



CARE MANAGEMENT USING A QUALITY IMPROVEMENT PROCESS

**Family Tree Medical Associates
Dr. Troy Carlson & Debbie Mays**

PRESENTER INTRODUCTION

- Dr. Troy Carlson, MD

- Solo Practitioner of Family Tree Medical Associates
- Physician Champion for PGIP and NCQA PCMH
- Rated as a Top Producer by Meridian and Priority Health plans for 4+ years

- Debbie Mays, RN, HCM

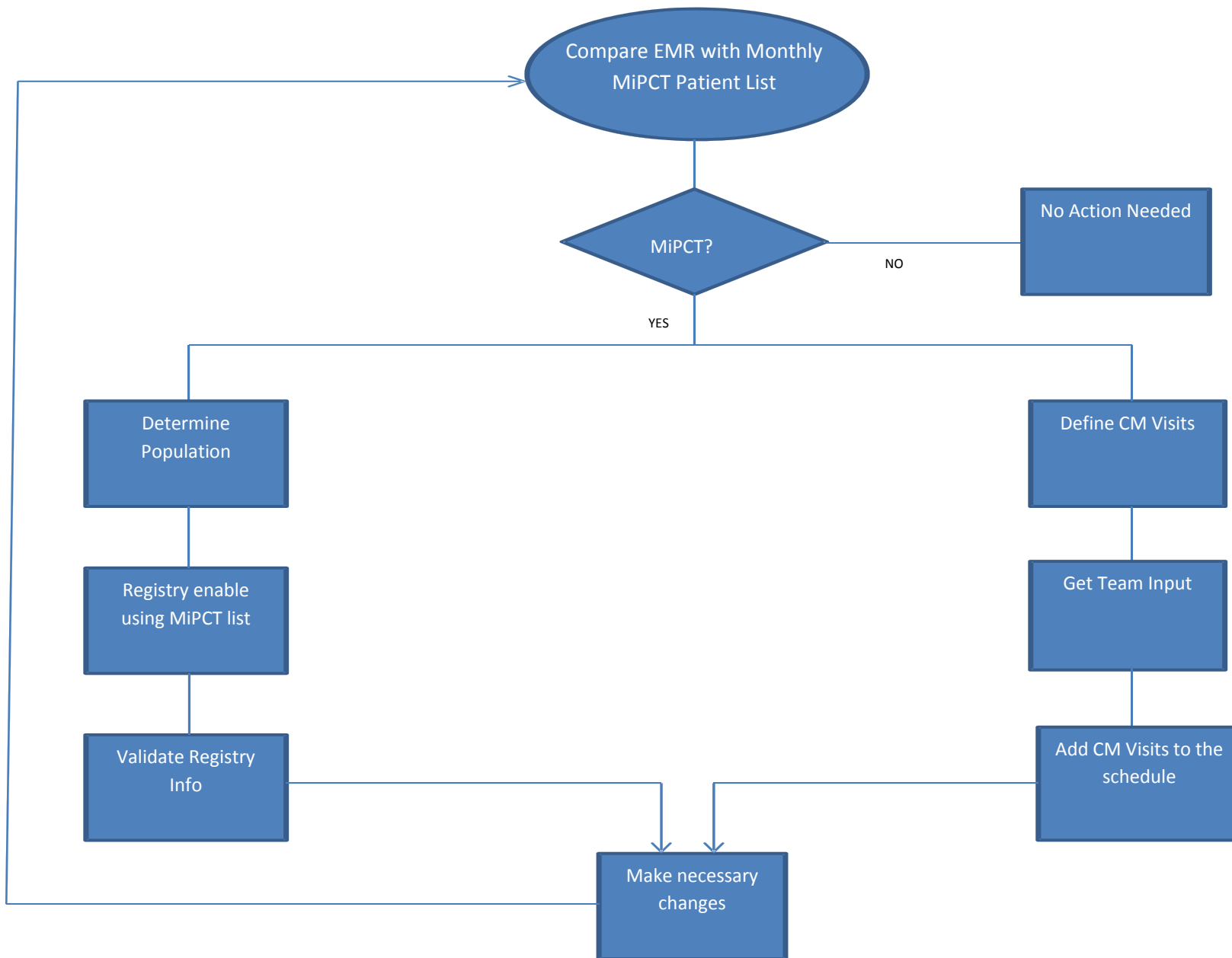
- 20 years CM experience in hospital and insurance settings
- Facilitator of change at Family Tree Medical achieving PGIP PCMH, NCQA Level 3 PCMH, and Meaningful Use



