LifeLong Medical Care

LifeLong Medical Care
Health Services For All Ages
a california health+ center

PHLN Year 2 Project Aim

Grow the Medicare Chronic Care Management (CCM) program to 1000 enrollees by 12/31/19; bill at least 300 per month consistently by 12/31/19.

By 2/1/2020, develop and implement the first iteration of a risk stratification methodology to prioritize patients for CCM.

Measures for Success

1. Number of patients enrolled in CCM per month
2. Number of patients eligible for CCM billing per month
3. Examine current risk score data and review with clinical leadership for further feedback and refinement

Changes

Tested Changes

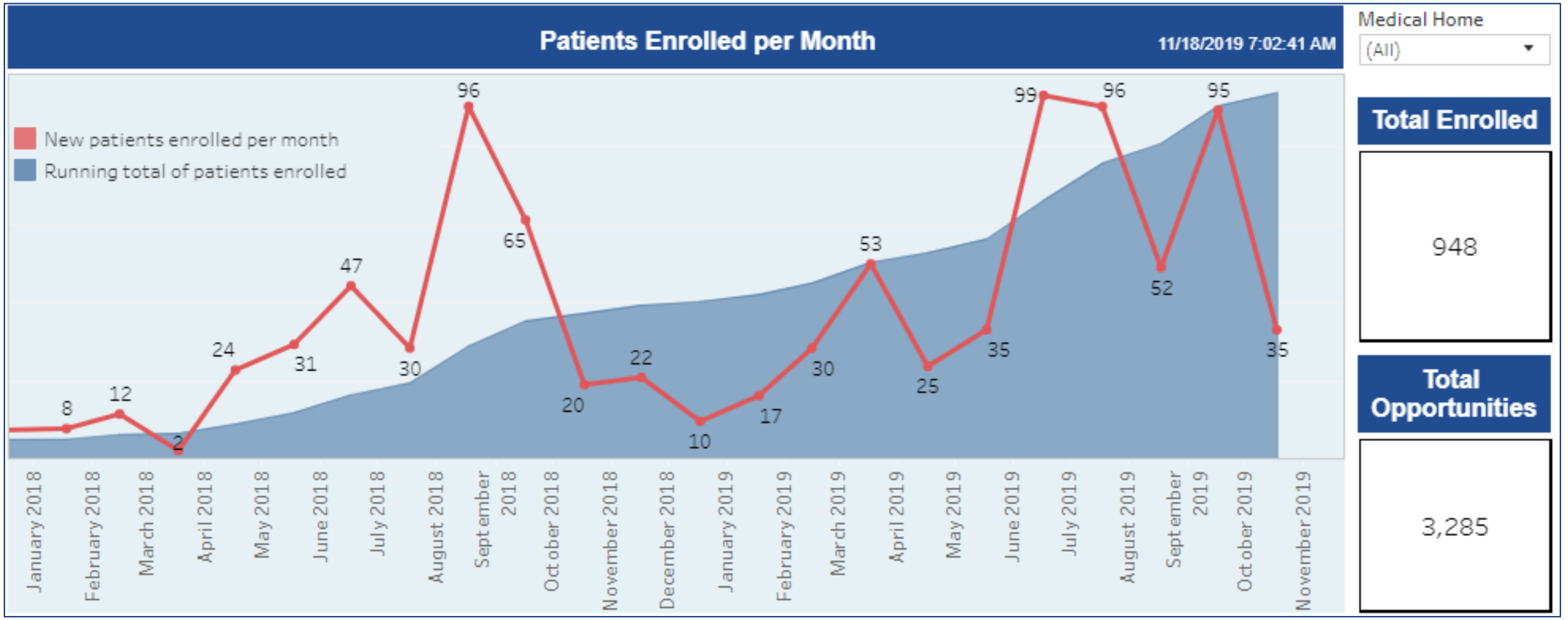
- How to train across locations to best enroll and bill for the CCM program
- How to leverage data to inform enrollment and monitor billing
- How to gain insight and buy-in from clinical staff to develop risk assessment

Implemented Changes

- Trained CCM program managers at each site to facilitate enrollment and conduct staff training
- Updated enrollment and billing process
- Conducted numerous team meetings at each health center
- Created custom Tableau dashboards to drive key program outcomes
- Informal feedback from providers on high risk patients

Using Data for Improvement

What data have you collected and what decisions or further changes have you made as a result?



