



## PCMH User Group Highlights 9/26/18

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

### Announcements & Introductions from Kris

1. Munson Family Practice and Thirlby Clinic were recognized for their participation in separate BCBSM video features about PCMH care coordination. Executive Director Marie Hooper congratulated these practices for representing Northern Michigan well, noting the videos included several familiar faces.
2. PCMH Designation window clings from BCBSM were mailed to designated practices this week.
3. Bryanna, NPO, handed out Thank You gift cards to PCP Practice Managers. Kris noted that NPO calculated card value based on the number of providers at each practice.

“This is a thank you for all the work you do,” Kris said. “This is ‘We hope you use this to recognize staff and their contributions, because without those frontline people— those MAs and those nurses— PCMH wouldn’t happen.”

PCP practices not in attendance had (by 9/27) their card mailed, and NPO invited PCP PCMH practices who did not receive a card to notify NPO.

Kris talked about Practice VBR; Physicians can earn anywhere from 0 to 150%

Some of what comprises the 150% total:

- As part of BCBSM’s new tier system top low-cost PO performers such as NPO were rewarded with 15% versus 10% in previous years.
- A Practice can earn CQ-VBR (Clinical Quality VBR) from 0 to 15%
- 5% for delivering PDCM and hitting the initial target of percentage of pts. seen.
- New Advanced Practice incentive was available this year for those demonstrating a higher percentage of patients served by care management

Statewide, there are 15% of PCPs in the PGIP program who did not receive any VBR, Kris showed on a graph (See attached). Statewide, only 1% of PCPs received the 50%. NPO is out performing other PCPs in the state.

“You should be very proud of this,” Kris said.

**Mistie Atkins, Practice Manager of Munson Family Practice (MFP)** presented on huddles, to show how easy it is to implement to keep staff updated and involved without the use of larger, longer, meetings. Mistie identified huddles as “part of the culture” now for her practice, who initially she said wasn’t really on board.

Mistie simulated a huddle with Care Manager Cherie Bostwick and Quality Incentive Coordinator Mary Stoops. Mistie also provided some tips her practice has learned; huddles are opportunities to present consistent messaging.

## TIPs

- MFP uses huddles for many things, including quick updates, staffing reports, FYI and safety reminders, quality measure refreshers, and the invitation to brainstorm for the upcoming weekly meeting they have on Wednesdays. There are also separate team huddles with the providers and staff at the start of each half day to go over patient info.

Mistie shared that, previously, the staff all got together for a weekly meeting, which lasted about an hour and covered the whole week's topics.

"I'd have a list of 20 to 30 things I was going through, and I'd lose the staff after about five minutes", Mistie said.

- Huddles are scheduled on the collective staff's calendar to appear as an appointment
- Executive, "higher up," staff are invited to attend on a quarterly basis to lend support and answer questions.
- Do trial huddles to determine your practice's best time of day to conduct. 2:20pm is MFP's "sweet spot."
- Consistently conduct huddles (MFP does daily), with presence of the whole team involved a goal.
- Different people can take on the huddle lead role each time. It should be a simple process.
- Make it fair; create a rotation so that people who attend the huddle and the people who hold down the fort with patients during it, are not always the same people. About 10 different people attend MFP's huddle.
- Pay close attention to the time. MFP's 10-minute Huddles are daily and practice operations don't stand still during.
- Create a huddle board to physically display the huddle topics covered so those unable to attend won't miss out on any valuable info or can add info. The board also is a place for team members to post topics they'd like to see covered in the huddle, positive motivational quotes, safety topics and education.
- Appoint someone to take notes so they can compile a short summary recap of each daily huddle. Send these out to regular staff by e-mail. Send the week's-worth of recaps out to all staff (physicians and secretaries etc.) by e-mail each week.
- Prior to distributing the collected minutes, have team members who spoke on certain topics review their portion of the summary for accuracy.
- Concerns/Issues are sometimes constructively brought up at huddle as later topics to revisit at the weekly meeting. If a concern report is going beyond the scope of a huddle for discussion, Mistie says a good transition or redirect phrase is "Let's discuss this offline after the huddle."
- Staff will bring laptops to huddle to keep an eye on when a patient has arrived so that serving patients remains the priority.
- Huddles are used to foster staff comradery; people who work in different parts of the building can have facetime. Drawings or games they will play that week are sometimes introduced to keep the day light. Can share treats.
- Care Manager Cherie has provided pointers for dealing with work stress to help staff

MFP also has a once-quarterly clinic meeting that acts as an extended huddle with about 50 people in attendance. It lasts about 90 minutes, includes lunch and the office is closed during it. This meeting involves updates from each team.

**Possible topics for future PCMH User Group Meetings suggested by attendee:**

The flow of Transition of Care processes

Behavioral Health options for practices

Team building ideas

Community service fair

**Bryanna/ Marie presented on The New Vital Sign**

(Displayed two posters depicting the goals of 150 minutes of physical activity a week for adults and 60 minutes of physical activity a day for adolescents).

Bryanna- Advisory Committee has purposed several ways to engage patients and the community into adopting the concept of regular walking to promote health vitality, but they also felt they need to engage practices first, Bryanna shared.

Marie-To do this, the Advisory Committee has proposed a competition between practices to help get the word out to staff in preparation of a later community debut for the campaign.

NPO-CIN's goal for this practice involvement is to grow the accountability of practices for the health of staff in a fun way.

Gauged practice feedback on having a related health competition between practices

The Advisory Committee is made up of people in the community, members from both ACOs, and practice Grand Traverse Ophthalmology Clinic who spearheaded the competition idea, Marie said.

The committee has talked about having a race or community walk down the road to spark The New Vital Sign campaign while engaging and rewarding the public. The event could be sponsored so it opens participation to all as cost would not be prohibitive.

Practices interested in a competition are invited to contact NPO Project Manager Lisa Nicolaou at 231-421-8505 or by email at [lnicolaou@npoinc.org](mailto:lnicolaou@npoinc.org)

**2018 meeting dates:**

**Thursday, 10/25/18**

**Thursday, 11/29/18**