

The Medical Home: A Continuing Renovation Job

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Hudson River HealthCare

Session 2C

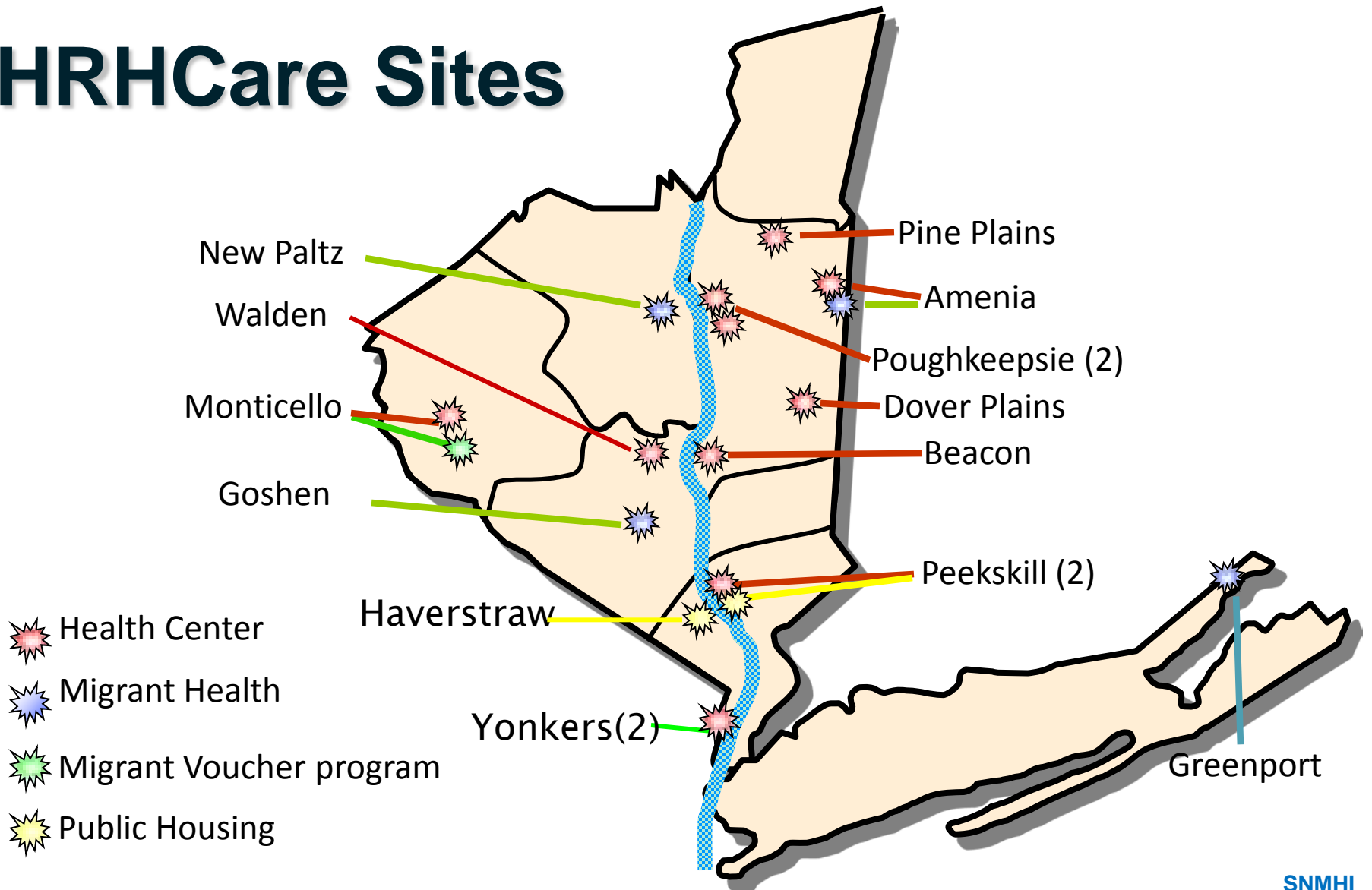
March 7, 3:45PM-5:00PM



MacColl Institute at
Group Health Cooperative



HRHCare Sites



Hudson River HealthCare's Quality Journey

- 1993-1999 Childhood Immunization-HRSA
- 1998 Improving Efficiency and Access-IHI
- 2000-2007 Diabetes-HRSA
- 2000 Cliniflow-1st EHR
- 2002 HIV
- 2004-5 Prevention Pilot
- 2005 Patient Visit Redesign
- 2005 Planned Care Innovation Community
- 2006 Harvesting Meeting
- 2008 eClinicalWorks- 2nd EHR
- 2009 Patient Centered Medical Home

Common Themes

- Integrated Teams
- Everyone does the highest level of work possible
- Consistent support staff with defined roles
- Work centered around the patient
- Planning of visits
- Daily huddles
- Standing orders
- All tools readily available in every patient room

Ideal Team Composition

- 2 Providers
 - 1-2 Nurses
 - 2 Medical Assistants
 - 1 Patient Care Partner
 - 0.5 FTE Social Worker
 - 2 Patient Representatives (front desk)
 - 1 Health Information Worker
 - 0.5 FTE Care Solutions/Financial Access Specialist

Key Changes-Ranked

- Chart preparation/visit planning
- Team Huddles
- Cross Training
- Don't Move the Patient
- Implement EMR
- Standing Orders
- Prescription Refill Line

Quality Lessons Learned

- System change should precede technology introduction
- Relentless Board and Senior Leadership essential
- Quality management IS management-not a separate function
- National expertise in change (IHI,HRSA) adds value

The PPC-PCMH Survey

What We Learned About Ourselves When We Looked in the Mirror



The Good, the Bad, and the Ugly

- The Good
 - Access to Appointments (PPC 1)*
 - Telephone Response Time (PPC 1)
 - Performance Improvement (PPC 8)
 - Population Management (PPC 2)
 - Language support (PPC 1)
- The Not So Good
 - Off Hours response time-could be better (PPC 1)
 - Self management-inconsistent documentation (PPC 4B)
 - E prescribing (PPC 5) around 40% e-transmitted
- The Ugly
 - Referral tracking (PPC 7)
 - We satisfied the points but were unhappy with the backlog
 - Lab and X ray tracking (PPC 6)
 - 11 systems at 11 sites

*STAY TUNED!!

