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Alternative Visits, Part 2

CCI CP3 Population Health Management
Low-Intensity Track Webinar
Wednesday, November 30, 2016 from 11am-12pm

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

Today's Faculty

Melissa Rombaoa, MPH CHFP
Operations Strategist
San Mateo Medical Center

Dr. Carolyn Shepherd,
CP3 Clinical Director, former CMO of Clinica Family Health

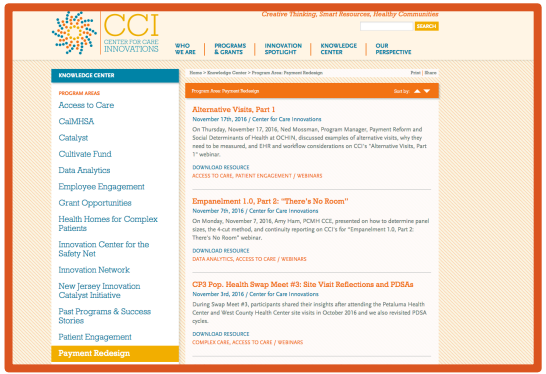
Charles Kitzman, MMI
Chief Information Officer
Shasta Community Health Center

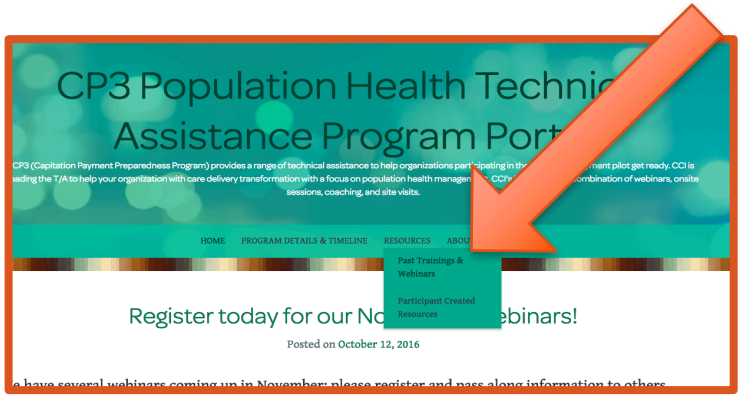
Megan O'Brien,
Value-Based Care Program Manager, CCI

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

Reminders

1. Everyone is muted
2. Remember to chat in questions!
3. Webinar is being recorded and slides/recording will be posted and sent out





Please fill out the post webinar brief survey!!

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.

What Alternative Visits Are You Already Offering?

1. Telemedicine
2. Texting
3. Co-Visits/Flip Visits
4. Group Visits/Shared Medical Appointment
5. Home Visits
6. Patient Portals
7. eConsults
8. Other??

Technology Enhanced or Enabled Care

Telephonic visits

Patient portals

eConsults

Telemedicine

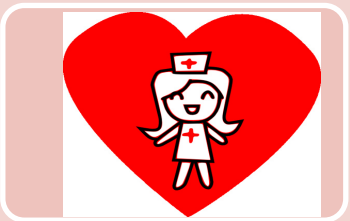
Texting

Adapted from: UCSF Center for Excellence and CareOregon Practice Coach Training, 2016

Non-Traditional Visit Models

Group Visits/shared medical appointments

Home Visits



Flip visits (co-visits)

Adapted from: UCSF Center for Excellence and CareOregon Practice Coach Training, 2016

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TELEPHONE VISITS

Melissa Rombaoa
Operations Strategist
San Mateo Medical Center

San Mateo Medical Center
A Unity System of Healthcare

San Mateo Medical Center Ambulatory Operations

14	Primary Care Practices
22	Medical & Surgical Specialties
20	Dental Laboratories
180	Exam Rooms
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

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

Staff Involved in Design & Implementatio

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!

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

Challenges

- Gathering quantitative patient feedback
- Core tenets of standard work v. pieces that can vary between sites

Evaluation

Goals:

- Improve patient satisfaction
- Improve staff satisfaction
- Improves clinic access
- Reduce unnecessary emergency room visits and hospital readmissions
  - *Ongoing evaluation over time*

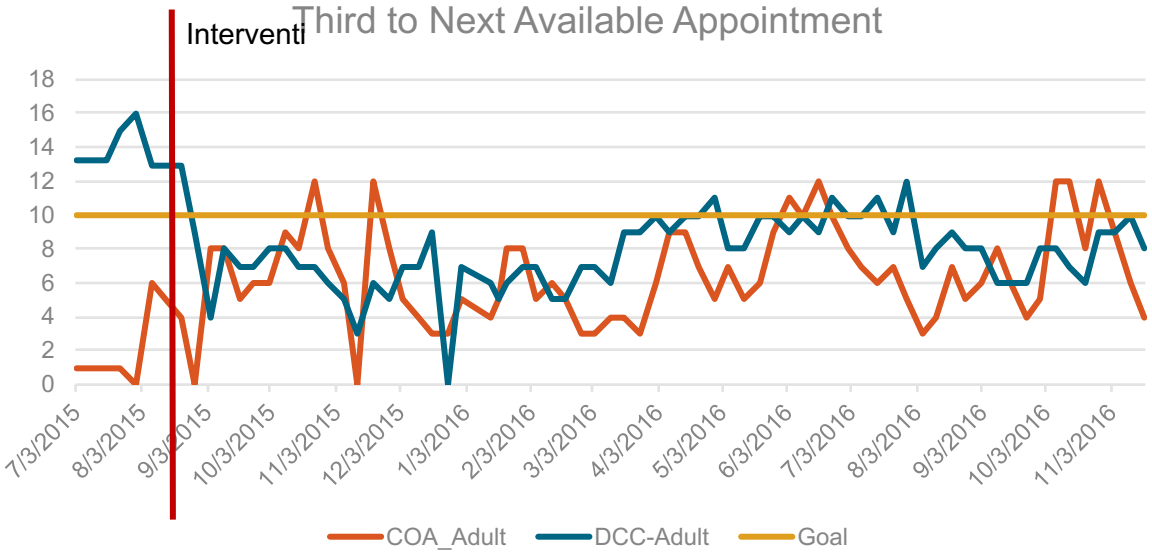
Patient Satisfaction

- 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 within X 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.
- 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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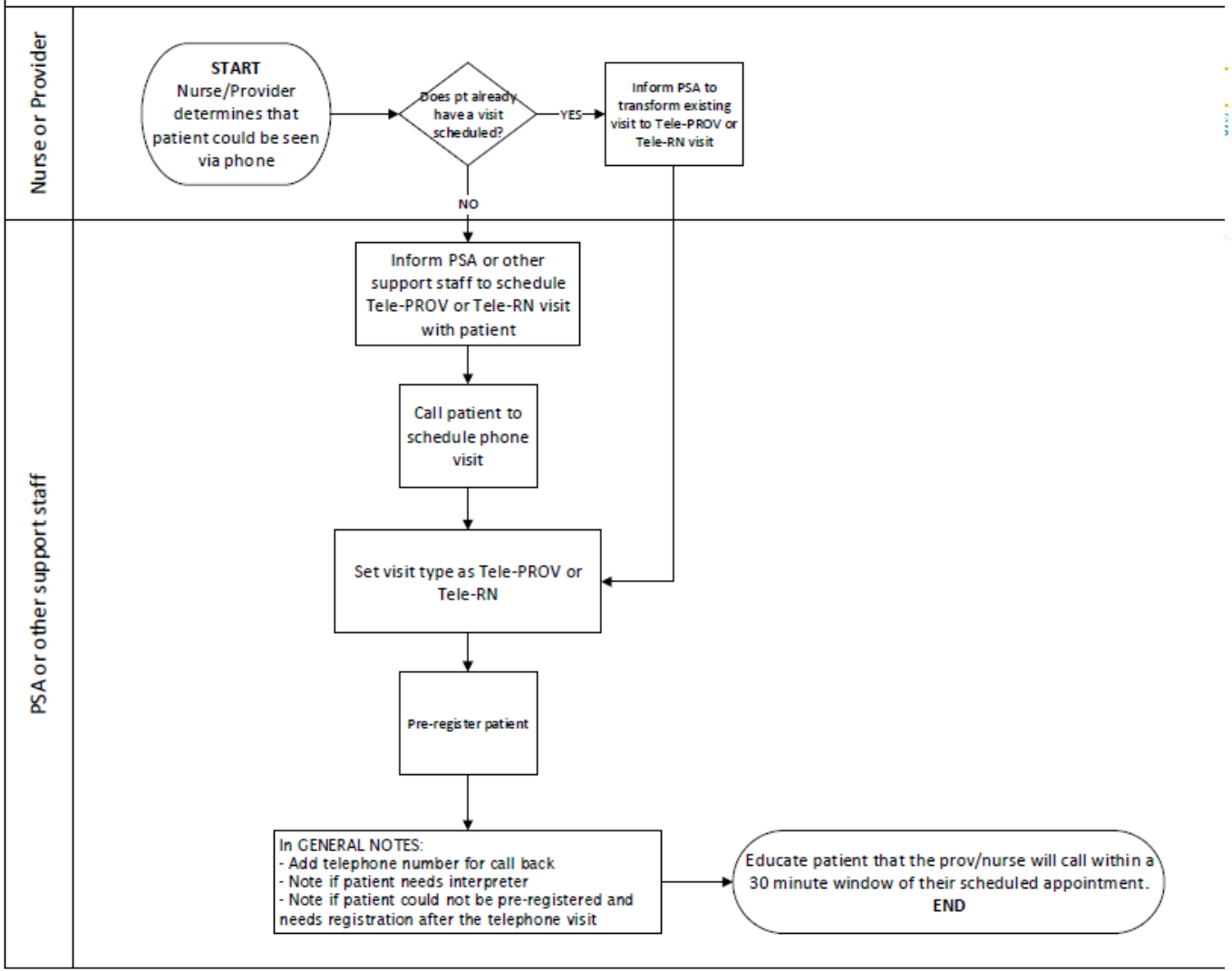
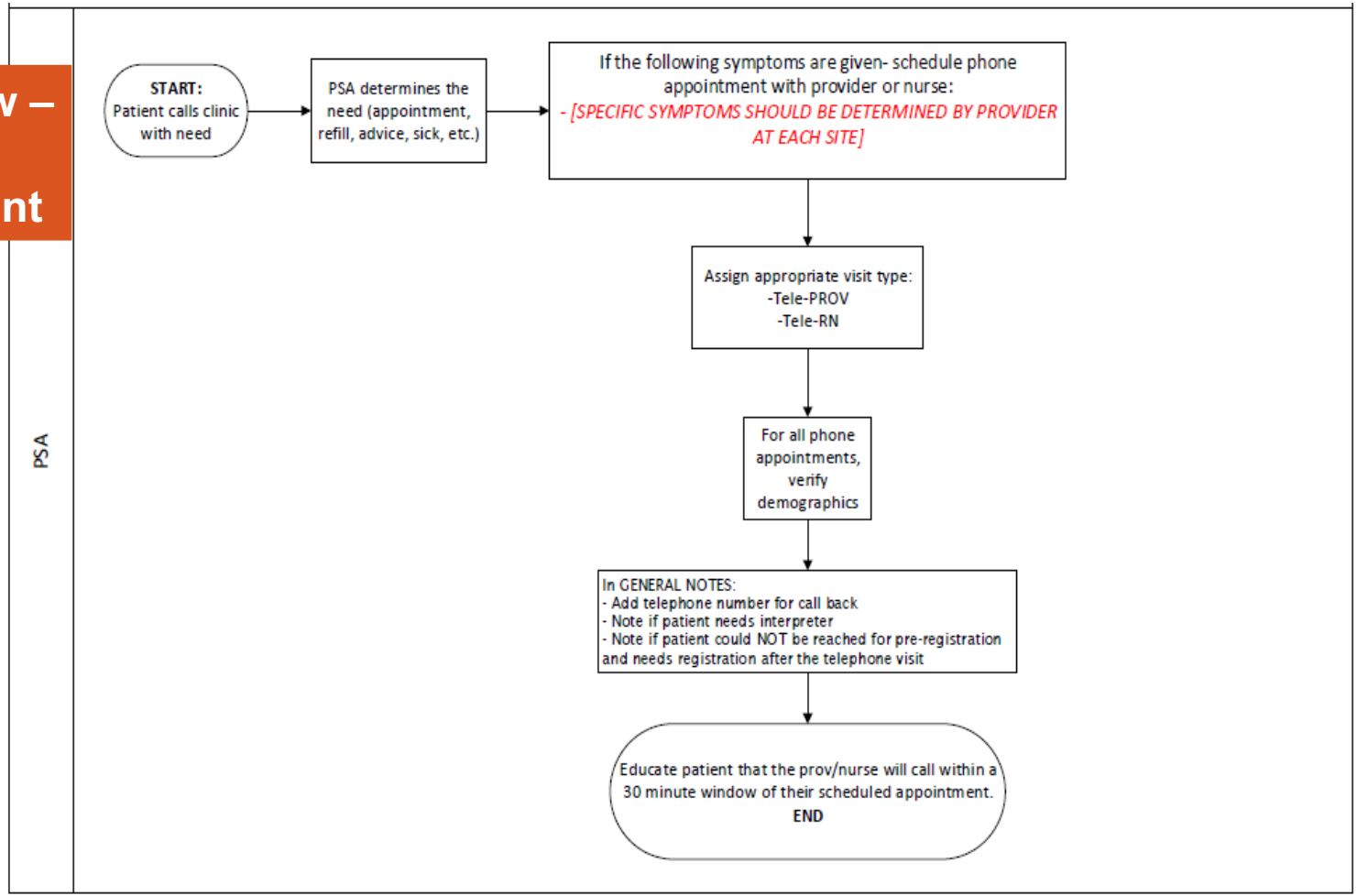
Sample Workflow – Scheduling visit initiated by Provider or Nurse

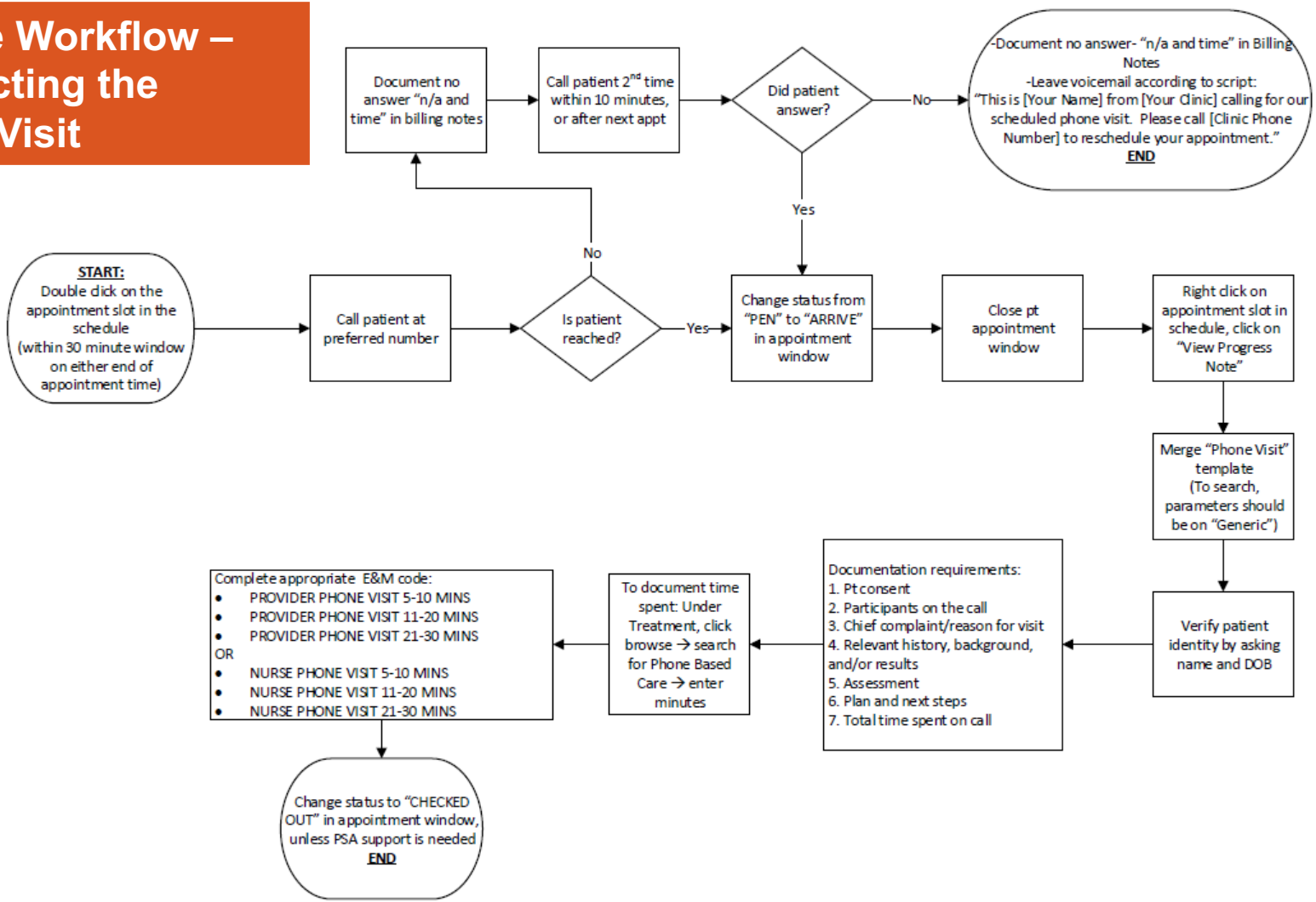


Sample Workflow – Scheduling visit initiated by Patient



Sample Workflow – Conducting the Phone Visit

Nurse/Provider



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Alternative Care: Group Visits

November 30, 2016
Carolyn Shepherd, MD

Two Group Visit Types

PBS News Hour:
https://www.youtube.com/watch?v=wPlCn5zkSys

1. **Access Groups**
   - Goal is to improve access when episodic demand exceeds supply
   - Leadership focus is on didactic education

   Ex. WCC, Newborn, Diabetes Fair for Eye Screening, Cold & Flu, Financial screening