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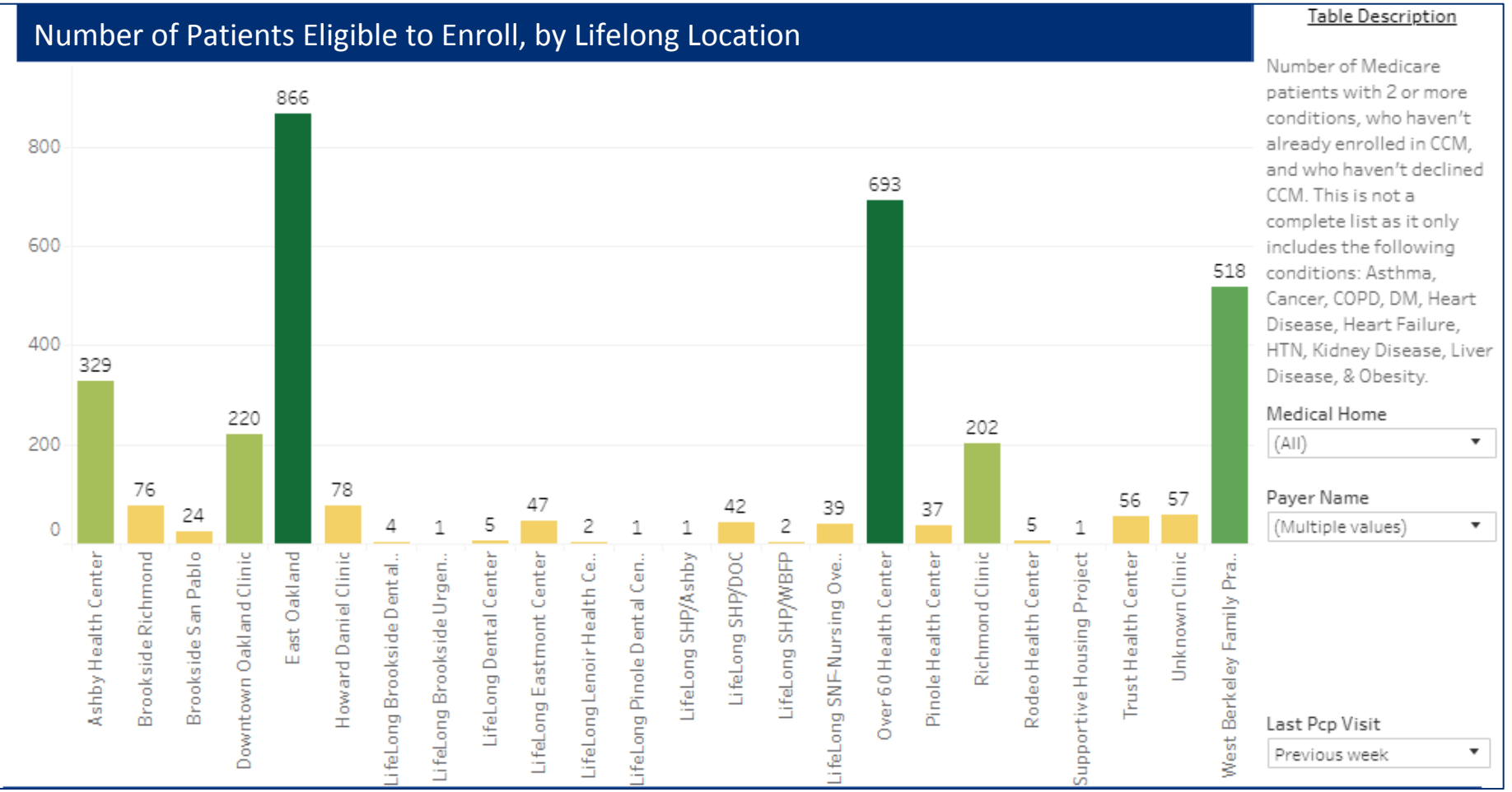

