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How We Close the Gaps: Our Interprofessional Team Approach to Meeting Quality Measures

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How We Close the Gaps

Our Interprofessional Team Approach to Meeting Quality Measures

ETSU Family Physicians of Kingsport
ETSU Department of Family Medicine

Disclosures

- Financial disclosures - none

Objectives

- Define the role/function of an interprofessional team in the management of complex outpatients.
- Identify the types of patients that would benefit most from a team-based approach.
- Implement elements of our team-based patient care model into individual practices.

Our Team

Our Place


ETSU FAMILY
PHYSICIANS
of KINGSPORT
EAST TENNESSEE STATE UNIVERSITY

Our Practice

- City of Kingsport: 52,806
- Tri-Cities population: 130,000
- Catchment area : 2.5 million
- Our Residency
  - 6/6/6
  - PCMH Level 3 May 2015
  - PharmD, Psychology, Social Work, PHM

Our Practice

- Disadvantaged population in the Appalachian Region.
- Sullivan County median household income: $39,577
- Low health literacy, transportation issues.
- One of the top 3 CSA regions in all-cause mortality.
- #1 NAS-Sullivan County
  - 48/1,000

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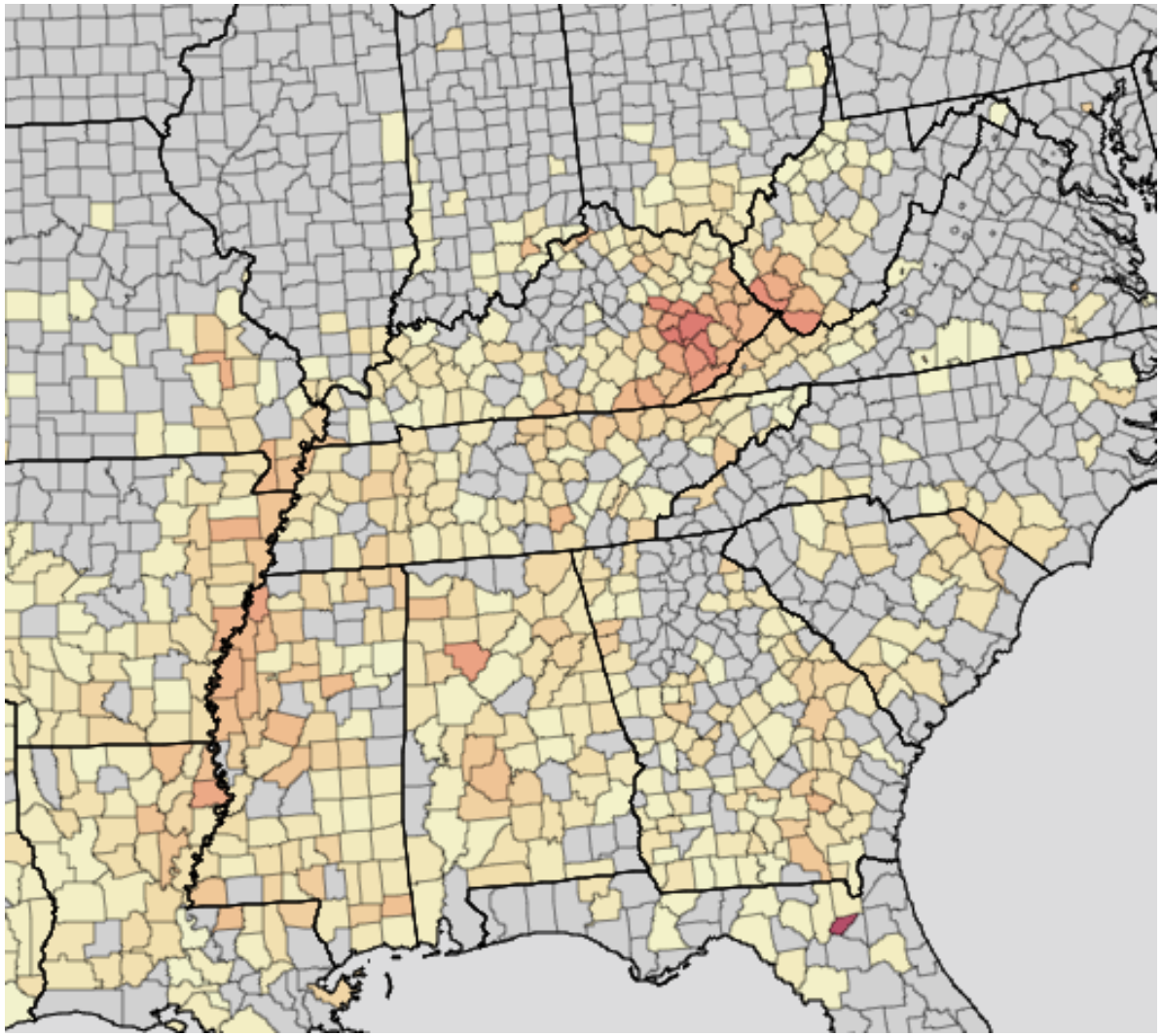