2. **Continuity Groups**
   - Always with PCP/team

Continuity Group Visits

- Goal activation & engagement
- Care in space designed for groups
- Patients remain in group-continuity
- Target patients who are not thriving
  - Unexpected utilization patterns
  - Poorly controlled chronic disease
  - Social isolation and depression
- Facilitated group process

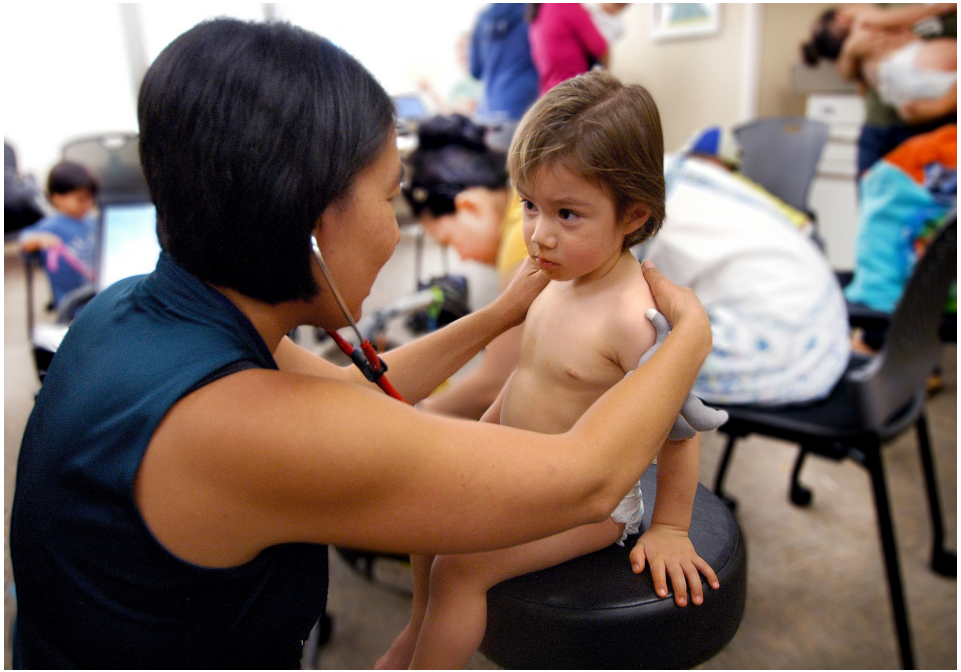
Education VS. Facilitation

- Leader is teacher
- Provider offers answers and support
- Expert opinion
- Educated advice
- Care based on provider assessment
- Provider directed
- Educational topics