We used this table to identify the number of opportunities across sites. Staff at locations could click on their site to drill down to patient level data in order to conduct outreach or enroll patient during a upcoming visit

Using Data for Improvement

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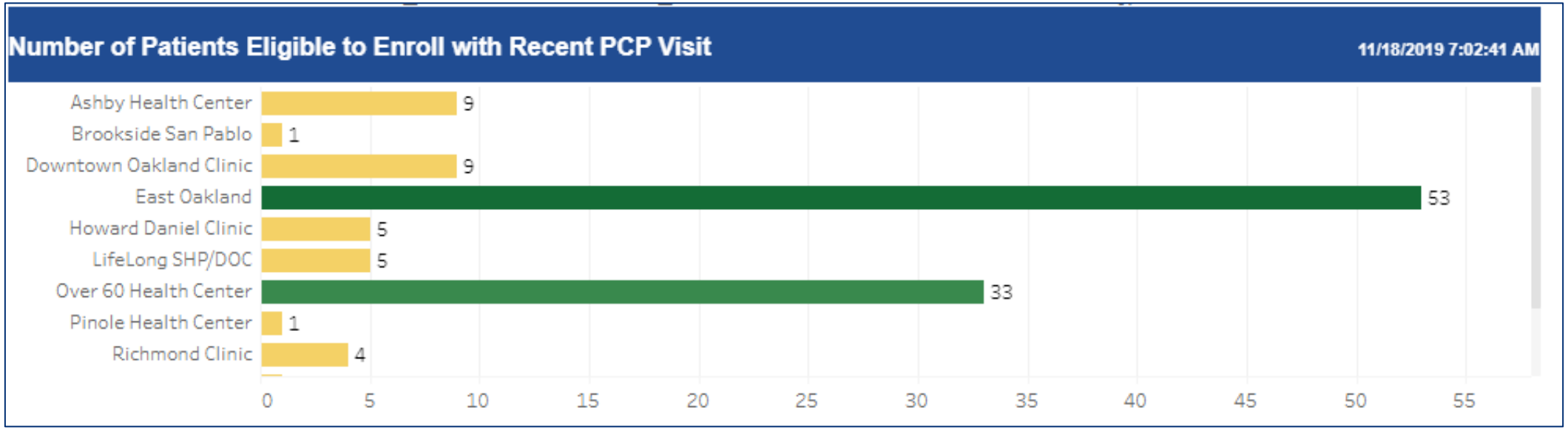
This table identified eligible patients to enroll who had a visit in the last week. This missed opportunity report could also be used to drill down to patient level data in order to follow up with patients about enrollment after their visit