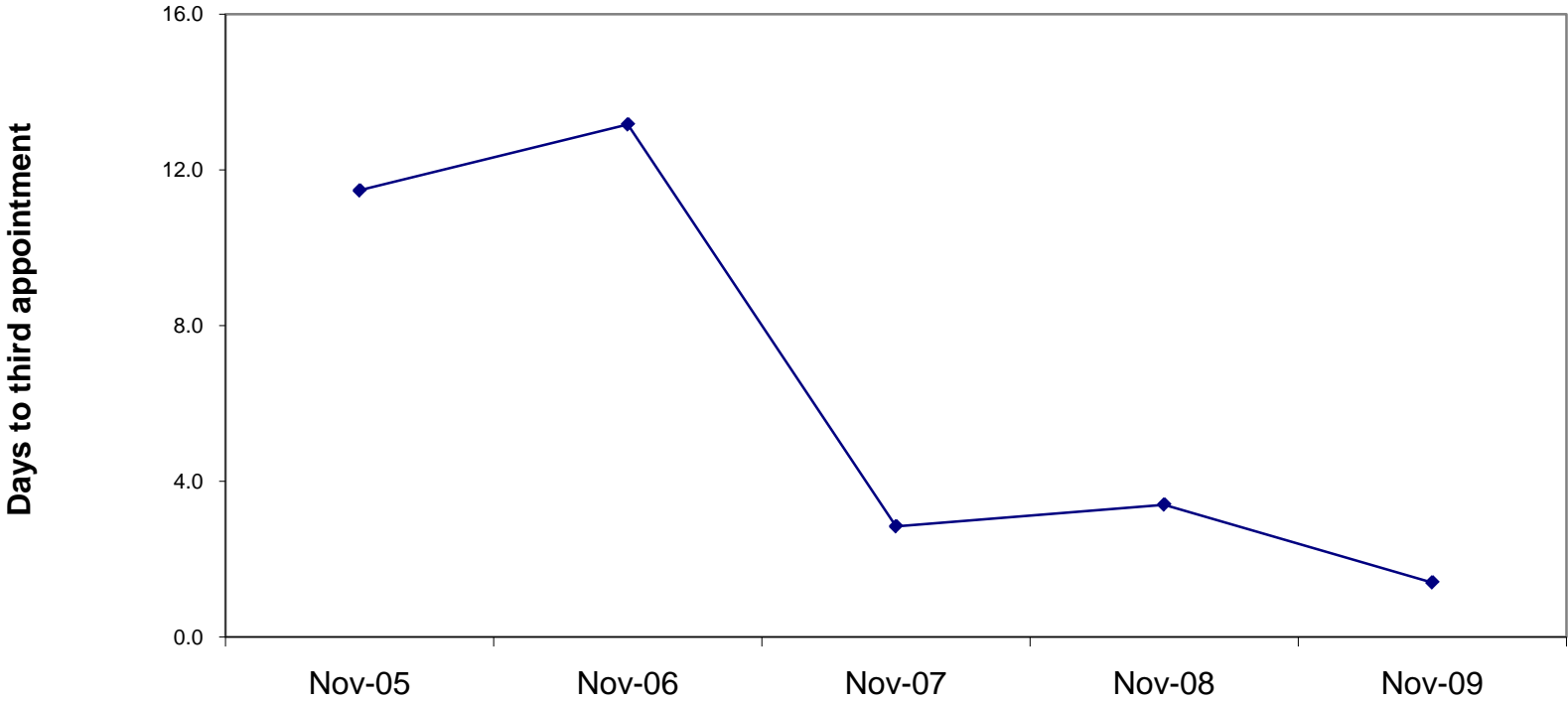
Open Access

- 10 year project started with IHI
- “Do today’s work today”
- Adjust supply to meet demand when possible
- Schedule with PCP/PCG-also promotes Medical Home
- Monitor backlog of appointments and time to 3rd open slot
- Culture change-admit you have no control!

