Define your "on-time" assessment frequencies for each disease activity level.

It's easy to fall into the habit of scheduling all patient assessments at the same interval. If this is the case in your practice, begin scheduling your disease activity assessments consistent with disease-specific guidelines (for example, every three months for RA patients with moderate or high disease activity and every six months for those with controlled or low disease activity).

The purpose of this is to:

1) Assure that patients with active disease receive all necessary care at the appropriate intervals.

2) Reduce the frequency of visits, as appropriate, for patients who are doing well.

Provide exceptions, of course, for patients with individual needs or new symptoms that need to be addressed sooner.

SETTING UP ASSESSMENT INTERVALS

The intervals you choose should be based on the frequencies you believe are generally appropriate for each disease activity level, whether that means following standard treatment recommendations or other protocols you've established in your practice. These intervals can be modified at any time. In fact, the data you accrue using Clinical Population Management (CPM) may prompt you to reconsider some frequencies.

Soon after starting to track assessments in their population registry, many practice teams discover that they're not even close to assessing patients on a timely basis across their population. In fact, this is often the first major "aha" encountered in implementing CPM. While this can be disheartening it's also incredibly valuable to know, since one of the major tenants of effective disease management is that disease activity must be assessed on a consistent and timely basis. As basic as this sounds, our experience is that apart from implementing CPM very few practice teams even have an effective means for knowing whether they're providing on-time assessments.

Later steps will explain ways to begin significantly improving on-time assessment.