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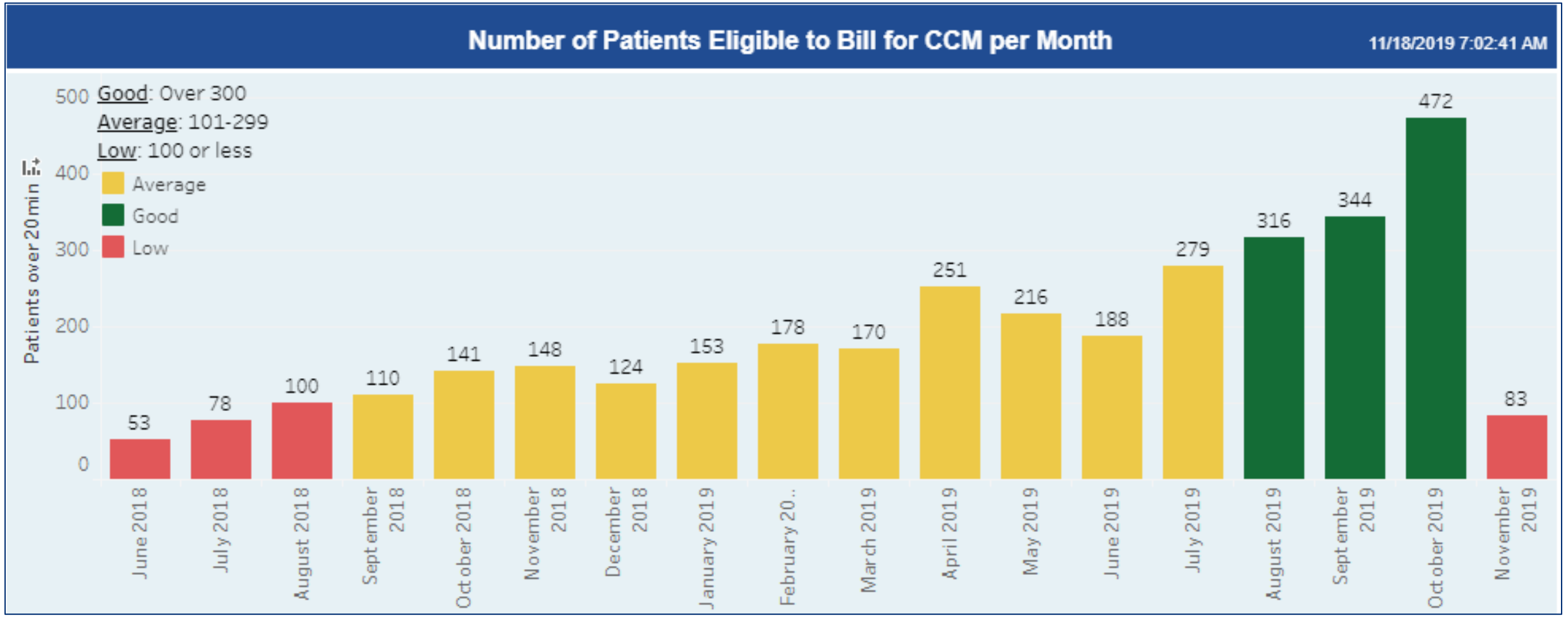