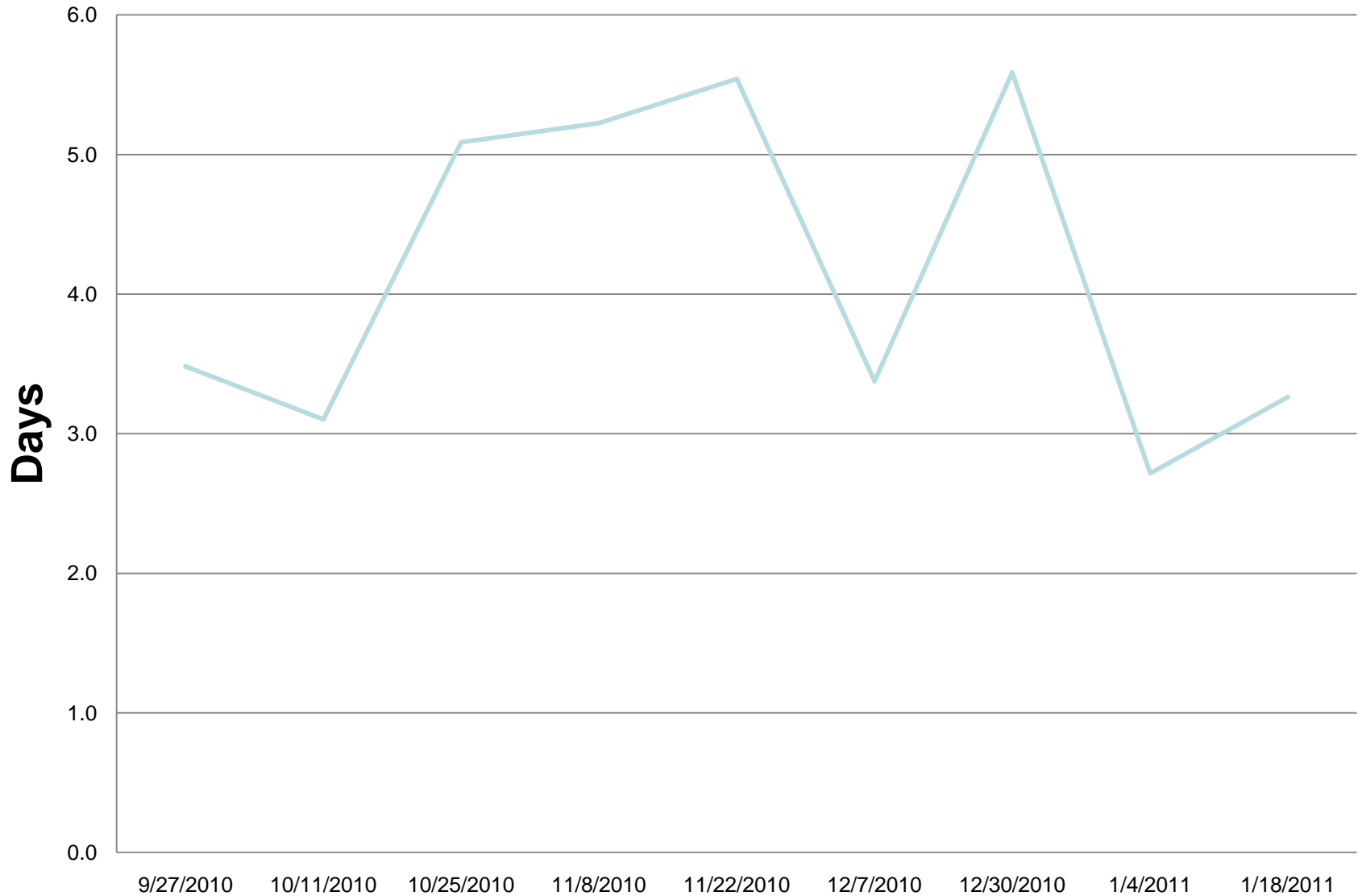
Process Changes

- Always offer appointment with PCP first
- Empower multiple staff to add on or double book
- Limited triage
- Regular monitoring of practice data
- Control of vacation time (partial success!)

Agency - Timeliness: Access to Appointments (Time to 3rd Appt. - Goal=1 day)



Time to 3rd Appointment



“I got an appointment when I wanted it”

	Very satisfied	Satisfied	Total
Alamo	94	4	98
Amenia	76	14	90
Beacon	76	20	96
Dover Plains	88	8	96
Greenport	88	9	97
Haverstraw	84	13	97
Monticello	90	9	99
Partnership	87	8	95
Peekskill	77	17	94
Pine Plains	85	13	98
Pou Atrium	88	10	98
Walden	87	9	96

NCQA Standards: Self Management Support

- 4A Assess language and other barriers
 - Assessment of language and learning needs
- **4B Support patient self management**
 - Chart audit of Self management tools

Patient Education Assessment

- Developed by primarily by nursing staff
- Administered by intake nurse or MA
- Visible on EHR note
- Placed in Social History section of Progress Note
- Structured Data-reportable

Resource Sche...
Desa,Kenneth MD
Dweck,Robert MD
Jenks,Nancy NP
Kaye,Paul MD
Simpkins,Verge...
Office Visits
Registry
Referrals
Messages
Documents
Billing

TEST, ESTHER
Medical Sur...
SF
Ear P...
C...
12 H...
Contracep...
Medica...
Allergie...
Gyn His...
OB His...
Surgica...
Hospita...
Family...
Social I...
PEAS...
PEA...
Practices:
ROS: [Dropdown]
Objecti...
Vitals:
Past Results:
Examination: [Dropdown]
General Examination

