



Oregon Rural Health Conference 2011

The Patient Centered Primary Care Medical Home

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OHSU Family Medicine Scappoose

PCMH - Everyone Has an Opinion

- **National Committee for Quality Assurance (NCQA)**
 - **State Governments- Oregon, New Jersey, Texas, New Hampshire, Washington, ...**
 - **OPCA**
 - **Accreditation Association for Ambulatory Health Care**
 - **AAFP**
 - **AMA**
 - **American College of Emergency Physicians**
 - **American Optometric Association**
 - **American Psychological Association**
 - **New England Journal of Medicine**
 - **Family Practice Management**
 - **Journal of Internal Medicine**
 - **JAMA -Commonwealth Fund**
 - **CMS Center for Innovation**
 - **National Partnership for Women & Families**
 - **TransforMED**
 - **CareOregon**
 - **CIGNA**
 - **UHC**
- ... even Wikipedia!**



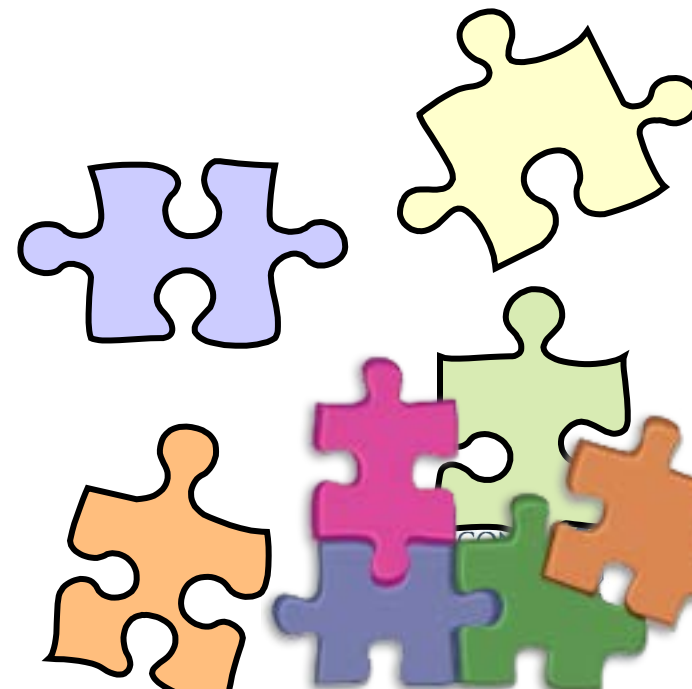
OHA/ Patient Centered Primary Care Home Standards Provider & Readiness Assessment

Currently meet criteria	Find value in criteria	
X	X	Access3.1: PCH provides continuous access to clinical advice by telephone.
X	X	Comprehensive1.1: PCH offers 90% of recommended preventive services (Grade A or B USPTF and/or Bright Futures periodicity guideline)
X	X	Comprehensive2.1: PCH reports that it routinely offers all of the following categories of services: Acute care for minor illnesses and injuries; Ongoing management of chronic diseases including transitions of care; Office-based procedures and diagnostic tests; Patient education and self-management.
X	X	Comprehensive3.1: PCH documents its screening strategy for mental health, substance use, or developmental conditions and documents on-site and local referral resources.
X	X	Comprehensive4.1: PCH documents comprehensive health assessment and intervention for at least three health risk or developmental promotion behaviors.
X	X	Continuity3.1: PCH maintains a health record for each patient that contains at least the following elements: problem list, medication list, allergies, basic demographic information, preferred language, BMI/BMI percentile/growth chart as appropriate, and immunization record; and updates this record as needed at each visit.
X	X	Continuity5.1: PCH has a written agreement with its usual hospital providers or directly provides routine hospital care.
X		Coordination1.1A: PCH demonstrates the ability to identify, aggregate, and display data regarding its patient population.

OPCA PCH Model

Putting the Pieces Together

- Patient Centered Experience
- Quality & Safety
- Behavioral Health Integration
- Provider Team Access
- Team Based Care
- Care Coordination
- Community Collaboration



Show of Hands Please

- Managers/Administrators
- Clinicians
- Others?
- PCMH Experience
- Already There
- Slow but Steady
- Struggling
- What's a PCMH?



Becoming a PCMH while focusing on our daily priorities...

