CCI
CENTER FOR CARE INNOVATIONS

Alternative Visits, Part 1

CCI CP3 Population Health Management
Low-Intensity Track Webinar
Thursday, November 17, 2016 from 1pm-2pm

Today's Faculty

Please remember to fill out the post webinar brief survey!!

Megan O'Brien,
Value-Based Care Program Manager, CCI

Ned Mossman,
Program Manager, Payment Reform and Social Determinants of Health, OCHIN

Alternative Visits Webinar Series

ALTERNATIVE VISITS, PART 1

- November 17, 2016 at 1-2pm
- Topics Covered:
  - Definitions and examples of "meaningful" alternative visits
  - Why they need to be measured, EHR considerations
  - How workflows could evolve with Value-Based Care

ALTERNATIVE VISITS, PART 2

- November 30, 2016 at 11am
- Topics Covered:
  - Nuts & Bolts of Implementing Alternative Visits:
    - **Telephone Visits**: San Mateo Medical Center
    - **Patient Portals**: Shasta Health Center
    - **Shared Medical Appointments**: Clinica Family Health Services
- *Registration Link:* https://cc.readytalk.com/r/ck77pzstchnz&eom

Office Hours

Virtual office hours via phone or a web-based service are opportunities to **dive deeper** and ask questions of presenters.

Email Megan (mobrien@careinnovations.org) and include the following:

1. which faculty you are interested in;
2. scope of your questions;
3. 30 or 60 minutes;
4. if you are interested in other organizations joining in, or want individualized time.

I will work with you on scheduling office hours.

Who's Registered?

Comprehensive Track

1. CommuniCare Health Centers
2. LifeLong Medical Care
3. Monterey County Clinics
4. OLE Health
5. San Mateo Medical Center
6. Tiburcio Vasquez Health Center, Inc.
7. Venice Family Clinic
8. Vista Community Clinic
9. Ravenswood

Low-Intensity Track & Others

1. Altamed
2. Asian Health Services
3. Community Medical Centers, Inc.
4. Community Health Partnership
5. Frank Kiang Medical Center
6. Golden Valley Health Centers
7. Indian Health Services of Santa Clara Valley
8. La Clinica de La Raza
9. Neighborhood Healthcare
10. Northeast Valley Health Corp
11. San Joaquin General Hospital
12. Serve the People
13. Winters Healthcare Foundation

Alternative Encounters Part 1

Ned A. Mossman, MPH
Program Manager
Alternative Payment Methodologies and Social Determinants of Health

WE ARE OCHIN

Questions about Alternative Encounters

- What does “ideal” CHC transformation look like?
- What activities are being incentivized?
- How do we measure and provide accountability for them?

Future-Oriented Health Center Characteristics (1/2)

- Integrated care (Primary, Behavioral, Dental)
- Medical Home at the center of a medical neighborhood
  - Care coordination across different medical settings and systems
  - Centralized patient record
  - Referrals to community resources
- Changing staff roles and ratios
  - Position staff to work at the top of their license
- Engage new types of staff
  - Care Managers, Community Health Workers, Clinical Pharmacists, Social Workers

Future-Oriented Health Center Characteristics (2/2)

- Focus on population health management
  - Patient -> panel -> population
  - Panel management and outreach
- Patient-focused
  - Focus on increased patient access and experience
  - Patients and providers engaged in co-production of care

What types of data tell this “ideal CHC” story?

The old standbys:

- Clinical Quality Measures
  - UDS, CMS, MU, ACO, HEDIS, NQF
- Cost data
  - Utilization
  - Total cost of care

These will not be enough to support the real aims of Alternative Payment and Value-Based Care

“Touch” Basics: Patient-Centered Measures of Access

Alternative Encounters

- A.K.A., Alternative Touches, Enabling Services, etc.

- Examples:
  - Telephone encounter
  - Portal encounters
  - Home care encounters
  - Case management
  - Care coordination activities
  - Warm hand-offs
  - Panel management outreach
  - Group education or exercise classes
  - Support groups
  - Health education counseling
  - Transportation assistance
  - Assistance accessing community resources/services
  - Screening questionnaire administered

Alternative Encounters - Defined

- Traditionally non-billable (or non-reimbursed) activities that drive transformation of the delivery model, and **improve patient health outcomes and quality of life.**

Why is Alternative Encounter data important to collect?

- Demonstrate that as traditional office visits go down, other services are being offered in their place
- Track staff and resource use as care model shifts
- Measure the success of your innovation efforts
- *Document work that Community Health Centers have already been doing*

Roadmap for Supporting Alternative Encounters (p1)

Which alternative encounters should we provide?