Social History (TEST, ESTHER - 07/23/2009 12:45 PM, ROV) *

Social History Notes [Window Controls]

Free-form | **Structured** [Clear All]

PEAS Assessment:

Name	Value	Notes
<input type="checkbox"/> Date Assessed:	* 08/04/2009	
<input type="checkbox"/> Preferred Learning Style:	Visual/Seeing,Auditory/Hearing	
<input type="checkbox"/> Primary Language	Spanish	
<input type="checkbox"/> Language Barriers:	Yes	
<input type="checkbox"/> Cultural Practices:	No	
<input type="checkbox"/> Religious Practices:		
<input type="checkbox"/> Physical Factors:		
<input type="checkbox"/> Special Learning Needs:	Yes	can't read
<input type="checkbox"/> Completed By:		

Custom [Close]

ADV DIRECTIVE

Notes

3/2009 [Dropdown]

GO

CDSS OS Labs | D

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ications Stop Date

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S/ML VIAL
ng-0.5 mg/3
haler 200
50 mcg
ay 0.65 %
Decongestant
G Tablet

Allergies [Dropdown]

Immunization [Dropdown]

Admin
Practice

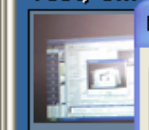
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Office Visits

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Progress Notes

Test, Chri



Medical S

SF

Phone:
Address:
Lab Rec
Appoin
Katzenb

Subje

Chief

HPI:

0-6

Newb

Nutrition

C

General

Insomnia unable to sleep at night, due to stress, no response to current treatment. Free text.

Fatigue

HPI (Test, Christa - 01/11/2011 12:15 PM, EOB)

HPI Notes

Free-form | **Structured** | Clear All

Self Management Goal

Name	Value	Notes
<input type="checkbox"/> Date		
<input type="checkbox"/> New SM Goal		
<input type="checkbox"/> Previous SM Goal Reviewed		
<input type="checkbox"/> Progress/Outcome		
<input type="checkbox"/> Teaching Method:		
<input type="checkbox"/> Learner		
<input type="checkbox"/> Readiness to Learn		
<input type="checkbox"/> Readiness for Change		
<input type="checkbox"/> Pt Attitude/Response to Cour		
<input type="checkbox"/> Educator		

Exercise 1-2 Times Weekly
 Exercise 3-4 Times Weekly
 Exercise 5+ Times Weekly
 Exercise Daily
 Diet/Nutrition
 Adherence to Treatment Plan
 Medication Compliance
 Quit Smoking

Add Cancel

Custom Close

ADV DIRECTIVE
PT TOOK HOME
(02/12/2010)

Notes

1/2011

History CDSS OS

ctive

TOOK HOME

es mellitus type 1

STATE, INCIDENTAL

brillation

N MAL NEOP OTH SITE

ansient ischemic attack]

Diabetes mellitus type 1]

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affective disorder, mixed

A NOS

MOGRAM NOS

inary tract infection]

