TELEPHONE VISITS

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Agenda

- Objectives
- Overview of Telephone Visits at SMMC
- Process for launching Telephone Visits
  - Planning
  - Implementation
  - Tracking
  - Evaluation

Objectives

- San Mateo Medical Center's journey in launching telephone visits
- Provide a detailed walk through of the process of implementing telephone visits
- Share tools for others to use at their own organization
- Facilitate discussion around best practices, challenges, and learnings from other organizations

Overview of Telephone Visits at SMMC

San Mateo Medical Center Ambulatory Operations

14	Primary Care and Pediatric Practices
22	Medical & Surgical Specialties
4	Dental Sites
400	Staff and Providers
240,000	Annual visits

History/Business Case for Telephone Visits

Drivers

- Assigned 20,000 capitated patients through Medicaid Expansion
- Issues with access
- Organizational strategic priority to move from volume to value
- Alternative payment programs (APM, GPP)

Goals

- Increase clinic access
- Increase patient satisfaction
- Improve staff satisfaction
- Reduce unnecessary emergency room visits and hospital readmissions

No provider payment? No problem! (Kind of..)

Telephone visits can be used for:

- Nurse Visits
- Other non-reimbursable care team visits (PharmD, Health Coach, etc)
- Structure for provider calls that are already happening
  - Improve documentation
  - Reduce phone tag

Timeline for Implementation

- **August 2015:** Lean Design Event
- **September 2015:** Training and implementation for 2 pilot clinics
  - Select providers and RN's within each clinic
  - PDSA's
  - Organic spread throughout the clinic
- **January 2016:** Finalize standard work and documentation requirements to be used across all clinics
- **February 2016:** Spread to Specialty provider in Endocrinology
- **Ongoing:** Spread to the rest of the primary care clinics

Current stats (as of 11/29/16)

- 934 Provider Visits
  - 27 participating providers
- 772 Nurse Visits
- Spread to 8 clinics

What questions do we want to cover today?

Planning and Design

Gathering Feedback to Inform Design

Q: What are your expectations of a telephone visit?

Providers	Patients
Themes from provider survey: ➢ Already providing phone-based care *informally* ➢ Provide allotted time dedicated to phone visits ➢ *Don't take away from admin time* ➢ Involve the whole care team ➢ Set patient expectations	**Themes from patient advisory council:** ❖ There must be an appointment time, not just a random call ❖ Make sure that the provider has the patients file available during the phone visit ❖ Not a call from a private number ❖ Okay with speaking to nurses who know them

3P Design Event Overview

New:

- **P**roduct
- **P**rocess
- **P**lant

Attention

Escape

Movement

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A4-3P

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Workshop Name: Phone Based Care **Workshop Date: 8/17-8/21/2015**

Visioning document this workshop ties with: SMMC's strategic priority to transform clinics into "Patient Centered Medical Homes"

Vision Statement:
Leveraging capitated payments from Health Plan of San Mateo to address our access issues has been identified as a strategic priority for the San Mateo Medical Center for fiscal year 2016, and phone visits have been selected as our most promising interventions to affect this change. We are setting out to fundamentally rethink how we provide care—moving from simply reacting to episodic needs by offering in-clinic physician visits, to creating an ongoing dialogue between our patients and a multi-disciplinary care team, through which we can proactively support patients' health.

We plan to create the technical and institutional infrastructure to facilitate over the phone visits, and expand the idea of phone visits to encompass calls with nurses, care coordinators, patient educators, and other care team members. We hope that this will allow us to 'touch' the patient more frequently and proactively, while lessening the demand on our physicians' time.

Current State specific to scope of this 3P:

- High demand for clinic visits
- Long waits for non-urgent appointments
- Phone-based care conducted informally in an unstructured way

Process boundaries: (From . . . To)
From: Established patient requesting an appointment **To:** Visit completion

Improvement request: (What is the focus for this workshop)
Develop a new phone-based care service to substitute and/or supplement in-person office visits when clinically appropriate, in order to improve access, and increase patient and staff satisfaction

Key features of improvement request:

- Developing the technical capabilities and tools to provide phone-based care, including a customer relationship management system for tracking calls integrated with our existing EHR
- Logistical planning for how and when staff will be scheduled to call patients
- Creating a standard care team staffing model to support phone-based care (part of PCMH)
- Drafting standard work for each care team member and training to that SW (part of PCMH)
- Developing materials to explain and market phone-based care to patients and staff
- Devising a payment strategy to prevent FQHC payment losses & preferably to enable this phone-based care to be provided to all assigned HPSM patients, regardless of their insurance program

Business Requirements:

- Improve clinic capability to meet patient needs
- Does not create additional burden on clinic staff
- Ability to track and report encounters
- User-friendly provider interface in EMR
- Ability to schedule telephone visits in EMR
- Prove financial viability

Customer Requirements:

- Increase patient satisfaction
- Improve access
- Maintain quality of care

Workshop includes: (what is in scope)