- Needs assessment
  - Start with 3 questions:
    - What are the needs in our patient population?
    - What alternative services are we already providing?
    - What are the highest-leverage activities?
- Assess in entire population
- Define subpopulations – Segmentation
  - Start small, test, iterate, and scale

Segmenting Patient Populations

Direct resources to targeted, high-leverage activities in patient subpopulations

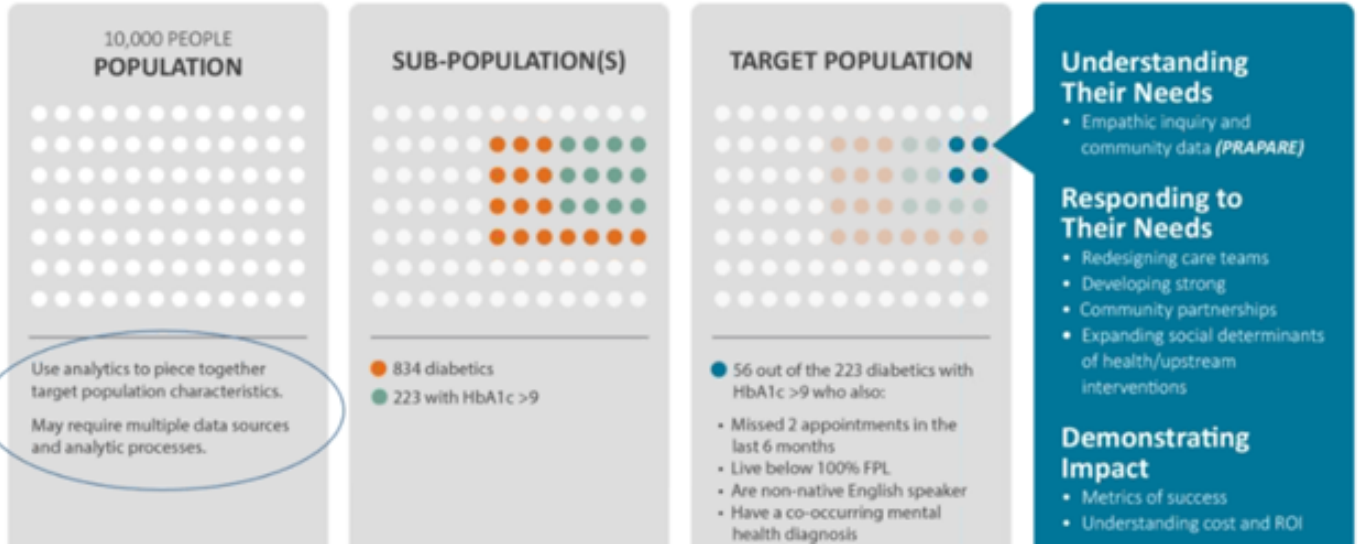


Illustration Courtesy of Oregon Primary Care Association

Roadmap for Supporting Alternative Encounters (p2)

- Design delivery processes based on needs assessment
  - Identify appropriate staff to carry out alternative encounters
  - Identify any additional resources needed
- Design and re-design workflows to integrate alternative encounter activities
  - Model new activities on successes
  - Pull existing activities into process
- Emphasize data entry portion of workflow
  - Pay attention to which staff/roles do the data entry
    - Same as those performing services?
    - Test different approaches
  - Consider how the EHR can be leveraged
  - What do we need to capture and report?

Data Collection and Reporting

What activities will we need to collect for the pilot?

- This is still being decided
- For now, you can prioritize based on the following:
  - Focus first on services that are providing greatest value to your patients or addressing areas of greatest need
  - Decide how granular you need to be (vs. effort required to capture)
  - Determine if you want to include services that are considered part of your bundled PPS rate
- Bigger vs. smaller lists of AE types both have challenges
  - In our experience, less is more

Challenges for collecting and tracking AEs in the EHR

- EHR vendor support is mixed at best
- Difficult to assess EHR needs before final process/list is released
- Procedure codes (CPT/HCPCs) exist for many services, but are not standardized (see list later in presentation)
  - State/plans have indicated a strong preference for CPTs for all alternative encounters
- You can code as with other encounters/procedures, but be aware:
  - Existing codes may be too broad
  - May want to collect more information

EHR Considerations and Advice

- *Start working with vendors **now** to ensure you give them enough time.*
- Focus your ask, but be prepared to adapt based on cost and technical realities
- Focus on what you **do** know from needs assessment: what would workflows look like, who will be tracking, entering data, etc.
- Data entry burden: what has to be manually entered, and how much can be automated?

What should we ask from our EHR vendor?

