

Clearwater Pediatric Care has adopted several policies to create a "Medical home" environment for our patients and their families. The concept of a medical home was initiated by the American Academy of Pediatrics in the 1960s. As newer technologies have become available many medical organizations that assess the quality of medical care have begun to further define what constitutes a medical home and have implemented certification processes. We are in the process of being recognized by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home. As you visit the office you will see several initiatives that we have undertaken that help us achieve the requirements of the medical home. You can visit the NCQA-PCMH website at <http://www.ncqa.org/Consumers.aspx> for more information on Patient Centered Medical Home.

One of the main goals of being a PCMH is to strive for continuous improvement in quality of care provided. We have taken several measures towards achieving this goal over the past several months with positive results and are happy to share it with you.

We realized that childhood obesity rates are increasing rapidly nationwide. This has major implications not only for the child but for adult morbidity. The practice has taken several measures to ensure we detect obesity early on. This includes checking height and weight on all children at all visits and calculating the BMI. The EMR alerts the provider anytime the BMI exceeds the 85th percentile. The provider is then able to counsel the parent and patient very early on to make necessary lifestyle changes. Early intervention makes a big impact as prevention of excess weight gain is easier than losing weight. The practice was able to identify and counsel 92 % of children with elevated BMI irrespective of the reason for the visit

Another important screening that is recommended by the American Academy of Pediatrics and endorsed by FL Dept of Health is screening young children for elevated lead levels. The practice used to order lead levels for young children at age 15 months and 2 years to be performed at an outside laboratory. We found out that many times these tests were not completed. Hence the practice purchased a Lead Analyzer machine for both practice locations and added standing orders in the patient's chart when they came in for their 15 month and 2 year well visits. We were able to increase our screening rate by 10 % from 1st quarter to second quarter of 2017.

The practice also conducted surveys by handing out questionnaires asking patients to evaluate the several aspects of the practice. The feedback obtained was utilized to identify areas that needed improvement. A score of 1.0 was considered excellent and score of 5.0 was considered poor. On our initial set of surveys, we found out that we could improve on the score for "getting clinical advice or help when needed during office hours". The practice could do this and improve the score obtained.