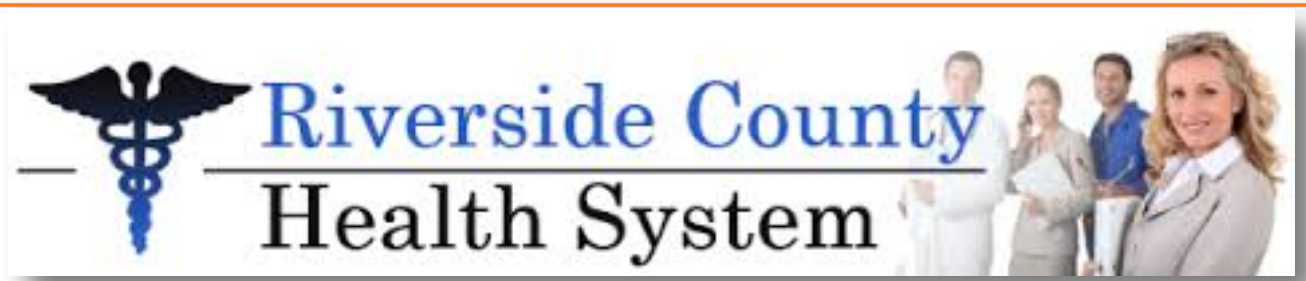
- Telephone-based visits
- Established patients
- Ambulatory clinics – Primary Care
  (pilots will be DCC and COA Adult Primary Care)
  - Regular office hours
- Operational workflow design
- Payment strategy
- Technical capabilities
- Communication and marketing
- Inbound and Outbound calls

Workshop excludes: (what is out of scope)

- Text messaging
- Patient portal
- Specialty and Ancillary care
- Express Care
- After-hours
- New Patients

Departments / processes that may be affected by this workshop:
Upstream: Care team structure; clinic workflow
Downstream: HIT (eCW modifications); all eCW users; BI (reporting), Finance; Billing; HPSM; Patient-relations

Peer Models



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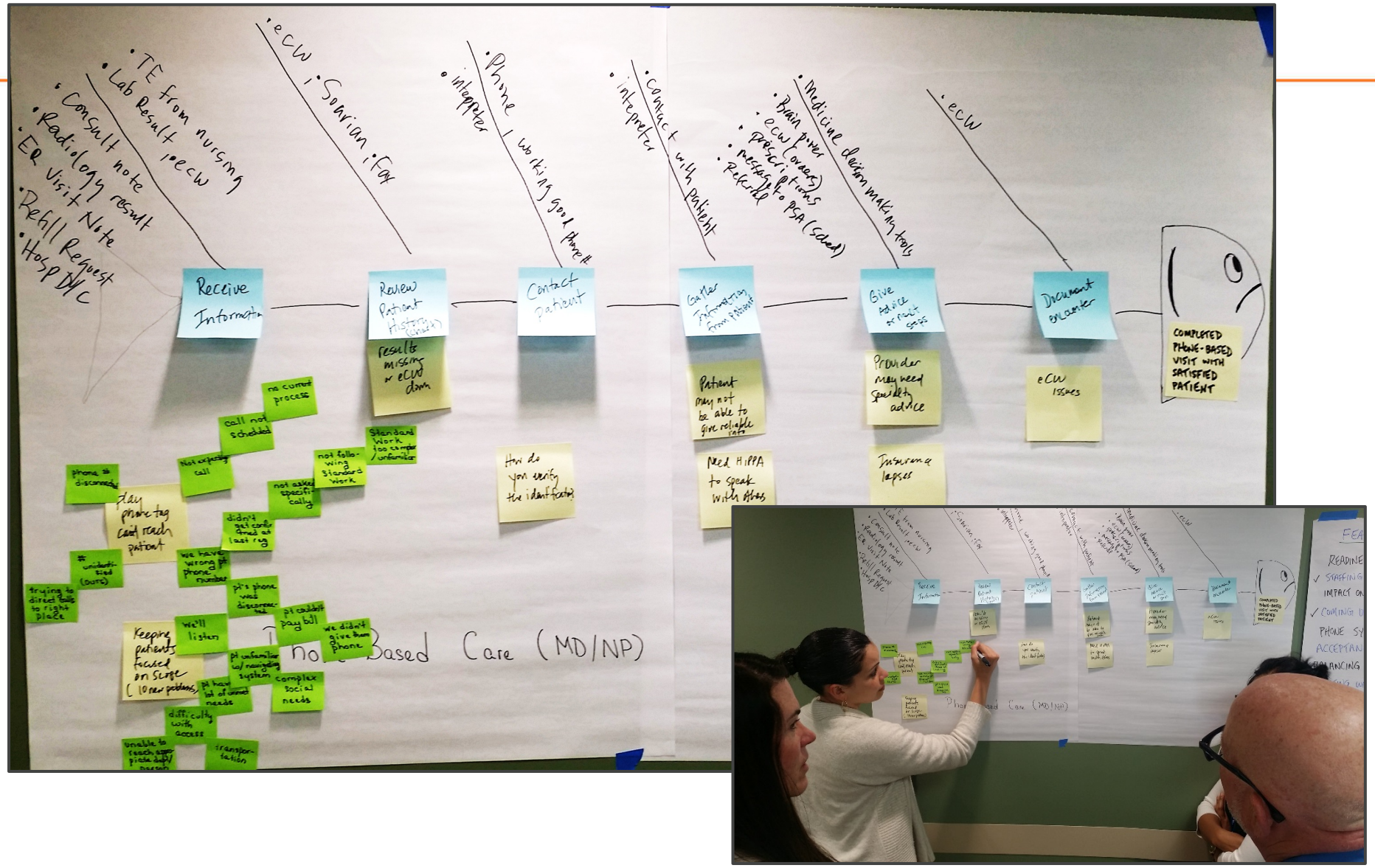
Stanford HEALTH CARE

Study the Current State



Patient Experience
Kano Model

Product or service functions:

1. Basic – expected to be present and customers are dissatisfied if absent.
2. Performers – not absolutely necessary, but are known about and increase the customers' enjoyment or satisfaction.
3. Delighters – things customers don't even know they want but are delighted when they find them.

