



PRIMARY CARE STRATEGIES FOR SUCCESS IN A VALUE-BASED PAYMENT ENVIRONMENT

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Chief Medical Officer
North East Medical Services
March 1, 2018

AGENDA

- North East Medical Services (NEMS) as high-performing primary care clinic
- San Francisco Health Plan (SFHP)
- Comparison of NEMS and SFHP Healthcare Effectiveness Data and Information Set (HEDIS) scores
- Strategies to improve NEMS Hedis scores utilizing essential elements of primary care

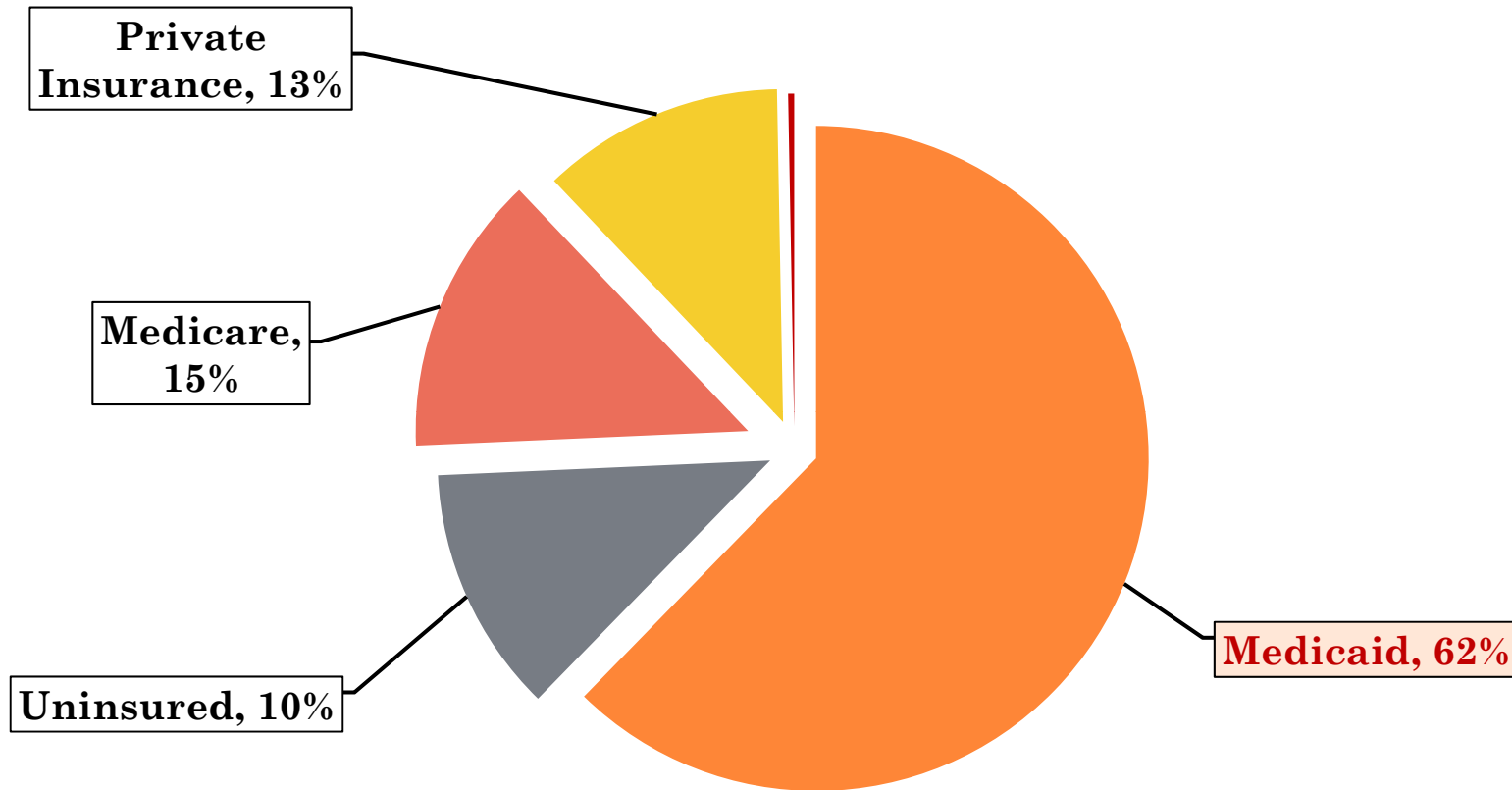


NORTH EAST MEDICAL SERVICES (NEMS)

- ❑ Private, nonprofit **Federally Qualified Health Center (FQHC)** since 1971; Based in San Francisco; Expanded services to **12** clinic sites in 3 counties serving over **69,000** patients.
- ❑ NCQA **PCMH Level 3** recognition; one of the largest health centers serving Asians in the U.S.
- ❑ **90+** providers with services in Primary Care, Ob/gyn, Dental, Optometry, Lab, Radiology, Pharmacy, Behavioral Health, Physical Therapy and Specialty Care.
- ❑ Reimbursement model – **FFS and Capitation.**
- ❑ SFHP delegated over 37,000 lives to NEMS, which represented 27% of network.



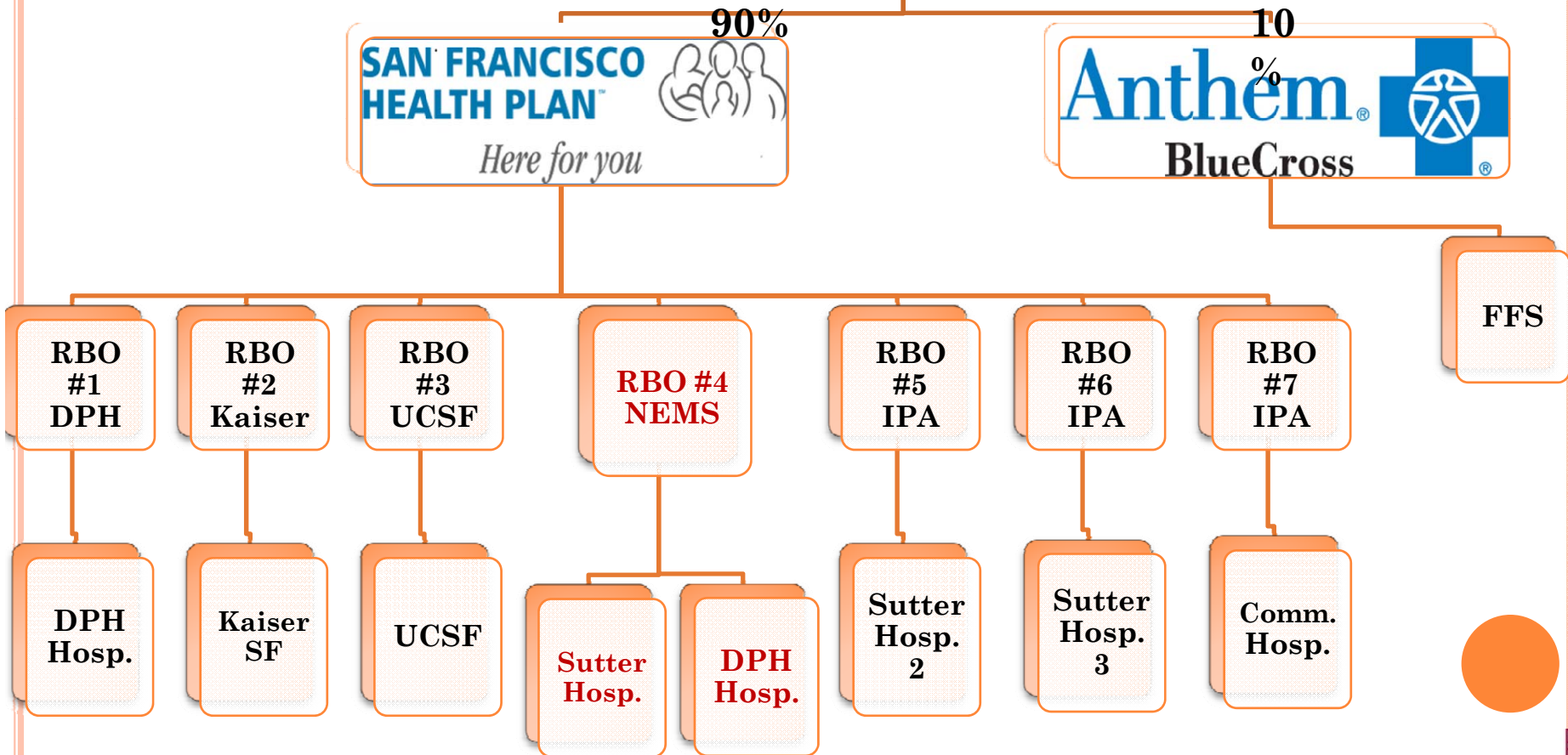
NEMS 2017 PATIENT MIX



- ✓ 69,009 Active Patients; ~ 302K Encounters;
- ✓ 61% Medicaid Patients, enrolled in MCPs;
- ✓ 48% below 100% FPL;
- ✓ 81% speaks little or no English;
- ✓ 10% uninsured/self-pay;
- ✓ 19% Elderly (age 65+);