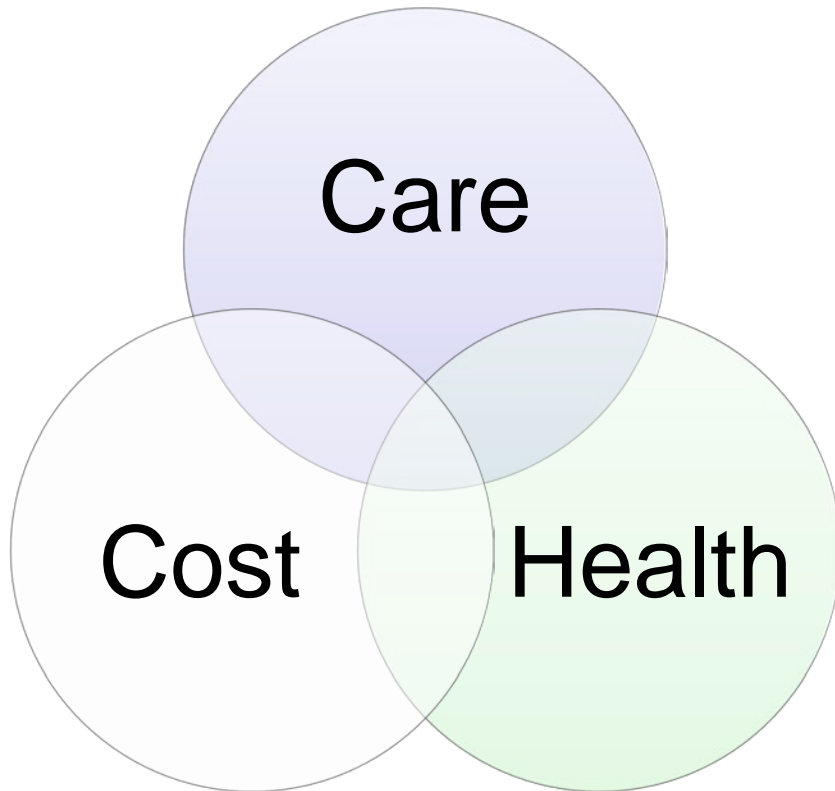


Managing PCMH Change ...



Making it simple

**Triple Aim: Better Health
Better Care - Lower Cost**



OHSU Family Medicine



Step One: Form Teams

- Co-locate if possible
- Pair FT/PT Clinicians for coverage
- Schedule regular team meetings
- Try to keep staff consistent to build relationships with patient panel
- Define overall PCMH goals but let teams plan how best to achieve them
- Friendly competitions among teams can quickly drive change
- Team whiteboards for message of the day/week




Step 2: Form a Transformation Team

- ▶ Peer nominated to lead change
- ▶ Team decision making
- ▶ Members relate strategy back to workgroup
- ▶ Workgroups send ideas through PIC members
- ▶ Group consensus about what would work in Scappoose



Staff Engagement = Successful Change

- Getting staff to own this process was **EVERYTHING** 
- Process improvement committee (PIC) to address clinic priorities
 - Satisfaction (patient & staff)
 - Access (including cost per visit)
 - Quality

Current PIC Project List June 2011

CURRENT PROJECT LIST 2011				
STATUS	DATE STARTED	NUMBER	OWNER(S)	PROJECT
Satisfaction				
In-Progress	6/17/2011	1001	Nicole, Karyn, Joyce- Ellen, Renee, Blair, Diane	Patient Satisfaction
		1001A	subgroup	Information about delays
		1001B	subgroup	CP instructions for follow-up care
		1001C	subgroup	Wait time in clinic
		1001E	subgroup	Respose to complaints/concerns during visit
		1001F	Subgroup	Patient Interviews
Cost & Efficiency				
In-Progress	6/17/2011	1002	Dawn, Jennifer, Gabby, Julie, Diane, Jenna	Clinic Phone Structure
		1002A	subgroup	Refills
		1002B	subgroup	Provider response
		1002C	subgroup	Enough/correct info reason for call
		1002D	subgroup	After visit questions
		1002 E	subgroup	Scripting
In -Progress	6/17/2011	1003	Diane, Jenna, Leah, Dawn, Renee	Roles and responsibilities
		1003A	subgroup	MA Shadowing
		1003 B	subgroup	Updated Job discriptions
		1003C	subgroup	Roles and responsibilities bty job function
Quality				
In-Progress	6/17/2011	1004	Nicole, Michael, Bruin, Nicky, Leah, Alydia, Diane	PCR/Meaningful Use
		1004A	subgroup	Problem List Reviewed
		1004B	subgroup	Medication List Reviewed
		1004C	subgroup	PHQ/SBIRT Screening
		1004D	subgroup	Continuity