ild Visit

389.00 Conductive hearing loss, unspecified

042 HIV disease



It's Only a Medical Home If the Patient Says So

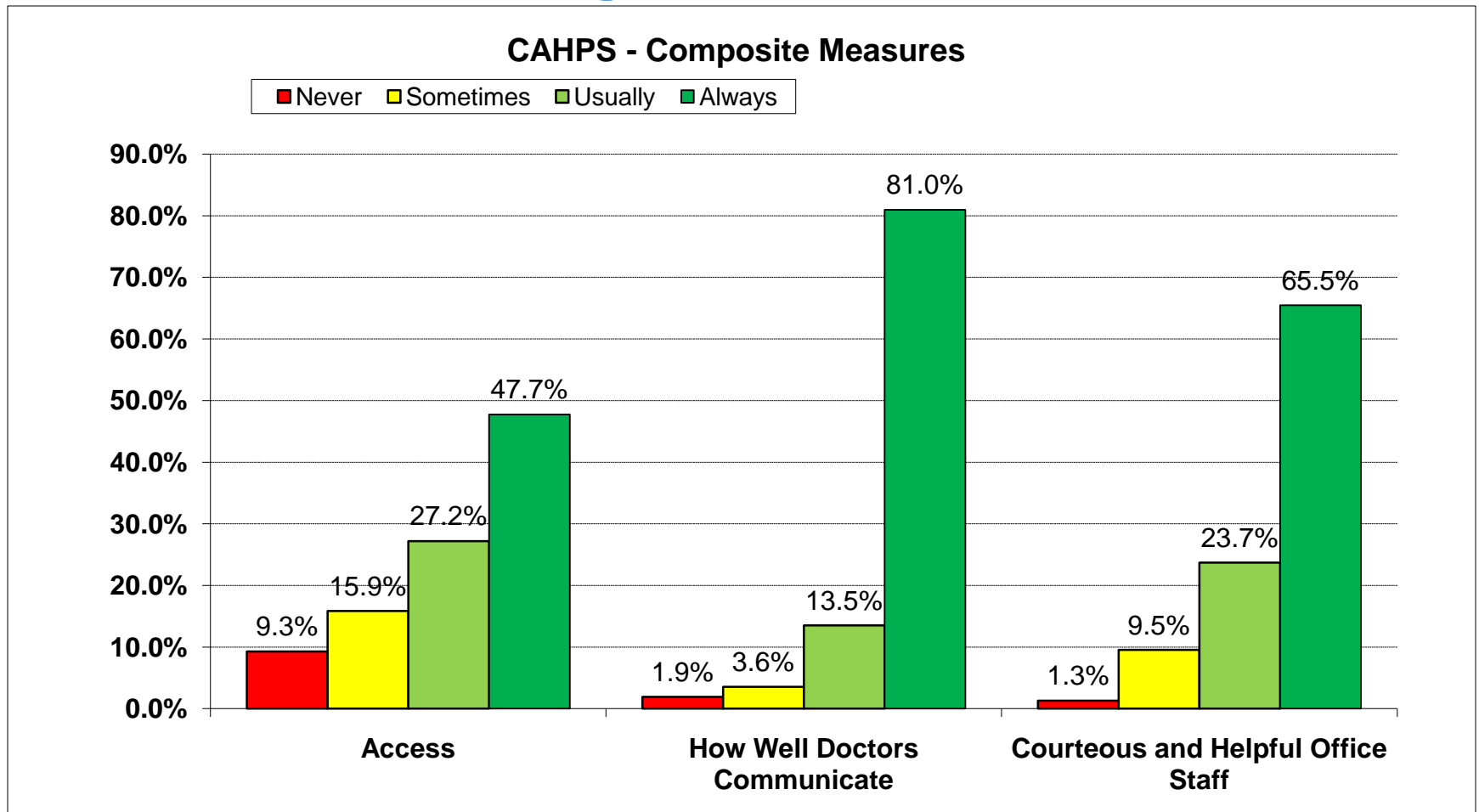
CAHPS Clinician & Group Survey

- Developed by AHRQ
- Multiple versions
- Adopted by AQA and submitted for
- endorsement by NQF
- Core composites:
 - Access: Getting appointments and care when needed
 - Doctor communication
 - Office staff courtesy and helpfulness
- NCQA and AHRQ developing MH CAHPS