MMC RISK DELEGATION IN SF COUNTY



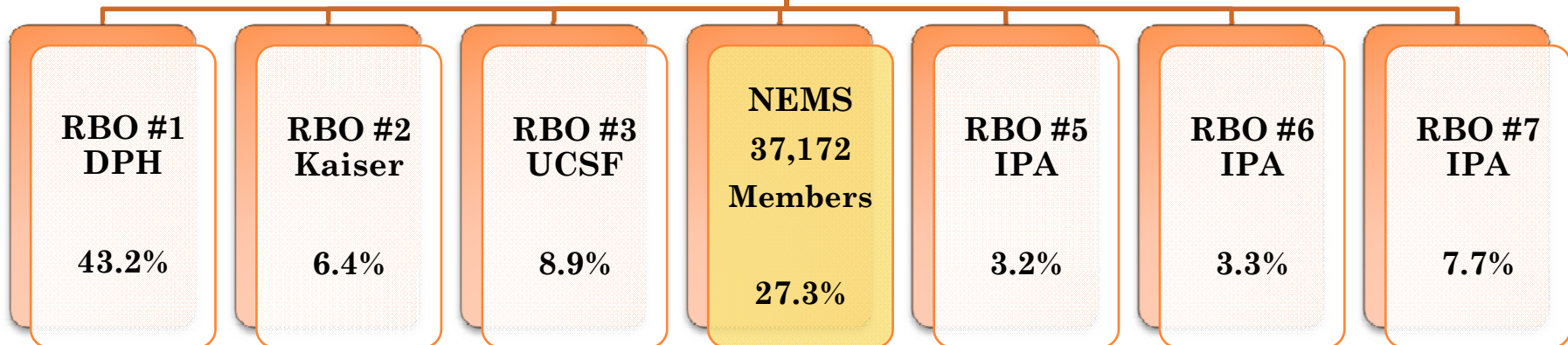
SFHP MMC MEMBERSHIP BY NETWORK

**SAN FRANCISCO
HEALTH PLAN™**



Here for you

**136,099
Members**



Data Source: SFHP Membership Report July 2017



Here for you

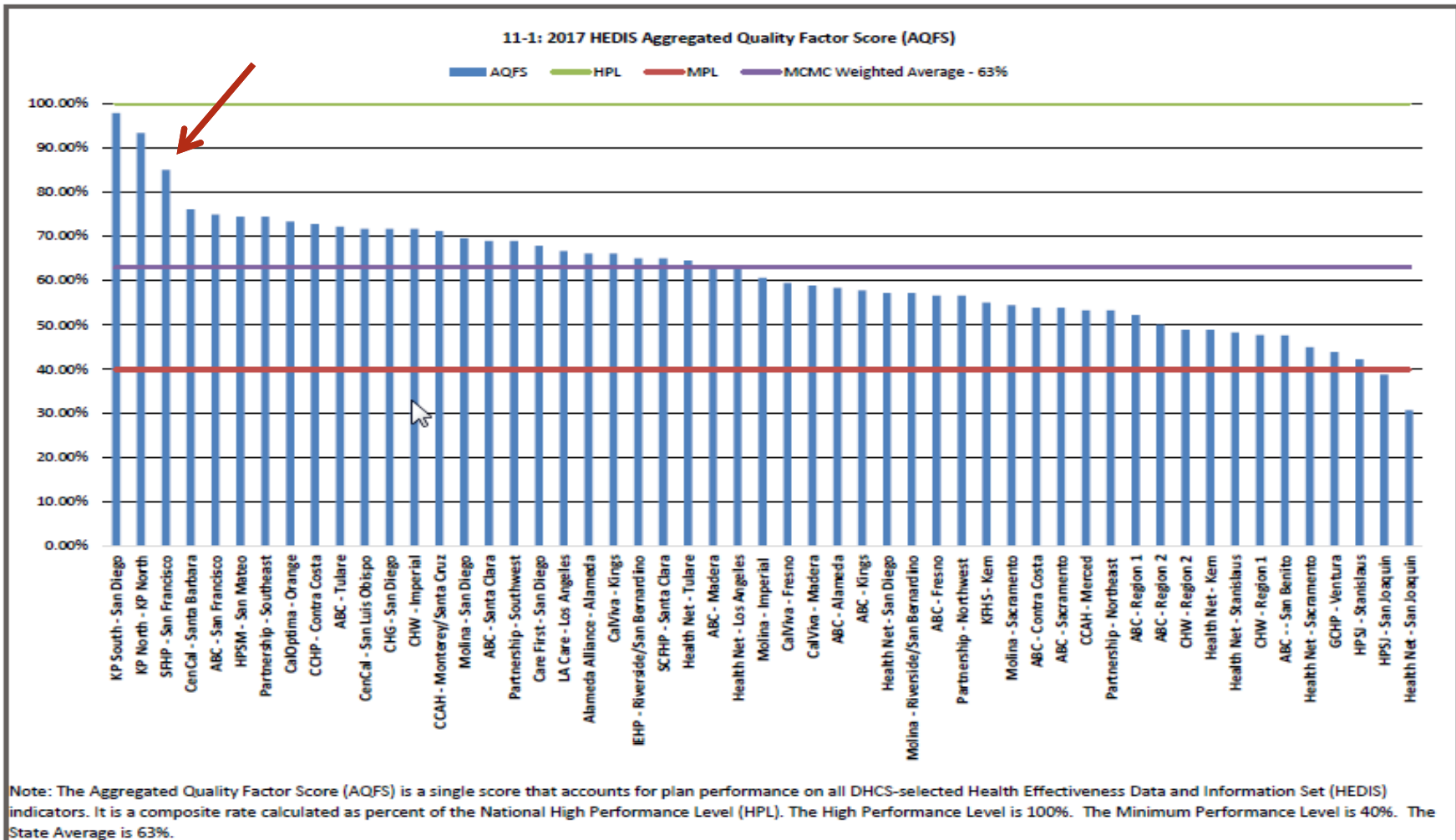
- Received 2017 Outstanding Performance in Quality Care from the California Department of Health Care Services (DHCS) for the Medi-Cal program for the 9th time in the last 10 years
- **Third highest ranked Medi-Cal plan** based on aggregated 2017 HEDIS scores
- Award rankings are determined by performance in the Healthcare Effectiveness Data and Information Set (HEDIS), a national set of measures for clinical care delivered to health plan members, developed by NCQA



