

# CLINICAL KNOWLEDGE AND SKILLS

## SUBSTANCE ABUSE - EDUCATION & RESOURCES

### SUBSTANCE ABUSE - DITTO:

- CREATE STANDARDS & METRICS TO TRACK
- PROTOCOLS
- AWARENESS OF WHICH DRUGS ARE BEING ABUSED

## ABS - CARE PATHWAYS, OTC TREATMENT PLAN

### ABS - BEST PRACTICE POSITION

STATEMENT ON SELF SWAB VS PHYSICAL EXAM

# CLINICAL K&S #2

PC - TRULY ASSESS <sup>Community</sup> NEED W/DATA  
TO SUPPORT IT & WHICH PRIMARY  
CARE IN UC.  UCA Assessment

PC - VERY TOUGH TO MAKE HAPPEN  
BECAUSE WE MADE IT TOO EASY TO  
PRACTICE EPISODIC CARE  UCA Readiness Checklist  
 Regional Requirements for 1<sup>o</sup>  
(vaccines, screening)

PROCEDURE - EDUCATION SUPPORT ON  
PERFORMANCE IMPROVEMENT  
• DISCOUNTS FOR SMALLER ORGS

PROCEDURE - BETTER DEFINITION  
OF PROCEDURES? IS XRAY? IS  
EKG?

# CLINICAL K+S #3

~~UVA~~ VIRTUAL- UCA SURVEY TO SEE  
WHAT IS CURRENTLY HAPPENING  
IN THE VIRTUAL SPACE (WHAT  
SEEN/NOT SEEN), SHARE, MAYBE  
LEAD TO GUIDELINES

# Clinical K+S #4

Allow <sup>VBC</sup> <sub>(valuebased care)</sub> METRICS TO DRIVE  
SOC

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Virtual med → survey first to see what is happening  
(who is seeing pt's, what dx being seen) → then creating a  
guide for what is appropriate / best practice for virtual UC

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Impliment ~~at~~ our existing clinical ~~comp. list~~ competency list

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