



PCMH User Group Highlights 1/22/19

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

PLEASE REVIEW SLIDES AS THEY ARE NOT ALL REPEATED BELOW – just highlights

2019 PCMH Updates:

- **Please review the Slides titled “NPO PCMH updates 2019” for information regarding retired capabilities, new capabilities, and capability clarifications. The information below is what was discussed in the meeting, not the general slide content.**
- **All capabilities must be proven**
 - All capabilities that require training: must document training (staff meetings, huddles etc.) at least once/year. Do not want to see staff signatures one week before a site visit. **(Keep the content of the meeting to show what you discussed!)**
 - **PLEASE use the guidelines to look at what is required during site visit- located at the end of each capability description.**

New Capability 1.11 Practice has a regularly scheduled in-person new patient orientation that is distinct from a regularly scheduled visit, to set expectations about being a patient within that practice, and provide education about the value of a patient-centered medical home model.

- NPO will ask BCBSM if the person conducting new patient orientation can be someone other than a Mid-level provider or nurse.

Mistie Atkins, CMA (AAMA) Practice Manager for Munson Family Practice was at the meeting and when the group started asking questions about this capability, Mistie discussed the practice’s process and the benefits the practice has seen.

Questions:

- **Do you find value in this capability?**
 - *New patients schedule a one-on-one appointment with MFP designated staff member prior to scheduling the appointment to see the provider.*
 - *This type of appointment is available 3 days/week and a designated staff member is booked M-F 8-4 to meet the need. Walk – in patients can be accommodated if time permits, otherwise they will be scheduled to return for this appointment.*
 - *Expectation about attendance and no show to this specific appointment is discussed*
 - *If no-show to this specific appointment the patient will not be scheduled to see a provider unless approved by manager. Manager takes individual consideration into account.*
 - *Best opportunity, to have up front discussion about office processes, expectations and to orient the patient to the practice and to discuss PCMH.*
- **Benefits:**
 - *Decreases no show rates, helps eliminate “Dr. shopping”*
 - *Gives patient an opportunity to evaluate if MFP is the right fit for them.*
 - *“starts relationship off on the right foot”*
 - *Takes the pressure off staff to give this info. during busy times*

- *Better discussion about PCMH*
- **What is discussed or reviewed?**
Patient folder with check sheet used:
 - *Front desk check in completed including sign-in to patient portal, Social Determinants of Health Screening (Community Resource screening)*
 - *Tour of facility*
 - *Domain 5, open access and appointments reserved for same day scheduling*
- **Can this type of visit be billed?**
 - *Not known, at this time the practice is not billing for this appointment*

New Capability 1.12 Practice establishes a Patient and Family Advisory Council to better understand patient and caregiver perspectives, and how those perspectives can be used to optimize patient care.

- NPO CPC+ practices participate with this capability
- It is a step beyond the patient satisfaction survey.
- A group of patients, (customers) get together quarterly to give direct feedback and how the practice processes are working for them.

New Capability 2.22 Registry is being used to manage all patients with: Pediatric autism

- *There will be a little flexibility on what type of follow-up needed depending on where the child is in the Autism spectrum disorder*

New Capabilities for Care Management 4.24, 4.25, 4.26, 4.27:

- NPO Note: NPO can show its work to meet the capabilities.
- If chosen for a BCBSM site visit, a discussion of how the NPO distributed information is used and documentation will be expected.

Deb Schepperly, Care Coordinator of Thirlby Clinic, an Internal Medicine practice, enthusiastically discussed the history of and current Care Management processes at Thirlby Clinic which now include Integrating social worker and Behavioral Health and the huge benefits to patients the Thirlby Clinic providers and staff have seen.

- *Beginning stages: Providers had a difficult time buying in to this new process*
- *Started CM 5 years ago. Had an RN but she was working a little more on the social worker side and practice had a hard time defining her role. RN encouraged Thirlby to hire a social worker.*
- *Thirlby sought out Adaptive Counseling and Case Management, LLC to inquire about hiring a social worker, which has turned into a full-time job at the practice.*
- *New Social Worker had experience in the hospital setting with patients in drug addiction rehab.*
 - *With her experience, she noted that patients with drug or substance abuse issues were less likely to go for help in a facility where the door has a sign on it "Alcohol and drug rehabilitation". They were more likely to come to their Dr. office and they do!*
 - *Patients with issues such as anxiety, depression, prostitution, drug addiction.*
 - *She is an asset and the providers started buying in. All of them.*
- *Was she embedded in the practice? Yes.*
- *Money? Breaking even on fee for service however are making the incentive money from payers*

- *Great benefit to patients of all insurances including MCaid*
- *Thirlby bills, Adaptive charges practice dollar amount/hour*
- *The program has been such a success*
- *Thirlby now also has a DM Educator, a Pharmacist, Social Worker, and a Chronic Care manager*
- *What are specific benefits for patients?*
 - *CM has found housing, assessed and has fulfilled patient's needs for social determinants of health, afford medications and a huge need for other services.*
 - *CM has taught everyone at Thirlby to be more attuned to patient's needs.*

Clarified Capability 1.1 and 1.10 Providers have an established process for repeating Patient-Provider Partnership discussion

- These capabilities require *active communication between patient & clinical staff member.*

Clarified Capability 5.10 Patient education materials and patient forms are available in languages common to practice's established patients

- Question: Can an on-line interpreter service be used. Yes, online services can be used.

Clarified Capability 6.4 Mechanism is in place for patients to obtain information about normal tests

- Question: If info in visit summary as to how to obtain test results, does that work? Yes.

Clarified Capability 8.7 and 8.8 Full e-prescribing system is in place and actively in use by all physicians AND Electronic prescribing system is routinely used to prescribe controlled substances

- NPO note: NPO has been checking report and will start distributing report next time received.

Clarified Capability 12.6 Patients actively participate in E-visits

- NPO Note: Must be real-time communication such as video

PDCM (Care Management) Billing requirements

Please check capabilities required for Care Management Billing; most practices have these capabilities in place. 4.3, 4.5, 4.10, 4.19, 4.20, 4.21. Practices likely need to put in place 4.21.

NPO will be following up with best practices and to make sure these capabilities are in place.

Please review capabilities frequently reverted during site visits in 2018, slide 32 – last slide.

2019 meeting dates:

- **Wed 2/20/19 – Lori Boctor the BCBSM PDCM Billing Guru will be attending. Please feel free to invite your practice's Care Managers to dial in or attend...**
- Thu, 4/25/19
- Tues, 6/18/19
- Wed, 8/21/19
- Thu, 9/26/19
- Tues, 10/22/19
- Wed, 11/20/19