MEDI-CAL MANAGED CARE PERFORMANCE DASHBOARD



Medi-Cal Managed Care Performance Dashboard
Released September 14, 2017

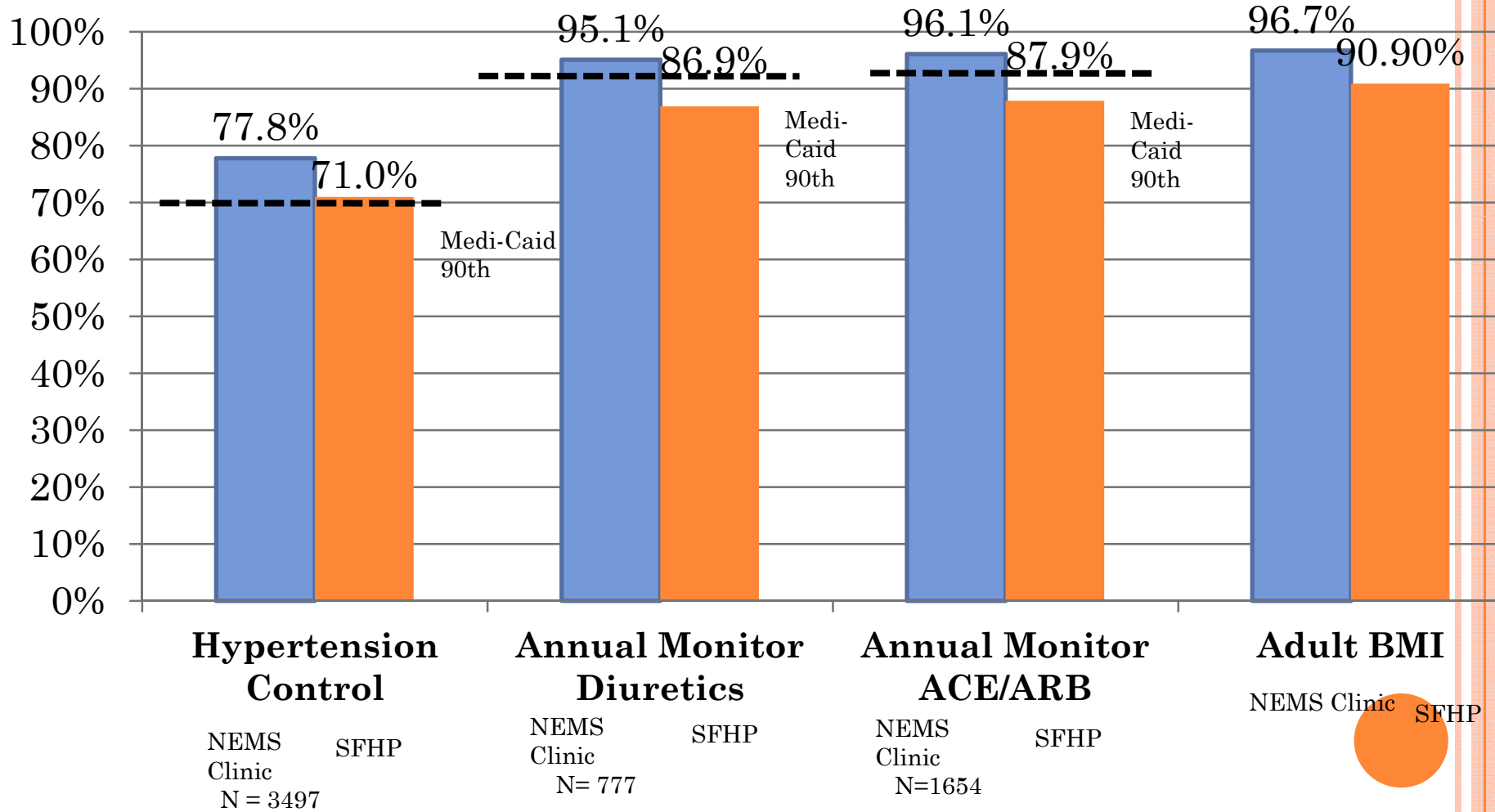


Note: Data in this dashboard is preliminary and subject to change

2016 HEDIS
YEAR

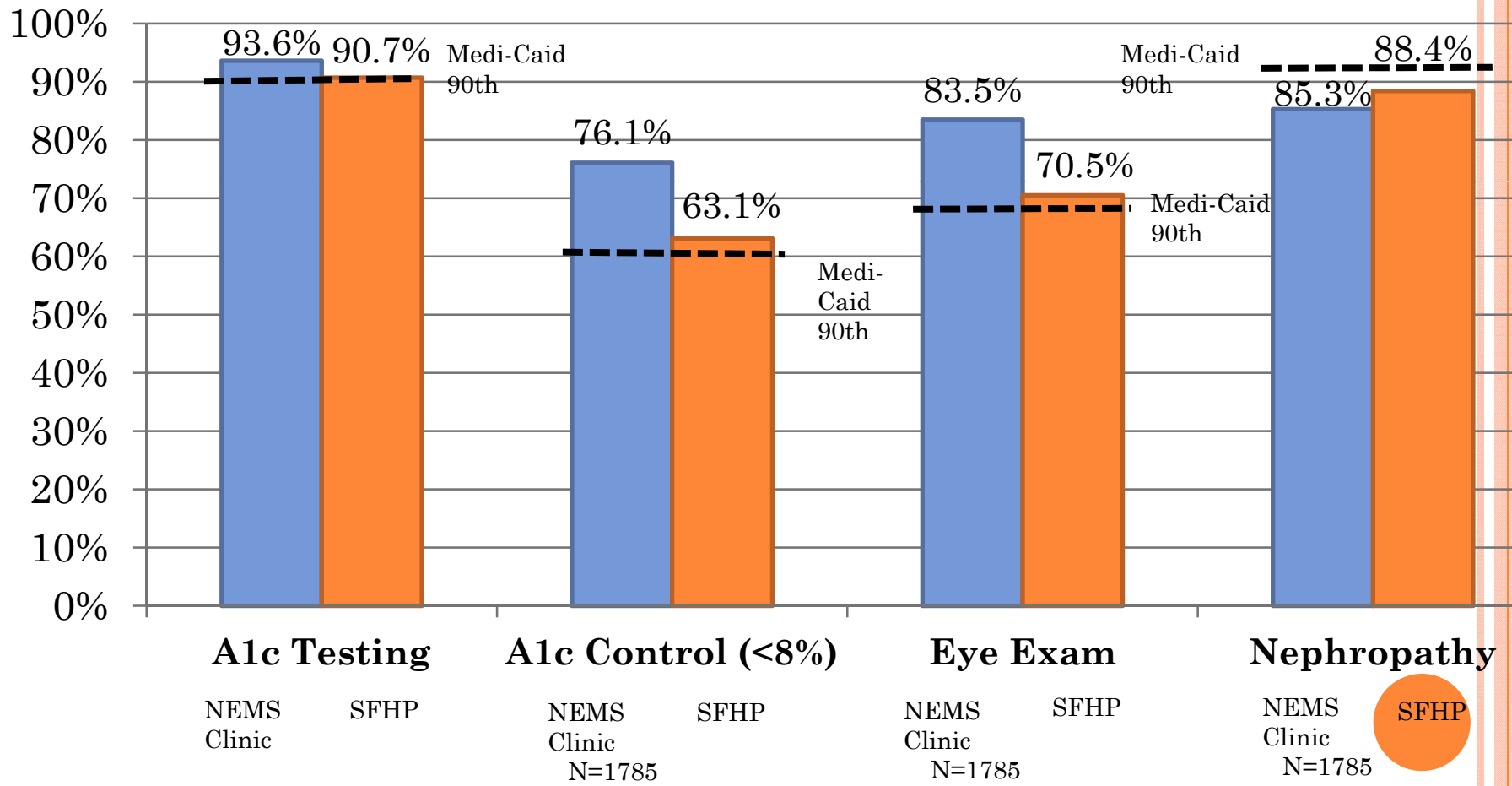


ADULT MEASURES



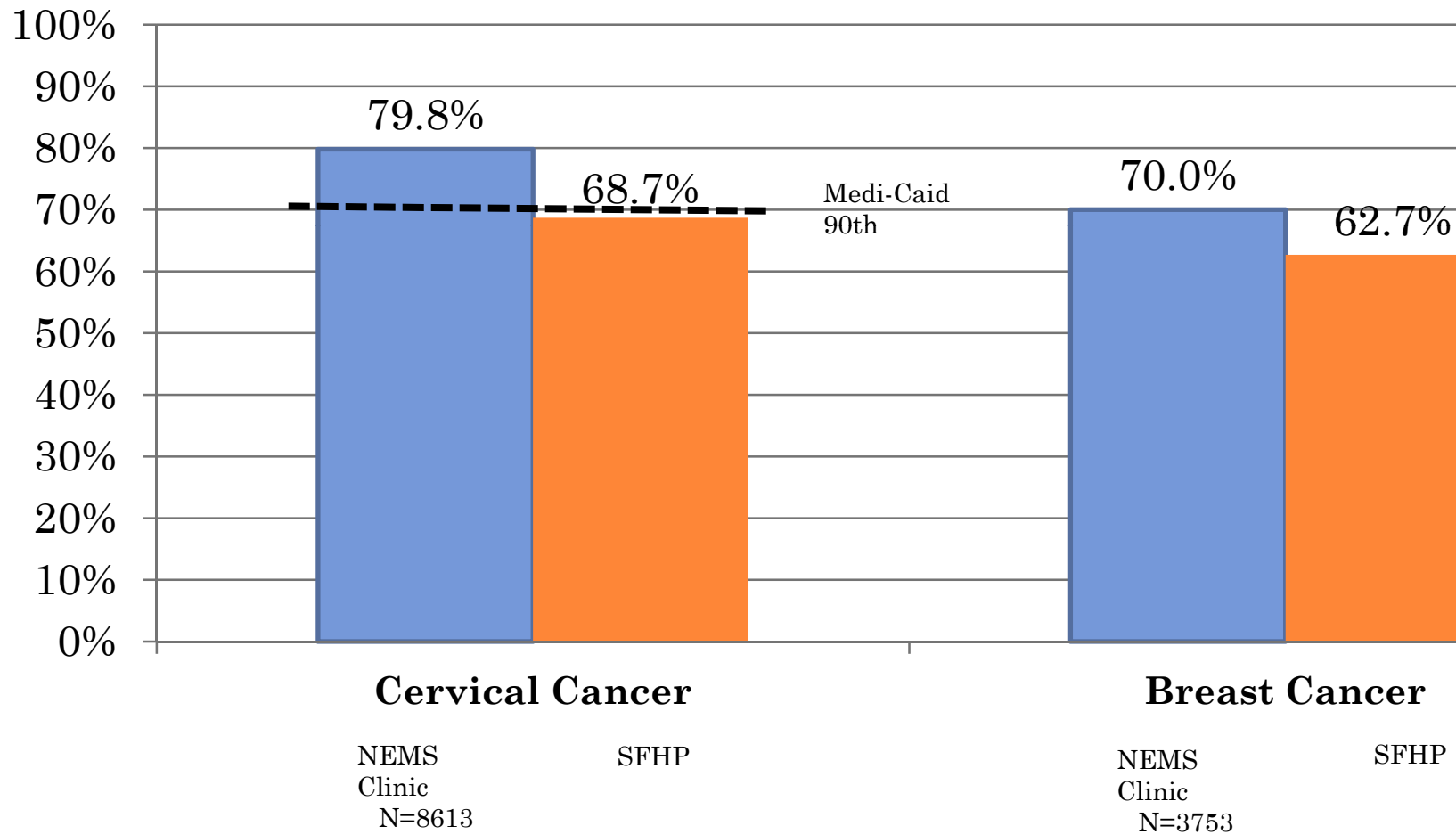
