PCMH User Group Highlights 11/11/2015

Slides from presentations and handouts are attached to email and on website. Slides and Highlights under PCMH User Group.

Jennifer Coleman, MHSA, FACHE, CMM, Executive Director Grand Traverse Radiology – Clinical Decision Support

Jennifer presented an update on the 2017 Medicare Requirement for High-Tech Radiology Ordering requiring use of a Clinical Decision Support (CDS) tool which incorporates Appropriate Use Criteria (AUC). Slides included.

Instead of the traditional process of obtaining a prior authorization, Medicare will be moving to having ordering providers use a clinical decision support tool. Implementation of this tool was scheduled for Jan 1, 2017, but is being slightly delayed.

- Mandates that physicians and other providers consult with appropriate use criteria (AUC) developed by medical specialty societies when ordering advanced diagnostic imaging (MRI, CT, NM, PET) for their Medicare Patients.
- Rendering facilities and interpreting physicians must provide documentation that AUC was consulted in order to be paid by Medicare.
- NPO physicians are ahead of the curve as they previously piloted a tool. Input from the NPO pilot is being used in discussions with CMS as to how to operationalize the CMS legislation.
- Would like to have more NPO providers using the tool.
- NPO discussing with payers contract that remove pre-auth for imaging and have providers utilize tool instead.
- It is provider at point of care who must utilize the tool, not staff behind the scenes. It takes less than 2 minutes to use the tool. Providers in the pilot found the tool useful and educational.
- As new radiology guidelines are implemented, the tool will be updated.
- Providers will be monitored for not using this process - they will have to go through the traditional pre-auth. process in Jan, 2020.
- Ultimate Goal: Move region away from non-uniform payer driven pre-authorization processes to a **provider led universal** clinical decision support approach for imaging services which positively impacts **patient care** and creates the opportunity to develop new **quality** based **metrics** for imaging services

Dr. Laura Hill, Brookside Family Medicine and Dr. Lara Madigan, Cherry Bend Family Care

Brookside Family Medicine and Cherry Bend Family Care received very high scores on the NPO practice level patient satisfaction survey conducted recently.

Dr. Hill:

- Run their own survey via patient portal routinely and are able to get a general sense of where their patient satisfaction opportunities are.
- Take patient satisfaction seriously and are very interested in the results. They look at trends and overall numbers.
- Received a few comments regarding the office facilities needing updated and ended up investing in a new building!
- In general, front desk staff patient satisfaction is the lowest – looking into how to decompress the front desk and reduce stress. They work with patients to help them get signed up with the Patient Portal; patient using the portal is beneficial to decreasing office stress.
- Customer service training is helpful.
- Providers review test results with patient, centered communication.

*Question: Do you find better results with mailed out survey or given at office?
Answer: Surveys are sent anonymously to portal; this works well for Dr. Hill who picks groups of patients and rotates every few months. Takes about 5 minutes to send out on survey monkey on web portal, it is free and fast.
*Question: Do you have good response to the web portal survey?
Answer: Yes, we have an 80% rate for filling out survey.

Dr. Madigan:

- Leaders in office set the tone and should model the behavior they expect to see in staff
- Patient Satisfaction results from people interacting with people
- Culture of compassion and respect in the office
- Starts from hire: look for people who care
- Try to reduce turnover with good hours, benefits, enough staff for workload, and comfortable work environment.
- Take feedback/comments to staff; be receptive to feedback
- Regular staff meetings important – good for front/back office staff to hear each other
- Name tags for staff seem to make patients like knowing name of who is checking them in.
- Patients are notified of what will happen next throughout their office visit. Provider sets an agenda at the beginning of the visit, if a patient has multiple issues to discuss, informing the patient that may not be able to get through everything at this one visit, schedule another time to come back so that all of the patients concerns can be addressed.
- Personalize care including extra calls as needed and calls after procedures/discharges. Patients are called after a procedure the next day as well as after discharge even if no appt. needed.
- Ultimately, patients/people want to know they are heard

One practice said they have patients not wanting to use the portal – Dr. Madigan says to let patients know how easy it is to communicate with practice, request Rx's, etc. through the portal. Another practice says they have a staff person who asks the patient if they are on the portal and encourages use of the portal at every visit. New patients realize that this is the expectation in that practice. Another option that is encouraged is the Healow app on phone, as it may be easier to use. Telling the patient it is free helps.

Snowbird Process

Dr. Russell VanHouzen was asked during his practice's BCBSM site visit this year how he managed snowbirds. He described his process which is included with email. He does help patients find another provider wherever they are going to make sure care continues.

Another practice said they are doing a similar process, it works well, and they find the portal very helpful for snowbirds.

*Question: How does it work for patients who need a controlled substance RX, and are gone for six months?
Answer: The patient has to find a provider wherever they are going and then that provider is responsible.

Specialist Site Visits:
NPO shared that the BCBSM site visits went well. BCBSM focused on Domains 1, 5, 6, 13, and 14 – the main emphasis was to see how well the PCPs and Specialists work together.

NPO shared a process started to help with the development of the PCMH Neighborhood. The process is that NPO PCPC Leadership is asked for names of specialists who could improve their "referral notes back to the PCP" process (including self-referrals). Those practices whose process could improve are asked to commit to improvement before their specialists are nominated for a BCBSM uplift.

A PCP practice shared that they do like the communication back from some specialist offices that an appointment is scheduled as this helps PCP practice schedule follow-up visits.

Value Based Contracting:
Marie Hooper talked about NPO's value-based contracting efforts:

- As a user group, how do we keep growing the infrastructure to move to value based contracts. How does that play out with the metrics so that it pays back in dollars?
- PCMH is the infrastructure for value based reimbursement.
- Care Management can assist with closing care gaps and improving metrics.
- NPO is doing a lot of homework with different payers.
- NPO is in a good place to start the discussion with payers.
- Availability of Care Management to all patients who need it will improve metrics.

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

- January 27, Wednesday
  - Golden Intentions – non-profit community resource for support of end of life matters (30 minutes)
  - Munson Advance Care Planning – Stephanie VanSlyke: "Let's Talk Turkey" and "Spill the Beans" (30 minutes)
  - BCBSM PCMH-N Guidelines Update – NPO (30 minutes)
- February 25, Thursday
- April 26, Tuesday
- May 25, Wednesday
- August 25, Thursday
- 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.