- Leader is conductor
- Patients offer answers and support
- Peer opinion
- Personal experience
- Care based on patient self-assessment
- Patient directed
- Use content threads

Kaiser Study on Group Visits

- 30% decrease in ER use
- 20% decrease in hospital use/re-admissions
- Delayed entry into nursing facilities
- Decreased visits to specialists
- Increased total visits to primary care
- Decreased same-day visits
- Increased calls to nurses
- Fewer calls to physicians
- Increased patient satisfaction w/ care
- Increased clinician satisfaction w/ care
- Decreased cost PMPM by $14.79



Essential Elements

1. Teams create group visits-GV committee
2. Create, test, and apply checklist to build effective groups
3. Know what you want to accomplish- urgent, temporary need for access or improving clinical outcomes
4. Create content threads
5. Incorporate activities that engage patients-design patient self-assessments

Essential Elements, cont.

6. Create and use tools to walk you through the process-learn from your PDSAs
7. Plan how to recruit and engage the patients
8. Group visit communication plan-who, what, where, when
9. Ensure adequate staff training

Essential Elements, cont.

10. Systematize tracking of visit logistics-date, locations, clinicians
11. Be prepared for every group visit-plan and prep
12. Measure and compare outcomes
13. Ensure adequate staffing
14. Chart and bill using E&M coding framework
    -History, physical exam, medical decision making
    -Prenatal (99213), chronic disease (99213, 99214)

Why do Group Visits?

- Not because they are more productive (they are)
- Not because they are easier (they aren't)
- But because they are much better for some patients