**Eligible for billing means 20 or more minutes CCM activities were correctly documented.

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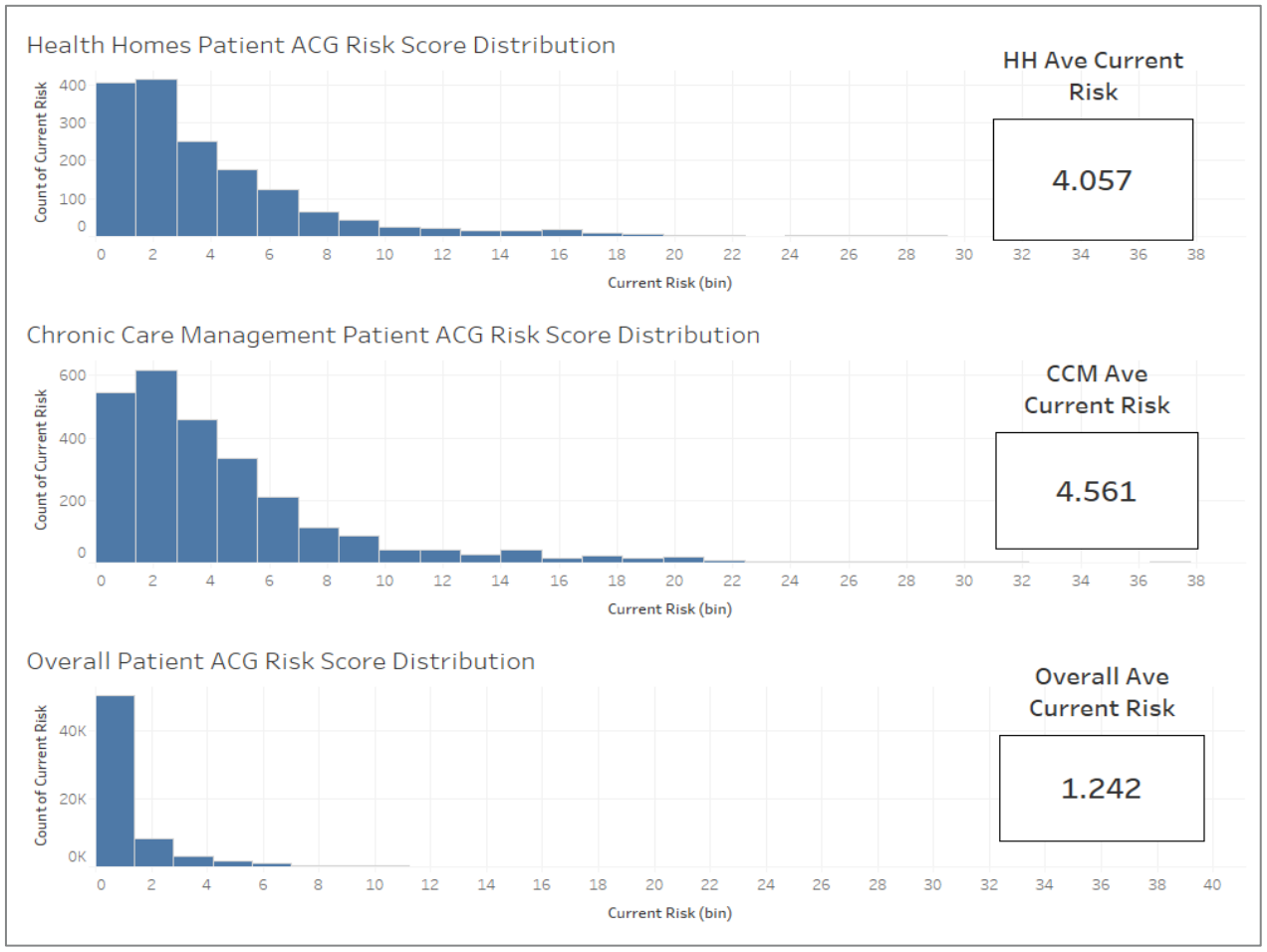

The goal with our risk score was to ID patients who would benefit from increased care or case management. We compared ACG risk scores across Health Home (HH), CCM, and our overall patient population.

Overall, about 15% of Lifelong's patient population is "high risk" (ACG>2)

We are developing new analytics tools to identify patients most appropriate for case management within the top 15%.

Strategies for Success

What strategies or tools have helped you mitigate challenges and manage your changes?

1. Staff dedicated to program success in each health center
2. Collaborating with health center leadership and staff to gain buy-in
3. Using data to highlight best practices, ID areas for improvement, and to highlight high achievers
4. Regular meetings to share best practices and continue to refine procedures

Key Tools & Resources

Created and implemented a form to expedite consent, enrollment, and care plan creation

Created a CCM overview & eligibility summary to aid in program introduction and serve as reminder for staff

Collaborated with staff to create standard workflows to aid in completing billing requirements; created materials to support auditing charts for missed billing opportunities

Next Steps

Spreading

We will continue to train and remind staff to help bill for CCM by entering time spent with CCM patients.

Train staff to document in LifeLong's new EHR as we transition to Epic.

Use Tableau to explore current data & provider feedback to formalize our risk stratification protocol.

Sustaining

CCM creates increased revenue each month which help support the ongoing commitment to the program and support other initiatives that we have focused on, such as developing a risk score and expanding patient support services.

Share regular CCM updates at site and executive level to sustain motivation.

Current Challenges or Barriers

What are the top one or two challenges you're currently encountering that fellow PHLN-ers can help you with? *Is there a specific question, curiosity or frustration you would like to brainstorm with the people listening to/reading your storyboard presentation?*

1. Transitioning CCM workflows to Epic & Gaining buy-in from staff to support patient enrollment, and billing.

2. How to best move the risk score project forward during the Epic.