

# Element 1.F

## Culturally and Linguistically Appropriate Services (CLAS)

### PCMH 1: Enhance Access and Continuity (20 points)

The practice provides access to culturally and linguistically appropriate routine care and urgent team-based care that meets the needs of patients/families.

#### ELEMENT F: Culturally and Linguistically Appropriate Services (CLAS) (2 points)

The practice engages in activities to understand and meet the cultural and linguistic needs of its patients/ families.	NOT DONE	BEGUN	DONE AND IN BINDER	WORK PLAN
1. Assesses the racial and ethnic diversity of its population report showing the practices assessment of its racial and ethnic composition		see MU7 done	pull report	pull report ← MU7 done
2. Assesses the language needs of its population report showing the practices assessment of its language composition		MU7 report, filed 1/11/13	pull report	pull report
3. Provides interpretation or bilingual services to meet the language needs of its population an invoice or agreement from an interpretive service, practice has a policy that it uses bilingual staff or a service. The policy explains the practices procedure when a patient needs assistance in language -- may include hearing impaired interpreter may not be a family member or friend			✓	
4. Provides printed materials in the languages of its population the practice has materials printed in language other than English or a link to online materials or a web site in languages other than English			✓	<del>Print</del> show link to online material

could be put in binder

Printed materials in other languages

100% - The practice meets all 4 factors  
 75% - The practice meets 3 factors  
 50% - The practice meets 2 factors  
 25% - The practice meets 1 factor  
 0% - The practice meets no factors

1F, 1d2

Demographics page  
where language &  
communications needs  
are documented

Demographics | Summary Sheet | Most Recent Encounter | Past Encounters | Imported Items | Account Information

Sakation Last Name First Name Middle Suffix

Date of Birth Time Gender Marital Status Pop-Up Note

Street Address (Line 1) Street (Line 2)

City State Zip

Home Phone Cell Phone Work Phone Preferred Pharmacy

Email Address Contact Preference Preferred Provider

Alerts & Directives | Miscellaneous info | Referrals & Consultants | Next of Kin | Record Releases | HES & PHES

Race (census bureau categorization) Ethnicity Language Preference Barriers To Communication

Chart ID (Misc Field 1) Misc Field 2 Misc Field 3 Misc Field 4 Misc Field 5

SPEAKS VIETNAMESE NEEDS OF PAGE NEEDS OF PAGE NEEDS OF PAGE

Language Preference: VIETNAMESE

Barriers To Communication: LANGUAGE

Insurance (Primary) Insurance (Secondary)

Primary Insurance Plan Primary Insurance ID No. Group No. Copay

Insurance Address Line1 Insurance Address Line2

City State Zip Primary Insurance Notes VFC Eligibility Screening

MEDICAD NOT ACTIVE 2/3/09

Guardian's Name (L, F, M) Guardian's DOB

How old patient find us?

Exclude patient from reporting

Inactivate This Patient

Update Info

43 year old woman last seen 8 months ago (02/2/13) by Avery Wood, MD

AVERY 10/23/2013

This is my one and only  
patient who does not speak  
English adequately.

IF, 1 & 1F2  
 MA Core 7  
 report

### Meaningful Use Wizard

Medicare     Include Mid-level     Medicaid     Don't Include Mid-level   
 Provider:    
 Reporting Period:  To:    

Select Reports To Analyze

Criteria
<input checked="" type="checkbox"/> Core 1: Computerized Provider Order Entry (CPOE) for Medications
<input checked="" type="checkbox"/> Core 2: Drug Interaction Checks
<input checked="" type="checkbox"/> Core 3: Maintain Problem List
<input checked="" type="checkbox"/> Core 4: Generate and Transmit Permissible Prescriptions Electronically
<input checked="" type="checkbox"/> Core 5: Active Medication List
<input checked="" type="checkbox"/> Core 6: Medication Allergy List
<input checked="" type="checkbox"/> Core 7: Record Demographics
<input checked="" type="checkbox"/> Core 8: Record Vital Signs
<input checked="" type="checkbox"/> Core 9: Record Smoking Status
<input checked="" type="checkbox"/> Core 10: Clinical Quality Measures (CQMs)
<input checked="" type="checkbox"/> Core 11: Clinical Decision Support Rule
<input checked="" type="checkbox"/> Core 12: Electronic Copy of Health Information
<input checked="" type="checkbox"/> Core 13: Clinical Summaries
<input checked="" type="checkbox"/> Core 14: Electronic Exchange of Clinical Information
<input checked="" type="checkbox"/> Core 15: Protect Electronic Health Information

#### Core 7: Record Demographics

Learn how to do this in Amazing Charts.

