

# Medical Record Review (MRR)

April 2022

The Medical Record Review (MRR) is a review of randomly selected charts. The number of records reviewed is dependent on the number of providers practicing at the site (minimum of 10 records). It is a look back at patient care over the course of three years (except for preventive maintenance that requires an extended timeframe ex: PAPs or colonoscopies). It is important to note that the new guidelines specify that records should be maintained for a minimum of 10 years. One of the Certified Site Review (CSR) nurses will conduct this review.

The changes to the new **2022** MRR tool are extensive in the preventive categories. In the **Format** and **Documentation** sections, PHC is looking for the completion of a **Consent for Treatment, Notice of Privacy, and Release of Medical Records** (with documentation referencing an end/expiration date).

## Pediatric Preventative Additions/Changes:

- **A Comprehensive History and Physical Exam:** Completed at age-appropriate frequency. Health assessments are provided according to the most recent American Academy of Pediatrics (AAP) periodicity schedule for preventive health care and contain age-appropriate components required by the Child Health and Disability Prevention (CHDP).
- **Alcohol use:** Alcohol use assessment with appropriate follow-up up should be documented on all children 11 years and older at each well-child visit. On the Staying Healthy Assessment (SHA) form that should be completed, there is an alcohol-related question. If answered “yes,” then further action is required.
- **Anemia screening:** Should be performed at the recommended AAP time intervals.
- **Autism spectrum disorder screening:** Must be performed at 18 months and 24 months of age based on AAP periodicity “Bright Futures.”
- **Blood lead screening:** Anticipatory guidance for children ages 6 months-72 months at each well child visit. Blood lead levels should be drawn at 12 months and 24 months. There needs to be a signed parental refusal and/or documentation of provider rationale if no testing is due to a contraindication.
- **Blood pressure screening:** BP readings starting at age 3.
- **Dental assessment documentation:** Consists of 3 points, which is the physical inspection for mouth, teeth, and gums at every health assessment up to 12 months, at which time all children must be referred to a dentist, annually.
  - Assess whether the child has a **Dental Home**, every child should have a dental home by 12 months of age.
  - **Fluoride Supplementation** should be given for all children ages 6 months until their fifth year whose daily exposure to systemic fluoride is deficient.
  - Apply **Fluoride Varnish** to the teeth of infants and children starting at tooth eruption until their fifth-year birthdate. All children in this category should receive fluoride

- varnish application at least once every 3-6 months in the primary care or dental office.
- Note: Documentation of “seeing a dentist” without specific notation that fluoride varnish was applied at the dentist office does not meet the criterion. Not all dentists routinely apply fluoride varnish during routine dental visits.
  - **Depression screening including Suicide Risk<sup>1</sup>:** Of adolescents aged 12-20 years.
    - **Suicide risk screening**
    - **Maternal depression screening:** Of the biological mother at 1, 2, 4, and 6 month visits, if she is present at the visit.
  - **Developmental disorder screening:** For disorders at 9, 18, and 30 month visits.
    - The ASQ:SE AND M-CHAT tools are not accepted as validated screening tools as they are too specific to provide a full general assessment of developmental delays.
  - **Developmental surveillance:** Is a component of every well care visit assessing for potential delays.
  - **Drug disorder screening and counseling:** Assessment with appropriate follow up beginning at 11 years of age.
  - **Dyslipidemia screening:** Perform a risk assessment at 2, 4, 6, and 8 years of age, then annually thereafter. Order one lipid panel between 9-11 years and again between 17-21 years.
  - **Hearing screening:** Performed at Birth-2 months, 4, 5, 8, and 10 years old, and once between the years of 11-14, 15-17, and 18-21.
  - **Hepatitis B screening<sup>2</sup>**
  - **Hepatitis C screening:** For all individuals 18 and older, test once between 18-79.
  - **HIV screening:** Risk assessment for HIV is completed at each well visit starting at 11 years old, adolescents should be tested once between ages 15-18 years. If adolescent is at increased risk, then should be tested and reassessed annually.
  - **Psychosocial/Behavioral assessment:** Should be done at each well-child visit. It should be family centered and include an assessment of child social-emotional health, caregiver depression, and social determinants of health.
  - **Sexual Transmitted Infections (STIs) screening:** Per AAP, adolescents should be screened for STIs. Sexual activity shall be assessed at each well child visit starting at age 11. This could be addressed with the completion of the (SHA). If this answer is positive, the provider shall offer and provide contraceptive care and counseling on STIs.
  - **Sudden cardiac arrest and sudden cardiac death screening<sup>3</sup>**
  - **Tobacco use assessment:** All children 11 and older should be screened at their yearly well-child visit. There is a question on the SHA addressing tobacco use/exposure.
  - **Tuberculosis screening:** Assessed at 1, 6 and 12 months old and annually thereafter.
  - **Vision screening:** Using optotypes should be performed at ages 3 (if cooperative), 4, 5, 6, 8, 10, 12 and 15 years old.