Team Focus Areas

1. Visit Types
2. Scheduling
3. Scripts & Templates
4. Insurance & Patient Verification

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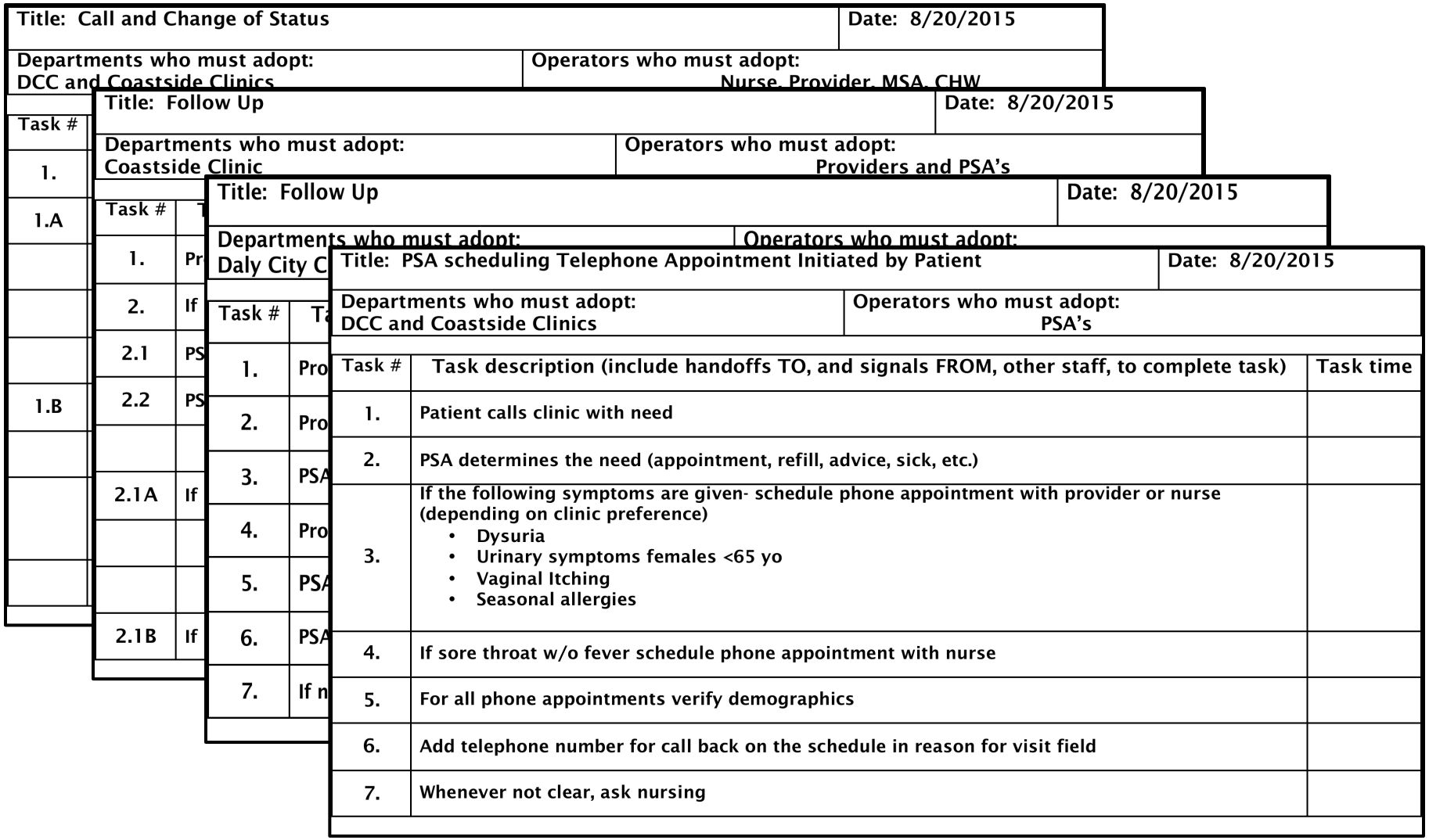
Phone-Based Visits
Standard Work



Title: Call and Change of Status	Date: 8/20/2015
Departments who must adopt: DCC and Coastside Clinics	Operators who must adopt: Nurse, Provider, MSA, CHW

Task #
1.
1.A
1.B

Title: Follow Up	Date: 8/20/2015
Departments who must adopt: Coastside Clinic	Operators who must adopt: Providers and PSA's

Task #	T
1.	Pr
2.	If
2.1	PS
2.2	PS
2.1A	If
2.1B	If

Title: Follow Up	Date: 8/20/2015
Departments who must adopt: Daly City C	Operators who must adopt:

Task #	Ta
1.	Pro
2.	Pro
3.	PSA
4.	Pro
5.	PSA
6.	PSA
7.	If n

Title: PSA scheduling Telephone Appointment Initiated by Patient	Date: 8/20/2015
Departments who must adopt: DCC and Coastside Clinics	Operators who must adopt: PSA's