**Objective** Record all of the following demographics:  
 (A) Preferred language  
 (B) Gender  
 (C) Race  
 (D) Ethnicity  
 (E) Date of birth

**Measure** More than 50 percent of all unique patients seen by the Eligible Provider (EP) have demographics recorded as structured data.

**Exclusion** No exclusion.

**Attestation Requirements** NUMERATOR / DENOMINATOR


- DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.
- NUMERATOR: Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as

Criteria	Requires Attestation	Numerator	Denominator	Exclusions	Denom - Excl	Percent	P/F
Core 1: Computerized Provider Order Entry (CPOE) for Medications		411	413			99	✓
Core 2: Drug Interaction Checks	<a href="#">Click To Attest</a>						✗
Core 3: Maintain Problem List		510	510			100	✓
Core 4: Generate and Transmit Permissible Prescriptions Electronically		2644	2762			95	✓
Core 5: Active Medication List		509	510			99	✓
Core 6: Medication Allergy List		495	510			97	✓
Core 7: Record Demographics		462	510			90	✓
Core 8: Record Vital Signs		357	491			72	✓
Core 9: Record Smoking Status		362	398			90	✓
Core 10: Clinical Quality Measures (CQMs)							
Core 11: Clinical Decision Support Rule	<a href="#">Click To Attest</a>						✗
Core 12: Electronic Copy of Health Information		1	1			100	✓
Core 13: Clinical Summaries		816	1464			55	✓

Show:        
 Patients with Medicaid insurance seen during reporting period: 30%

## Bennington Blueprint Project

**Dr. Avery Wood  
Policy & Guidelines**

<b>Policy #</b> <b>Policy Title:</b> <b>Interpretation Services</b>	Developed and approved by: Avery Wood, MD
<b>Origin date: 5-2010</b> <b>Revised date: 9-2013</b> <b>Reviewed:</b>	Signature: 

I. **Purpose:**

No patient will be denied access to health care services because of his or her ability or lack thereof to communicate in the English language.

II. **Scope:**

All patients with limited English language proficiency.

All patients who are hearing impaired.

All patients who are visually impaired.

Includes oral and written communication.

III. **Responsibility:**

It is the practices responsibility to ensure effective communication during the visit, not the patient's responsibility.

IV. **Policy**

1. All patients will be assessed on admission to the practice to whether English is their primary language and whether they have a hearing or vision impairment.
  - a. This assessment of primary language will be located on their demographic screen in their EMR.
  - b. The assessment of vision or hearing impairment will be documented in the problem list.
  - c. It will be updated as necessary.
2. The practice will provide interpretive services for the identified patients at each visit.

- a. For limited English language proficiency, the primary language of the patient will be identified. The Vermont Interpreter Referral Service <http://www.virs.org> or LanguageLine.com <http://www.language.com/solutions/industries/healthcare-interpretation> will be contacted to provide interpretation services for the patients. The practice will cover the cost for interpretation services, if any.
  - b. For hearing impaired patients, written explanations can be used. For hearing impaired patients who use American Sign Language, Laurie Benjamin 802-823-4014 will be contacted to provide interpretation services for the patients. The practice will cover the cost of interpretive services, if any.
  - c. If the patient requests that his/her own interpreter be used, including an adult friend or family member, this request may be granted and must be documented in the patient's EMR. Interpreters must be at least 18 years old.
3. Resources for translating written medical information to a patient's preferred language include Google Translator <http://translate.google.com>

NCQA 2011 PCMH standards: 1F, 3

1F,3

LanguageLine  
Solutions™

Solutions | Customer Service | Why Choose Us? | Our Company | UK Operations

## Enabling Communication, Empowering Relationships

### Interpreting

From live voice interpreting to video interpreting, we have the solutions you need to connect people from different cultures and languages. Our services are available in over 100 languages.

NEW

[Watch LanguageLine VRI Demo](#)

### Translation and Localization

We can help you translate your documents, websites, marketing materials, software and apps.

[Get in Touch](#)

### Personal Interpreter, Pay-As-You-Go Interpreting Services

Connect with an interpreter now 24/7. Pay by the minute.

NEW

[Get Started](#)

1f3

Avery Wood MD  
10 Bank Street  
PO Box 726  
North Bennington, VT 05257  
Phone 888-421-6801 Fax 888-421-6801

Jul 03, 2013 Wed 11:56 AM

anxiety

HPI Was in Puerto Rico when he experienced increased trouble with nerves triggered by family conflict.  
He saw a doctor there and was put on new medications which have been helpful to him. He comes in today hoping for refills but worried because ~~the pharmacist could not read the Spanish written on the prescriptions~~.  
Feels the new scripts are working well.  
Sleeping well, feeling calm, able to work, feels a little out of sorts because he no longer care takes for an elderly man, his step children are grown and does not do well when he has idle time.