2016 HEDIS
YEAR

DIABETES MEASURES



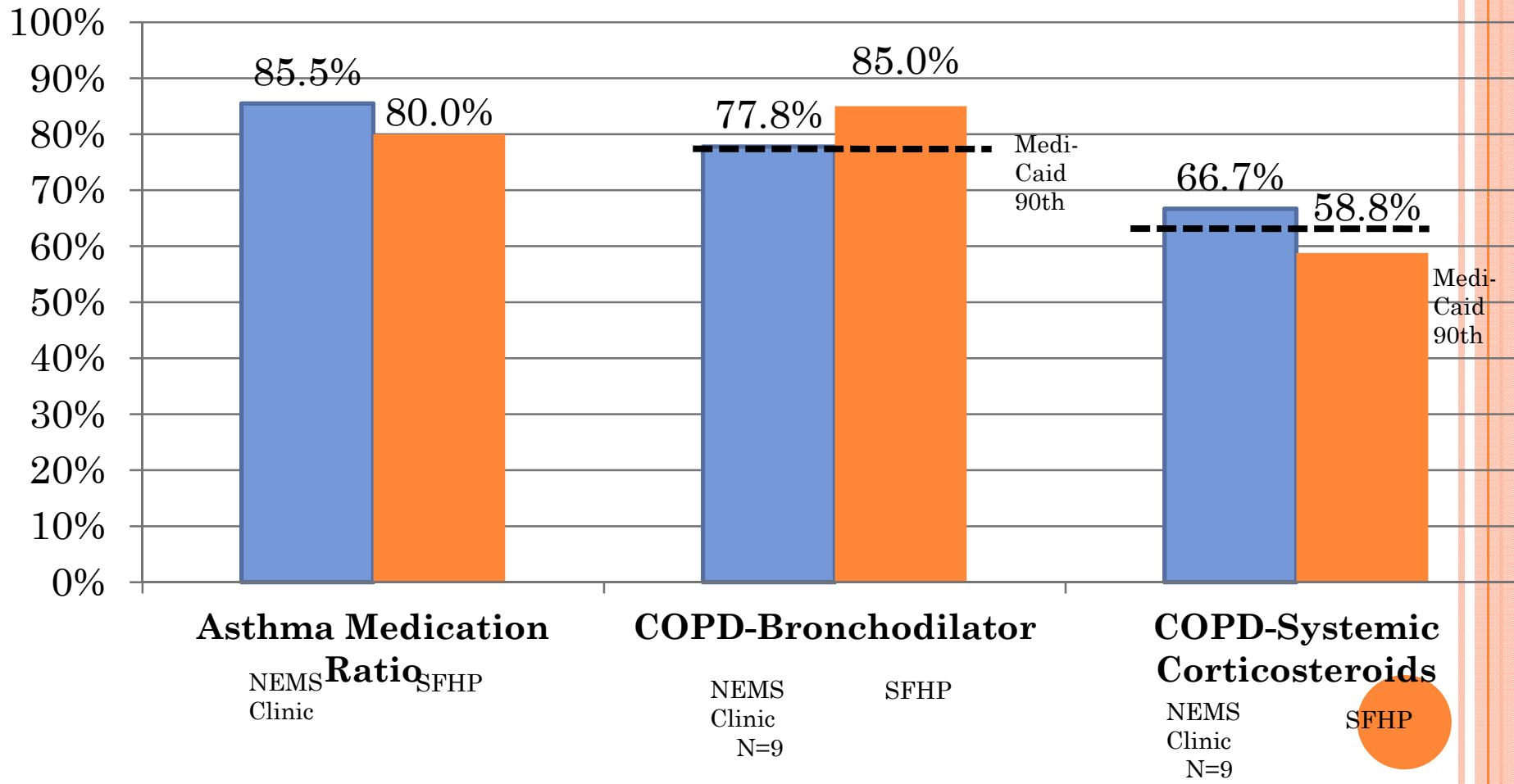
2016 HEDIS
YEAR

CANCER SCREENING

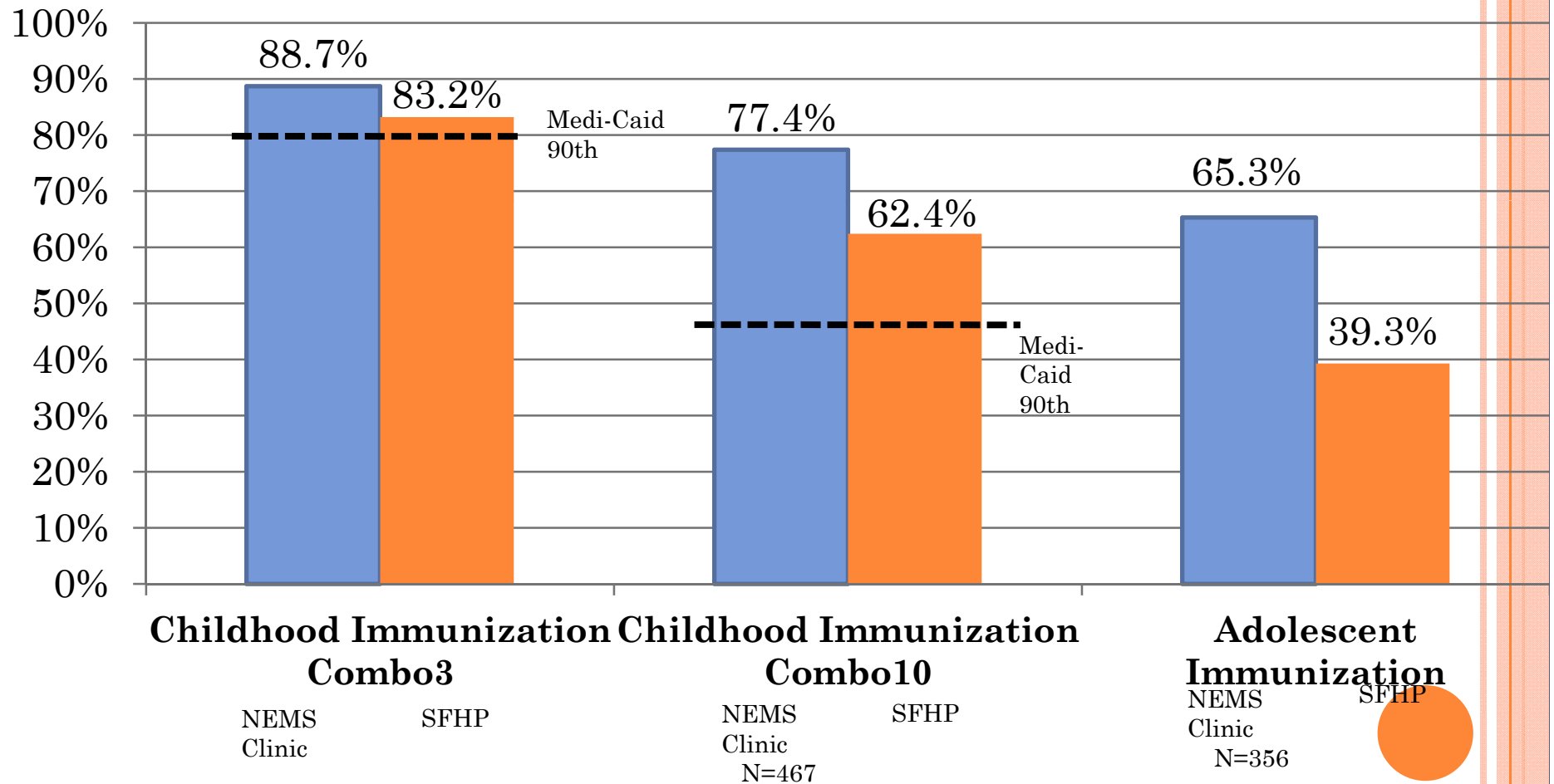


2016 HEDIS
YEAR

PULMONARY MEASURES

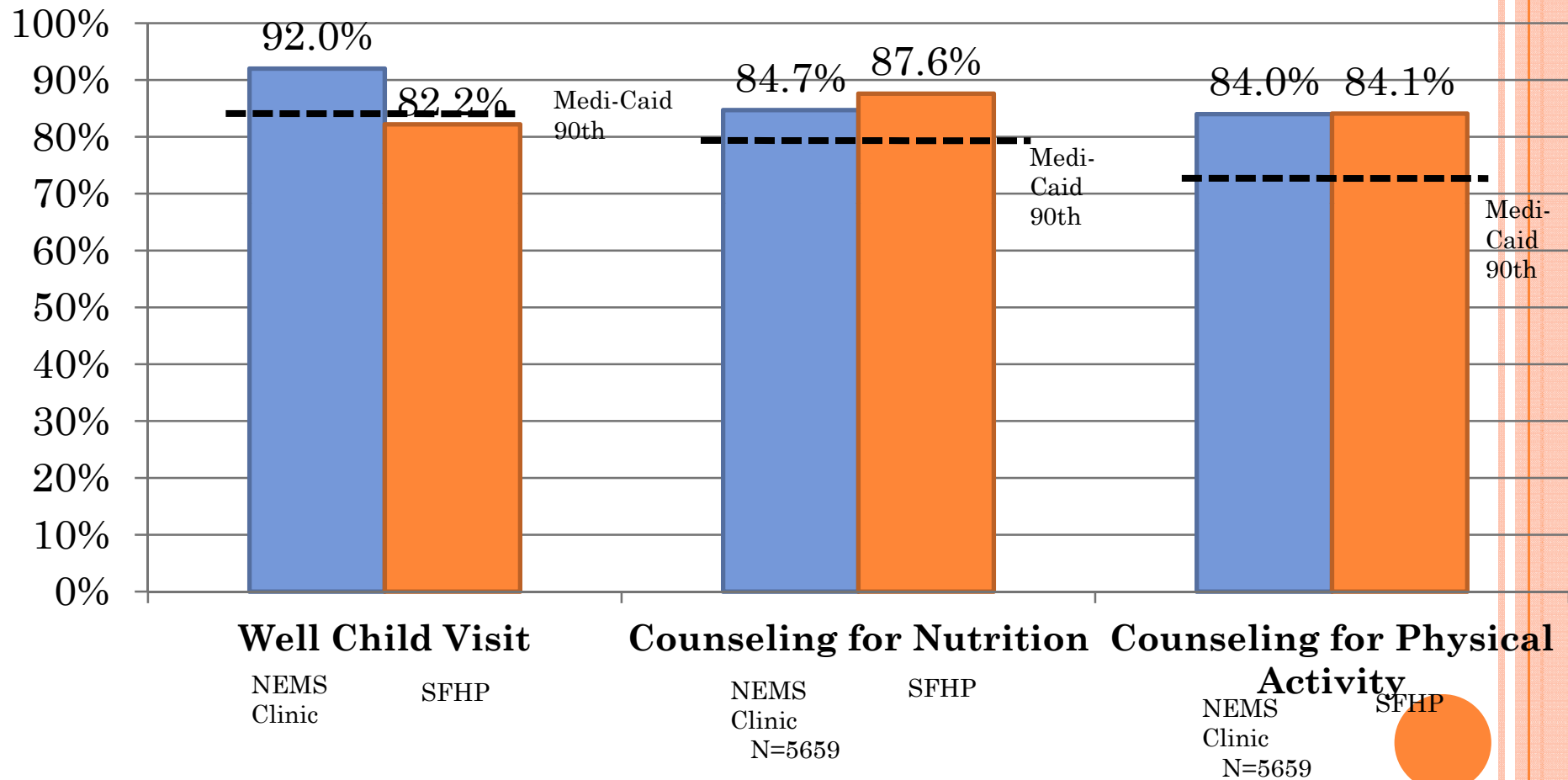


PEDIATRIC MEASURES (1)



2016 HEDIS
YEAR

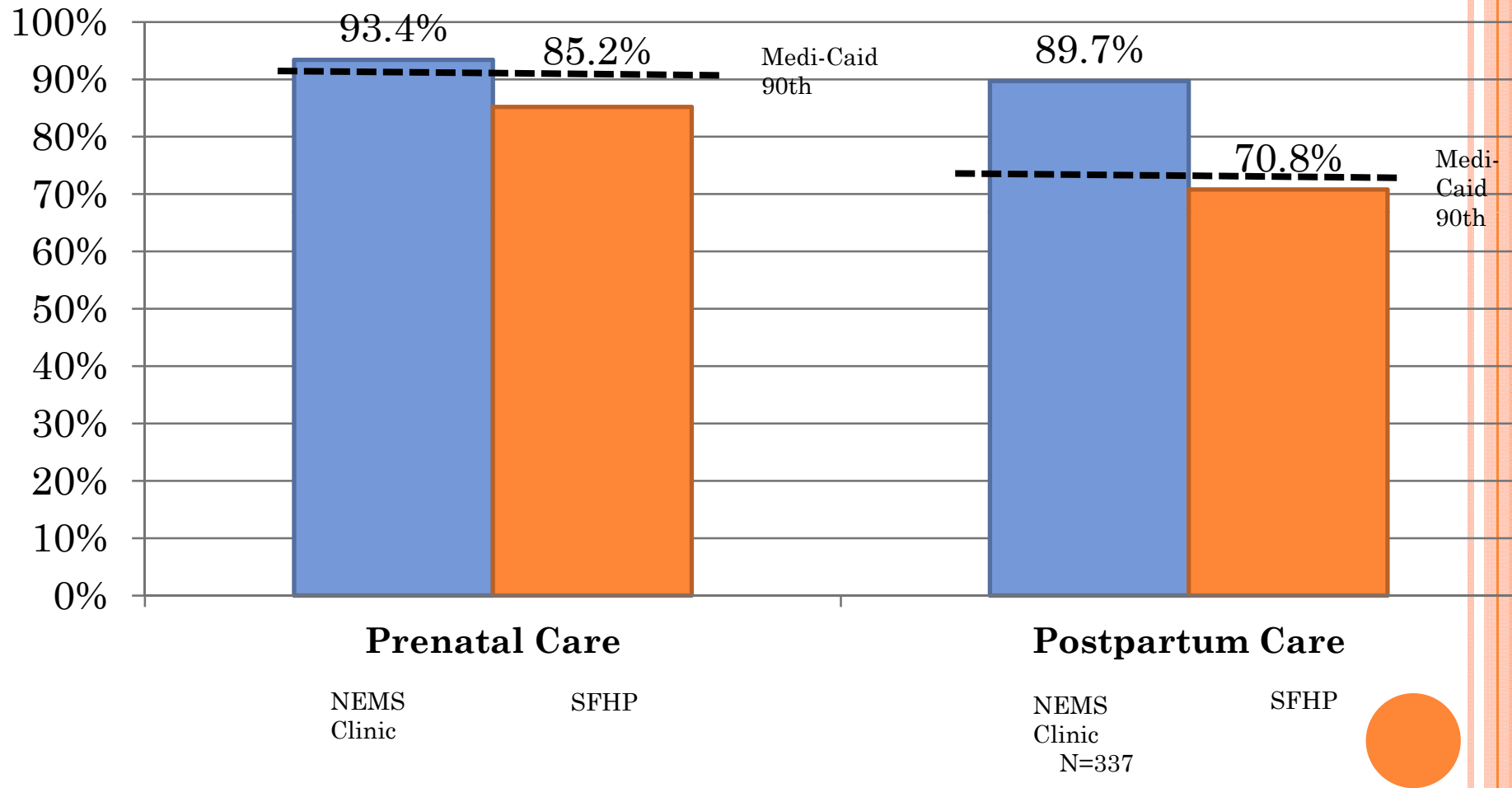
PEDIATRIC MEASURES (2)

