

## CLINICAL POPULATION MANAGEMENT

### PHASE TWO | STEP 3

#### Work on reducing overdue assessments.

This is perhaps the most important step in implementing Clinical Population Management because consistent disease management requires consistent on-time assessments. So closing care gaps enables you to quickly impact patient care and disease outcomes. Below are some simple ways to get started.

#### PRINT LISTS OF PATIENTS IN NEED OF ASSESSMENT

Use your population registry to generate two “work lists” of patients in need of assessment:

**List 1** – Patients whose last documented assessment exceeds the “on-time” interval you established in Step 1. *Segment this list by disease activity level plus length of time overdue.*

**List 2** – Patients who have no signal measure scores documented in the registry.

**Important if using more than one signal measure:** Combining signal measures will distort your population data, so *always* assess (and print out) the data from each of them *separately*. You’ll see variances in the numbers on overdue assessments and disease activity levels from one signal measure to the next, but that’s okay. These discrepancies are actually useful and will be addressed in future steps.

#### USE THE LISTS TO ADDRESS OVERDUE ASSESSMENTS

With printed lists in hand you can now begin making tangible progress in shortening them. We recommend starting with patients at greatest risk – those on List 1 who have active disease and are most overdue.

Many patients will show up on List 2 during the first several months of using your population registry, but that number should readily diminish as patients come in for their next assessment and the data is documented in your registry. However, once you’ve documented a full cycle of care on your patient population in the registry, any patient still showing no previous assessment should also be considered overdue and at risk.

Work your way through the lists by asking: *Why is this patient overdue for assessment?* or *Why does this patient have no assessment documented in the registry?* Then use the answer to determine your response. For example:

- **Missed a scheduled appointment.**  
*Contact to reschedule assessment.*
- **Moved and is no longer under your care.**  
*Remove from population registry. (Do this promptly to ensure that the data you use for clinical population management is as accurate as possible.)*
- **Was recently assessed, but data isn’t in the population registry.**  
*Document “Patient Data Collection Sheet” info in registry.*
- **Is currently unable to pursue treatment (i.e., pregnancy, extended travel).**  
*Designate in registry as “No management currently possible” and schedule next assessment as appropriate.*
- **Is noncompliant and refuses to come in.**  
*Designate in registry as “No management currently possible.” (All the other reasons for overdue assessments should be eliminated first.)*
- **No clear reason.**  
*Contact patient to schedule an assessment.*

(Continued)

### KEEP UP ON "ALMOST DUE" TOO

You want to also stay current with scheduling patients who are *almost due* for assessment so they don't wind up on the overdue list. They're the ones listed just under the overdue patients on your printed work list.