Task #	Task description (include handoffs TO, and signals FROM, other staff, to complete task)	Task time
1.	Patient calls clinic with need	
2.	PSA determines the need (appointment, refill, advice, sick, etc.)	
3.	If the following symptoms are given- schedule phone appointment with provider or nurse (depending on clinic preference) • Dysuria • Urinary symptoms females <65 yo • Vaginal Itching • Seasonal allergies	
4.	If sore throat w/o fever schedule phone appointment with nurse	
5.	For all phone appointments verify demographics	
6.	Add telephone number for call back on the schedule in reason for visit field	
7.	Whenever not clear, ask nursing	

Definition of Phone Visits

In order to meet the definition of a "Telephone Visit", the telephone visit requires one or more of the following:

1) Involves medical decision making and / or care coordination that necessitates the involvement of a Provider, Nurse, or PharmD, such as changes in treatment plans and medications
2) Serves as a substitute for in-person clinic visits
3) Involves refills of medications that would have otherwise necessitated a clinic or emergency room visit
4) Serves as a follow-up to a previous in-person clinic visit
5) Involves counseling, patient education, informed consent (e.g., for ordered diagnostic and laboratory tests) and motivational interviewing

Only established patients are eligible for Telephone Visits.

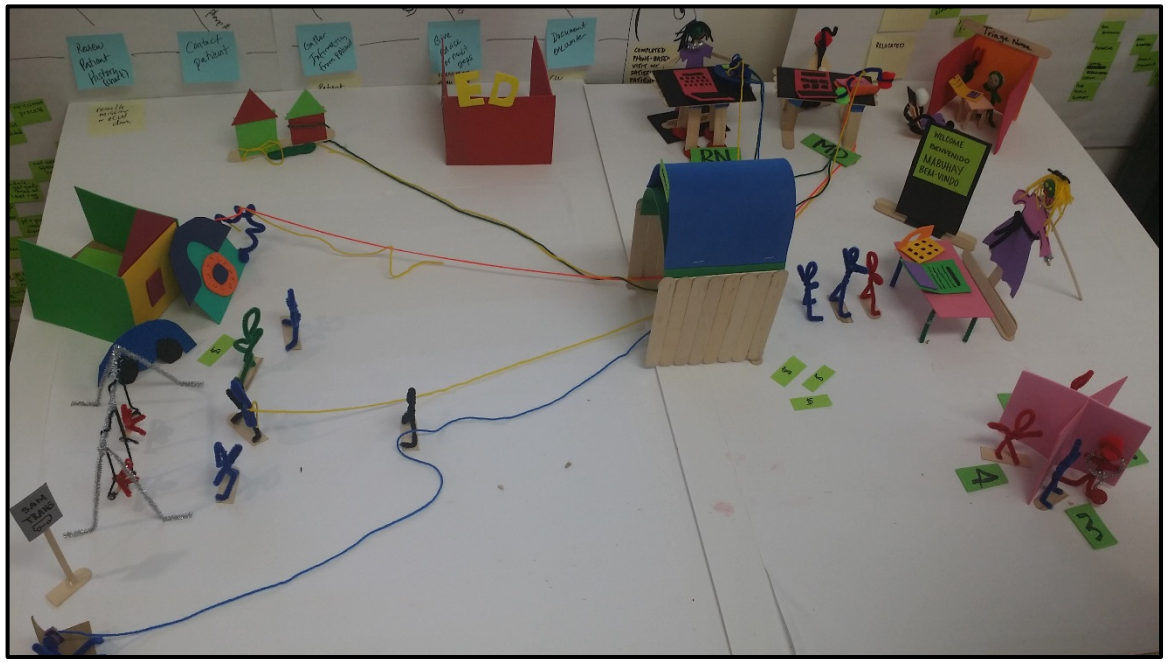
The following do NOT qualify as Telephone Visits:

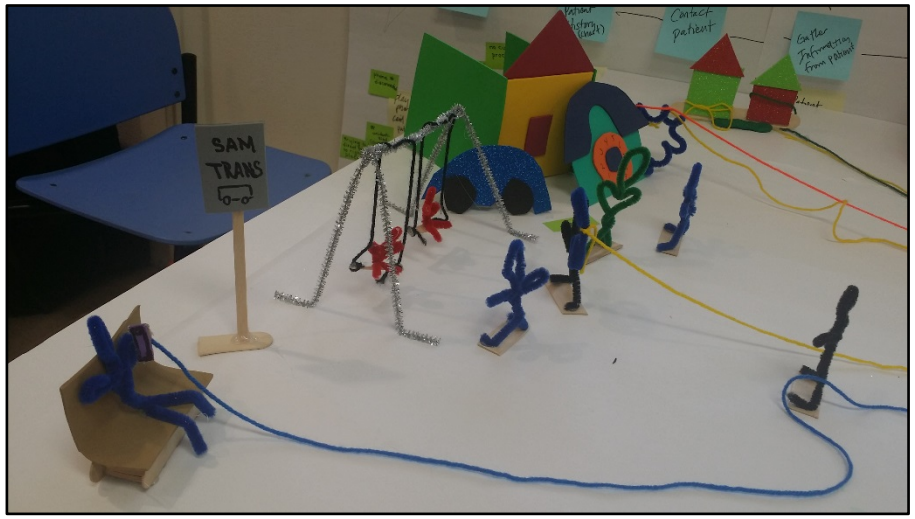
1) Appointment reminder call
2) Communication of normal routine results or other information that can be communicated by non-licensed staff
3) Telephone consults that result in an in-person visit within the next 24 hours*