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<sup>1</sup> Pending guidance from AAP.

<sup>2</sup> Pending guidance from AAP.

<sup>3</sup> Pending guidance from AAP.

## **Adult Preventive Additions/Changes:**

- **Abdominal aneurysm screening:** A one-time screening for men ages 65-75 years who have ever smoked 100 or more cigarettes in their lifetime.
- **Alcohol misuse screening and behavioral counseling:** All adults should be screened at each well visit. There is a question on the SHA to address alcohol. Positive responses are addressed with an expanded screening.
- **Depression screening:** All adults should be screened at each well visit using USPSTF recommended screening tools.
- **Diabetic screening:** For abnormal blood glucose as part of cardiovascular risk assessment in adults aged 35-70 years who are overweight or obese. Approved labs can be HbA1c, fasting plasma glucose, or oral glucose tolerance test.
- **Comprehensive diabetic care:** Includes documentation of routine comprehensive diabetic care/screening such as retinal exams, podiatry, and nephrology. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
- **Drug disorder screening and counseling:** All adults should be screened at each well visit. If positive, provider shall complete an expanded screening, offer behavioral counseling and make a referral to drug treatment program.
- **Dyslipidemia screening:** Patients aged 40-75 years with one or more CVD risk factors.
- **Folic acid supplementation:** All women ages 12-49 capable of pregnancy take a supplement daily containing 0.4-0.8 mg of folic acid.
- **Hepatitis B screening:** For any individual at high risk for infection.
- **Hepatitis C screening:** All adults 19-79 years should be screened at each well visit, and those who are high risk should receive HCV testing.
- **HIV screening:** Risk assessment should be completed at each well visit for patients 15-65 years old. Those at high risk should be tested for HIV and offered pre-exposure prophylaxis.
- **Intimate partner violence screening:** Screen asymptomatic women of reproductive age (12-49 years) regardless of sexual activity. Provide or refer those who screen positive to ongoing support services. If the SHA is a "Yes" or a positive for Intimate Partner Violence, then this counts as long as it was further addressed. If there is a "No" answer on the SHA, the recommendation is completion of an additional screening form (HARK, ACEs, HITS, E-HITS, PVS, WAST).
- **Lung cancer screening:** Annual screening for lung cancer with low-dose CT scan in adults 50-80 years old who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
- **Obesity screening and counseling:** Documentation shall include weight and BMI. All patients deemed obese are offered intense counseling and behavioral interventions to promote sustained weight loss.
- **Osteoporosis screening:** Bone measurement testing for postmenopausal women younger than 65 years old who are at increased risk of osteoporosis. Risk factors include parental history of hip fracture, smoking, excessive alcohol consumption, and low body weight.

- **STI screening:** Chlamydia and gonorrhea for women who are 1) sexually active and under 25 years old, 2) older women who have new or multiple partners, or 3) MSM regardless of condom use or persons with HIV tested at least annually. Syphilis, trichomonas, and herpes testing for those considered high risk.
- **STI counseling:** For adults who are at increased risk for STI's.
- **Skin cancer behavior counseling:** USPSTF recommends young adults and parents of young children be counseled to minimize exposure to UV radiation for persons aged 6 months to 24 years old to reduce their risk of skin cancer.
- **Tobacco use screening, counseling and intervention:** Screen all individuals for tobacco use during well-visits. Document prevention/counseling and/or pharmacotherapy services to potential/active users. You can use SHA as a screening tool as there is a question on the SHA addressing tobacco use/exposure.

## References:

### **APL 20-006:**

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-006.pdf>

### **PL 14-004**

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/PL2014/PL14-004.pdf>

## **EDUCATION OPPORTUNITY**

To better help you understand the changes made to the new site review tools, PHC is offering site education sessions. If you have any questions, comments, concerns, or wish to schedule a site review education session, please contact our Northern Region Patient Safety Team at [fsr@partnershiphp.org](mailto:fsr@partnershiphp.org). You can also contact Tegan: (530) 999-6828 or Tami: (530) 999-6813.