



## PCMH User Group Highlights 1/29/2015

Thanks to all who attended in person or via dial-in.

### **Progress Note Organization, Action Plans and Planned Visits: Dr. Abbigale Wilson, Bay Area Family Care**

Dr. Wilson's slides are very informative and detailed (and do include the link for the silent click mouse mouse)! Please refer to the slides for the best meeting overview.

Some other points:

- Think big, act small!
  - When planning processes, focus on the time that will be saved moving forward by streamlining processes now.
  - Designate an ecw champion in the practice; that person can make templates public.
- Eye contact
  - Has monitor on wall with wireless keyboard and silent click mouse
  - Use the efficiency tips below so that eye contact can be maintained
  - Important to actually see whether patient is understanding directions
- Efficiency – goal is to be done at the end of the day on most days: progress note done (not necessarily signed) when patient leaves with an action plan for patient completed
  - Use built-in spell-check in EMR
  - Set up macros for phrases (even paragraphs) that are used frequently to reduce typing.
  - Include in EMR pictures of skin conditions or foot ulcers, for example; very helpful to put pictures next to each other to compare progression. Can use wireless camera/phone.
  - Can set alerts that patient needs more time so schedulers can see and accommodate
  - May need to limit patient to a couple of diagnoses not the entire laundry list to keep visit time reasonable
  - Can use interoffice messages during visit to have MA, for example, look for the colonoscopy report so physician can focus on visit
- Planned Visit
  - Team-based care (using everyone to the highest level possible) can make a planned visit very efficient.
  - MA or front office can review record for planned visit up to a week in advance; her practice does a couple of days before
  - Her practice does have an MA assigned to a physician
  - MA spends ideally 7-10 minutes with an established patient.

- Summarize with patient at end visit for each diagnosis; front office prints visit summary for patient
- Sends telephone encounter to MA for later follow-up call if needed (or can set an action)
  - Can also set actions for shot series, patient reminders for protime compliance
- Action Plans
  - Use of documented action plans is also helpful when physicians are covering for each other to communicate information.
  - Patient receives action plan with tips (links to websites, videos, for example) when leaving visit
  - Some practices have patient sign plan to increase patient accountability
  - MA can also discuss plan with patient
  - Action Plan example:
    - 3 Goals and timeline:
      1. Want to hunt with grand-daughter in fall
      2. Want to lose 200 pounds in a year
      3. Want to walk without pain
    - 3 Obstacles
      1. Can't exercise because feet hurt
      2. Eat too much
      3. Lose motivation
    - Ways to overcome obstacles
      1. Treat foot pain so can exercise
      2. Track calories eaten
      3. Put up picture of grand-daughter in kitchen so remind myself why I am doing this

## Questions

- How to handle patient who is here today, then next week calls for refills?
  - Could ask patients to bring all meds to every visit and check refill needs – this is very helpful and is another chance to review reasons for each med with patient
  - Have the MA call the pharmacy when patient is there
  - Ask patient to have pharmacy set reminder phone calls for them
  - Another practice suggested that lining up refill frequency with patient annual visits works very well
  - “Train your patients to be accountable for their meds
  - Another practice suggested centralizing med refills to one staff person (along with pre-auths and referrals) is very efficient and is a staff satisfier
- What would you say to a physician or staff member resistant to action plans?
  - I would ask what they are doing now. If they are doing a treatment plan, they are doing most of the work, just need to change the documentation a bit.

We are very grateful and appreciative for the time and information Dr. Wilson and the Bay Area staff gave us today.

### **NPO Updates: Kris Elliott**

Three topics were covered:

1. Advance Directive Errors seen at Munson when practices/patients send over an Advance Care Plan to Munson for scanning into PowerChart:
  - a. Health care agent(s) that have not had enough discussion with the patient to be able to speak for them
  - b. No health care agent signature(s) on the Health Care Agent Acceptance page (page 11 of the Five Wishes form)
  - c. Patient's signature is not witnessed
  - d. No patient signature
  - e. Sending of the original, not the copy, to Munson
2. NPO will be conducting two physician mailings shortly:
  - a. Quality Measure Summary – a physician reference of the Quality Measures payers are using
  - b. Choosing Wisely – the NPO Quality Committee directed NPO to work with MSMS to have developed no-charge webinars regarding Choosing Wisely for physicians which provide CEUs. The mailing will include webinar information, Choosing Wisely recommendations for their specialty's professional society, and an example of a corresponding patient handout.
3. Win a prize! NPO is providing prizes to those who watch NPO provided videos and answer a question correctly. Please watch the NPO newsletter for details.

### **Next Meeting**

#### **February Meeting:**

- 2/25/15 Wednesday 11:30-1P
  - NPO will be presenting updates to BCBSM PCMH Guidelines and Quality Measure Updates.

***PLEASE NOTE: If you plan to attend the February 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.***

#### **2015 Future Meeting Date/Times:**

- Apr 28, Tuesday
- May 28, Thursday
- June 24, Wednesday
- August 27, Thursday
- Sept 29, Tuesday
- Oct 28, Wednesday