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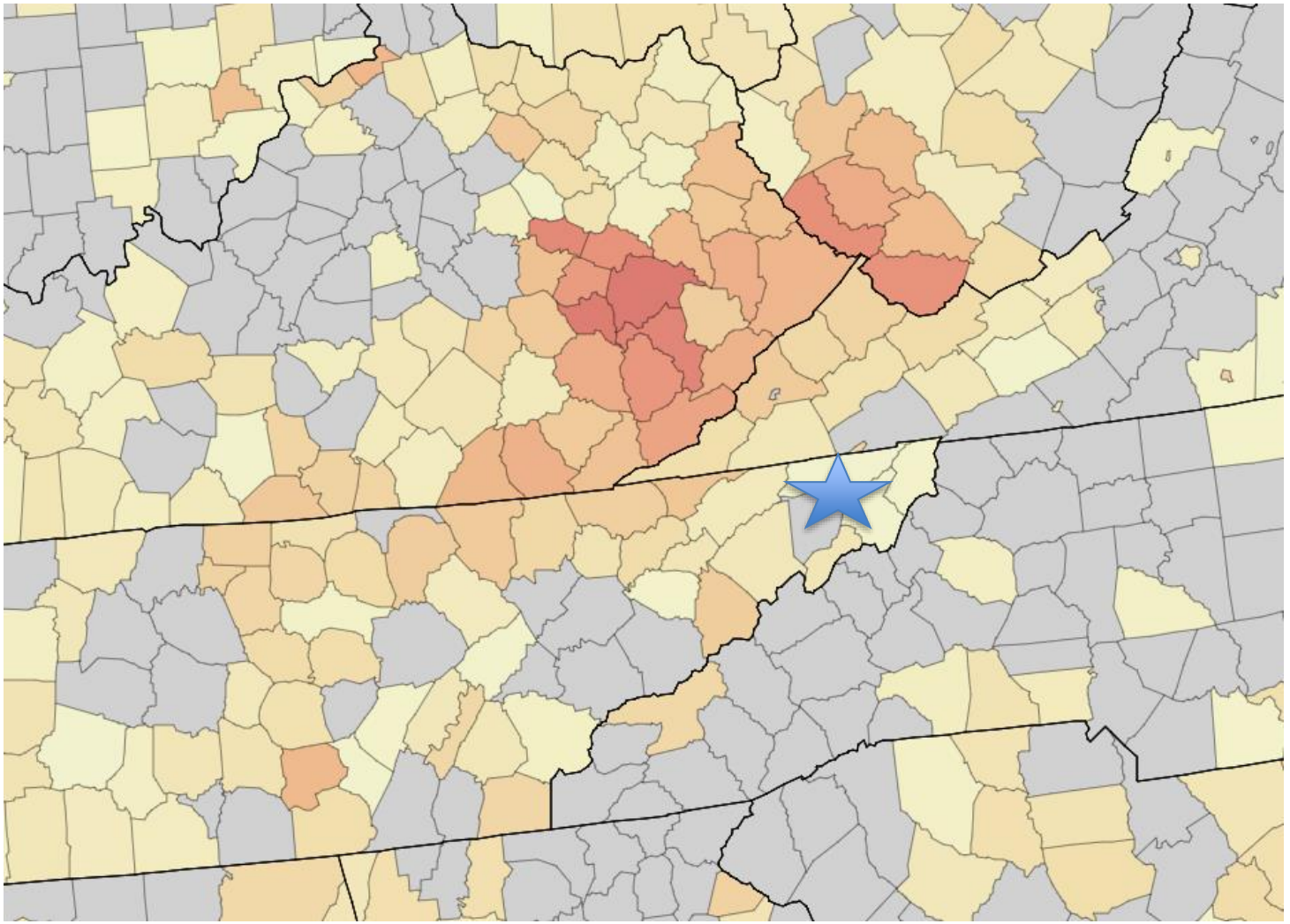

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Initial Success

- IPTC (Inter-professional Transitional Care)
  - Implemented in 2013, encouraged by PCMH application
- Reduced overall hospital re-admission rates from 20% to 12%
- Practice ownership
- Patient satisfaction 95%
  - 4 question survey (2016)
- Reimbursement

McKenzie Calhoun PharmD

- Pharmacists' Patient Care Process (PPCP)
  - Disease-oriented, pharmacy-led clinic
- Extensivist consultant
- Pharm Clinic
- IPTC Champion

Jesse Gilreath LCSW

- IPTC Champion
- Point-of-Care handoffs
- Extensivist consultant
- Home Visits
- Nursing home coordinator

So Then What Happened?