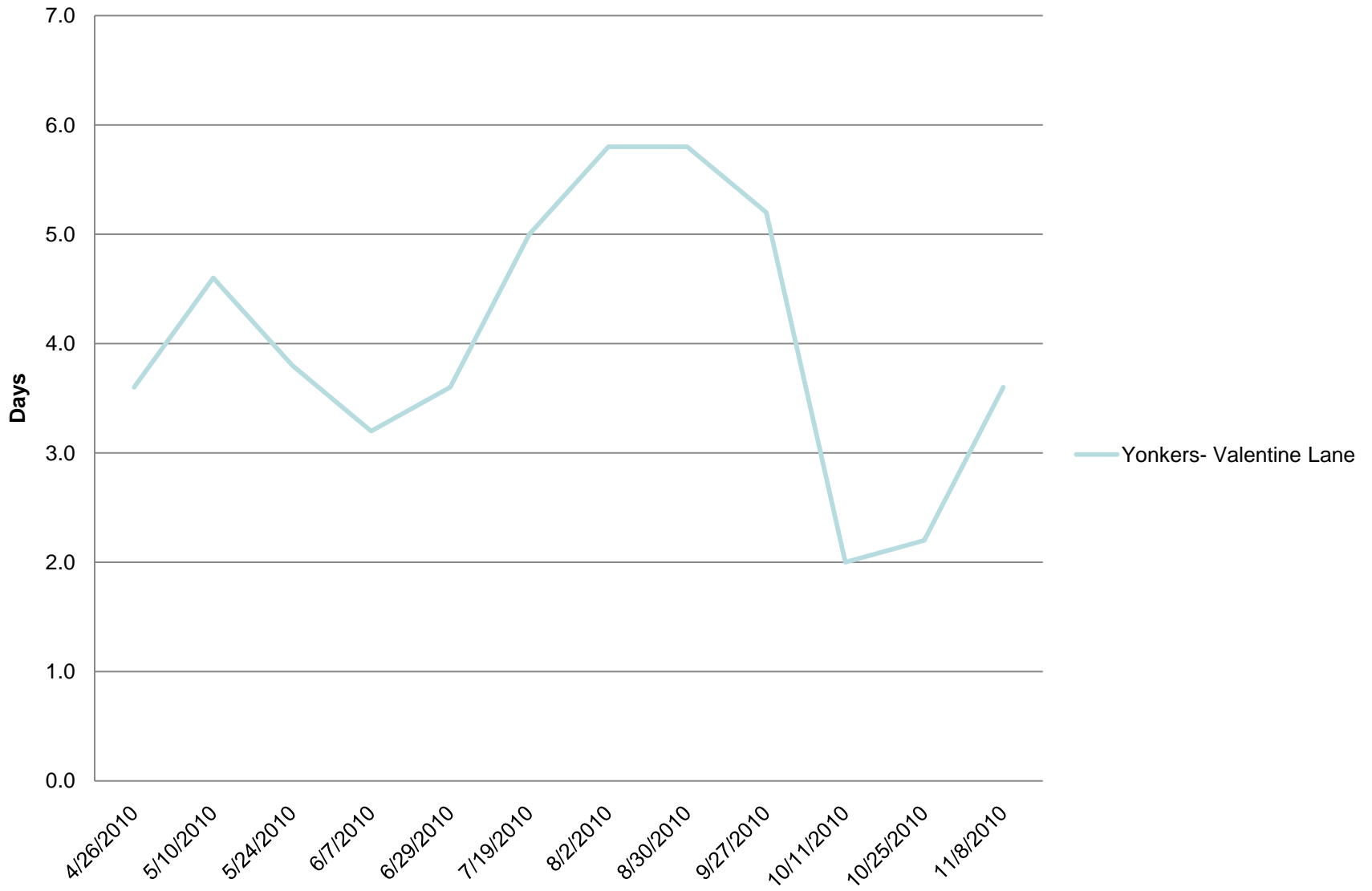
CAHPS Domains

- Getting Appointments and Health Care When Needed
- How Well Doctors Communicate
- Courteous and Helpful Office Staff
- Doctor's Attention to Your Child's Growth and Development
- Doctor's Advice on Keeping Your Child Safe and Healthy
- Overall Rating

