Beyond the Blueprint: Building the Patient Centered Medical Home

Maine PCMH Pilot
Journey to the Heart of Patient Centered Care
Nov 16, 2012
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Agenda
- Challenges of primary care
- 8 strategies practice transformation
- Discussion

Goals
- How to structure our office practices to
  - Take best care of patients
  - Do it efficiently
  - Remain financially viable
  - Enjoy it!

Primary Care →↑ Quality, ↓ Costs

Quality Increases with PCPs

Costs Decrease with PCPs

Notes: For quality ranking, smaller values indicate higher quality. Based on 24 quality measures developed by the Medicare Quality Improvement Organization (for MI, breast CA, DM, CHF, pneumonia, CVA). Total physicians held constant.
At the center of PCMH are face-to-face healing relationships.

We will know who you are and we will be ready for you.

Borgess Ambulatory Care, Kalamazoo, MI
115 physicians, owners
Health Plan: 1/3 of pt pop.
EHR: 2003
Level 3 PCMH: 2008; 2010

Snapshot of Practice

- Staffing
  - 1.5 nurse: MD
  - stable team
  - (no MAs)
- Space
  - 3 exam rooms
- Scheduling
  - 1 Receptionist: 2 MDs

Snapshot of Practice

- Typical Schedule
  - 6-8: Annual
  - 8-10: Planned Care
  - 4-6 Rapid Access
- Panel Size
  - 1600-1800
- Outpatient/Inpatient

Episodic Care

- Check-in
  - Insurance verification
  - Collect co-pay
  - Verify contact info
- Room pt
  - Vital signs
- MD
  - Medication reconciliation
  - History
  - Exam
  - Data Gathering
  - Data entry
  - Decision making
  - Relationship building
  - Prescription writing
  - Documentation
  - Paperwork
  - Behavior Modification
  - Results reporting
  - Order entry
- Check-out

Work Within Skill-set of Others

- Check-in
  - Insurance verification
  - Collect co-pay
  - Verify contact info
- Room pt
  - Vital signs
- MD
  - Medication reconciliation
  - History
  - Data Gathering
  - Data entry
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Integrated, Continuous Care

- Pre-visit planning
- Nurse-MD Team
- Office Visit
- Between Visit Care
- Efficiencies and care coordination
- Build-in rather than Carve-out
**Core Team Model**
- Planned Care Appt
- Visit Planner
- Empowered Team
- Pt. Questionnaire
- Prescription Mgmt
- Annual Exam
- Rapid Access
- Intentional Behaviors

Granular level, workflow, task distribution
Goal: engineer work to eliminate make-work
Satisfied, not depleted

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**Planned Care Appointment**
- Majority of lab ahead
- Efficiency
  - Close the loop during appt
  - 4 hr clinic → 2 hr post-appt
- Shared decision making
  - At the time of appt.
- Safety
  - Missing/overlooked inform
  - Pt & family safety net

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**Lab Summary**

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**Visit Planner**
*The next appointment starts today*
- Planned Care Appt
- Visit Planner
- Empowered Team
- Pt. Questionnaire
- Prescription Mgmt
- Annual Exam
- Rapid Access
- Intentional Behaviors

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**Visit Planner**
*The next appointment starts today*
- MD completes
- Pt to receptionist
- Built in
  - Decision support
  - Order sets
  - Orchestrate complex care
  - Plan & promise

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**Acute Symptom Evaluation**

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**Improve Office Practice: Working Smart, Not Harder**

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**11/15/2012**
Planned Care Appt

Visit Planner
The next appointment starts today
- Order sheet
  - 3 sec/pt
  - 100 pt/week x 3 sec/pt = 5 min MD time/wk
- CPOE
  - 2 min/pt
  - 100 pt/week x 2 min/pt = 3.3 hr MD time/wk
  - ($1000 revenue/wk)

Empowered Teamwork
- Planned Care Appt
- Visit Planner
- Empowered Team
- Pt. Questionnaire
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**Central Role of Nurses**

- Nexus of organization of our practice
- Between Visit
  - Extension of me when dealing with patients; patients recognize this.
  - Coordinates transitions (hospital, NH, Hospice)
  - Manages & returns most phone calls
  - Processes prescriptions
- Updates EHR

**Core Team: Mini-huddle**

- 47 yo “Rapid Access” new patient
  - CC: dysphagia
- Nurse Mini-huddle
  - “She seems depressed”
  - “Is anyone hurting you?”
- Physician better prepared

**Mini-huddle**

- Planned Care Appt
- Order sets
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**Pre-clinic Huddle**

- RN-MD 10 min day before
- Identify planning needs
  - Abnormal CT: review
  - Celiac Sprue: UptoDate

**Welcome to Our Practice**

“Start here first”
Creating a Culture of Teamwork

How can you possibly afford?

- Doctor does it all
  - 0.5 nurse (or MA)
  - 18 patients/day
- Empowered Teamwork
  - 1.5 nurse (or MA)
  - 22 patients/day
- The Business Case for support
  - 4 more pt/d = $90,000/yr
  - net benefit of $30,000/year

Assumptions:
- 4 visits/day; payer 99213, 99214; MA salary $60,000;
- 48 weeks/year; payer mix generates $40/RVU; non-facility 99213 = 1.90, 99214 = 2.82; MA salary and benefits = $60,000/yr

The Business Case

Net Revenue after Operating Costs per FTE MD

MGMA Cost Survey: 2007 Report Based on 2006 data

Pre-appointment Questionnaire

- Planned Care Appt
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Prescriptions are killing us...my nurse is spending so much time on refills that we can't seem to get anything done.

Minnesota Family Physician 2007

Prescription Management
- Planned Care Appt
- Order sets
- Empowered Team
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Synchronized Bundled Renewals
- All scripts renewed and resynchronized at annual visit
- 90 d + 4 refills (15 mo)
- Don't use script as hook
- Improves adherence
  - Quest Diagnostics 2011;117:566-72

Prescription Management
- We don't use scripts as hook or enforcer
- Planned care appts trigger disease monitoring
- Separate monitoring from renewing
- Avoid loading interval visits with unnecessary, redundant work
**Annual Comprehensive Care Visit**

- Planned Care Appt
- Order sets
- Empowered Team
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- Dedicated appt
  - prevention/annual chronic dz
  - synchronize and renew meds
- Customized
  - not one-size-fits-all

**Rapid Access**

- Planned Care Appt
- Order sets
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- Scheduling for same day access
- Today not Triage
- Triage takes time
  - 30 sec “yes”, 5 min “no” “later”
- Pt’s don’t have to plead case

**Intentional Behaviors**

- Planned Care Appt
- Order sets
- Empowered Nursing
- Pt. Questionnaire
- Prescription Mgm’t
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- Eye contact/physical touch
- Key phrases
  - What else do I need to know?
  - Did we cover everything you wanted?
  - How are you handling this?

- More Key phrases
  - What are you famous for?
  - What do you do for fun?
  - Could you bring me a picture of...at your next appointment?
  - Social notes at end of dictation

**Integrated, Continuous Care**

**Rapid Access**

- Planned Care Appt
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- Intentional Behaviors
Sister Mary Owen, what have you been up to lately?

At the center of PCMH are face-to-face healing relationships.

Sr. Mary Owen, what have you been up to lately?

We will know who you are and we will be ready for you.

Borgess Ambulatory Care, Kalamazoo, MI

Discussion
“Medical care must be provided with utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated.”

Sir William Osler, 1893