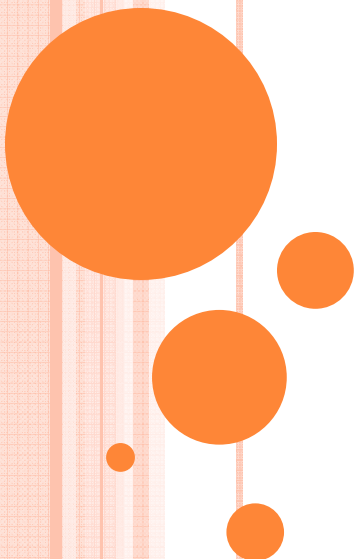


2016 HEDIS
YEAR

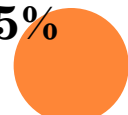


OB/GYN MEASURES





SHARED VISION DRIVING OBJECTIVE GOALS: 2018 CLINICAL ORGANIZATIONAL GOALS

2018 Organizational Goals	Baseline <i>Where we were as of 11/30/2017</i>	Target <i>MUST PASS</i>
<p>Clinical Goal: NEMS will improve cervical cancer screening rates for all women age 24-64 to 76% from a baseline of 74.4%.</p>	74.4%	76%
<p>Clinical Goal: NEMS will improve colorectal cancer screening rate for patients age 51-75 to 82% from a baseline of 81.3%.</p>	81.3%	82%
<p>Clinical Goal: NESM will improve smoking cessation intervention from 90.5% to 95% for all patients age 18 and over.</p>	90.5%	95% 

SFHP PRACTICE IMPROVEMENT PLAN (PIP) PROGRAM



- Launched in 2011
- A financial incentive system to reward:
 - clinical quality
 - patient experience
 - data quality
 - system improvement
- Clinical measures based on HEDIS type measures.
- Quality improvement scores are reported quarterly with points and rewards earned quarterly.
- Measures are evaluated annually with new measures added and some retired.



ALIGNING GOALS AND INCENTIVES

2017 Q3Q4 ADULT MED PHYSICIAN

PERFORMANCE BASED INCENTIVES



Quarterly Incentive:	Patient satisfaction-friendliness and courtesy	Panel Size	Quality: department goals	Corporate citizenship: NP Mentorship Leadership	Chart documentation
	94% always and usually	110% of ideal panel size	Lab for persistent meds	NP/PA mentorship; committee, timely PAQ completion, punctuality	Updated chronic prob list, med module, PAQ completion
100%	=/>94%	=/>110% panel	=/> 92%	Please see attached	
80%	92-93%	100%	90.8-91.9%	2 of above criteria	
60%	90-91%	90%	88-90.7%	1 of above criteria	

DATA DRIVEN IMPROVEMENT: QUARTERLY PHYSICIAN REPORT CARD



Quarterly Report Period: 7/1/2017 - 9/30/2017

Yearly Report Period: 10/1/2016 - 9/30/2017

Data snapshot date: 10/09/2017

Quality Measure	Past Quarter Provider Score	Past Quarter Site Average	Past Quarter NEMS' Average	Past Year Provider Score	Past Year Site Average	Past Year NEMS' Average	Medicaid 90th% or Dept Goal
<i>Screening, Prevention and Wellness</i>							
Colorectal Cancer Screening	159 / 177 = 89.8%	4177 / 4763 = 87.7%	10206 / 11855 = 86.1%	166 / 191 = 86.9%	5605 / 6836 = 82.0%	14982 / 18877 = 79.4%	DeptGoal = 70
Breast Cancer Screening	88 / 106 = 83.0%	2215 / 2880 = 76.9%	5152 / 7114 = 72.4%	93 / 115 = 80.9%	2966 / 4043 = 73.4%	7373 / 10994 = 67.1%	62.8
Cervical Cancer Screening	37 / 43 = 86.0%	2583 / 3062 = 84.4%	7157 / 8893 = 80.5%	48 / 56 = 85.7%	4042 / 5026 = 80.4%	12110 / 16147 = 75.0%	DeptGoal = 75
Yearly Tobacco Screening	392 / 399 = 98.2%	7960 / 8693 = 91.6%	20745 / 23036 = 90.1%	429 / 447 = 96.0%	11266 / 13526 = 83.3%	33672 / 40600 = 82.9%	
Counseling For Current Smoker	23 / 24 = 95.8%	909 / 971 = 93.6%	2282 / 2495 = 91.5%	28 / 30 = 93.3%	1421 / 1565 = 90.8%	3856 / 4461 = 86.4%	50.7
HepB Screening (all races)	391 / 399 = 98.0%	8047 / 8693 = 92.6%	20122 / 23036 = 87.4%	432 / 447 = 96.6%	12039 / 13526 = 89.0%	33549 / 40600 = 82.6%	
HepB Vaccination & Immunity	329 / 399 = 82.5%	6515 / 8693 = 74.9%	15717 / 23036 = 68.2%	365 / 447 = 81.7%	9537 / 13526 = 70.5%	25846 / 40600 = 63.7%	
Yearly TB Risk Assessment or PPD	374 / 399 = 93.7%	7624 / 8693 = 87.7%	20016 / 23036 = 86.9%	400 / 447 = 89.5%	10581 / 13526 = 78.2%	31085 / 40600 = 76.6%	
TD/Tdap	370 / 399 = 92.7%	6945 / 8693 = 79.9%	17499 / 23036 = 76.0%	409 / 447 = 91.5%	10281 / 13526 = 76.0%	29036 / 40600 = 71.5%	
Yearly Depression Screening	386 / 399 = 96.7%	7009 / 8693 = 80.6%	19455 / 23036 = 84.5%	415 / 447 = 92.8%	9454 / 13526 = 69.9%	29925 / 40600 = 73.7%	
Adult BMI Assessment	207 / 207 = 100.0%	7176 / 7387 = 97.1%	20196 / 20536 = 98.3%	241 / 242 = 99.6%	11492 / 12003 = 95.7%	36480 / 37353 = 97.7%	78.4
Adult BMI and Weight Counseling	77 / 92 = 83.7%	4598 / 5417 = 84.9%	13534 / 16226 = 83.4%	97 / 120 = 80.8%	7945 / 9457 = 84.0%	26000 / 31156 = 83.5%	
<i>Chronic Condition Management</i>							
Diabetes - yearly HbA1c	69 / 69 = 100.0%	1278 / 1338 = 95.5%	3106 / 3242 = 95.8%	70 / 71 = 98.6%	1550 / 1665 = 93.1%	4126 / 4490 = 91.9%	91.1
Diabetes - HbA1c < 7	33 / 69 = 47.8%	630 / 1338 = 47.1%	1529 / 3242 = 47.2%	34 / 71 = 47.9%	780 / 1665 = 46.8%	2055 / 4490 = 45.8%	44.0
Diabetes - HbA1c > 9 (lower score is better)	4 / 69 = 5.8%	107 / 1338 = 8.0%	294 / 3242 = 9.1%	4 / 71 = 5.6%	138 / 1665 = 8.3%	447 / 4490 = 10.0%	29.0
Diabetes - BP < 140/90	49 / 69 = 71.0%	1106 / 1338 = 82.7%	2608 / 3242 = 80.4%	51 / 71 = 71.8%	1368 / 1665 = 82.2%	3570 / 4490 = 79.5%	75.4
Diabetes - Yearly LDL	64 / 69 = 92.8%	1226 / 1338 = 91.6%	2965 / 3242 = 91.5%	65 / 71 = 91.5%	1480 / 1665 = 88.9%	3906 / 4490 = 87.0%	83.5
Diabetes - LDL < 100	48 / 69 = 69.6%	924 / 1338 = 69.1%	2162 / 3242 = 66.7%	48 / 71 = 67.6%	1091 / 1665 = 65.5%	2763 / 4490 = 61.5%	46.4
Diabetes - Yearly Eye Exams	59 / 69 = 85.5%	1066 / 1338 = 79.7%	2290 / 3242 = 70.6%	60 / 71 = 84.5%	1252 / 1665 = 75.2%	2880 / 4490 = 64.1%	69.7
Diabetes - yearly monitoring for nephropathy	68 / 69 = 98.6%	1084 / 1338 = 81.0%	2666 / 3242 = 82.2%	69 / 71 = 97.2%	1334 / 1665 = 80.1%	3581 / 4490 = 79.8%	86.9
Hypertension - BP < 140/90	229 / 280 = 81.8%	3105 / 3600 = 86.3%	7153 / 8614 = 83.0%	241 / 298 = 80.9%	3841 / 4528 = 84.8%	9883 / 12255 = 80.6%	DeptGoal = 82
Annual Monitoring for Diabetes in Resident	244 / 244 = 100.0%	2389 / 2555 = 93.5%	5850 / 5500 = 106.4%	224 / 245 = 91.4%	2240 / 2404 = 93.2%	2227 / 2600 = 85.7%	

