PCMH User Group Highlights 1/23/2020

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

Agenda:

11:30- 11:45 pm	**Welcome and introductions by Kris Elliott, NPO Quality Director**
11:45 – 1:00 pm	**PCMH User Group:** • **NPO presents BCBSM updated PCMH Guidelines and changes to BCBSM PCMH Program** • **Melissa Gilbert, Practice Manager from Family Medicine of Michigan will be discussing how scribes are used in the practice**

Kris Elliott, NPO- BCBSM Updated PCMH Guidelines and changes to BCBSM PCMH Program (Please see slides and new updated guidelines attached to email)

New guidelines: BCBSM presentation with NPO comments:

- Annually- defined at 12 months
- Anticipate needing to **show examples** of patients, processes, trainings, new employees **if your practice is picked for a site visit**
- **New required** capabilities for **PCMH Designation** (10)
    - ***Majority of practices have these in place. Please reach out if there is concern.***
    - 4.1, 4.3, 4.10, 4.12, 4.13, 6.6, 9.1, 9.2, 10.4, 13.1
- **New retired** capabilities (7)
    - 4.6, 4.7, 8.9 (state law now), 8.11, 13.8, 13.9, 14.2
- **New capabilities** (12)- **Please consider that your practice's capabilities add value to your practice and don't just create busy work!**
    - **Registries-Domain 2**
        - **2.24**- Patients identified as at-risk for future chronic conditions
        - **2.25**- Identify patients with concerns related to social determinants of health
        - ***2.26****- 2.25 is shared routinely and electronically with Michigan Institute for Care Management and Transformation (MICMT)*
            - ***NPO is not participating currently.*** *Because: Privacy Issue Concern. Does the patient know the information they fill out is being shared with their insurance provider? If they did, would they fill the form out differently?*
            - *If a practice wants to participate, please contact NPO*

        - **2.27**- Identify patients in need of advanced care planning to ensure conversations are tracked appropriately
    - **Performance Report- Domain 3**
        - **3.19**- Generated for population of patients with advanced care planning needs
        - **3.20-** Generated for population of patients at-risk for future chronic conditions
        - **3.21-** Generated for population of patients with concerns related to social determinants of health
    - **Individual Care Management- Domain 4**
        - **4.29**- POs work with practices that employ Advanced Practice Providers, as outlined in the PGIP APP Acceleration Policy, and ensure consistency with attestation process and oversight responsibilities. ***(NO NPO practices currently at risk. Please reach out if this becomes a concern for your practice)***
            - Example of need for 4.29: A practice has one Dr. and 1 APP. The Dr. leaves the practice and only the APP is left. In the past the practice lost their designation status. 4.29 would help the practice keep their designation status. However, they would not receive VBR for APP. Also, a plan needs to be in place in order to find a Dr.
    - **Extended Access Domain 5** *(Split up after hours for greater opportunity. Great for Pediatric practices)*
        - **5.11**- Access to non-ED after-hours provider for urgent care needs. **At least 8** hours a week. **Must be in the providers office** not another location!
        - **5.12**- Access to non-ED after-hours provider for urgent care needs. **At least 12** hours a week. **Must be in the providers office** not another location!
    - **Preventive Services**- (Domain 9)- **Follow-up care must be tracked. Both Positive and Negative Examples are needed.**
        - **9.10**- Systematic screening for all adults regarding behavioral health disorders.
            - **Question:** Practice uses a PHQ-2 at all annuals. Patient screens positive so PHQ-9 given. Patient screens negative, so no action. If patient positive, some sort of action.
            - A: Yes, that meets the intent of the capability.
        - **9.11**- Systematic screening for all pediatrics regarding behavioral health disorder
- **Capability Clarifications**
    - **1.1**- NPO receives complaints that patients do not hear PCMH conversations while at their appointments. Perhaps conversations are being had but PCMH is not being said. **Please make sure the term PCMH is in your conversations.** If you hand out a flyer, brochure, etc. you still **need to have a conversation.** Just handing out material does not meet the intent of the capability. IE: While handing out Brochure staff member points to a section while saying, "because we are your Patient Centered Medical Home (PCMH) we provide you with after-hour services. Please call us before going to the ED."
    - **1.11** -There has been questions about who can lead the group visit. **Now Clarified: Must be provider or APP**