OBJECTIVES:

- List ways to define the patients the Care Manager will see in the practice
- Calculate the number of Care Management visits per day
- Describe how to involve the practice team in adding Care Management visits to the provider schedule
- Understand the various ways to engage the practice team





KNOW YOUR POPULATION

The screenshot displays the eClinicalWorks Registry application. The interface includes a top navigation bar with menu items like File, Patient, Schedule, EMR, Billing, Reports, CCD, Fax, ePayment, Tools, Community, Meaningful Use, Lock, and Help. Below this is a secondary navigation bar with icons for various functions. The main content area is titled 'Registry' and contains several tabs: Demographics, Encounters, Structured Data, Saved Reports, Referrals, Reports, Allergies, Vitals, Labs / DI, ICD, CPT, Rx, Chief Complaints, and Medical History. The 'Demographics' tab is active, showing search filters for Age Range, Sex (Both), PCP, Race, Ren Provid, Ethnicity, Zip Code, Facility, Language, and Insurance. There are also 'Patients Search Options' for Inactive, Deceased, and Registry Enabled. A large text box is overlaid on the search results area, containing the text: 'Use the patient registry or your MiPCT list to know how many MiPCT patients are in your patient population'. An arrow points from this text box to the search results area. At the bottom of the interface, there are controls for 'Run Letter', 'Run Subset (NOT)', 'Run Subset', and 'Run New'. The status bar at the bottom shows '100' of 1525 records, 'Clear Search', and 'Analyze Data' buttons. The system tray at the bottom right shows a battery level of 95%, signal strength, and the date/time: 7:22 AM 9/4/2013.

Use the patient registry or your MiPCT list to know how many MiPCT patients are in your patient population



FAMILY TREE MEDICAL EXAMPLE

- 'Registry Enable' the patients from the monthly MiPCT list
- Started in 2009 seeing patients with specific chronic conditions
 - Diabetes
 - Hypertension
 - ADD



DO THE MATH

Total number of MiPCT patients a CM will see

X

Total number of anticipated visits for the year

\

Total number of days the CM works(-vacation)

=

Total number of CM visits in a year



HERE IS OUR CALCULATION

$$\begin{array}{r} 1525 \text{ Patients} \\ \times \\ 2 \text{ Anticipated visits per year} \\ \hline 220 \text{ CM Working Days} \\ = \\ 14 \text{ CM Visits per day} \\ \text{(rounded up from 13.86)} \end{array}$$



DEFINE THE CM VISITS

1. Define the type of patients the Care Manager will see in the practice
 - a. Will it be all the chronic conditions or a select few?
 - b. Will the CM see all the preventative visits or just those over 65 years of age?
 - c. Will the CM see ALL the MiPCT patients regardless of age or condition?



ITS ALL ABOUT TEAM

- Assess the TEAM
 - Are there any barriers in creating CM visits?
 - Understand the strengths of each area of the practice
 - How can the front office help with this process?
 - How can the MAs or other nurses help?
 - What can the phone team do to help develop the CM schedule template?
 - How can the providers help the CM?
 - Determine the best way to communicate the CM schedule to the entire team
 - Decide with the provider if the CM is going to share the visit



AT FAMILY TREE

CM spent 30 minutes with each department:

- Front office
- Phone Team
- MAs
- Providers

Watching what they do and discussing their thoughts on the best ways to work CM visits into the schedule



GATHERED GREAT IDEAS!