TEAM BASED CARE: CHEAT SHEET FOR MORNING HUDDLES



Daily Patient Report Appt. Date: 01/12/18

Rendering Provider: Kenneth Tai MD

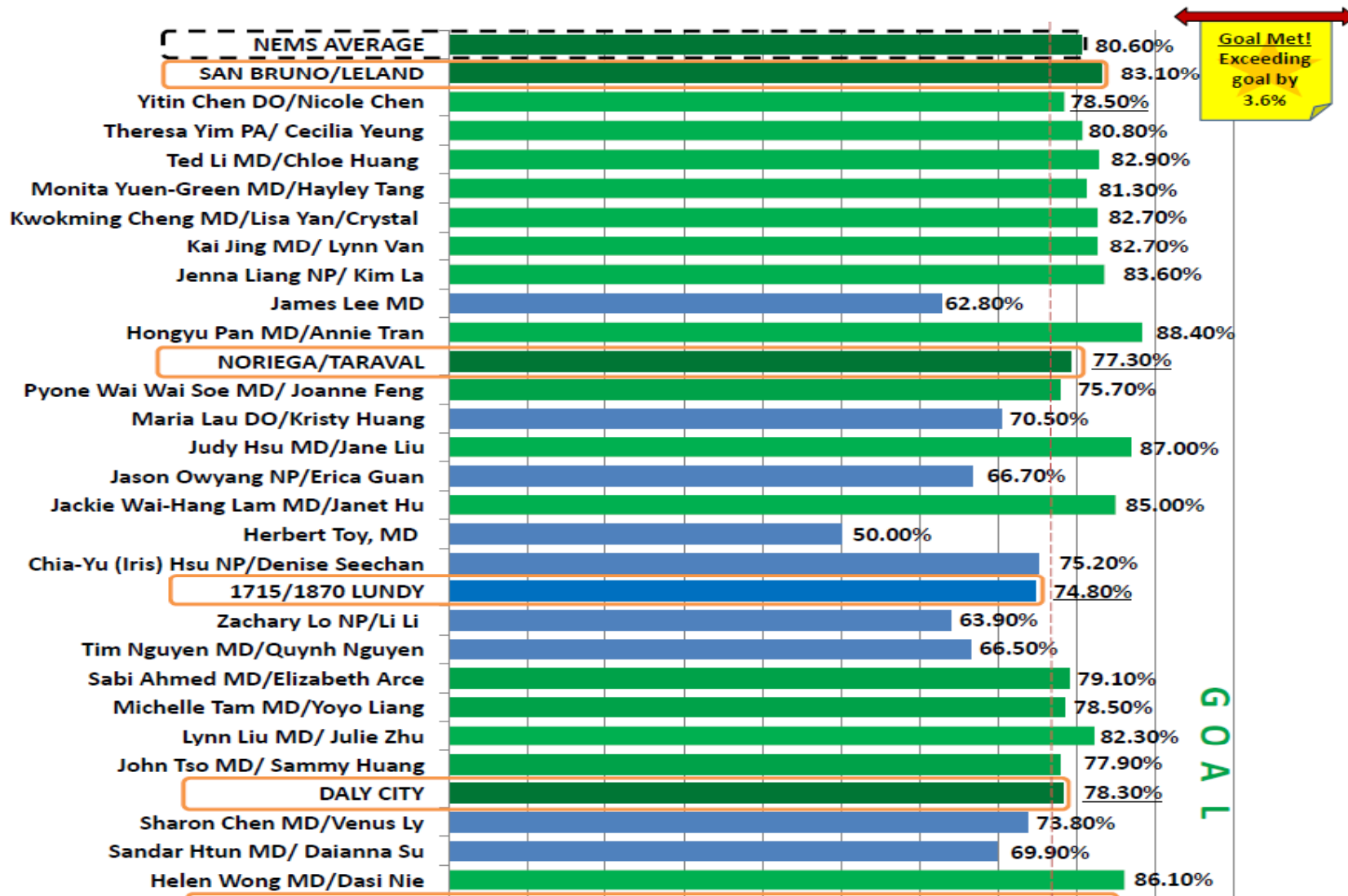
Patient Information							Hepatitis B			Smoking		Diabetes/HTN					Cancer Screenings					
MRN	Name	DOB	Event	sex	Age	Type	Hep B Screened	HepB Vacc/ mm.	in hepb registry	Smoker	Tobacco screening	Diabetes	HbA1c Date	Foot Exam	Diabetic Eye Exam	STN	ACEI/ARB/Diuretic/	HTN	Last annual GYN	Last Pap	Last Mammo	Last crc screening
37637-02	LIU CAI LING	12/20/67	f/u back pain	F	#	B + Y	Y	Y		N	01/16/17	N						N	Pap-PAP w/HPV 04/14/16 Gyn- 04/14/16	06/07/17		DUE
46572-02	LI LILY	04/06/36	DC CH	F	#	G	Y	Y		N	DUE	N	08/13/15					N	Pap-N/A Gyn-N/A	N/A		N/A
54483-01	YU JINQIU	08/06/27	HTN	M	#	G	Y	Y		F	07/08/17	N	02/02/15				Y	Y	Pap-N/A Gyn-N/A	N/A		N/A
56865-01	H. GARLAND	01/12/57	hep B, res from 12/29/2017	M	#	Y	Y	N/A	Y	N	07/07/17	N	12/18/13					Y	Pap-N/A Gyn-N/A	N/A		REF
63008-01	HE GUAN GYING	08/10/41	DC UCSF 12/25/17	M	#	G	Y	DUE		N	05/19/17	N	11/14/14					N	Pap-N/A Gyn-N/A	N/A		N/A
65961-02	ZENG JANICE	02/03/70	f/u lexapro 10mg	F	#	Y	Y	Y		N	11/04/17	N	01/21/16				Y	Y	Pap-PAP w/HPV 08/24/16 Gyn- 06/24/16	N/A		N/A

ACCOUNTABILITY AND TRANSPARENCY: TEAM RESULTS POSTED IN CLINICS



1/1/17-12/1/17 NEMS Colorectal Cancer Screening Rate 2017: **77%** Organizational Clinical Goal

True Compliance - Patients who have a compliant colorectal cancer screening in 2017



POPULATION MANAGEMENT: MONTHLY WORKGROUP MEETINGS ON HEDIS MEASURES

- For example: labs for persistent meds
 - Generate standing lab orders and mail to non-compliant patients
 - Aligned to adult medicine department goals and physician performance incentive metrics
 - Team receive a list of non-compliant patients via email monthly and outreach team to remind

FHP ID	Patient Name	Person MRN	Date of Birth	Last Qualifying Medical Visit Date	Last PCP Visit Date	Months Since Last PCP Visit	Upcoming Appt	Last Blood Test Date	Last Lipid Panel Date	Last BMP	Existing BMP Order	BMP Ordered Date	Contact Number	Letter sent Date	Letter Type
028186501	DAWN SEIN	75311-02	03/15/1953	08/11/2017	08/11/2017	<= 9	10/31/2017	06/06/2017	08/19/2016	08/19/2016	Y	06/13/2017	(415) 757-4624	10/20/2017	BMP
007810701	JANICE ZENG	35961-02	02/03/1970	05/09/2017	05/09/2017	<= 9		05/03/2016	01/21/2016	01/21/2016	Y	12/17/2016	(415) 738-9038	10/20/2017	BMP
027452601	YANG C WU	59462-02	04/28/1938	07/07/2017	07/07/2017	<= 9	10/03/2017	09/08/2017	09/08/2017	08/20/2016			(415) 317-5910	10/20/2017	BMP
027356801	YICHAN YU	27637-02	09/02/1939	09/09/2017	09/09/2017	<= 9	12/09/2017	09/12/2016	09/12/2016	09/12/2016	Y	09/09/2017	(415) 674-4231	10/20/2017	BMP
027948301	YU YING LIU	40585-02	09/05/1950	07/31/2017	07/31/2017	<= 9	11/21/2017	09/22/2016	09/22/2016	09/22/2016	Y	07/31/2017	(415) 567-1212	10/20/2017	BMP

MONTHLY OUTREACH REMINDER CALLS FOR COLORECTAL CANCER SCREENING

Non-compliance Patient List

[Graph Summary](#)

[Compliance Summary](#)

Non-Compliance Type



Never offered Screening Patients were never offered a FIT/FOBT test this year, GI referral, or record of refused. These patients may have had a colonoscopy done elsewhere and a auth release was signed.

Declined Patient declined either the colonoscopy or FIT

FOBT expired Patient's CRC screening is no longer valid

Referred to GI A referral was made to GI, but unable to determine if it was for a colonoscopy.

Specimen is not obtained FIT was ordered, but patient did not do it yet

Lab Overdue Patient did not do it and test is overdue.

MRN	Name	Patient Type	Contact Preference	Language	Non-compliance detail	Next Appt	Letter Sent
<i>Seen by PCP between 1/1/2017 - 2/15/2017</i>							
<i>Visit within past 15 days</i>							
1				Cantonese	Colonoscopy declined on 02/10/2017	05/12/2017	
2				Cantonese	FIT expired. Last done date: 07/21/2015	03/11/2017	06/02/2016
3				Cantonese	FIT expired. Last done date: 11/06/2015	05/13/2017	10/04/2016
4				Cantonese	Lab IFOBT Overdue. Due Date:	05/09/2017	06/01/2015
5				Cantonese	Specimen is not obtained. Due date:		11/02/2015
6				Cantonese	Colonoscopy declined on 01/06/2017	04/03/2017	
7				Cantonese	Colonoscopy declined on 01/06/2017	04/07/2017	
8				Cantonese	Colonoscopy declined on 01/13/2017	04/17/2017	
9				English	Specimen is not obtained. Due date:		

OUTREACH TRACKING PROGRAM



[OTS-1378] SFPH ID 99999999 x

Secure | https://jira-prod.nems.org/browse/OTS-1378

NEMS NORTH EAST MEDICAL SERVICES Dashboards Projects Issues Boards Portfolio Create

Outreach Tracking System

- Summary
- Issues
- Reports

PROJECT SHORTCUTS

- Task management ideas
- Working in a project

Outreach Tracking System / OTS-1378

SFPH ID 99999999

Edit Comment Assign More 2nd Call Pt Call Back Complete Decline

Details

Type: Outreach Status: **1ST ATTEMPTED** (View Workflow)
Resolution: Unresolved

Call Info More Info Outreach Outcome

Pt Last Name: Test
Pt First Name: Larry
Pt Language: Cantonese
Pt Age: 19
Pt Gender: M
Pt Call Outcome: Left Message
Pt Phone1: 415111-1111

Attachments

Drop files to attach, or browse.

