



## PCMH User Group Highlights 02/25/16

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

### **Ed Worthington, Kelly Saxton, NPO – ADT (slides are attached to email)**

- 90-95 % of all Hospitals in MI are sending out admission, discharge, transfer (ADT) notifications.
- The benefit of ADT messages is that it allows PCPs to always be aware of admissions, discharges, and transfers, as hospitals often do not have correct PCP information.
- NPO developed message format provides Quick Analytics, allowing you to see the last 6 months that a patient has been seen in the E.D. or has been admitted as an inpatient.
- A minimum of the last 4 digits of a patients' social security number is needed in order to receive notification as this is how patients are matched with their Primary Care Provider.
- As soon as information is sent from a hospital, this notification is sent from ADT.
- Anecdotally, patients are pleased that their provider knew what was happening to them promoting trust.
- Skilled nursing facilities are starting to send messages via ADT. NPO is starting with hospitals, then skilled nursing facilities, and then free standing Urgent Cares and Home Health.
- After ADT is live with your practice, Jennifer Kies from NPO calls to follow-up on how the process is going to determine when the related PCMH capability can be put in place.
- Next Steps: Medication Reconciliation Use Case (test case): The goal is to have hospitals send documentation of meds, procedures, etc. through the same system no matter where the patient was seen. This is in testing now, looking at the workflow and how easy it will be to input into the EMR. This information is required to be in a structured format. ADT is just the beginning, developing the infrastructure to better share information, coordinating care.

### **Q&A's**

- Is it just physicians that receive ADT notifications? *No, we route notifications to anyone with an NPI number.*
- How is behavioral health notified? *Most providers have an NPI number, and they will receive notifications to the direct email set up for ADT notifications.*
- Some practices have notifications set up to send to their regular email address informing them that they need to check for an ADT message, do we still meet criteria for PCMH use if we don't check our own email and only utilize ADT email address? *Yes, you can change settings within ADT to only receive messages via ADT email address.*
- Regarding storing information into an EMR, could it be PDF? *Yes, we are doing that with Med. Recs., there is an option of getting one or two files, and one is PDF. You have the option of choosing. Most EHR's can take a PDF.*

### **Practice Comments: What works and what doesn't work:**

- Would like to see options for what we get notified for. **Response:** Ed can filter out some information, just forward any office visit message to Ed, and he can adjust the filtering. ATTACHED to email are directions for this.
- Would rather get information once patient was home. Being able to pick and choose would be nice. **Response:** Ed will look at this to see if it is an option.
- When notification is coming from Butterworth and St. Johns, it didn't say what they were there for. **Response:** Hospitals are not required to send why a patient was admitted, and we are thinking that eventually it will be required. It is an ongoing process to refine the system.

- Thirlby shared: Someone always checks ADT messages daily. We have caught a couple of patients who were seen downstate that we would have otherwise not been aware of. We found a patient that was going to the E.D. for things they could have been seen in the office for; at the follow-up visit, we were able to talk about next time calling the office so that we can minimize E.D. visits. Ed and Kelly have set up filters so that we do not receive surgical information, etc.
- GTI shared: Every a.m. we compare discharge notes between power chart and ADT.
- West Front shared: Similar to that of GTI, compare power chart and ADT information. We have put a focus on collecting social security numbers for pediatrics. We call everyday on patients that have been in E.D. or Urgent Care. Had a patient that was seen in another hospital, when calling the patient to follow-up, they were thrilled we knew that they were seen in another hospital.

As part owner of HIE, NPO practices can make decisions of how data can help make a difference every day in how you care for your patients.

**Stacie Saylor, from MSMS– Care Management Billing (DUE TO TIMING ISSUES, Answers not yet received from Stacie but will be shared when received).**

**Q&A's**

- Who pays for ACP?
- With PCM, can you bill CCM? What can and can't be billed? Stacie will email to Kris and she will share this information with practices. Is LPN's part of Care Management for BCBSM? Kris will follow up with BCBSM on that.
- If you call a patient do you choose whether you bill as tele encounter codes or monthly care management codes? There is information in the guidelines, but will need to clarify with each payer.

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

- April 26, Tuesday
  - Care Management Panel
    - Carrie Minto, Cherry Bend
    - West Front Care Manager
    - Cherie Bostwick, Munson Family Practice
    - Tara Stone, Northern Pines

*Questions to be answered:*

1. *Practice Name, Your Name*
2. *Describe practice briefly (# of providers, type of patients, MiPCT?, any specific issues)*
3. *How long has practice been providing care management? How long have you been in this role?*
4. *How many hours per week do you provide care management?*
5. *Please describe the process in your practice.*
  - a. *How are patients identified as needing care management? What type of patients?*
  - b. *How is the initial contact made with the patient?*
  - c. *What does the first encounter with the patient look like?*
  - d. *What happens next with patient? Visits? Calls?*
  - e. *What is documented in EMR by whom and how often?*
  - f. *How and how often is physician updated/consulted?*
6. *How long is a patient in CM? How is CM ended?*
7. *What does your average day look like? How many patients seen? Called?*
8. *How many patients are actively in CM at a time?*
9. *What resources (community, personal) do you see patients need most?*

10. Which payers are being billed? Is the Medicare TCM being used?
11. What has been your most gratifying success story?
12. In a perfect world, what would you like to see? (This is a chance to throw that wild idea out there!)

- May 25, Wednesday
  - Heather Gould and Kathy Sterling from West Front will share how their pod system is working and the details of their “meet and greet” process with new patients.
- 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](mailto: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.***