**Patient-Centered Primary Care Homes** are health care clinics that have been recognized by the Oregon Health Authority for their commitment to providing high quality, patient-centered care.

PCPCH Standards 4A and 4B: Q&A with Megan Bowen, Site Visitor

One of the most common questions PCPCH program staff receive relate to provider continuity standards. Megan Bowen, a Site Visitor for the PCPCH Program explains what it takes to meet these two must-pass standards.

**PCPCH Standard 4.A: Personal Clinician Assigned**

*Why is the assignment of a personal clinician or team important?*

We want patients to have a rapport and develop a relationship with their primary care provider (PCP) or team. It is important that patients feel they can relate to, and share with, their PCP or team. That provider or team will be there over time to work with the patient on their personal health journey.

**Must-Pass Standard 4.A.0** requires clinics to report the percentage of active patients assigned to a personal clinician or team. What is the easiest way to calculate this percentage?

Here we are looking at the number of **active patients** that have been assigned a personal clinician or team:

\[
\text{Numerator} = \text{Number of active patients with an assigned PCP} \\
\text{Denominator} = \text{Number of active patients in the practice}
\]

**How can clinics determine which of their patients classifies as being ‘active’?**

An active patient is one who has had at least one visit in the past 12 months. Clinics should be able to quantify how many patients are receiving care in their clinic. If your clinic has an electronic medical record, you can find this number by running a query or report and pull the following fields: Unique patient ID, with at least one visit in a set date range, say 6/1/14-6/1/15.

Let’s say you run that report and the number of active patients in your clinic is 4225. That number will be your **denominator**.

**What is the best way to calculate the numerator?**

Your numerator will be the number of active patients who have been assigned to a PCP or team. To find this number you’ll have run a report with your unique patients AND list their assigned PCP or team, using the same date range as above.
Let’s say you run that report and you have identified 3995 patients who have been assigned a PCP or team. That number will be your numerator.

The report could look like this:

<table>
<thead>
<tr>
<th>Unique Pt ID#</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>00123</td>
<td>Schmidt</td>
</tr>
<tr>
<td>00124</td>
<td>Schmidt</td>
</tr>
<tr>
<td>00125</td>
<td>Schmidt</td>
</tr>
<tr>
<td>00126</td>
<td>Walton</td>
</tr>
<tr>
<td>00127</td>
<td></td>
</tr>
<tr>
<td>00128</td>
<td>Walton</td>
</tr>
<tr>
<td>00129</td>
<td>Schmidt</td>
</tr>
</tbody>
</table>

In this scenario, the clinic would report 3995/4225 patients having an assigned PCP, which is 94%. Since that number exceeds the benchmark of 90%, the clinic can attest to 4.A.3 and gain 15 points.

What if a clinic doesn’t have the capability to run electronic reports?

In the absence of electronic reporting capabilities, clinics can perform a 30-chart audit to determine their numerator. Here’s how:

1. Pull records for **AT LEAST** 30 active patients. That number of charts pulled will be the denominator, and let’s say that is 30.
2. Go through those 30 records and note which ones have a primary care provider or team assigned. That will be the numerator - let’s say that number is 27.

The data submitted will be 27/30, which equals 90%, meaning that the clinic has met the benchmark for this measure.

What if a clinic has only a single provider?

The clinic will still need to submit data for this measure, and the numerator and denominator will likely be the same.

PCPCH Standard 4.B: Personal Clinician Continuity

*Let’s talk about Standard 4. B) - Personal Clinician Continuity. What is the purpose and importance of must-pass standard 4.B.0?*

This measure is about continuity of care and here we are measuring the number of visits in a time period with the assigned provider.
When patients have an appointment at the clinic, how often are those visits with their assigned PCP? It is important for patients, whenever it is feasible, to have an appointment with their assigned primary care provider or team. That provider or team knows the patient, knows their history and preferences for care.

What is the formula for determining the total number of active patient visits in a set period of time?

The formula for calculating the number of active patient visits is:

\[
\text{Numerator} = \frac{\# \text{ of active patient visits with their assigned PCP}}{\# \text{ of active patient visits}}
\]

If your clinic has an electronic medical record, you can find this number by running a query using the same active patients you identified in 4.A.0 and the following parameters: Active patient visits in the date range of say 6/1/14 – 6/1/15. Let's say the result is 12,375 patient visits. That number will be the denominator.

What about calculating the numerator?

This will be the number of those patient visits that occurred with the assigned PCP or care team. To do this, run a report with the following parameters: Same active patients, PCP assigned, visits in the date range, provider for that visit.

The table could look something like this:

<table>
<thead>
<tr>
<th>Unique Pt ID#</th>
<th>PCP</th>
<th>Visit</th>
<th>Provider @visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>00123</td>
<td>Schmidt</td>
<td>1/14/14</td>
<td>Schmidt</td>
</tr>
<tr>
<td>00123</td>
<td>Schmidt</td>
<td>3/31/14</td>
<td>Walton</td>
</tr>
<tr>
<td>00123</td>
<td>Schmidt</td>
<td>9/23/14</td>
<td>Schmidt</td>
</tr>
<tr>
<td>00126</td>
<td>Walton</td>
<td>2/18/14</td>
<td>Walton</td>
</tr>
<tr>
<td>00126</td>
<td>Walton</td>
<td>6/18/14</td>
<td>Taylor</td>
</tr>
<tr>
<td>00128</td>
<td>Walton</td>
<td>5/14/14</td>
<td>Walton</td>
</tr>
<tr>
<td>00129</td>
<td>Schmidt</td>
<td>4/2/14</td>
<td>Schmidt</td>
</tr>
<tr>
<td>00129</td>
<td>Schmidt</td>
<td>6/2/14</td>
<td>Taylor</td>
</tr>
<tr>
<td>00129</td>
<td>Schmidt</td>
<td>9/26/14</td>
<td>Walton</td>
</tr>
</tbody>
</table>

From that report, we can determine that out of the out of those 12,375 active patient visits in 2014, 10,275 of them occurred with the assigned PCP or care team. In this scenario, the clinic would report 10,275/12,375 visits occurred with the assigned PCP or care team which is 83% and exceeds the benchmark of 80% for continuity of care, and means that the clinic can attest to 4.B.3 and gains 15 points.
**What if a clinic doesn’t have the capability to run electronic reports?**

If a clinic doesn’t have electronic reporting capabilities, they can perform a 30 chart audit and determine the number of active visits in a set period of time for those 30 patients. Let’s say those 30 patients had 117 visits in 2014. That will be the **denominator**.

To determine the numerator, count how many of those 117 visits occurred with their assigned PCP or team. Let’s say that number is 92. That will be the **numerator**. \( \frac{92}{117} = 78\% \) which is just shy of the benchmark of 80%.

**Are there any pitfalls that clinics should watch out for?**

Yes, there are a few. They include:

- Denominators being the same for 4.A (patients) and 4.B (visits)
- 100% for both 4.A and 4.B
- Wildly different numbers, such as 100 patients and 10,000 visits
- Different time periods for 4.A and 4.B. 1 year vs. 2 years
- Transposing number of patients with number of visits and vice-versa
- Calculating one measure based on single providers, and the other using teams

**Have more questions?**

We are here to help! Email [PCPCH@state.or.us](mailto:PCPCH@state.or.us)