- Identified complex medical patients in our practice.
- What does that term mean to you?
  - Multiple significant comorbidities + multiple inpatient/ED visits
- CMS: number of HCC codes

- Refocused the bright light of IPTC on a broader range of outpatients.
- Began to develop a complex patient champion team.
- Sky's the limit

Quality Metrics/Gaps-ACO

- Partnered Summer 2015
- Top third in shared savings with CMS
- Comprised of 500 primary care providers and specialists
- 10 to 15 Consensus PCMH/ACO metrics
- Potential for significant shared savings for our department

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Initial 2016 Benchmarks

	KFM	ACO
Fall Screening	42.20%	54.40%
Flu Immunization	75.60%	80.60%
Pneumonia Immunization	72.90%	94.10%
BMI Screening & Follow-Up Plan	38.00%	64.90%
Tobacco Screening & Cessation	65.90%	85.70%
Depression Screening	40.40%	43.40%
Colorectal Cancer Screening	31.80%	74.50%
Mammography Screening	77.30%	86.00%
BP Screening	56.60%	60.40%
Statin Therapy for EX of Cardiovascular Disease		
Depression Remission at 12 Months		
Diabetic: % with A1c >9	56.40%	20.20%
Diabetic Eye Exam	31.70%	36.90%
HTN: % with BP <140/90	63.20%	74.60%
IVD: % on Aspirin or Antithrombotic	72.70%	85.60%
HF: Beta Blocker Therapy for LVSD		76.00%
CAD: ACE/ARB Therapy		91.10%
	89.19%	92.94%

Despair

Initial thoughts....

Oh my

Reality

Time to re-invent more wheels?

So we're not finished.....

We haven't even started

What do we do?

This is my third career

Moving On

- One team can't fix everything, but it can be repurposed.
- Can be used for multiple issues.
- Need a "new" team for this.
- New workflows

Maggie Schnell LPN

- Patient Health Manager
- CCM
- Gap Closure Specialist

Monaco Briggs MBA

- Director, Informatics and Optimization, Family Medicine
- Task master
- Maker & sender of spreadsheets

Needs

- Expanding overall knowledge regarding patient needs
  - Training, training, training-monthly meetings with Monaco.
  - List of needs in precepting area-visible to all.
  - Making all preceptors/residents aware of needs both at the time of the visit and via electronic documentation.
  - Gap worksheets attached to encounter forms for all providers of care to review.
  - Pharmacy providers for in depth review, modification and discussion of medication lists, patient education.
  - LCSW as needed for community resources, patient assistance programs, transportation needs.
- Maggie… everything else

QUILLEN ETSU PHYSICIANS
EAST TENNESSEE STATE UNIVERSITY

Clinical Quality Measures

Recommended Prevention

Family Physicians of Kingsport

	Abnormal BMI - Needs intervention or education	Tobacco Screening - Needs education or pharm	Needs Depression Screening	Diabetic patient- order HbA1c	Diabetic patient- Needs dilated eye exam	Diabetic patient - Needs testing for nephropathy	Needs fall risk screening	Colorectal CA Screening	Breast CA Screening	Cervical Cancer Screening	Rheumatoid Arthritis- Prescribe anti-rheumatic	Asthma patient - Needs short and long-acting inhaler	IVD - Prescribe asplin or antithrombotic	Cardiovascular Disease - Prescribe statin therapy	Needs pneumonia vaccine	Influenza Vaccine - 2017/2018 Season	Next Appointment	
AARP MEDICARE CO					*										*			
UHC COMMUNITY P							*		*						*	*		
UHC COMMUNITY P																		

Roles

- Attending and resident physicians
  - Supervisory role and direct patient care, documentation review, med reconciliation, billing, review/confirm gap closure.
- Pharmacy team
  - Supervisory role with direct patient care. Individual clinics (PPCP), med reconciliation.
- LCSW
  - Point of Care behavioral health/warm hand-off.
- Nursing staff
  - Direct patient care, Perform "front-end" gap closure, review gap sheets. Follow standing order sets.
- Pharmacy/medical students
  - Information gathering such as hospital discharges, chart histories, med reconciliation, direct patient care.
- Maggie
  - Scrub upcoming visits for gaps/make gap sheets. Contact individual patients for missed gaps, follow standing order sets, CCM.

