab results for Dr. Endo to review. You will have used some of all the professionalism keys.

JOURNALING EXERCISE

Assignment 2-9

With the rapidly and ever-changing health care field, what content within this chapter was most meaningful to you? Why? Do you think the PPACA and the new health care models can improve patient's health, outcomes, and satisfaction? Do you see any pitfalls of all the new regulations? If so, what are your concerns? How can the professionalism keys help you be a better medical assistant in today's health care delivery models? List some examples of how you might apply information contained in this chapter, both during your training and after you enter the health care field.

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