*CPT 2016 Guidelines

Key Takeaways

- Involve all stakeholders in the design
- Encourage staff to think outside of the box
- Integrate within existing workflows as much as possible





Tools used for planning and design

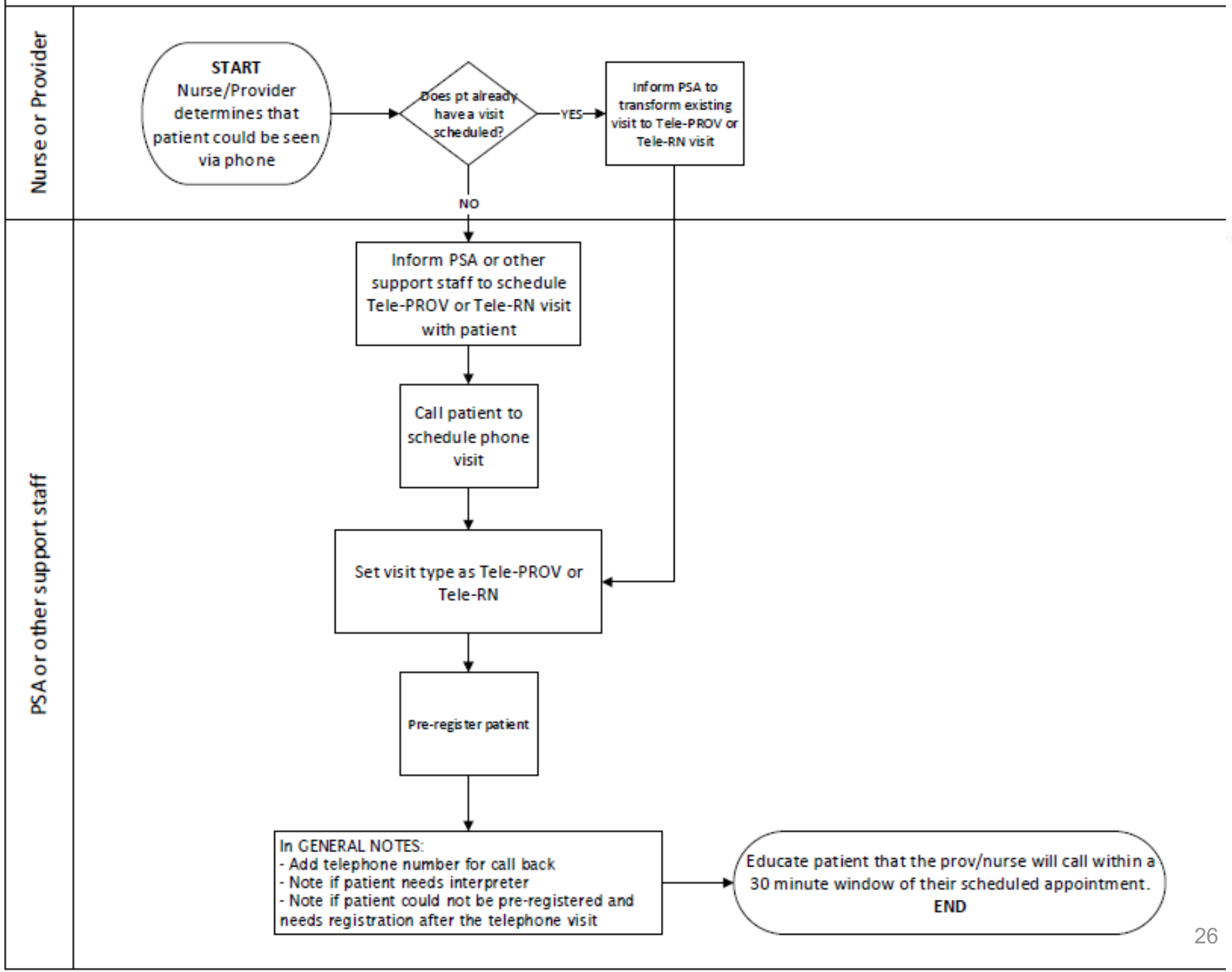
- Patient Advisory Council Focus Group Survey
- Provider Survey
- A4
- Peer Model Research
- Kano Model
- Riverside Toolkit
- Standard Work Template
- Process mapping

Implementation

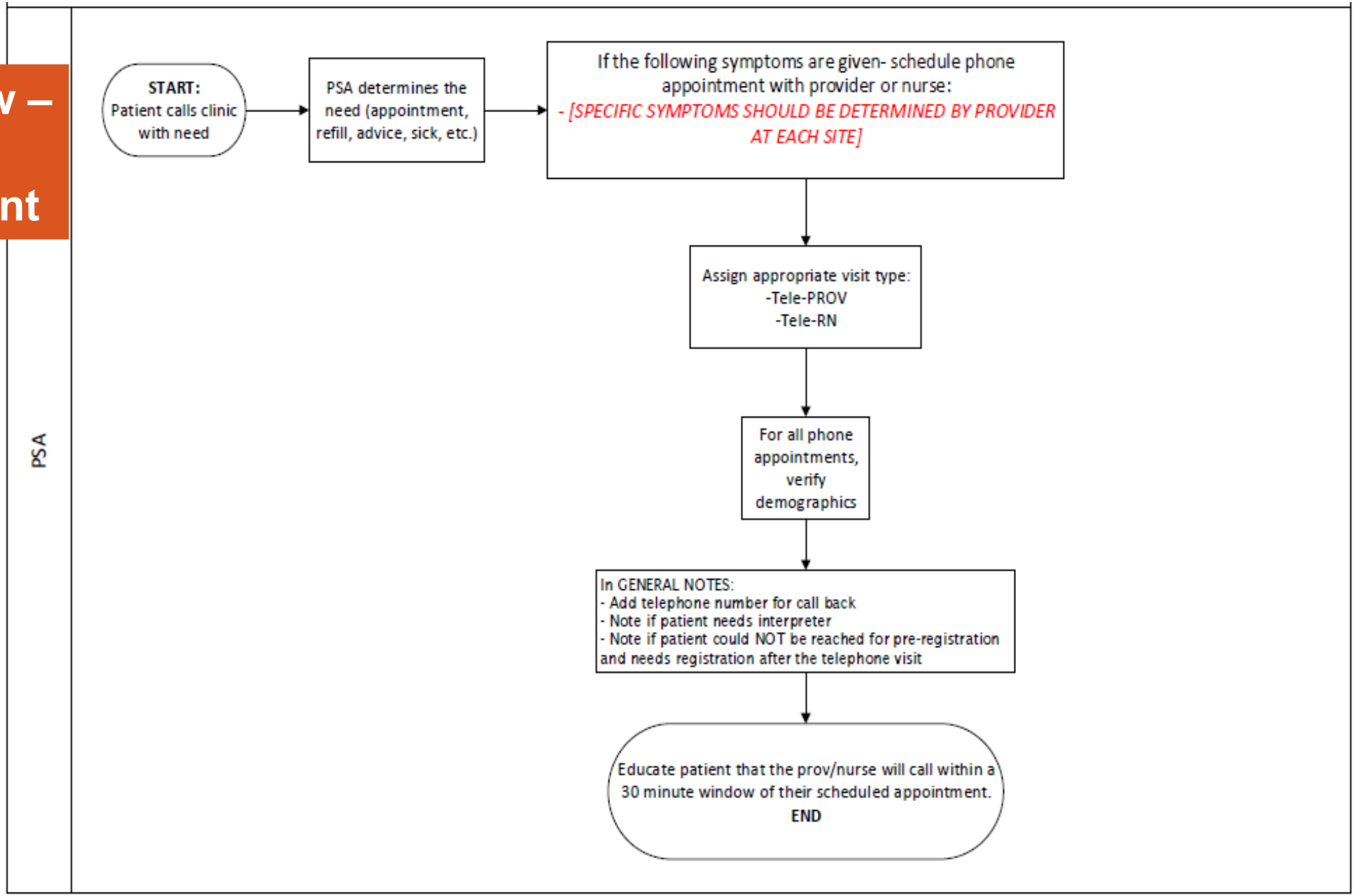
Engaging staff

- Present as a pilot, use small tests of change
- Staff typically go through 3 phases when experimenting with phone visits:
  - **PHASE 1:** Provider and nurses able to scrub schedule and convert future visits that they feel can be conducted over the phone
  - **PHASE 2:** As providers and nurses get comfortable with the process, they start to schedule more and more follow up appointments by phone
  - **PHASE 3:** Providers and nurses know exactly what they are comfortable dealing with over the phone → able to produce a guideline for front desk staff as to what can be scheduled directly into telephone visit slots

