



PCMH User Group Highlights 05/25/16

Slides from presentations and handouts (if applicable) are attached to email and on website (slides and highlights under PCMH User Group)

NPO Updates:

1. NPO has been notified by BCBSM that, this year, due to previous high site visit scores, no PCP site visits will be conducted for NPO, but two specialist site visits will be conducted.
2. All NPO specialists are currently being asked to sign the NPO NMHN Primary Care – Specialist Agreement to be nominated for the BCBSM Specialist Value Based Reimbursement Agreement. Later this year, all PCPs will be asked to sign as part of the BCBSM PCMH nomination process. This is being done to help set expectations and clarify roles.
3. NPO has 3 new Medical Directors, regionally based: Dr. Joel Anhalt, Manistee, Dr. Gail Gwizdala, Traverse City, and Dr. Melanie Manary, Petoskey. Dr. Diane Donley continues working on special projects.

Kathy Sterling from West Front Primary Care: Kathy shared the details of their “meet and greet” process for new patients along with how their pod system is working.

PLEASE REVIEW THE SLIDES AND SAMPLE SCRUB SHEET ATTACHED TO EMAIL BEFORE READING ADDITIONAL NOTES BELOW.

- There have been new positions added within the practice to make everything run smoothly, as well as some role changes for some of the current staff. Cost was taken into consideration prior and a committee was formed to analyze the impact this may have on the practice. Additional revenue is collected when quality scores improve as more care gaps are closed.
- Another committee came together to decide what providers want:
 - care gaps to target
 - Annual physical reminders
- Must have provider champions - Provider champions were able to test the process and relay what works, what may need changed
 - There have been many changes and revamping along the way
 - Providers noticed that they were getting out earlier
 - Improved provider workflow
 - Providers have more face to face with the patient.
- Chart scrubbing task has prevented the provider from having to search for different tests and dates because the work has been done for them before the visit.
- During initial phone call with patient, we complete a medication review. This is a way to screen for patients just wanting to come in for chronic pain med refills.
- If a patient comes in with a long list of concerns, the patient is asked: “What are the two most important things for them to have addressed on that visit”, patient is informed that another appointment may be made to have the others addressed.
- Verbal communication is still alive and well in the practice.
- Discharge staff member is generally someone different than the person that roomed the patient.
- Even though there are identified roles, everyone knows all duties, so staff can help one another.

- Tend to put licensed personnel at each pod.
- Staff initials are entered after each task.
- The new process takes approximately 7 minutes from start to finish
- Will be doing a patient survey to evaluate whether things like seeing the discharge clinical was found helpful.
- Messages in EMR go to whole pod; everyone helps with the task box – great teamwork.
- Due to the new staff that patients are suddenly seeing, they are informed that they now have a clinical team, and the clinical team concept is explained to them.

Process success stories:

- A particular physician who usually gets out late was surprised that he actually is getting out much earlier now. This provider is 100% sold on the process and feels it has really helped his workflow.
- Patient satisfaction has increased as there is more face to face time with the doctor as he/she isn't staring at the computer near as much while with the patient.

Questions:

- What is the background of the “scrubbers”? *One is a Medical Assistant and the other is an individual in MA school/training.*
- Have you seen your patient list growing? *Yes.*
- What do you do with the scrub sheets at the end of the day? *We keep them for 2 days in case provider wants to call the patient back to f/u or inquire about anything.*
- How many people do have in each position? *18 Front Staff; 22 Clinical; a Prior Auth. Clinical; Float that performs INR's, injections, etc.*
- Have you had turnover? *We have had some turnover and evaluated if it has anything to do with this process. We created a survey to look into this further. Pros and Cons (many more Pros) of this process were identified by staff to improve processes.*
- Do you bill for the orientation time with patient liaison? *No*
- Are you a MiPCT practice? *Yes*
- How are you handling chronic pain med? Patients when they do not disclose pain med usage? *MAPS is beneficial for that. It becomes provider discretion; they may refer to the pain clinic. Often, that solves the problem.*
- How do you handle a situation if a patient is out of meds, do you refill meds without an orientation appointment? *We have a PA that will see the patient that same day. We will “piggy back” that onto their appointment if needed.*
- How do you explain the liaison appointment during the phone call? *We tell our patients that here at West Front; we like our patients to come in ahead of time so that you can learn more about us and we can learn more about you and make sure that we are the right fit. We haven't had any patients feel that it is a waste of time.*
- Is anyone else doing this? *One practice asks patients to come in 30 min. prior to their appointment, if possible. During this time, a screening form is completed. Another has a similar screening form.*

2016 Meeting Dates – all meetings from 11:30 AM – 1PM:

- August 25, Thursday: Ed Worthington and Kelly Saxton from NPO will demonstrate the NPO community registry dashboards discussing practice workflow and answering questions.
- Sept 29, Thursday
- October 26, Wednesday

PLEASE NOTE: If you plan to attend the next meeting either in-person or telephonically, please either email kelliott@npoinc.org or call NPO at 231-421-8505 to RSVP. After we receive your RSVP, we send you an Outlook appointment. Please bring in parking garage tickets for validation.