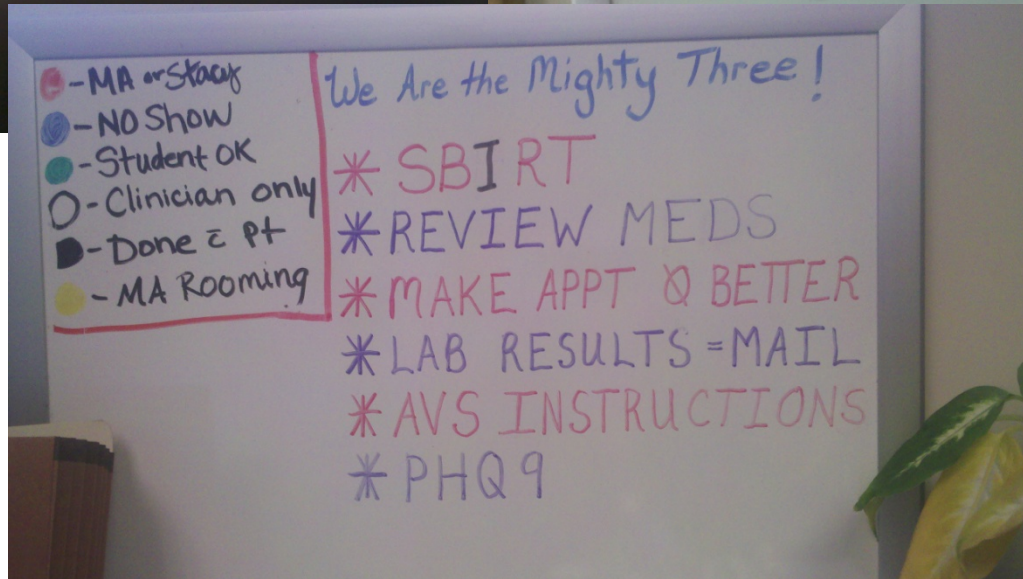
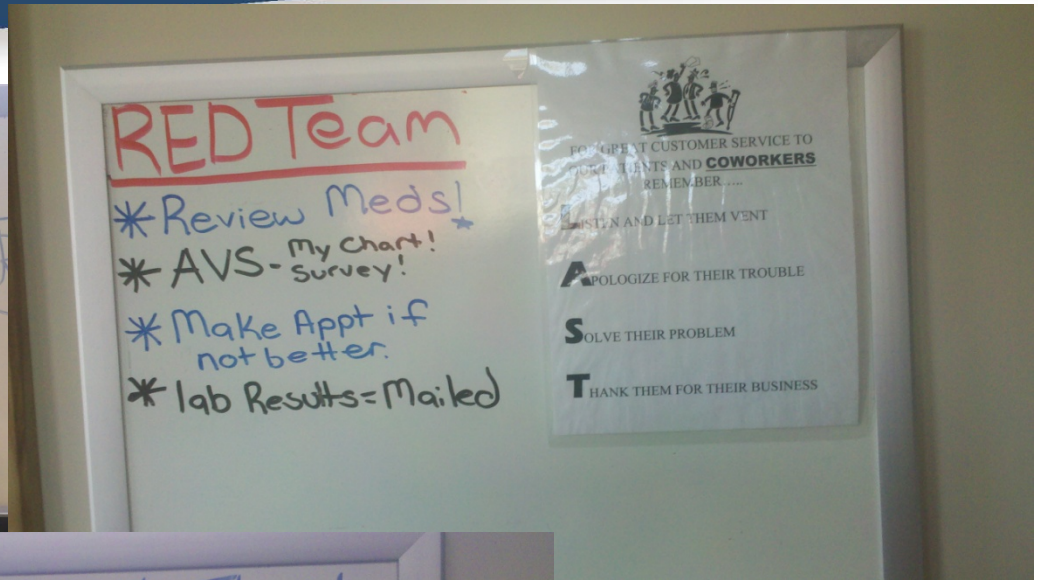
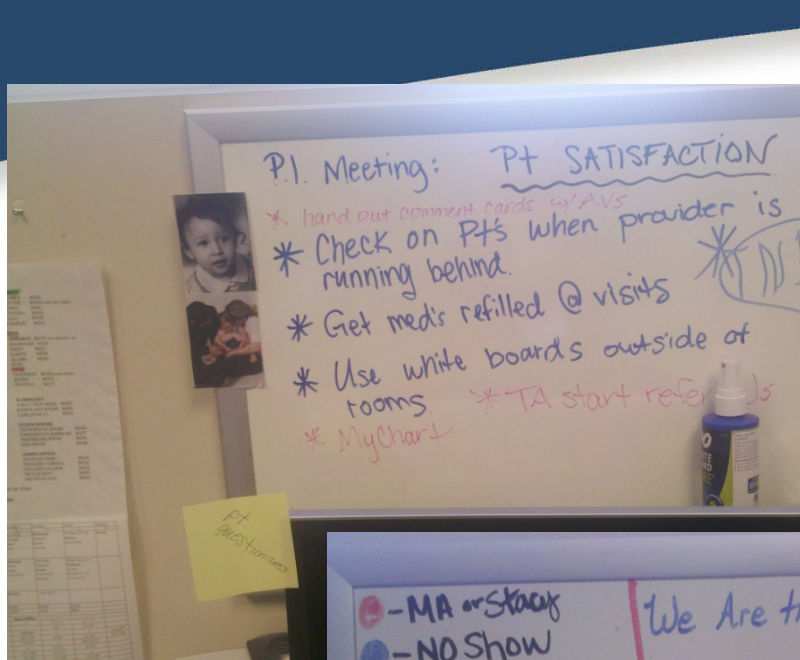
Step 3: Choose small projects

