

Please complete the table below based on your test / implementation of the high-risk framework at your practice since the March meeting. **Please submit this completed worksheet by end of day, June 25th to Carolyn.Karner@ctc-ri.org.** The information submitted will be compiled into a presentation for the June 28th, PCMH Kids High Risk Sub Group meeting from 7:30 to 8:30 at RIQI (Washington Room) 50 Holden Street #300-Providence, RI. Please come prepared to discuss your high-risk care coordination efforts and how your high-risk lists compare with the health plans' high-risk lists and how your efforts have impacted a child/family.

Click [here](#) for the High-Risk Framework and [here](#) for the Workplan Tool.

Practice Name:	EMR:
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<i>PATIENT POPULATION SELECTED FOR EACH CATEGORY</i>	<i># OF PATIENTS ID'ED</i>	<i>RATIONAL FOR SELECTION</i>
<p>CATEGORY 1: HIGH COST / HIGH UTILIZATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 emergency visits in 6 months <input type="checkbox"/> 1 hospitalizations for BH in 6 months <input type="checkbox"/> Other based on clinical judgement / practice information <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
<p>CATEGORY 2: POORLY CONTROLLED OR COMPLEX CONDITIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> ADHD plus other complicating condition such as anxiety <input type="checkbox"/> Children with asthma and required oral steroid in the last 6 months <input type="checkbox"/> Infant with NICU stay greater than one week <input type="checkbox"/> Infant with neonatal abstinence syndrome <input type="checkbox"/> Other based on clinical judgement / practice information <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		
<p>CATEGORY 3: AT RISK BASED ON GAP IN CARE OR ENVIRONMENTAL CONCERNS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child 9 months with less than 3 prevnar immunizations <input type="checkbox"/> 2-year-old missing 4th Dtap <input type="checkbox"/> Positive screen for depression, substance use disorder <input type="checkbox"/> Sexually transmitted infection (i.e. Chlamydia) <input type="checkbox"/> Positive screen for early childhood dental caries <input type="checkbox"/> Postpartum depression screen <input type="checkbox"/> Homelessness (lives in shelter) or food insecurity <input type="checkbox"/> Foster care/DCYF involvement <input type="checkbox"/> Other based on clinical judgement / practice information <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>		

SHARE 1 TO 2 EXAMPLES OF HOW HIGH-RISK CARE COORDINATION MADE A DIFFERENCE WITH A CHILD OR FAMILY: