

## Leatherstocking PCMH Learning Collaborative – Session 2

Maia Bhirud  
Primary Care Development Corporation  
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## The Patient Centered Medical Home

Is a health care setting that **facilitates**:

- **Partnerships** between individual **patients**, and their healthcare **team**, and when appropriate, the **patient's family**
- **Use of registries, information technology, health information exchange** and other means:


To assure that patients get the indicated care when and where they need and want it in a **culturally and linguistically appropriate** manner.



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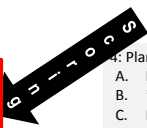
## Benefits of Patient Centered Medical Home

- NYSDOH – Mission/ DSRIP
- NYSDOH - Payment Incentive
- Improved Patient Care/Outcomes
- Improved Work Environment 
- Cost savings in health care expenditures

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## NCQA PCMH 2014 Standards

1: Enhance Access and Continuity	Pts		4: Plan and Manage Care	Pts
A. *Patient-Centered Appointment Access	4.5		A. Identify Patients for Care Management	4
B. 24/7 Access to Clinical Advice	3.5		B. *Care Planning and Self-Care Support	4
C. Electronic Access	2		C. Medication Management	4
	10		D. Use Electronic Prescribing	3
2: Team-Based Care	Pts		E. Support Self-Care and Shared Decision-Making	5
A. Continuity	3			20
B. Medical Home Responsibilities	2.5		5: Track and Coordinate Care	Pts
C. Culturally and Linguistically Appropriate Services (CLAS)	2.5		A. Test Tracking and Follow-Up	6
D. *The Practice Team	4		B. *Referral Tracking and Follow-Up	6
			C. Coordinate Care Transitions	6
	12			18
3: Population Health Management	Pts		6: Measure and Improve Performance	Pts
A. Patient Information	3		A. Measure Clinical Quality Performance	3
B. Clinical Data	4		B. Measure Resource Use and Care Coordination	3
C. Comprehensive Health Assessment	4		C. Measure Patient/Family Experience	4
D. *Use Data for Population Management	5		D. *Implement Continuous Quality Improvement	3
E. Implement Evidence-Based Decision-Support	4		E. Demonstrate Continuous Quality Improvement	0
	20		F. Report Performance	20
			G. Use Certified EHR Technology	

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## WHAT IS ACCESS?

The goal of having “Access” is to ensure that patients and family members can get healthcare when and how they need it




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## How can patients access their clinician?

Office visit  
Phone call  
Portal message  
Home or group visit


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Step 1

## PCMH GOALS

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## 1. Access Goals for PCMH

The practice:

- **Provides access to appointments**
  - Same day visit for routine and urgent care
  - Appointments during regular business as well as extended office hours (ex. evening and weekend hours)
- **Provides clinical advice via telephone and electronic portal**
  - When the practice open and closed
- Utilizes **technology** to offer patients access to their health record and alternative types of clinical encounters

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## 1. Access Goals for PCMH

### Same Day Appointments:

The practice considers routine and urgent patient care needs and reserves time in the schedule to accommodate same day requests...




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Step 2

## ACTION ITEMS TO REACH GOALS

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 **2. Actions Items to Reach Access Goals**

- A. Practice Policy on Access
- B. Work detail description for those responsible to engage patients
- C. Ongoing measurement of capability and capacity
  - Third next available tool
  - No Show Rates




**Aims**  
**Measures**  
**Systems**  
**Process**

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 **2. Actions Items to Reach Access Goals**

**The Access Policy**

- Policy for when the office is open/ closed
- Policy for varying appointment types, visit, email, phone, virtual etc
- Policy for electronic access
- Empanelment –Patient provider continuity
- Policy on CLAS



Policies and Procedures

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## Access Policy Example

**Procedure:**

**I. Same Day Access**

- A. Same day appointments are reserved as a minimum of 10% of total daily appointments at each site.
- B. We will monitor capacity and demand for same day needs on a quarterly basis.

**II. General Guidelines for Scheduling New Patients**

- A. The clinic hours are:
 

MONDAY thru FRIDAY	8AM-7PM
SATURDAY	10AM-4PM
SUNDAY OFFICE IS CLOSED	24 hour on call service available for clinical service
- B. Patients requesting appointments will be referred to an appointment scheduler, who will complete the required fields in the registration portion of the computerized scheduling system for new patients.
- C. Upon registration, patients are provided with information on how to select a PCP and are referred to a list of providers available at their preferred site. The scheduler asks the patient if they have a preference regarding their Primary Care Provider assignment and accommodates that choice. If the patient does not have a preference, the PCP with the next available appointment is assigned as the PCP.

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10% appointments reserved for same day

Appointment hours including extended hours

Process for selecting a personal clinician

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## Access Policy Example

**POLICY**  
 [REDACTED] will maintain clinical coverage 24hrs a day 7 days a week via phone access

**PURPOSE**  
 Provide access to clinical advice to our patients when the clinic practice is closed

**PROCEDURE**

**After Hours Coverage**

- a) Patients needing medical assistance after health center hours will call the [REDACTED]. The ASI phone service will page or call the provider's cell phone as per [REDACTED] monthly On Call schedule in Adult Medicine, Women's Health, Pediatrics and Dental.
- b) The On Call provider will answer the page within 30 minutes
- c) The provider will call the patient seeking after hour medical attention and treat appropriately. Any call that is not answered within the 30 minute time frame will be directed to the Chief Medical Officer (CMO)
- d) The Chief Medical Officer will then call the patient seeking after hour medical attention and treat appropriately. The Chief Medical Officer will then investigate why the provider did not respond and make appropriate adjustments.
- e) Any medical treatment done while On Call should be documented in electronic health record.
- f) During office hours 8:30am to 5pm Monday through Friday the exchange will forward any calls to the provider's office location. The support staff will task patient telephone calls to providers in the electronic health record and verbally inform them. The provider will answer urgent telephone calls immediately and other telephone calls before the end of day (morning call before lunch and afternoon calls before 5pm).
- g) The [REDACTED] emergency telephone number shall be posted on the main entrance at the five

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After-hours Telephone calls answered within 30 minutes

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## Access Policy Example

Principles of Practice

The following principles of practice are designed to enable implementation of the clinical policies. They include reference to four sections, which follow:

- I. Hour of Operation
- II. Patient Flow Procedures
- III. After-Hours Coverage
- IV. Protocols

All medical staffs are required to review the complete principles of practice for [redacted] Medical Center, Inc. To document this, they must sign off the new staff orientation checklist. A copy of this checklist will be kept in the personnel file. Updates to the existing principals of practice will be received in medical staff meetings. The composition of annual modification will also be included in an annual progress.

**I. Hours of Operation**

Day	Hours	Service
Monday	9:00 am – 5:00 pm	Family Practice; Internal Medicine; Pediatrics; Dental, OB/GYN, Prenatal Care, HIV/AIDS Counseling & Testing; Nutritional Counseling; Social Work
Tuesday	8:00 am – 8:00 pm	Family Practice; Internal Medicine; Pediatrics; Dental, OB/GYN, Prenatal Care, HIV/AIDS Counseling & Testing; Nutritional Counseling; Social Work
Wednesday	8:00 am – 8:00 pm	Family Practice; Internal Medicine; Pediatrics; Dental, OB/GYN, Prenatal Care, HIV/AIDS Counseling & Testing; Nutritional Counseling; Social Work

This policy states that a variety of clinical services are available:

**Monday's 9-5 PM**  
**Tuesday's 8-8 PM**  
**Wednesday's 8-8PM**

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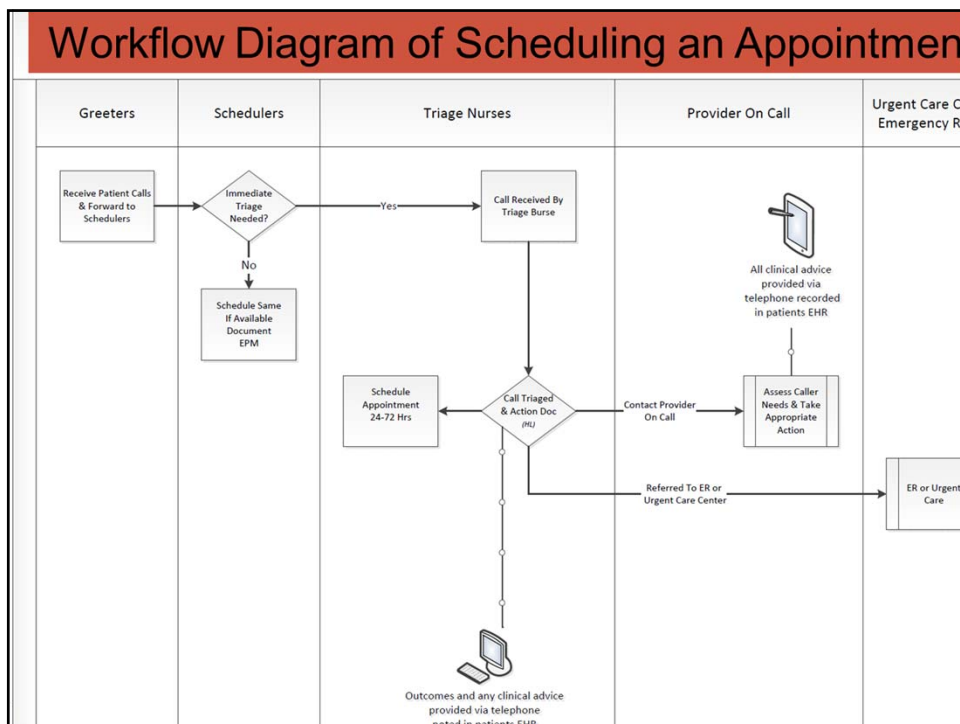
## 2. Actions Items to Reach Access Goals


Map out work flows to help you achieve PCMH access goals

Flow Diagrams

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## 1. Access Goals for PCMH

### Same Day Appointments:

The practice considers routine and urgent patient care needs and reserves time in the schedule to accommodate same day requests...



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## MEASUREMENT AND MONITORING

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### 3. Measurement & Monitoring

- Patient demand
  - Eg. how many patients request to be seen today?
- No show rates
  - Eg. how many patients with previously scheduled appointments did not come?
- Telephone and portal message response times
  - Eg. how much time passed between when the patient called and when the clinician called the patient back?
- Electronic access
  - How many patients have access to an electronic portal?



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### 3. Measurement & Monitoring Example of An Access Project – Start to Finish

- Set a Goal: Monitor No-Show Rates
- Gather baseline data
  - Monitor # patients that did not show for scheduled appointments over a 30 day period
- Based on the data, establish a goal
  - Reduce No-show rate by 5%
- Actions to reach goal
  - Increase patient reminder calls to visits; call in evenings when patients are more likely to be home
  - Hang posters in waiting room explaining the importance of calling to cancel visits
- Re-run report for 30 day period
  - Compare data to baseline report to see if reached goal of 5% reduction

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### 3. Measurement & Monitoring

#### Third Next Available Demand Report - Graph of days to next appointment

Our Town Clinic TNAA by Provider for New Patients May-July 2012

Week	Baller	Gilbert	Mak	P. Ng	Tse	Huang
Week 1	0	0	2.0	0	0	1.0
Week 2	0	1.0	1.5	0	0	2.0
Week 3	0	0	0	1.0	0	1.0
Week 4	0	0	1.0	1.0	0	0
Week 5	0	0	2.0	1.0	0	0
Week 6	0	3.0	0	0	0	2.0
Week 7	0	0	0	0	0	2.0
Week 8	0	0	1.0	3.0	0	2.0
Week 9	0	0	0	0	0	1.0

The clinic goal was 0 days. Here they display Drs. Gilbert and Ng peaked at 3 days during week 6 and 8 respectively

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### 3. Measurement & Monitoring

#### Demand and Capacity of Same Day Visits

Our Town Clinic Week of 6/12/13 - 6/17/13

	# of Patient Seen by Each Provider	Total # of Coordinated Visit (Labs, Allergy Shot, Services with other providers.)	Total # of Same Day Appointment (Patient called today and seen today, can include Triage Patients)	Patients not seen for same day and scheduled (Patient called today and the schedule could not accommodate include Triage Patients)
Dr. Joe Wessley	71	6	0	0
Dr. Brian Silver	82	8	1	0
Dr. Adele Pierre (Vacation)	0	0	0	0
Deborah J Ingram NP	13	1	0	0
Maria Kelly NP	29	4	7	0
Marc Muriel PA	33	6	5	0
Joe Boxer	23	2	0	0
Maria Lakawana PA	31	4	1	0
Dr. Purali Onmyhands	43	3	3	0
<b>Total Patients Seen</b>	<b>325</b>	<b>34</b>	<b>17</b>	<b>0</b>

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### 3. Measurement & Monitoring

#### E-Messaging Response Time

This report shows that the electronic messages are responded to within the practices identified time of 3 days. For this period no responses exceeded 3 days

Name of Patient	Date of eMSG	Time of eMSG	Date msg returned	Time msg returned	PCP
	3/12/2012	4:56PM	3/13/2012	6:08PM	Dr. Jones
	3/14/2012	5:03AM	3/15/2012	6:15PM	Dr. Jones
	3/15/2012	8:45AM	3/15/2012	5:55PM	Dr. Jones
	3/15/2012	10:12AM	3/16/2012	3:50PM	Dr. Jones
	3/18/2012	1:35PM	3/20/2012	4:11PM	Dr. Jones
	3/21/2012	3:33PM	3/23/2012	6:10PM	Dr. Ragu
	3/22/2012	2:29:AM	3/23/2012	6:35PM	Dr. Jones

This practice has a policy to respond to secure electronic messages within 3 business days. The practice does **not** accept urgent electronic messages. Patients requiring urgent communication are instructed to call the practice directly.

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**Contact:**

Maia Bhirud  
mbhirud@pcdc.org

[www.pcdc.org](http://www.pcdc.org)