- If possible, a separate tracking area in the EHR is recommended with the following information:
  - Alternative encounter type provided
  - Staff member (or role) who provided the service
  - Amount of time spent
- Customizable list of alternative encounter types
- Auto-population from certain activities

Example EHR AE Data Entry Section

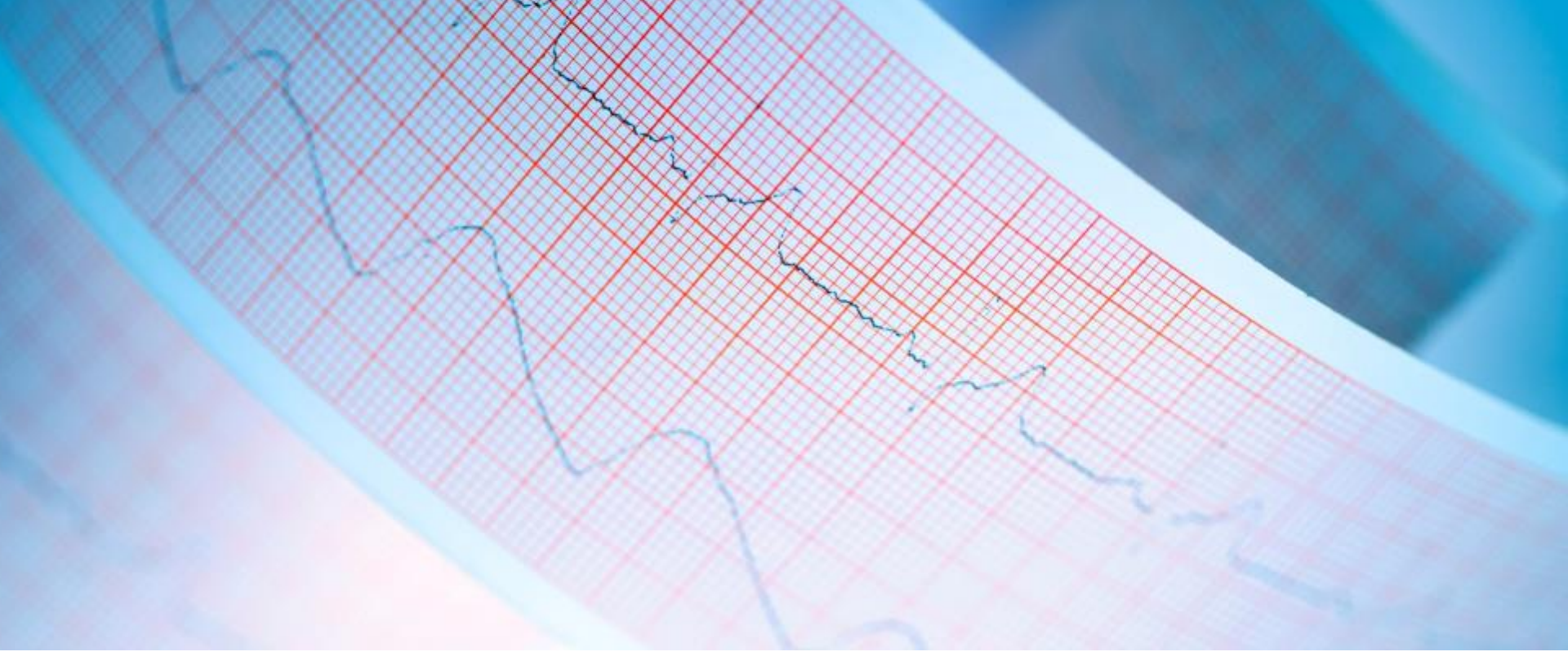
Alt Encounter Type	Code(s)	Date/Time	Duration (m)	Staff	Comment
Health Education/ Supportive Counseling	G0437	10/2/2016 08:30	20	Alison Smith, LCSW	Discussed need to quit smoking
Patient Portal Encounter	98969	10/16/2016 17:46	13	John Doe	[Auto-entered 16OCT2016]
Care Management	T2022	10/30/2016 12:00	30	Lisa Johnson, CCHW	Case mgmt discussion
Home Services Encounter	S0274	10/31/2016 10:30	60	Mina Jones, NP	

What else should we ask from our EHR vendor?

