



## PCMH User Group Highlights 8/21/18

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

### **Announcements from Kris**

1. All practices present at meeting and who dialed in have earned PCMH Designation.
2. NPO will again provide gift cards to recognize practice staff for good work and contributions made to implement PCMH. Great job!
3. NPO earned 15% additional incentive from BCBSM for being identified as one of the lowest cost POs in the state of Michigan—the new maximum incentive that can be earned. BCBSM increased it this year up from a 10% maximum previously.

### **2018 Site Visit Learnings**

- Kris shared BCBSM was very pleased and impressed overall with the work the practices are doing. Were seven site visits total; five were PCP practices and two were SCP. Visits much shorter than in previous years and conducted conversation style. Of more than 254 capabilities checked, only three capabilities deemed to not actually be in place.
- Care Managers asked to share how they identify CM patients, about process and patient successes and if they follow-up with pts. by phone or visits between PCP visits.
- BCBSM expects processes to be updated and/or improved yearly, so BCBSM Site Visit rep looked at the Domains listed on pages 6-8 of the associated slide show available for the 8/21 meeting.
- PUs given 30 days to prepare for a site visit.

### **PCMH Requests**

- NPO PCMH Specialist Sharon Lassila has 150 practices with whom she works for PCMH. Timely return of PCMH requests helps eliminate the need for frequent or long monthly meetings with each practice to review that capabilities are on track.
- NPO aims to get request sent out early in the month and does not send requests for a couple of the busier months (i.e. in July or during ACO GPRO collection). Monthly requests help avoid potential for a practice to be several months behind on reporting. It also helps NPO with tracking. NPO does not always know what the request will be three months out to do quarterly.
- NPO bases selection of capabilities for monthly reporting on:
  - Questions asked by BCBSM Site Visit reps during site visits.
  - Payer phone calls, webinars or other Practice phone calls to NPO
  - Observation onsite at a Practice of a process being completed differently than expected.

### **Comments about the role of the PCMH Specialist:**

- One Practice shared that for them, the request process has been great; Sharon's prompts are a preferred alternative to starting processes from scratch.

- Having Sharon attend the site visits and report back on BCBSM's interpretation of requirements, provides an opportunity for Practices to "tweak" processes before a site visit some said.
- Practices echoed that Sharon's requests provide a "safe" outlet for questions prior to an actual site visit, which can be "scary."

**Michelle Anderson** of Traverse Bay Internal Medicine presented what her Practice learned after being selected for a site visit.

- **BCBSM site visit rep reviewed Domain 1** (*How can a patient can identify the practice is PCMH and what PCMH means to the patient?*) TBIM supplied a laminated document which communicates expectations a patient can have of a PCMH practice and the expectations the practice has for patients.
- **Michelle shared non-required processes and tools TBIM uses**
  - PCMH Contract pts. sign for education about calling TBIM before going to the ER etc.
  - Color-coded flowcharts for staff member roles to help keep processes organized.
  - A schematic representing common elements of a Planned Visit
  - A written document establishing Variations of Appointment Types and what's involved with each. Staff use this document when making reminder calls to explain to a pt. what is needed from them for each visit.
  - The Running Clock feature in eCW helps TBIM track wait time and time spent in an appointment. Color coding on time transitions helps them improve their efficiency in processes.
  - A MQIC Binder that is distributed to staff with updates tracked for completion.
  - Really good visuals = their Pt.-specific Flowsheets created for five major disease states, each configured to contain dates on labs, vitals and meds so they can be used at the point of care
  - Health Maintenance Data section available at the point of care is configured to provide a run-down list of a patient's preventative services by date
  - CDSS alerts are color coded
  - Pt.-specific alerts are set and used frequently. They show up in their patient Hub section.
- **BCBSM Site Visit rep reviewed After-Hours Care** (*How do you direct your patients to it?*)
  - TBIM Care manager follows up on ER visits to educate about when and when not to use ER. Frequent flyers to ER may be asked by CM to schedule an episodic care management appt. to form a plan going forward. Sometimes just the request to come in to meet about it is enough to curb the problem Michelle said.
  - Patients were sent a mailing to introduce a new provider hired who provides for additional after-hours care
  - TBIM turned off the ability for a patient to leave a message after hours in hopes that it would force the patient to call a provider verses wait for someone not present to return their message. Pt. portal is still usable, but it is not for emergencies.

- A simple After-Hours Business Card was created with the phone numbers to call, found at the front desk, checkout, in new patient packets, and with the Care Manager. More than 1,000 were distributed. It has increased calls to their providers after hours.

### **BCBSM Site Visit rep reviewed Community Resource use**

*(How do you identify high-risk community resource needs?)*

Michelle described her patient population and how it differed while acknowledging there are needs such as caregiver stress. BCBSM commented it was good she didn't report were no high-risk needs. She reported the needs they had.

*(How do you follow-up on community resource referrals?)* Any time community resource info is given at TBIM, the info given is scanned into the chart and Michelle uses a structured data field to track it (in preventive medicine). Staff member who distributed info is assigned an "action" for follow-up. \*Gap doesn't have to be closed, just documented that follow-up attempt was made.

### **BCBSM Site Visit rep reviewed Transition of Care plan**

*(How do you coordinate care for snowbirds?)*

TBIM has a schematic for an "Exit from Area appt. (last appt. before pt. leave town).

Every identified snowbird is provided a binder with a form for tracking out-of-area visits, specialists appts and procedures. It contains an overall medical summary and progress notes. Binder is reviewed at a "Return to Area" appt. in the spring. Chart is updated.

Plans to make similar binders underway for travelling college students.

### **Duckies in a row**

Michelle also noted that the BCBSM Site Visit rep thoroughly reviewed training logs for signatures.

### **2018 meetings dates and topics:**

- **Wed, 9/26/18**
  - **Mistie Atkins from Munson Family Practice will demo what the practice's daily huddle looks like so you can see how it actually works.**
  - **Marie Hooper, NPO, would like your input on the New Vital Sign (150 minutes of activity) and next steps**
  - **Practice input solicited on topics for future meetings**
- **Thursday, 10/25/18**
- **Thursday, 11/29/18**