- Quality
- Satisfaction
- Cost
- Reviewing medication lists at every visit
- Post visit FTF surveying
- Reducing phone calls by answering questions thoroughly at appointments

Best Changes we've made to date

- Collecting data and posting it for all to see
 - Friendly “team” competitions
- Teams
 - Forming, co-locating, changing job functions
 - Care Managers & Team Coordinators
 - Fulltime Behaviorist
- Forming a Process Improvement Committee (PIC)
 - The PIC works initiates and sponsors all improvement projects from patient satisfaction to our rooming patients best practices.

Low Tech Works!



Measures Board



Staff Comments

“IT HAS BEEN A GREAT TO HAVE THE TEAM COORDINATORS SITTING IN THE TEAM ROOM. THEY HAVE LEARNED OUR PT’S AND ANSWER MOST OF THE QUESTIONS THAT WOULD NORMALLY BE PUT THROUGH TO THE LPN’S. BECAUSE THEY GET TO LISTEN TO THE CONVERSATIONS THAT HAPPEN WITH THE PROVIDER AND OTHER TEAM MEMBERS THEY KNOW WHAT’S GOING ON. THEY ALSO TAKE A LOT OF THE PAPERWORK LOAD OFF LPN’S I FEEL THAT THIS WAS THE BEST CHANGE WE HAVE MADE TO HELP GET US TO THE MEDICAL HOME.”

“I FEEL OUR PT’S DO KNOW WE ARE A TEAM THAT WORKS FOR THEM. “

“WE ARE DOING FANTASTIC ON THIS (CASE MANAGEMENT). OUR LPN’S ARE IMPROVING ON MAKING THE CALLS OUT AND KEEPING THEIR TEAM INFORMED ON PT’S STATUS. “

What our patients think...

“patients are getting very familiar with all team members and building trust with them”

“We are asking patients for their feedback and taking their advice”

“Patients appreciate being able to receive BH services at the clinic”

Date:	Time:	Male/Female:
PCP:	Age:	TC:

	Questions	Possible Reasons	Why/Why Not
1	Did you feel we showed concern and sensitivity to your needs today?	Enough time Friendly Privacy Rushed	
2	Did the amount of time you waited in the lobby and exam room meet your expectations?	Told wait time at check in Told wait time when roomed Given updates if time delay Lobby – exam	
3	Do you feel like all of your questions were answered and you understand all instructions?	F/U appointments Medications/refills	
4	When contacting the clinic do we meet your expectations?	Phone tree Didn't reach the correct person Had to leave a message	
5	On a scale of 1-5 (1 poor /5 excels) how would you rate your overall experience		
6	Why did you choose our clinic?		
7	Will you recommend our clinic to family and friends?		
8	If you could see us make one improvement what would that be?		