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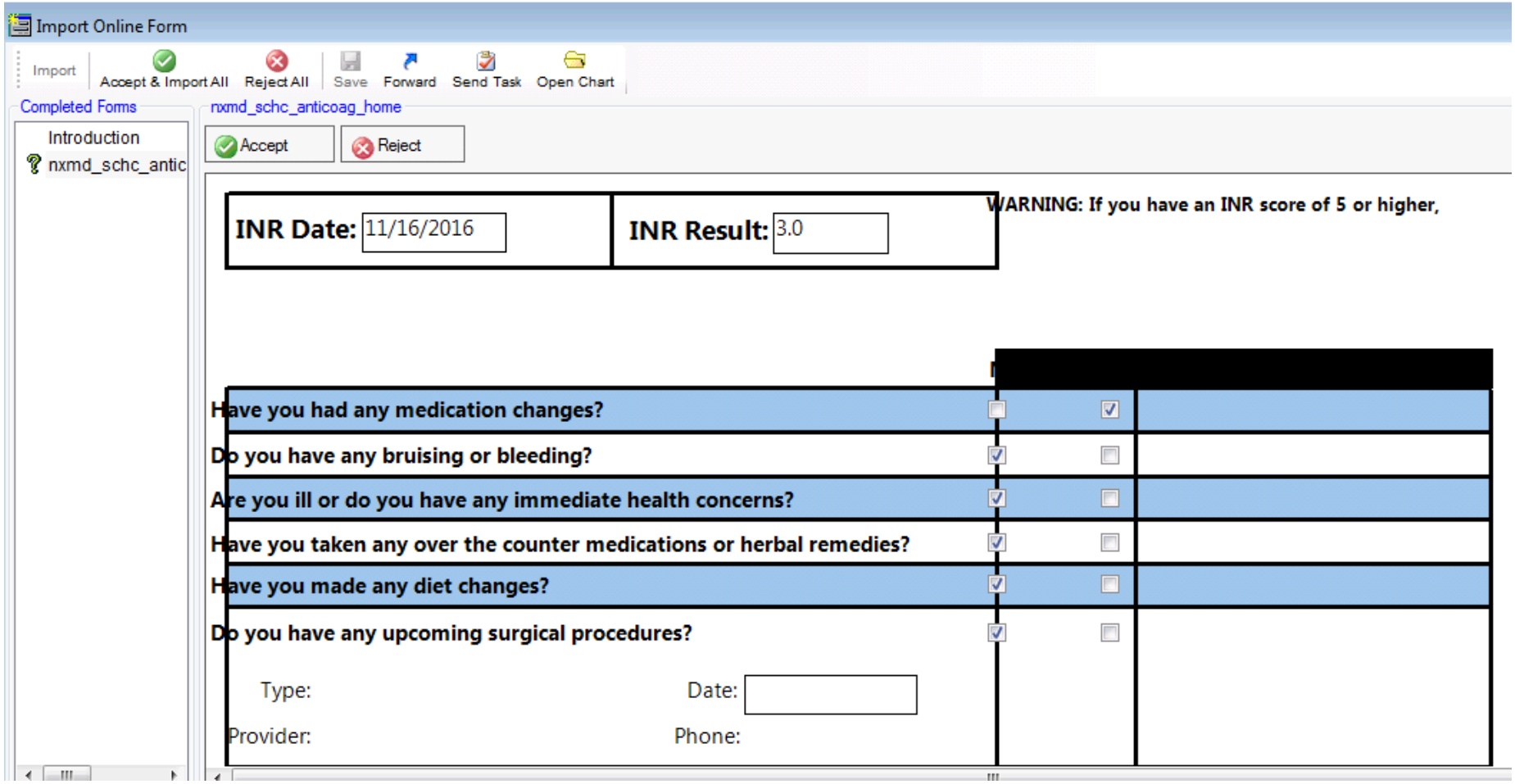
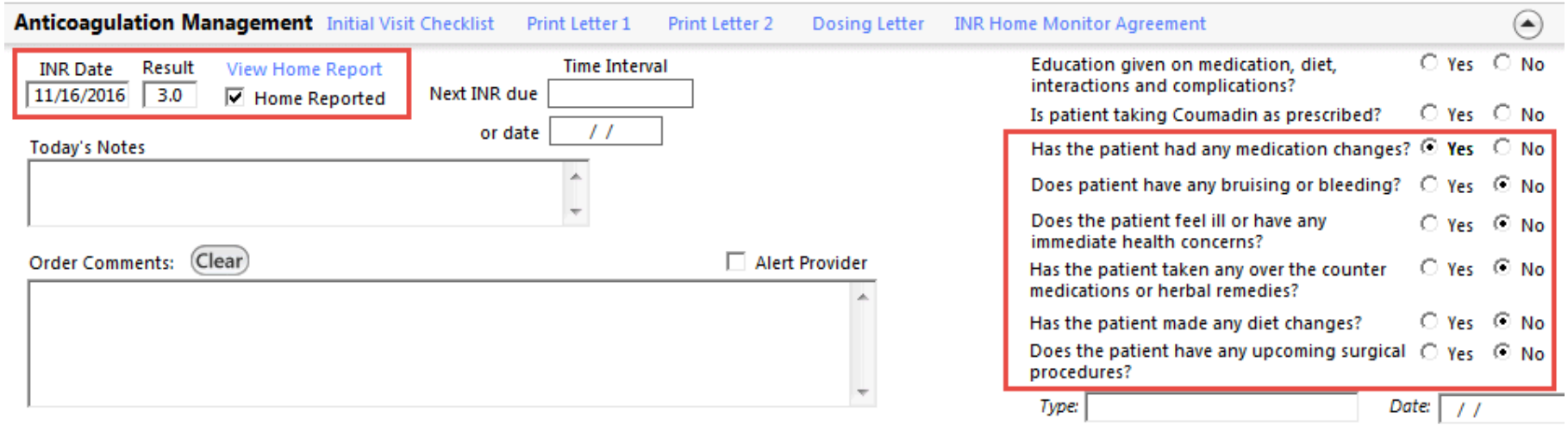
Anticoagulant Home INR Monitoring with Reporting via Patient Portal

Charles Kitzman, MMI
Chief Information Officer
Shasta Community Health Center

Alternative Visit Overview

- Shasta Community Health Center
  - HRSA Top 1% Health Center in the US. June 2015
  - Teaching Health Center – Residency/Post Graduate Fellowship
  - Complex Practice w/ High Acuity Population – 5 sites
- Anticoagulant Home Visits – Started with simple collaboration with RN for PDSA. Non-compliant pts typically have transportation/financial barriers – ER visits etc. Some payers cover home monitoring devices – wanted to build a case for PHC to cover for cost and quality reasons.