- Reporting: *flexible* reporting – configurable to final requirements, and also ongoing changes
- Find out if others using the same EHR are in the pilot, or are interested in AE
  - Split development/customization costs
  - Share testing responsibilities
  - Share and learn from others' experiences

Other Advice

- Be flexible – things will change
- Keep in mind that this is a pilot program
- Use as an opportunity to innovate, and to capture previous innovation
- Take advantage of the feedback processes
  - Document your experience – good and bad
  - **Make your Center's voice heard**
  - Focus on patient experience
  - Focus on staff experience



Potential Alternative Encounters Categories and Types for the Pilot Program

Alternative Encounter Details – From Latest Feedback Request (p1)

Super-Category	Category	Alternative Encounter Type
Alternative Therapies	Acupuncture	Integrative Medical Therapies
	Osteo/Chiro	Integrative Medical Therapies
	PT/OT	Integrative Medical Therapies
Behavioral Health	Behavioral Health	Marriage and Family Therapy
		Substance Use Counselor
	Substance Use	
		Health Education/Supportive Counseling
		Other
		Substance Use Counseling
		Substance Use Counselor
		Substance use counselor visit
Care Mgt/Coordination	Care Coordination	Care Coordination
	Care Management	Case Management
		RN
	Care Management: DM	Population Health Management
	Case Management	Case Management
		Case Management (Medical Team Conference)
		Community Services
	Community-based services	Community Services
	Coordinating Care	Coordinating Care

Alternative Encounter Details – From Latest Feedback Request (p2)

Super-Category	Category	Alternative Encounter Type
Education	Education	Health Coach
		Health Education/Supportive Counseling
	Education: CKD	Health Education/Supportive Counseling
	Education: Prenatal/Postnatal	Health Education/Supportive Counseling
	Group	Group Medical Services
		Group Medical Visits
		Population Health Management
Enabling/SDOH	Enabling	Eligibility Assistance/Financial Counseling
		Interpretation
		Outreach
	SDOH	Other
	Transportation	Transportation
Home	Home Services	Home Nursing Visits
		Home Services
	Home Services: Pre/Postnatal	Home Services
Medication	Medication Management	Case Management (Medication Management
		Health Education/Supportive Counseling
		Medication Management
		PharmD Visit
		PharmD/Clincial Pharmacist

Alternative Encounter Details – From Latest Feedback Request (p3)

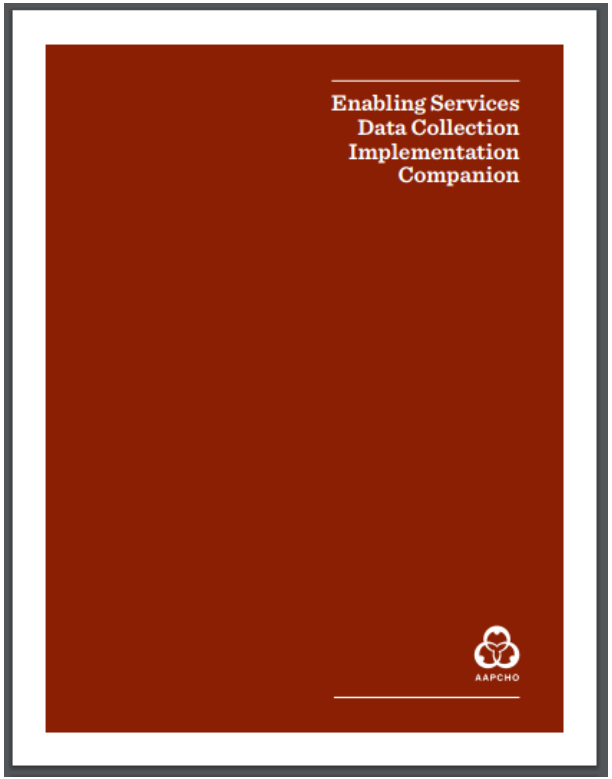
Super-Category	Category	Alternative Encounter Type
Pain	Home Services: Pain	Pain Management
	Pain Management	Pain Management
Palliative/Hospice	Palliative Care	Palliative Care
PC - Prevention	Preventive	Community Services
		Wellness
PC/BH	PC/BH	Health Education/Supportive Counseling
		Integrated Primary/BH Visits
		Mobile Clinic
		Office Visit
Virtual	Email	Email Encounter
	Phone	Monitoring
		Phone Encounter
		Telephone Services
	Telehealth	Monitoring
		Telehealth
		Telehealth (patient - provider) - real time
		Telehealth eConsult/eRefferal
		Telehealth Store and Forward
	Text	Texting
	Virtual: Provider-to-Provider	Provider to Provider
Wellness	Exercise	Exercise
	Nutrition	Integrative Medical Therapies
		Nutrition
		Nutrition Education

Resource for Enabling Services

AAPCHO Enabling Services Data Collection Implementation Companion

http://www.aapcho.org/projects/enabling-services-accountability-project/

AAPCHO



Questions?

*Remember, press *7 on your phone to **unmute** yourself. Press *6 to **mute** yourself.*

CONTACT INFORMATION

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THANK YOU!