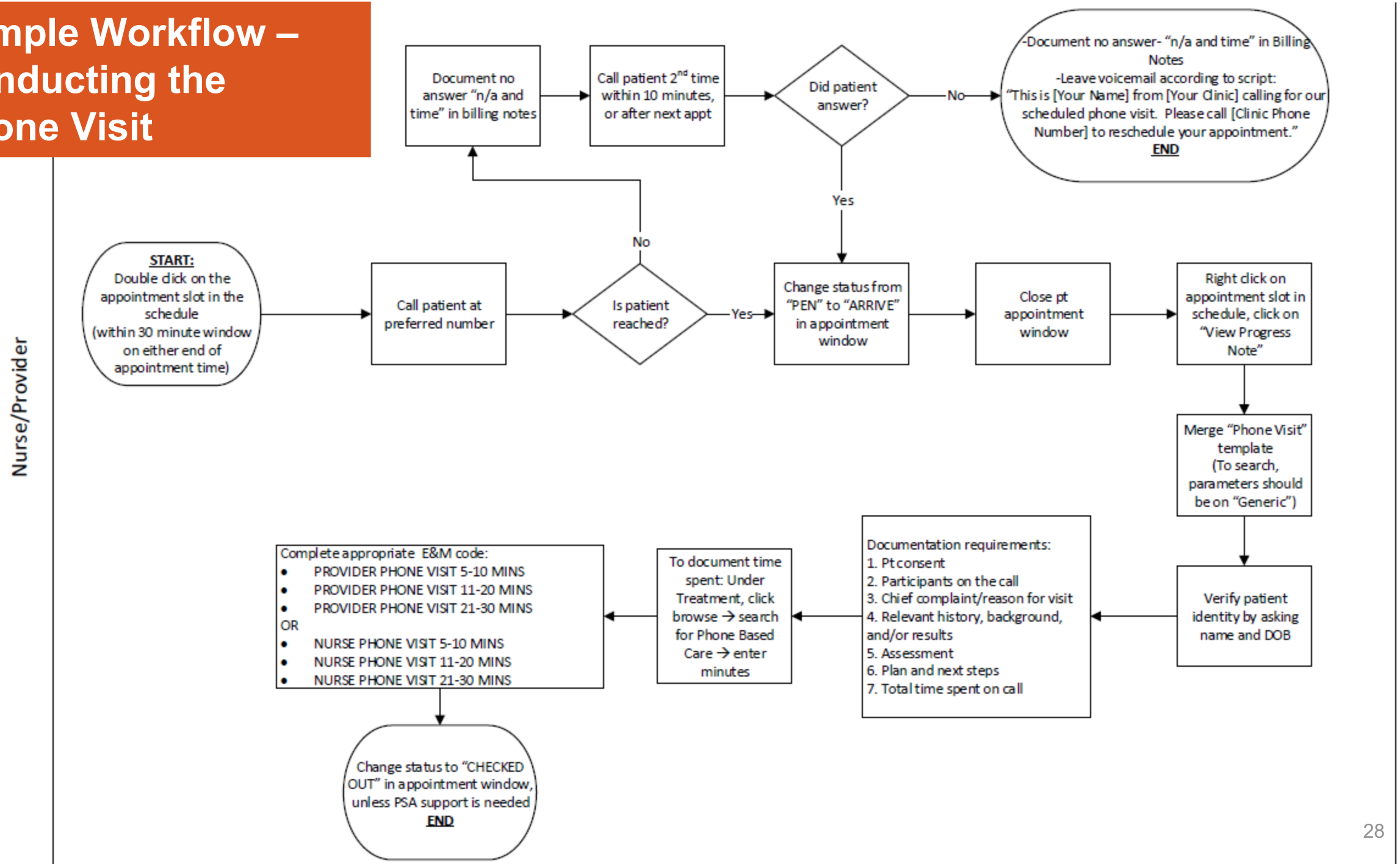
Sample Workflow – Scheduling visit initiated by Provider or Nurse



Sample Workflow – Scheduling visit initiated by Patient



Sample Workflow – Conducting the Phone Visit



Staff Involved in Design & Implementation

Staff	Key Role
Frontline Clinic Staff (PSA's, MA's, RN's, Providers)	- Design workflows, implement in clinic
LEAP Institute (Lean partners)	- Support process design, standard work development, implementation, PDSA's
Health Information Management	- Coding and documentation requirements
Health IT	- Create EMR templates, visit types, and automatic reminder calls - Provide EMR support & training
Finance	- Build financial models - Provide CDM, billing and revenue cycle support
Office of Managed Care	- Coordinate with health plan - Integrate into APM activities - Program evaluation
Clinic Leadership and Administration	- Provide resources (i.e. protected staff time, space, equipment, etc) - Set priorities - Support and encouragement!

CPT Codes*

- **99441-99443:**
  - *Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointments*
    - *5-10 minutes*
    - *11-20 minutes*
    - *21-30 minutes*
- **Other options:**
  - *For telephone evaluation and management service by a physician or other nonphysician who may not report evaluation and management services (eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dieticians), see 98966-98968.*

*Keep GPP and APM tracking in mind when selecting codes

Source: CPT 2017 Professional

Documentation Requirements

- The Telephone Visit should be documented in the medical record.
- **Minimum required documentation elements include:**
    1. **Notation that patient consented to the consult held via telephone**
    2. **Names of all people present during a telemedicine consultation and their role**
    3. **Chief complaint or reason for telephone visit**
    4. **Relevant history, background, and/or results**
    5. **Assessment**
    6. **Plan and next steps**
    7. **Total time spent on medical discussion**

EMR Template

Patient: T, TEMPLATES
Account Number: 8663
DOB: 01/01/1970 **Age:** 31 Y **Sex:** Male
Phone: 508-836-2700
Address: 114 TURNPIKE ROAD, SUITE 204, WESTBOROUGH, MA-01581

Subjective:

Chief Complaints:
1. Phone Visit.

HPI:
Phone Visit:
Patient Name and DOB Verified :. Patient Consent :. Interpreter used :. Call attendees :. Notes: (___).

Medications: None

Allergies:

Objective:

Assessment:

Plan:

Preventive:
Tele-Health: Tele-Health Total Visit Time (min) (__).

Provider:
Patient: T, TEMPLATES **DOB:** 01/01/1970 **Date:** 01/01/2001

Electronically signed by on 12/11/2015 at 12:24 PM PST
Sign off status: Pending

Challenges

- Gathering quantitative patient feedback
- Adoption of standard work
  - Core tenets of standard work v. pieces that can vary between sites
- Additional registration
- Timely communication
- Space
- Available support staff

Evaluation

Evaluation

Goals:

- Improve patient satisfaction
- Improve staff satisfaction
- Improves clinic access
- Reduce unnecessary emergency room visits and hospital readmissions

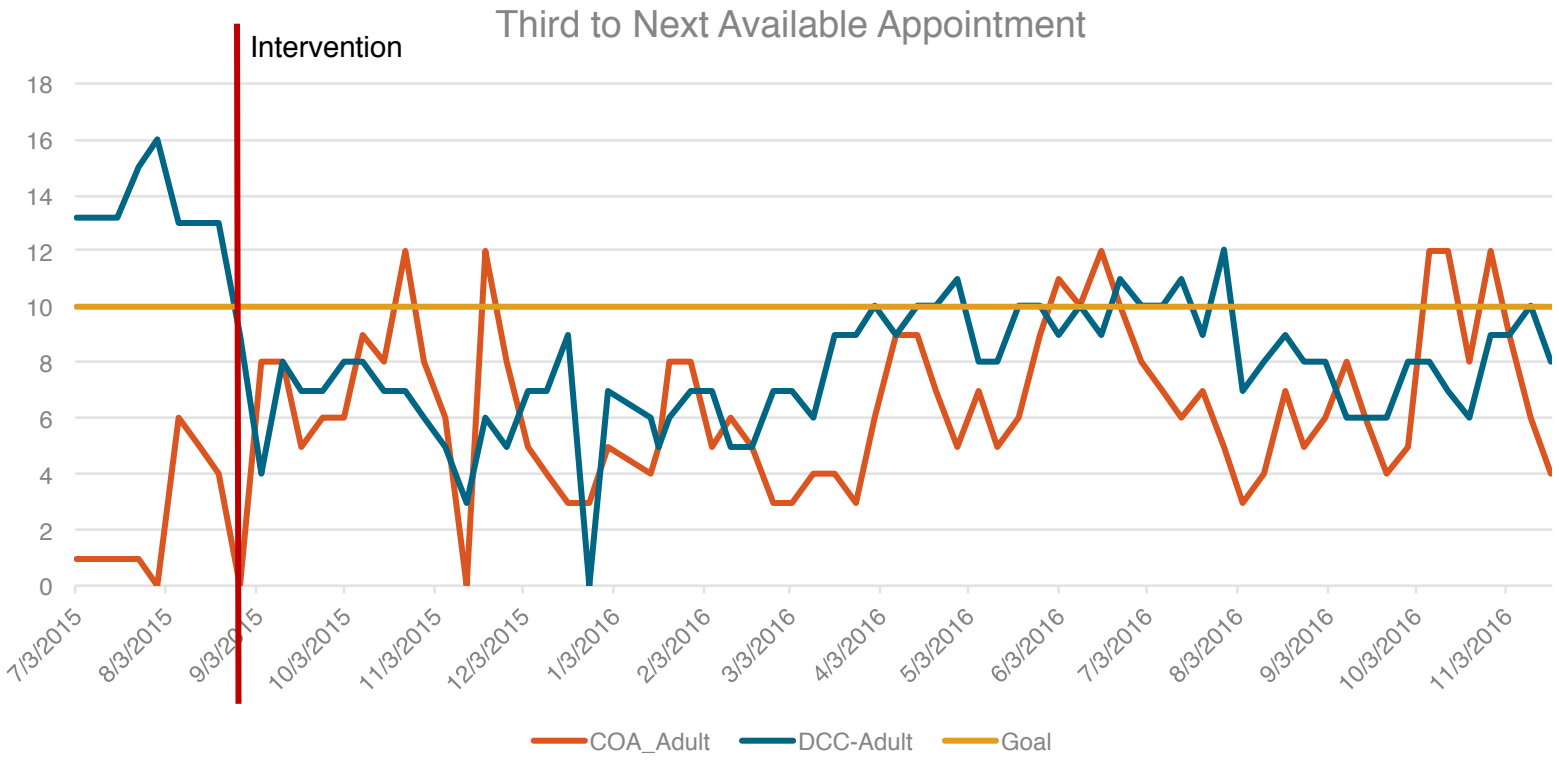
Patient Satisfaction

- Saves time
- Feeling that provider is paying more attention to their needs
- Thankful that providers are available in this way.
- Appreciate not having to come into the clinic

Staff Satisfaction

- *For me as a provider, I feel like it is helping the patients to focus more on a specific problem and I also feel accountable to follow through until next visit. For example, when I call them regarding their Diabetes, I have a specific agenda to discuss with them like glucose readings and adjusting their insulin dosing until their next appt.*
- *Telephone visits provide a structure (and recognition!) around calls we already make.*
- *Reduces phone tag, since patients know to expect our call.*
- *Phone visits, when successful, are generally quicker and some patients much prefer them (when transportation or work schedule is an issue). They do have limitations and certainly do not replace, or even significantly compete with, the usefulness of in-office visits.*

Access



- *Need more data on direct impact*
- *Potential future measure: Alternative encounters by non-provider staff that do not require a provider visit or ER visit within 7 days*

Utilization

Rate Ratio (95% CI) of Selected Utilization Metrics of Telehealth Patients to Regular Outpatient	
	Telehealth v no Telehealth
Outpatient	1.01 (1.00 - 1.03)
Emergency Department	1.07 (1.03 - 1.11)

Patients assigned to Daily City Adult, Coastside Adult, and Coastside Pediatrics, and encountered these clinics Sep 1, 2015 – July 18, 2016

Telehealth versus any outpatient encounter

Compared demographics and utilization of outpatient, emergency and inpatient services at SMMC

Key Learnings

- Engage all stakeholders at the beginning
  - Think through the whole process, from scheduling to billing and tracking.
- Start small with flexible staff
- Provide feedback early and often during testing phase and when new staff are implementing
- Phone visits were already happening, now we have a structured and standard way to capture them

Look Forward

- Use by other care team members (PharmD, Health Coaches)
- Further Data Analysis: Utilization for individuals pre-telephone visit services v. post-telephone visit services
- Financial Sustainability Analysis

Thank you!

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