PMH Preventative Care and Monitoring:  
colonoscopy: at 50  
PSA: discuss at 50  
AAA monitoring: needed at 65  
cholesterol: LDL goal: <130  
blood pressure: goal <140/90  
vaccines: TdaP?, pneumovax, flu yearly at work  
h/o varicella, completed Hep B vax series  
Advanced directives: forms given

Medical History:  
depression  
lactose intolerance  
gout  
hep C - f/u with Dr Miskovsky q 2 years  
iron overload hepatitis - s/p liver bx with increased iron stores  
+ RPR, FTA w/ neg CSF - treated 10/07  
erectile dysfnc w/ possible decreased testosterone  
alcoholism w/ on going use  
smoking  
distant h/o IVDA  
Surgeries:  
1978 R inguinal hernia repair  
11/02 vasectomy

*Patient speaks English fluently but could not interpret medical notation*

SH  
Hoi  
nat  
SP  
Wc  
Intk  
Sm  
Aic  
Dri  
Ca:  
[Tc

Allergies No Known Allergies (Updated by AVERY on 12/30/2010 01:49 PM)



Jul 03, 2013 Wed 11:56 AM

**Meds** Cod Liver Oil daily, One tablet daily  
Effexor XR 75 mg oral capsule, extended release, one daily  
Klonopin 0.5 mg oral tablet, One tablet daily  
Multi Vitamin daily, One tablet daily  
Wellbutrin SR 150 mg/12 hours oral tablet, extended release, 1 by mouth twice a day

**PE** medications started in Puerto Rico: benzotropine, risperidol - instructions easily interpreted by me and confirmed with google translate

**A/P** # ANXIETY STATE UNSPECIFIED (300.00):  
improved with risperidone - will con't along  
will stay off effexor  
doubt he is benefiting from beztropine so will d/c  
declines therapist support  
see depression visit summary

Instructions printed and provided to patient:  
See Depression Self Management Plan  
See me for a check up August 27 at 9 am for a check up.

Updated Med List:  
>COD LIVER OIL DAILY, ONE TABLET DAILY  
, #30, RF

>KLONOPIN 0.5 MG ORAL TABLET, ONE TABLET DAILY

>MULTI VITAMIN DAILY, ONE TABLET DAILY  
, #30, RF

>RISPERDAL 2 MG ORAL TABLET, ONE PILL TWICE A DAY

>WELLBUTRIN SR 150 MG/12 HOURS ORAL TABLET, EXTENDED RELEASE, 1 BY MOUTH  
TWICE A DAY

**Avery Wood, MD**  
Electronic Signature

# Avery Wood MD - Family Medicine

1 F4

**Welcome**

**My Practice**

**Making an Appointment**

**Medical Information and Tools on the Internet**

**Community Resources**

**Frequently Asked Questions**

**Forms**

## **Links to Medical Web Sites:**

The Mayo Clinic - search for information on almost any medical topic

Up to Date - search for information on almost any medical topic

UMMC Medical References - search for information on almost any medical topic

The American Academy of Family Medicine - search for information on almost any medical topic

Patient UK - search for information on almost any topic

Medline Plus - search for information on almost any medical topic

The Center for Disease Control - covers many topics including travel recommendations

Heart Hub - covers heart disease, high blood pressure, cholesterol and diabetes

Vermont Department of Health - asthma information and resources

The American Diabetes Association - covers diabetes and pre-diabetes

Go Ask Alice - a Q&A health resource from Columbia University

Health Finder - tools and information for staying healthy

Nutrition Action Newsletter - a great source of information - better as a subscription

Planned Parenthood - information on birth control and abortion

Screening Tests for Women - information about tests recommended to detect diseases early

Screening Tests for Men - information about tests recommended to detect diseases early

Labs Tests on Line - detailed information about almost every lab test

Vermont Ethics Network - resources for advance directives (Living wills)

Consumer Health Information in Many Languages

## **Links to Web Sites that Focus on Parents, Children and Teens:**

Kid's Health

Kid's Growth

Children's Hospital of Philadelphia

Healthy Children

Ask Dr. Sears

Vaccine Information Statements

State of Vermont vaccine information site

Books on parenting:

*The Parent's Handbook: Systematic Training in Effective Parenting (STEP)*

*How To Talk So Your Kids Will Listen, and How To Listen So Your Kids Will Talk*

IF,4  
example of using  
that link to search  
for birth control  
information is

## Patient Information by Language: Vietnamese Tiếng Việt

Vietnamese  
(the only non-english  
spoken in my practice)

SPIRAL provides access to the following patient information documents created by non-profit health age information is selected for inclusion, please see the SPIRAL Selection Criteria. All documents are intended not-for-profit purposes.