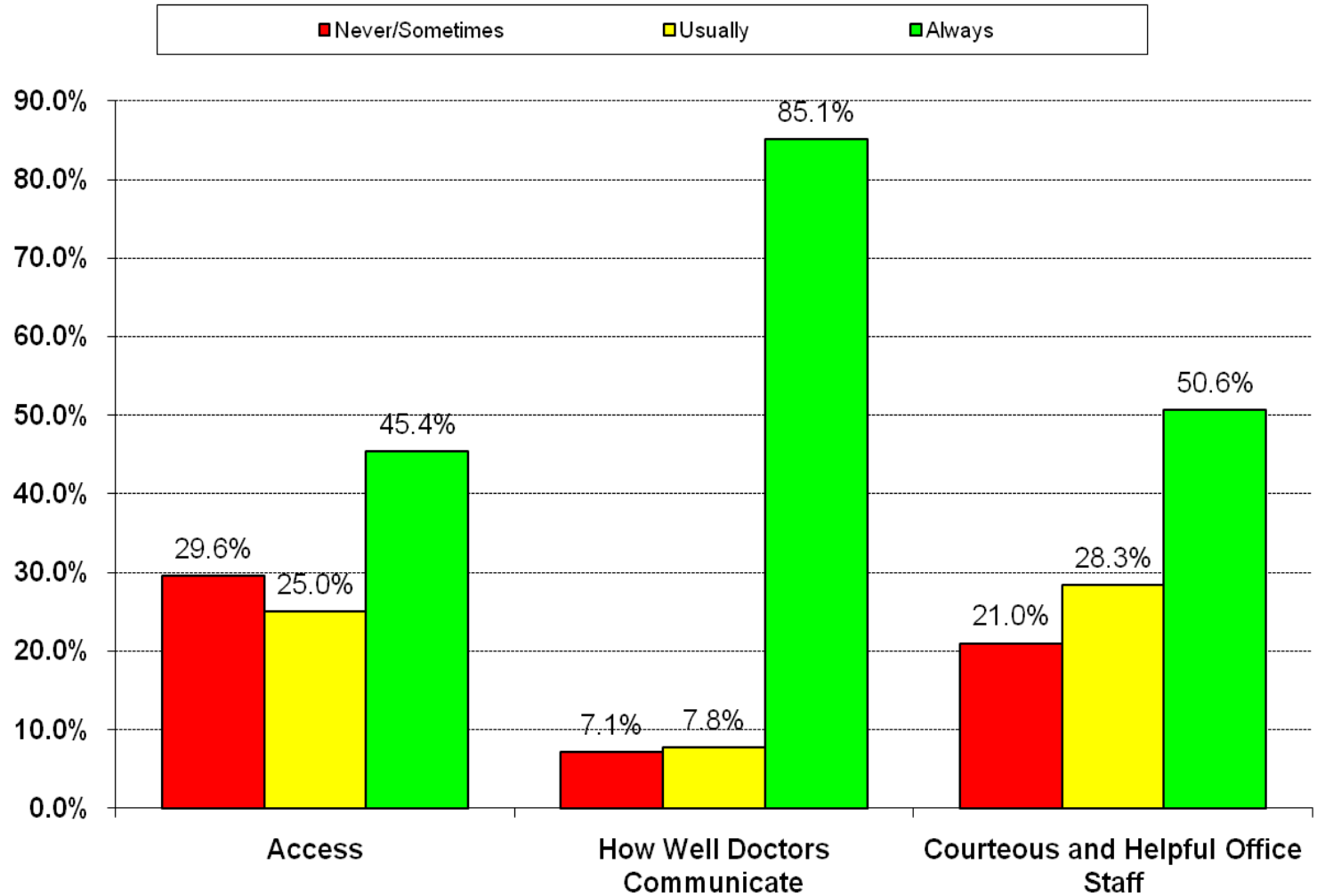
HRHC August 2010 CAHPS



Time to 3rd Appointment



Yonkers - South Broadway



Lessons Learned

- Patient experience data yielded much more than traditional patient satisfaction scores
- Patient experience data revealed flaws in our QI data
- Despite CHC Board-majority governance, accurate picture of patient experience requires systematic approach

Next Steps

- Improve consistency-share data and practices across sites
- Refine CAHPS usage
- Improve e-prescribing rates
- Standardize tracking workflow using teams
- Continued training on ECW documentation
- Develop stronger teamwork with more sharing of tasks



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