Activity

All Comments Work Log History Activity

Larry Chew added a comment - 4 days ago

xzcx

Comment

IMPLEMENTATION OF CHRONIC CARE MANAGEMENT (CCM) PROGRAM

- Reimbursable by Medicare for non face-to-face phone calls conducted by non clinician staff for services such as medication reconciliation
- At least 20 minutes of aggregated time by clinical staff time per month for Medicare patients with 2 chronic medical conditions expected to last for 12 months and have significant risk of death, acute exacerbation or functional decline
- Chronic conditions such as HTN, DM-2, COPD, CHF, etc...
- G0511, replacing 99490, for FQHC reimburses approx **\$61.37** in 2018



COMPREHENSIVE SERVICES AND INTEGRATION OF DATA

- Primary care and specialty services including ancillary services like laboratory, radiology, and pharmacy to improve coordination and compliance with “**one stop shop**” model
- Integration of lab and radiology information systems with EHR system improve data collection and accuracy
- Business Analytic tools for better data capturing and visualization



EHR CUSTOMIZATION TO CREATE EFFICIENCY WITH CUSTOMIZED LAB ORDERING MODULE



NEMS Lab Master Orchard

Assessments | My Plan | Instructions | **Labs** | Diagnostics | Referrals | Office Procedures | Finalize

Assessment: **Diagnosis** | **Diagnosis Coc** | Add or Update Assessment | Add Common Assessment

Routine: **Benign essential hypertension** | **II0**

Tracked: **Chronic type B viral hepatitis** | **B18.1**

Not Tracked: **Mixed hyperbilirubinemia** | **F7R ?**

Stat: **Tracking Preference** | Last HepB Ag result from 02/26/11: HBs ANTIGEN = Positive | Save / Update | No FOBT result found in lab module

Target Date: 03/07/2017 | Due By: 04/07/2017

Perform in: today | Not Before Date: 03/07/2017 | same as target date

Additional Lab Test: | Lab DX: | Unlisted Test

Chemistry | **Chemistry Con't** | **Microbiology** | **Cytopathology** | **Immunology** | **Blood Bank**

AFP | Lead, Blood | Bacterial Vaginitis Panel | FNA Breast # | HBV Core Ab, IgM | Ab Screen

AFP 1st Tri Scrn | Phosphorus | Cx, Aero-Anaero | Pap Conv | HBV Core Ab, Total | Blood Type, ABO

AFP 2nd Tri Scrn | Potassium | Cx, AFB # | Pathology | HCV DNA, Quant. | Blood Type, Rh

ALT | Protein EP, Serum | Cx, Bacteria | HPV | H Pylori Ab Qual | Therapeutic Drugs

Amylase | PSA, Total | Cx, Blood # | Sure Pap HPV | HAV Ab, IgM | Digoxin

B-HCG Quan | T3, Total | Cx, Chlamydia | | | | |

BUN | T4, Total | Cx, Herpes | | | | |

Calcium | T4, Free | Cx, Sputum | | | | |

HDL, Direct | Iron - TIBC | Cx, Stool | | | | |

LDL, Direct | TSH | Cx, Throat | | | | |

Chol, Total | Uric Acid | Cx, Urine | | | | |

Creatinine | Vit B12 | C. Difficile, Stool | | | | |

Ferritin | Vit D Total (D25) | O and P # | | | | |

Folate | Panels | Rapid Flu A and B | | | | |

FSH | Panel BMP | Rapid RSV | | | | |

Glucose, Fasting | Panel CMP | Stool for WBC | | | | |

GLT, 50GM | Panel Lytes | Strep Gr A, Rapid | | | | |

GLT, 75GM | Panel Hepatic | Strep Gr A, Rapid Only | | | | |

GTT, 100GM | Panel Lipid | Strep Gr B Culture | | | | |

Hemoglobin A1C | Total Cholesterol & HDL Only | Penicillin Allergy | | | | |

LDH Total | Panel Renal | TB Quarterferon | | | | |

CBC w/diff + GLT 50 GM | IFOBT, Free Test | QFT: No Saturday Blood Draw | | | | |

Lab Orders: Today's order | All order | Open Orders

Question - Lundy Use Only | Patient Type: Y | Order comments/CC provider

Status	Ordered	Priority	Lab Study	Lab Test Timeframe	Target Date	Due Date	Complete
ordered	03/07/2017		IFOBT		03/07/2017	20170407	//
specimen obtained	08/20/2016		URINE ALBUMIN		11/20/2016	20161220	//
specimen obtained	08/20/2016		URINE CREATININE		11/20/2016	20161220	//

Review/Order | SFHP | MedCa

auto generate document | Generate Offline | This visit and all charges associated to this visit will be free

Easy to locate historical FOBT/FIT test results

PATIENT ENGAGEMENT AND EDUCATION TO RAISE AWARENESS

Every 10 minutes, someone dies from colorectal cancer
DON'T WAIT UNTIL IT'S TOO LATE



"I don't want to do a colonoscopy."



"I feel fine."



"No one in my family has a history of colorectal cancer."



"I don't have time and it's too much trouble."

FACT:

There are other tests such as the FIT that you can do at home.

FACT:

Most people do not show symptoms during the early stages of colorectal cancer.

FACT:

Colorectal cancer can affect people who do not have any family history of the disease.

FACT:

The FIT test requires one sample, no dietary restrictions, and it's **FREE** at NEMS.*

If you are 50 to 75 years old, get screened.
Colorectal cancer screening could save your life.

Talk to your provider about screening options.

PAP TEST SAVES LIVES! HAVE YOU DONE YOURS YET?

Every year in the United States, about 12,000 women get cervical cancer and almost 4,000 women die from it. **Prevent Cervical Cancer. EVERY WOMAN, EVERY 3 YEARS***



"Cervical cancer is not preventable."

FACT:

Cervical cancer can be prevented if found early. A Pap test looks for abnormal cells on the cervix before they become cancer. Most cervical cancers are caused by HPV**. There is an HPV vaccine that protects against common types of HPV.



"I'm too old for a Pap Test."

FACT:

Screening should continue until age 65. If you are older than 65 and have had normal Pap test results for many years or your cervix was removed for a non-cancerous condition, you may not need to have a Pap test anymore.



"I don't need a Pap test."

FACT:

Women should have the first Pap test at age 21. Women still need a Pap even if you had a HPV vaccine since the vaccine does not prevent against all types of HPV.



"I don't have time to do a Pap test."

FACT:

The provider visit for a checkup is one visit that occurs every 3 years. We offer screenings at all of our NEMS locations.

**If you are a woman, 21-64 years old, get screened.
Cervical cancer screening could save your life.**

Schedule an appointment today!

HEALTH EDUCATION WORKSHOPS



MARCH
Colorectal Cancer
Awareness Month
三月
大腸癌宣傳月

COLORECTAL CANCER SCREENING & FIT WORKSHOP

大腸癌篩檢及免疫化學大便隱血測試講座

Topics 題目：

- What is Colorectal Cancer? 什麼是大腸癌?
- Risk Factors 風險因素
- Signs and Symptoms 徵兆和症狀
- Prevention 預防
- Importance of Screening 大腸癌篩檢的重要性
- Screening Tests 大腸癌篩檢測試

Brief Description: Colorectal cancer is a very common cancer in both men and women over the age of 50, affecting about 1 in 20 people in the United States. If you're 50 or older, getting a colorectal cancer screening test could save your life! If you want to learn more about Colorectal Cancer, please attend NEMS Health Education Workshop.

簡介：大腸癌是一種在50歲以上的男人和女人中比較常見的癌症。在美國，每20個人中就有一個有大腸癌。如果你今年是50歲或以上，接受一個大腸癌的檢查可能可以救回你一命！如果你想要了解更多關於大腸癌的資料，請參加東北醫療中心健康教育部的講座。

Detailed Information 詳細資料

<p>Date 日期: 3/2 – 3/30/2017 Every Tuesday & Thursday 逢星期二、四</p> <p>Time 時間: 10:30am – 11:30am 上午10時半至11時半</p> <p>Location 地點: Chinatown Clinic 三藩市華埠診所 (1520 Stockton St., S.F., CA 94133)</p> <p>Language 語言: English, Cantonese, Mandarin 英、粵及國語</p>	<p>Date 日期: 3/6 – 3/27/2017 Every Monday 逢星期一</p> <p>Time 時間: 2:00pm – 3:00pm 下午2時至3時</p> <p>Location 地點: Portola Enrollment Center 波特羅區登記服務處 (2629 San Bruno Ave., S.F., CA 94134)</p> <p>Language 語言: English, Cantonese 英、粵語</p>	<p>Date 日期: 3/7 – 3/28/2017 Every Tuesday 逢星期二</p> <p>Time 時間: 11:00am – 12:00pm 上午11時至中午12時</p> <p>Location 地點: Eastmoor Clinic 帝利市診所 (211 Eastmoor Ave., Daly City, CA 94015)</p> <p>Language 語言: English, Cantonese, Mandarin 英、粵及國語</p>
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NEMS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).
Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 (415) 391-9686 轉內線 8160 (TTY: 1-800-735-2929)。
Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (415) 391-9686 ext. 8160 (TTY: 1-800-735-2929).



**NORTH EAST
MEDICAL SERVICES**
東北醫療中心

Contact Health Education 聯絡健康諮詢部：
(415) 391-9686 ext. 轉內線 5843 | WWW.NEMS.ORG

NEMS - Rev. 01/2017

SETTING QI GOALS FOR HEALTH PLANS

- Active participation in the Health Plan's Physician Advisory/Quality Improvement Committee for both SFHP and HPSM
- Provide leadership for health plans' ongoing QI Program
- Review and approve the annual QI Evaluation and subsequent year's Work Plan



LEARNING AND SHARING BEST PRACTICES FROM HEALTH CENTER ASSOCIATIONS AND HEALTH PLANS

- San Francisco Community Clinic Consortium (SFCCC)
- Health Plan of San Mateo Learning Collaborative-CPT 2 codes submission
- California Primary Care Association (CPCA)
- Association of Asian Pacific Community Health Organizations(AAPCHO)
- National Association of Community Health Centers(NACHC)



DEVELOP RISK-BEARING NETWORKS WITH HOSPITALS TO ACHIEVE SAVINGS

- Partnership with California Pacific Medical Center since 2000 with a Full Risk managed care network
- Partnership with Zuckerberg San Francisco General since 2015, formed the 2nd Full Risk managed care network
- NEMS Management Service Organization(MSO) performs full risk medical management services for 37,000+ MMC enrollees
- Achieve savings via better coordination and current claims' data with access to hospitals' EHR and provider alert systems
- Enhance referral relationships with hospitals by **reduce readmission, avoidable ER visits, reduce OON admissions**; post-discharge home RN visits



USING TECHNOLOGY TO IMPROVE CARE: PROVIDER WAIT TIME SCREEN SHOT



When will I see
my provider?
我的候診時間是多久?