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2017 Benchmarks

	6/2/2017	6/20/2017	7/20/2017	8/23/2017	9/6/2017	10/2/2017	10/25/2017	11/16/2017					
Description	KFM	KFM	KFM	KFM	KFM	KFM	KFM	KFM	KFM	KFM	KFM	KFM	GOAL
# Attributed Lives	162	124		238	221	238	238	238					
Med Rec Post Discharge	n/a												n/a
Fall Screening	56.00%	63.50%	68.50%	76.40%	78.60%	77.80%	76.70%	86.79%					80.00%
Flu Immunization	85.60%	76.60%	85.10%	85.40%	86.40%	79.60%	77.50%	79.50%					90.00%
Pneumonia Immunization	81.30%	74.60%	83.00%	83.80%	83.70%	82.60%	84.40%	84.11%					90.00%
BMI Screening & Follow-Up Plan	74.50%	72.90%	78.90%	81.10%	87.00%	78.20%	71.60%	73.04%					90.00%
Tobacco Screening & Cessation	79.90%	81.80%	84.60%	83.40%	84.30%	85.30%	85.30%	84.21%					90.00%
Depression Screening	37.50%	44.20%	54.30%	56.00%	59.50%	55.70%	56.40%	73.81%					90.00%
Colorectal Cancer Screening	57.00%	59.70%	62.30%	64.10%	65.00%	65.60%	76.00%	71.32%					90.00%
Mammography Screening	69.60%	73.00%	71.40%	69.70%	69.40%	69.30%	83.80%	70.67%					90.00%
Statin Therapy for EX of Cardiovascular Disease *R	84.20%	85.70%	79.20%	76.90%	76.50%	76.50%	74.80%	82.00%					
Depression Remission at 12 Months *R													
Diabetic: % with A1c >9 *R	62.50%	45.50%	50.00%	50.00%	47.70%	47.70%	15.50%	40.91%					
Diabetic Eye Exam *R	50.00%	45.50%	47.80%	50.00%	50.00%	52.30%	48.80%	50.00%					
HTN: % with BP <140/90	56.60%	57.50%	56.50%	57.50%	61.90%	62.00%	75.70%	56.10%					
IVD: % on Aspirin or Antithrombotic	95.80%	84.20%	91.20%	93.80%	93.50%	96.70%	81.10%	93.33%					90.00%
Score	56.91%	87.67%	89.22%	91.28%		91.04%	94.35%	94.04%					

Challenges

- Keeping the culture *consistently* in place.
- Avoiding over-reliance on individuals, but essential to have quality people at critical points.
- Preparing for new and shifting measures
  - They're always coming
- Developing new processes to cope with change.
- Training every year
- AWV/box-check fatigue

So, we graduate more hospitalists.....?

What could we do outside the box that improves quality, training, and is a lot more fun?

What could we do to keep residents interested in outpatient clinical medicine

Extensivist Clinic

- What is it?
- Who's involved?
- Reduction of re-admissions
- Reimbursement/Savings
- Coding

Extensivist Clinic

- Limited options for acutely ill patients
- Fee for service model
- Disease-specific care
- Highly selected patients
- Choice of care site

Extensivist Clinic

- Limitations
  - No ischemic events e.g. CP, TIA
  - No nocturnal care
  - No on-site imaging, on-site lab

Extensivist Clinic

- Nursing
- Residents/Faculty
- Pharmacy
- Social Work
- Family

Extensivist Clinic

- IPTC followup with 40% reduction in re-admission
- Savings estimated at $30,000- $50,000 since August
- Coding can be challenging
- Evidence that re-admission rates improved over TCC (IPTC)

Extensivist Clinic

- Coding can be a challenge

99354-99355: which includes prolonged face-to-face time - does not have to be continuous time.

99354: 30-74 minutes (no code for less than 30 mins)
99355: Each additional 30 minutes

99358-99359: which includes non face-to-face time - does not have to be continuous time.

99358: First 30-60minutes
99359: Each additional 30 minutes

99415-99416 which is Prolonged Clinical Staff Services with Physician Supervision

99415: Reported after 70 minutes of clinical face to face time (first hour after initial 70 minutes of face-to-face time)
99416: each additional 30 minutes

Extensivist Clinic

- Coding can be a challenge

99358	$113.41*
99359	$54.55*
99354	$123.81 +32%
99355	$91.87 +1%
99415 & 99416	Covered but usually not separately reimbursed

Extensivist Clinic

- Coding can be a challenge

96360 IV infusion, hydration	$58.50
96361	$15.43
96365 IV infusion, for therapy	$58.14
96374 Therapeutic, intravenous push	$58.14
96375	$22.61

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Questions/Feedback

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