Import Online Form
Import
Accept & Import All
Reject All
Save
Forward
Send Task
Open Chart
Completed Forms
Introduction
nxmd_schc_antic
nxmd_schc_anticoag_home
Accept
Reject
INR Date: 11/16/2016
INR Result: 3.0
WARNING: If you have an INR score of 5 or higher,
Have you had any medication changes?
Do you have any bruising or bleeding?
Are you ill or do you have any immediate health concerns?
Have you taken any over the counter medications or herbal remedies?
Have you made any diet changes?
Do you have any upcoming surgical procedures?
Type:
Date:
Provider:
Phone:


Anticoagulation Management
Initial Visit Checklist
Print Letter 1
Print Letter 2
Dosing Letter
INR Home Monitor Agreement
INR Date
Result
View Home Report
11/16/2016
3.0
Home Reported
Time Interval
Next INR due
or date
/ /
Today's Notes
Order Comments:
Clear
Alert Provider
Education given on medication, diet, interactions and complications?
Yes
No
Is patient taking Coumadin as prescribed?
Yes
No
Has the patient had any medication changes?
Yes
No
Does patient have any bruising or bleeding?
Yes
No
Does the patient feel ill or have any immediate health concerns?
Yes
No
Has the patient taken any over the counter medications or herbal remedies?
Yes
No
Has the patient made any diet changes?
Yes
No
Does the patient have any upcoming surgical procedures?
Yes
No
Type:
Date:
/ /

Alternative Visit Nuts & Bolts

- Started in September 2016 – Design-Build-Test-Train-Monitor
- RN handles the training and manages the data. Patients are trained in person by appointment.
- Monitors purchased with CCI money.
- Limitations of the platform hamper the training process. (Display properties vary by browser, Routing permissions inadequate)
- Self motivated staff, patients selected by RN. Non-compliant Medi-Cal pts.

Key Learnings

- Just started last week – The patients are using the tools. Addressing issues as they arise. Re-training #1 concern.
- Use is good and we're capturing data without doing the entry.
- Lessons:
  - Assume nothing.
  - Vendor has been very open to suggestions for improving the platform, monthly check-ins.
  - Training materials – simple low literacy graphic documentation.
  - Waiting on Payer/Claims Data for pre-post comparison.

Thank you!

- ckitzman@shastahealth.org
- Cio4schc
- LinkedIn

Upcoming Opportunities

January 2017-September 2017:
Webinar & In-person workshops will focus on topics:

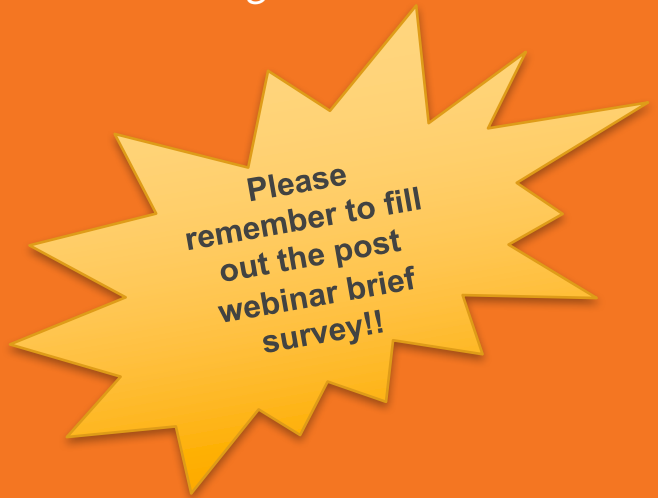
- Team-based care
- Patient engagement
- Population health management
- Empanelment 2.0

CCI's Spreading Solutions that Work Program

- Focus on leveraging technology and care teams more effectively
- Will support orgs. to implement one of 6 solutions: group visits, medical scribes, pharmacist integration, patient portals, telephone visits, and texting.
- **Applications are due Thursday, Dec. 8th**
- Program will start January 27, 2017
- http://www.careinnovations.org/programs-grants/spreading-innovations

CONTACT INFORMATION

- Tammy Fisher: tammy@careinnovations.org
- Megan O'Brien: mobrien@careinnovations.org



THANK YOU!