Begin documenting patient data.

It's time to begin documenting patient disease activity data in your registry. The valuable database your registry provides for use in Clinical Population Management (CPM) is built by:

- Collecting and recording signal measure scores and other metrics at each patient visit.
- Consistently entering these data into your registry.

COLLECT SIGNAL MEASURE SCORES AT EACH PATIENT VISIT

We can't emphasize strongly enough that signal measures must be collected *consistently*. Depending on what signal measure(s) you've chosen, this means doing the necessary physician examination, patient questionnaire, lab testing, or combination thereof at each patient visit or at a regular interval that you determine to be most appropriate. To ensure a complete and accurate data set, this must become part of the practice protocol.

The physicians who pioneered CPM determined that during a visit it's far more efficient to jot down a patient's signal measure scores on paper (10-15 seconds) than to record them electronically in the population registry. See Phase One/Step 5 on this website for a link to a Patient Data Collection Sheet Template you're welcome to use for this.

Simply include one of these sheets with each patient chart at each patient visit. For optimal efficiency, have a staff member pre-fill the patient information box or affix a patient information sticker so all that's required of the provider during the visit is to record signal measure scores.

You'll see that the template also provides the option to record medications. This is not required for CPM, but many physicians are finding this data a highly informative addition to their population registry database – and like the signal scores, it takes only moments to record.

We recommend setting up a Patient Data Collection Sheet in-basket where completed sheets can be collected for future entry into your population registry.

ENTERING SCORES IN YOUR POPULATION REGISTRY

This step is key because signal measures enable CPM only if they're consistently entered into your registry. This can be done on a daily or weekly basis – whichever is most convenient. If you're not designating a registry coordinator, be sure someone on staff has responsibility for this small but important task.

Note: If a patient is not yet in your registry at the time of a visit, simply add them when documenting the scores from their first Patient Data Collection Sheet. This works well for any new patients, as well as for practices that were unable to electronically load their patient population into the registry and must do so one at a time.

We don't recommend investing time and effort in extracting previous assessment data from your EMR to put in your registry. Instead focus on documenting assessments going forward and within one cycle of care you'll have a baseline record on each patient.