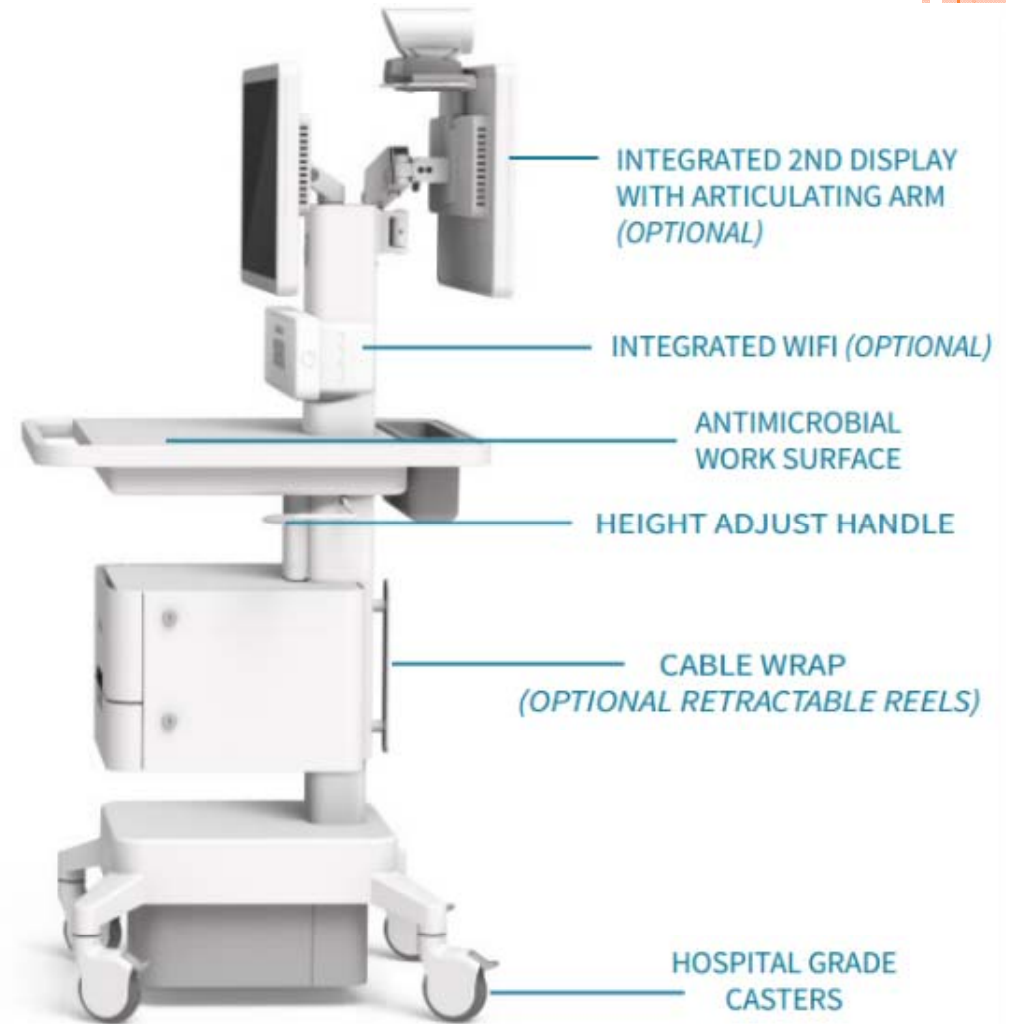
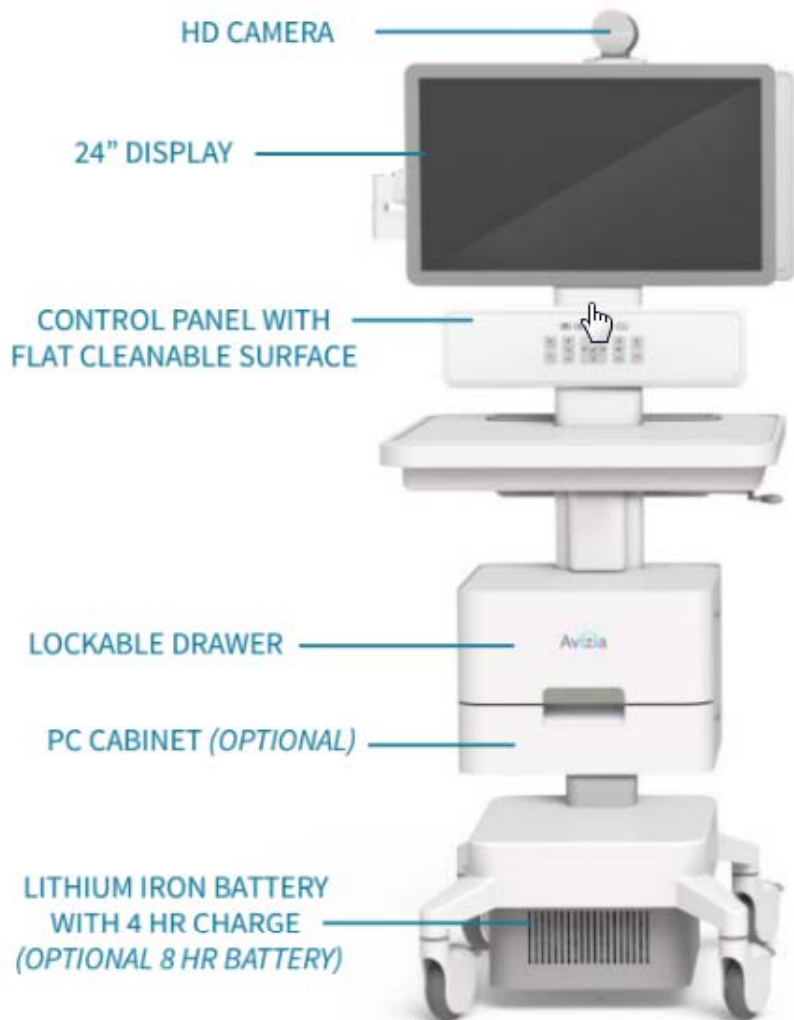
JAN 29, 2018 10:06 AM

Location: San Francisco - 1400 Noriega
地點：三藩市日落區 1400 Noriega 街診所

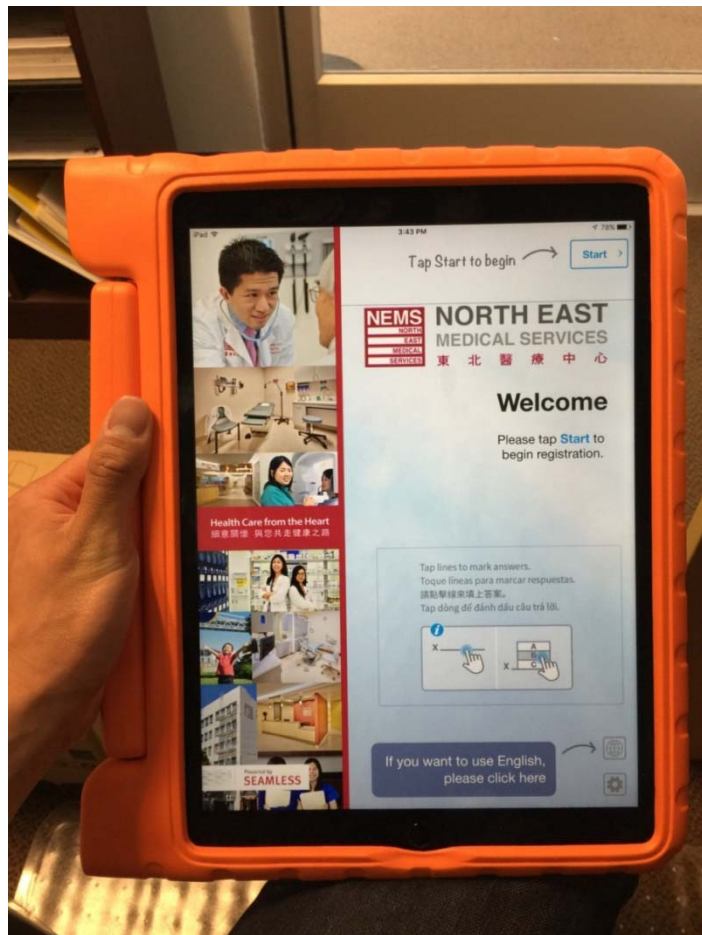
Provider 醫生 / 醫護人員	Status 候診狀況
Jason Owyang NP 歐陽威 醫護師	Delay(等候) 30 min(分鐘)

Please talk to our Front Desk Staff if you have any questions. Thank you for choosing NEMS!
如果您有任何問題，請向前台職員查詢。謝謝您選擇東北醫療中心為您提供醫療保健服務！

VIRTUAL CARE VIA TELEMEDICINE CART



ELECTRONIC BEHAVIORAL AND DEVELOPMENTAL QUESTIONNAIRES ON IPAD



DV/IPV

I decline to answer the questions in this section.

我拒絕回答本節中的問題。 可選

Are you currently in a relationship, and/or have a partner?

您是否已婚或有固定交往對象？ _____

Have you been hit, kicked, punched, or otherwise hurt by your partner in the past year?

在過去一年，您的配偶或交往對象有
沒有毆打，踢，或拳擊您？ _____

Has your partner put you down/humiliated you or tried to control what you do in the past year?

在過去一年，您的配偶或交往對象有
沒有用行為或言語來羞辱或試圖控制您？ _____

Have you been forced to have sex when you did not want to?

在過去一年，您的配偶或交往對象有
沒有強迫您和他發生性行為？ _____

Do you feel safe in your current relationship now?

在過去一年，您覺得和您的配偶或交往對象相處得安全嗎？ _____

是 - Yes _____

不是 - No _____

不想回答 - Refuse to answer _____

取消



JOINT VENTURE HEALTH PEDIATRIC BEHAVIORAL AND DEVELOPMENT SCREENING PROGRAM

Key Components of Our System



- Screen children ages 0-18
- Engage & support parents/caregivers
- Integrated developmental behavioral team
- On-site early intervention services



- Partner with Family Resource Centers
- Joint parent workshops
- Focus on early literacy and communication



- Partner with OB Team
- Create a culture for healthy child development
- Monthly workshops
- Focus on brain development, bonding, and early literacy



- Tablet-based automated screening system
- Support real-time conversation between parents and providers
- Interface with electronic medical record

AGES AND STAGES

9 MONTH QUESTIONNAIRE

< 上一頁

Fine Motor
 細動作能力

下一頁 >

MRN undefined, TEST 123

1. Does your baby pick up a small toy with only one hand?



寶寶只用一隻手拿起小玩具嗎？ _____

2. Does your baby successfully pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion? (If he already picks up a crumb or Cheerio, mark "yes" for this item.)



寶寶能用拇指與其他四指像耙子似的成功拿起豌豆或玉米粒大小的東西嗎？（如果寶寶已經可以拿起豌豆或玉米粒大小的東西，請於本題項回答「是」。） _____

3. Does your baby pick up a small toy with the tips of her thumb and fingers? (You should see a space between the toy and her palm.)



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QUESTIONS?