The information provided does not imply medical recommendation or endorsement. The information pro consultation with a health care provider. All medical information needs to be carefully reviewed with your

### AIDS/HIV Hội Chứng Suy Giảm Miễn Dịch AIDS /Virút HIV

#### AIDS/HIV - Your Questions Answered

Source: Dept. of Human Services - Melbourne, Australia

English

Vietnamese Tiếng Việt

#### The Effects of HIV/AIDS

Source: Multicultural HIV/AIDS and Hepatitis C Service - Australia

English

Vietnamese Tiếng Việt

#### HIV/AIDS: Common Terms

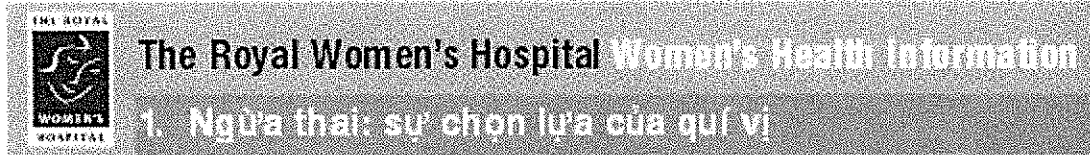
Source: Multicultural HIV/AIDS and Hepatitis C Service - Australia

English

Vietnamese Tiếng Việt

#### HIV Health and Treatment

} many more  
options  
↓



## 1. Ngừa thai: sự chọn lựa của quý vị (1. Contraception: your choices)

### Tại sao cần áp dụng phép ngừa thai?

Vấn đề ngừa thai rất cần thiết nếu quý vị muốn tránh mang thai ngoài ý muốn và các chứng bệnh hoa liễu.

Mỗi tháng, buồng trứng (noãn sào) của phụ nữ sản xuất một cái trứng. Khi người đàn ông xuất tinh, tinh dịch của họ chứa nhiều triệu tinh trùng. Chỉ cần một trong các tinh trùng này để cho một trứng thụ thai và bắt đầu cuộc thai nghén. Nếu một cặp trai gái giao hợp (dương vật đưa vào âm đạo) mà không đề phòng trước, sẽ rất dễ mang thai. Áp dụng phép ngừa thai giúp quý vị giao hợp và tránh mang thai ngoài ý muốn.

### Bọc cao-su (condom) luôn luôn là một ý kiến hay

Tại Úc hàng năm có trên 20.000 trường hợp nhiễm trùng mới về bệnh hoa liễu. Một trong các bệnh hoa liễu thông thường nhất là bệnh hoa liễu chlamydia và nếu không chữa trị, bệnh này có thể đưa đến chứng hiếm muộn. Bọc cao-su là vật che chắn tốt nhất giúp quý vị đề phòng bị nhiễm trùng. Nếu mỗi lần giao hợp, quý vị sử dụng bọc cao-su cùng với chất nhờn nhân tạo gốc nước (water-based lubricant), quý vị sẽ có ít nguy cơ bị nhiễm trùng HIV/bệnh AIDS và các bệnh hoa liễu khác.

### Chọn cách ngừa thai cho quý vị

Quý vị cùng với bác sĩ hay y tá sức khỏe phụ nữ có thể thảo luận về cách ngừa thai tốt nhất cho quý vị.

Các chỉ dẫn dưới đây chỉ là một mô tả tóm lược về các chọn lựa ngừa thai của quý vị. Nếu muốn biết thêm chi tiết về một cách ngừa thai đặc biệt nào đó, xin hỏi bác sĩ hay nhân viên hộ sinh. Hoặc quý vị có thể tìm đọc tất cả các phiếu chỉ dẫn về ngừa thai và các phiếu chỉ dẫn khác trên trang mạng cố động y tế của chúng tôi tại <http://wellwomens.org.au>.

PCMH 1F,4  
1F,3  
on line translator

Page 1

The image shows a screenshot of the Google Translate website. At the top, there is a navigation bar with the Google logo and a search bar. Below the navigation bar, there is a section for language selection. The source language is set to "English" and the target language is set to "Spanish". There is a "Detect language" button and a "Translate" button. Below the language selection, there is a large text input area with the placeholder text "Type text or a website address or translate a document". At the bottom of the page, there are links for "Google Translate for Business", "Translator Toolkit", "Website Translator", and "Global Market Finder".