        - **NPO** has raised with BCBSM practices' desire to have office staff run visit.
    - **5.3 & 5.5**- After hours in **locations different than PCP.** Can be but not limited to Urgent Care
    - **9.1**- Needs to be broader than tobacco Use. Must include other preventive services.
    - **9.7**- 9.1 is no longer a predicate.
    - **10.5**- If this is in place, there must be a process for using the screening tool. A screening tool must be used. It can't just be a conversation.
- **Frequently reverted*: If your practice has any of these in place, please be prepared that they will likely be selected for review during a site visit. Have Examples to demonstrate!***
    - 10.5 (30%), 14.9 (29%), 4.18 (27%), 2.2 (26%), 2.9 (23%), 11.8 (21%), 11.1 (18%), 4.2 (16%), 8.8 (15%), 13.11 (14%), 9.6 (13%), 3.4 (13%), 5.10 (13%)
- **Focus of 2020- *NPO has been focusing on for many years now and does well- THANK YOU***
    - If patients do not go to the ED, they can't be admitted and re-admitted
    - Process that support decreasing UC, ED and IP rates
        - Domain 4, access to care capabilities 5.11 & 5.12, and coordination of care which includes ADT and TOC
- **NEW- 2 Year designation cycle**
    - Helps to reduce BCBSM analytics
    - NPO unaware of all the details yet: Practices will be notified as NPO receives updates
        - **Site visits are still yearly**
        - **Reporting** time has changed
            - **Instead of end of year it will be earlier – in the early fall**
                - That includes New capability and checking what is currently in place
                - **All new required capabilities** must be in place **by spring 2021**

Melissa Gilbert, Family Medicine of Michigan (FMOM)- Scribes

- **Background:**
    - FMOM wanted to utilize their EMR to its full capacity and scribing was determined a way to step in that direction
    - Lots of pushback in the beginning
- **First Roll-out**
    - Started with 4-5 Doctors and 2-3 APPs
    - 2 MA scribes were assigned to each doctor and the APPs learned to document their own visits
    - To start it was a lot for the MA scribes
    - Everything happened in the exam room including check-out
    - Doctors were starting to like working with the MA scribes.
    - Training was very long. Upwards of 12 weeks, especially for the MA scribes who needed to learn the EMR
    - Turnover, call-ins, and vacation time were hard to deal with
- **Next Step**

- Started using college students in the health care field as scribes
- This was a great 2nd step but there was still a lot of training

- **Pros**
  - Nurses and higher level staff were able to sit in on visits and became much more educated by listening to the providers.
  - This significantly helped when FMOM kicked off their CM program. The Dr.'s became very comfortable referring to the CM program because they had been working so closely with this staff already and a trusting collaborative relationship was already developed.
- **Cons**
  - Training was too long
  - When using MA's entry level positions were reduced since a higher level of MA was required for scribing
  - Call ins and Vacation were hard
  - Difficulty standardizing documentation
  - At the start patients didn't like having another person in the room. The Dr's were comfortable with dealing with this and the issue resolved quickly.
- **Current Process**
  - Starting April 2019, a virtual scribe service is used via an iPad
  - The company is out of India, but language has not been an issue. Physicians frequently have the same scribe, so the scribe learns the physician's style.
  - Documentation is always available now real-time
  - Training and call-ins are no longer an issue
  - Patients are the only one in the room with the Dr.
  - Since April there has only been 2 patients concerned about the scribe listening and those were anticipated concerns
  - It's all HIPPA regulated. The scribes are logged in to the EMR and credentialed
  - The scribes can't see what is happening in the room, so the Dr. needs to become efficient with their verbal review. I.e. Your **LEFT** knee is bothering you.
  - The only thing the scribes can't do is attach diagnosis the provider wants
  - The scribes can't order but can start the referral process. This is an EMR limitation – other EMRs may allow more flexibility.-
- **What it looks like**
  - One MA per Dr.
  - One runner (entry level MA) per 2 physicians. The runner fills the rooms and helps with procedures
  - Now, FMOM has less employees but pays for the scribe services. However, Providers can see more patients! Up to five more patients a day! The scribe for one week can be paid for in one day!
  - Workload for provider is very decreased and documentation is complete at the end of business hours.

- The scribes are not FMOM employees. FMOM does not need to worry about their benefits, schedules, etc.

2020 meeting dates:

- Tuesday, 2/18/20- NPO IT will be presenting Telehealth opportunities with specialists and an open discussion about ADT and Med Rec messages and process
  - 11:30- 1:00 PM @ NPO Offices
- Tuesday, 4/21/20- TBD 11:30-1:00 PM @ NPO Offices
- Wednesday 6/17/20- TBD 11:30-1:00 PM @ NPO Offices
- Thursday 8/20/20- TBD 11:30-1:00 PM @ NPO Offices
- Tuesday 9/22/20- TBD 11:30-1:00 PM @ NPO Offices
- Wednesday 10/21/20- TBD 11:30-1:00 PM @ NPO Offices
- Thursday, 11/19/20 – TBD 11:30- 1:00 PM @ NPO offices