- The Front Office suggested using **black** in the template so they stand out more
- The phone team suggested using the CM visit template for Preventative Care visits also
- The MAs suggested they offer the warm hand off to the CM when they finish with the patient
- The providers were open to sharing the visit but found it challenging to offer suggestions



BUILD BUILD BUILD...FOR SUCCESS

“Every plan is perfectly designed to get the results it’s getting” Jim Collins

- Create a CM visit template in the EMR
- Start seeing the patients
 - Use the process the TEAM agreed upon
 - Does the CM go in to the exam room before or after the provider?
 - Does the CM discuss every case with the provider before seeing the patient?
 - Take notes on successes and barriers in the CM schedule



- Admin
- Practice
- Resource Scheduling
- Carlson, R Troy
- Nyenhuis, Brenda S
- Office Visits
- Brenda Nurse S...
- Carlson Nurse ...
- Gurd, Sarah
- Linker, Kathleen
- Mays, Debra
- Registry
- Referrals
- Messages
- Documents
- Billing

Resource Scheduling



February 2014

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

Today: 9/5/2013

- All
- My Providers
- Carlson, R Troy
 - Nyenhuis, Brenda S

- Resources:
- Brenda Nurse Schedule
 - Carlson Nurse Schedule
 - Gurd, Sarah
 - Linker, Kathleen
 - Mays, Debra

Schedules, Appointments & Views

Slot: 5

Facility: All

		February 13, 2014	
		Carlson, R Troy	Nyenhuis, Brenda S
AM	:55		
	:00	1/1 CM-Chronic (Case management diagnosis) [FTMA-OV]	1/1 CM-Chronic (Case management diagnosis) [FTMA-OV]
	:05		
	:10		
	:15	1/1 WI (Work In) [FTMA-OV]	1/1 WI (Work In) [FTMA-OV]
	:20		
	:25		
9	:30	1/1 CM-Chronic (Case management diagnosis) [FTMA-OV]	1/1 CM-Chronic (Case management diagnosis) [FTMA-OV]
	:35		
	:40		
	:45		1/1 WI (Work In) [FTMA-OV]
	:50		
	:55		
	:00	[?]Ackley, Leo D (269) 948-9710 HME-30 PEN HME 06/27/1964	1/1 CM-Chronic (Case management diagnosis) [FTMA-OV]
	:05		
	:10		
	:15		1/1 WI (Work In) [FTMA-OV]
	:20		
10	:25		
	:30	1/1 CM-Chronic (Case management diagnosis) [FTMA-OV]	1/1 WI (Work In) [FTMA-OV]
	:35		
	:40		
	:45	1/1 WI (Work In) [FTMA-OV]	1/1 Well child (well child) [FTMA-OV]
	:50		
	:55		
	:00	1/1 CM-Chronic (Case management diagnosis) [FTMA-OV]	1/1 HME-30 (HME 18-65<=2 problems) [FTMA-OV]
	:05		
	:10		
	:15	1/1 WI (Work In) [FTMA-OV]	
	:20		
	:25		
11	:30	1/1 HME-30 (HME 18-65<=2 problems) [FTMA-OV]	1/1 OV (Office Visit) [FTMA-OV]

MODIFY

- Plan meetings with the team
 - Let team members share thoughts and feelings
 - Successes
 - Frustrations
 - Prioritize the agreed upon changes
 - Make the necessary changes and see patients
 - Repeat this cycle until the schedule is flowing smoothly...MOST DAYS 😊



OUR STORY WITH CHANGES

- The providers were able to discuss their thoughts after sharing the visits with the Care Managers
- We hold weekly ALL staff meetings and used this time to share feelings and frustrations about the CM visit template
- The whole TEAM prioritized the suggested changes
- Changes were implemented



AND NOW...

We see:

1. Patients in the **Top 10 Chronic Conditions** in our practice
2. MiPCT Preventative Visits with chronic conditions *regardless* of age
3. The Phone Team and Front Office schedule the patients in the CM visit slots
4. The providers are comfortable with the CMs sharing the visits and in many cases think it saves them time



ALL PRACTICES ARE *NOT* CREATED *EQUAL*

Even though every practice is **UNIQUE** change transitions best when there is:

- Practice Manager support
- Physician/Provider support
- Team buy in
- Patient Awareness

“To improve is to change; to be perfect is to change often.” Winston Churchill



IN SUMMARY...

- Use the MiPCT list to know your Care Management population
- Assessment begins by involving the team members in the Care Management scheduling process
- Start small and make modifications before expanding who you see
- The best way to make it through this transition is through provider support, team buy in, and patient awareness
- You CAN do this!!



QUESTIONS?