Press Ganey

Ambulatory Clinics	Press Ganey Hospitals National Average	Family Medicine Overall	Family Medicine CHH	Family Medicine Gabe Park	Family Medicine Richmond	Family Medicine Scappoose
		n=49	n=14	n=16	n=10	n=9
Overall Mean Score	90.1	88.6	85.8	88.9	87.1	94.1
Std Access to Care	88.6	87.7	87.5	91.0	77.1	93.8
Ease of getting clinic on phone*	84.9	83.7	82.7	90.0	63.9	94.4
Convenience of office hours	87.9	87.2	91.1	85.7	80.0	91.7
Ease of scheduling appointments	88.8	85.9	83.9	88.3	75.0	97.2
Courtesy of registration staff	91.5	92.4	91.1	96.9	87.5	91.7
Std Visit	82.3	83.1	78.9	84.4	83.8	86.1
Information about delays*	82	85.5	80.0	89.1	84.4	86.1
Wait time at clinic*	81.8	80.7	76.9	79.7	82.5	86.1
Std Nurse/Assistant	91.8	92.4	87.5	93.0	92.5	98.6
Friendliness/courtesy of nurse/asst	92.9	92.4	87.5	92.2	92.5	100.0
Concern of nurse/asst for problem	90.6	92.7	87.5	93.8	94.4	97.2
Std Care Provider	92	89.6	86.6	89.5	89.8	94.4
Friendliness/courtesy of CP	94	92.4	87.5	92.2	92.5	100.0
CP explanations of prob/condition	92.2	89.3	87.5	87.5	92.5	91.7
CP concern for questions/worries	92	89.8	82.1	93.8	90.0	94.4
CP efforts to include in decisions	91.7	90.3	91.1	85.9	90.0	97.2
CP information about medications	91.2	90.2	92.3	89.1	87.5	91.7
CP instructions for follow-up care	91.2	88.3	86.5	89.1	88.9	88.9
CP spoke using clear language	93.2	92.9	91.1	93.8	90.0	97.2
Time CP spent with patient	90.6	90.3	85.7	89.1	92.5	97.2
Patients' confidence in CP	92.6	87.2	80.4	89.1	87.5	94.4
Likelihood of recommending CP	92.2	85.9	80.8	85.9	87.5	91.7
Std Personal Issues	91.5	90.4	88.8	89.5	89.4	95.8
How well staff protect safety*	91.7	89.4	84.6	89.1	91.7	94.4
Our sensitivity to patients' needs	90.3	87.5	80.8	90.6	85.0	94.4
Our concern for patients' privacy	91.7	91.7	94.2	90.6	87.5	94.4
Cleanliness of practice	92.9	92.4	92.9	87.5	92.5	100.0
Std Overall Assessment	92.1	89.1	87.5	85.9	90.0	95.8
Care received during visit	92.2	87.2	78.6	90.6	87.5	94.4
Staff worked together	92.2	89.6	86.5	89.1	90.0	94.4
Likelihood of recommending practice	92.3	88.5	88.5	82.8	90.0	97.2
Our rspns to cnrm/cmplnt dur visit*	90.5	89.0	93.8	88.3	83.3	91.7

Overall Mean Scores and National Percentile Rankings*	>20th %ile	>40th %ile	>50th %ile	>60th%	>70th %ile	>80th %ile
	88.4	90.2	90.7	91.2	91.7	92.2

To sum up the journey so far...

- First couple of years were rough
- Staff didn't want to change or had difficulty understanding why change was necessary
"I feel high quality care and cost efficient contraindicate each other most of the time. Because when you try and keep cost down most of the time the quality goes down with it."
- Teams took awhile to "gel" – noise level can still be problematic
- Mistrust of data or underrating the value of data
- Finding the "right" level of staffing?
- How many patients can one nurse case manager handle? How to add to this role...
- Are we seeing the financial benefits yet?

Questions?



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