PCMH/ACO A Journey in the Mississippi Delta

BY JOANIE PERKINS, CPC
Objectives

Understand the similarities between the ACO measures and PCMH standards

Some “what not to do’s” on the journey

Some “must do’s” on the journey

Understand communication strategy that worked for us
A bit of history...

Sunflower RHC est. 1993 as PB-RHC

New Management converted to CAH avoiding hospital closure and relocated the clinic out to the highway at front of the hospital parking lot

RHC’s expanded hours – pressure release valve for ED’s overutilization of unnecessary visits
History

Expanded hours had unexpected benefits for CAH
  ◦ 16hr days created potpourri of patients from a larger market area
  ◦ Communication w area providers became essential – Great working relationships
  ◦ Expedited services – provider of choice
  ◦ Focused on problems – No AWV’s, IPPE’s or CCM
History

High Pt. Satisfaction Scores/Excellent Marketing efforts lead to drastic increase in visits

5 separate clinic expansions to gain more space

Upgraded CLIA lab to moderately complex

Addition of radiology

PATIENT SATISFACTION

State Average 64%
National Average 64%
NORTH SUNFLOWER MEDICAL CENTER 92%
History

Unexpected Effects

- Became known as a “mini urgent care”
- Quick visits/no scheduled appointments “norm”
- PRN providers & Follow up issues
- Continuity of care issues
- Rapid growth created team member issues – proper clinic orientation, PCP ID’s, equipment storage, formularies, new service lines, silos
Current Set-up

3 shifts
- 8am – 4pm, 4pm – 12mn and weekends

33 exam rooms 79 staff excluding specialists
- Uro/Gyn
- Pain Management
- Sports Medicine
- Pediatric Dentistry
- Psychiatry
- Telemedicine – Endocrinology (UMMC) Postponed currently
  Attached RX with expanded hours (340b)
Decision Time

August 2018 Signed with Nationally Accredited PCMH Organization—“The Compliance Team” (Planning for the future)

- RHC exclusions won’t last forever...
- Providers playing duplicate roles reporting anyway
- Right thing to do...
- Don’t get left behind
Unexpected Decision

NSMC Hospital signed with MS ACO “Caravan Health” in September 2019 TCIP with go-live 1/1/2019
Sunflower RHC Strategy

Changed leadership – Managed by team, not by director and subordinates

Physician and Co-physician Championships

CEO buy-in and participation on steering committee

Culture change from staff to “team members”
Out of the gate...

Assigned one person to review PCMH standards and checklists and bring to the management team

Created an intranet work plan for management team for tasks, responsibilities, etc...

PDSA Cycles for change
<table>
<thead>
<tr>
<th>Date</th>
<th>Issue</th>
<th>Creator/Assignee</th>
<th>Action Due Date</th>
<th>Expected Date</th>
<th>Status</th>
<th>Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3/2019</td>
<td>TCPI Quarter 4 Quality Data Submission</td>
<td>Joanie/Heidi</td>
<td>1/4/2019</td>
<td></td>
<td>Successful Last Submission for TCPI</td>
<td>Reports Running - will be done 1/4/2019</td>
</tr>
<tr>
<td>1/4/2019</td>
<td>Log ticket with PP to write conditional logic for depression and fall screenings</td>
<td>Heidi/Heidi</td>
<td>1/4/2019</td>
<td></td>
<td>Successful tracking on Quality Measures for Depression and</td>
<td>Ticket Logged; SO #000555558</td>
</tr>
<tr>
<td>1/4/2019</td>
<td>Reception Staff Meeting</td>
<td>Joanie/Lisa/Jackie/Heidi</td>
<td>1/31/2019</td>
<td></td>
<td>Communication between all Clinic Departments - PP PCP location</td>
<td>MSP Forms/Provider Requests/Phones Answered</td>
</tr>
<tr>
<td>1/4/2019</td>
<td>Clinical Staff Meeting</td>
<td>Joanie/Mandy/Heidi</td>
<td>1/31/2019</td>
<td></td>
<td>Communication between all Clinic Departments</td>
<td>Meetings scheduled 01/30/2019 3 pm and 4 pm</td>
</tr>
<tr>
<td>1/14/2019</td>
<td>Move Debbie Joel back to Clinic</td>
<td>Joanie/Lisa/Jackie or Jacki (phone)</td>
<td>1/31/2019</td>
<td></td>
<td>Debbie will assume her IPPE/AVV/V new duties along with hourly reporting duties in the clinic</td>
<td>Done</td>
</tr>
<tr>
<td>1/14/2019</td>
<td>Review Need for Hostess Position</td>
<td>Team/TBD</td>
<td>1/31/2019</td>
<td></td>
<td>The Clinic Team will utilize the tracking board to monitor the Lobby</td>
<td>Done</td>
</tr>
<tr>
<td>1/14/2019</td>
<td>MSP Team Training</td>
<td>Joanie/Lisa/Jackie</td>
<td>2/15/2019</td>
<td></td>
<td>Ensure all Team Members Understood the Importance of filing out the MSP form and do it correctly</td>
<td>Done</td>
</tr>
<tr>
<td>1/14/2019</td>
<td>Discuss reducing the Clinic Footprint during certain times</td>
<td>Team/TBD</td>
<td>ASAP</td>
<td></td>
<td>Reduce the need for additional staff for receiving patients</td>
<td>Done</td>
</tr>
<tr>
<td>1/15/2019</td>
<td>Discuss Dr. Aquino's retirement with Sam/Rodney</td>
<td>Joanie/Joanie</td>
<td>ASAP</td>
<td></td>
<td>Dr. Aquino retires</td>
<td>Done</td>
</tr>
<tr>
<td>1/16/2019</td>
<td>Train nursing/tridge staff to highlight MEDICARE insurance types on paper forms for providers</td>
<td>Heidi/Heidi/Mandy</td>
<td>TBD/Clinical Staff Meeting</td>
<td>ASAP</td>
<td>Providers better recognize Medicare pt.2 and inquire about AVV/IPPE, as well increase HCC</td>
<td>Done</td>
</tr>
<tr>
<td>1/16/2019</td>
<td>Discuss CPF intake going</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Note:** The table represents the PHC Project Team Meeting issues for discussion with details on dates, creators, actions, and progress updates.
Separation Didn’t work

Divided our teams into clinical and non

Staff meetings Q1mos x 6 mos – tested knowledge
  ◦ Poor results all around…siloes
  ◦ Quality Measures missing targets
  ◦ CCM, TCM referrals poor
Back to the drawing board...

Utilized our Pt. Satisfaction tool – surveyed team satisfaction/preferred communication

Results 84%
  ◦ Bulletin Board
  ◦ E-mail
  ◦ One-on-One
How we’re currently sharing...

PDSA cycles are posted by the time clock
- Used a board that team can write on and post
- Emails are posted and sent via distribution group
- One-on-One trainings via “provider teams” delivered in “batches, or groups”
- Checklists are used
- Tests are given after one-on-ones
Kicking off CCM/AWV’s and IPPE’s

Hired 1 RN, 1 LPN – Site visit
Developed template (none existed)
Slo-o-ow start
Changed gears (again)mid-way
Incentivized team and patients
Changes created great movement avg 15 scheduled AWV’s/wk and 30 CCM referrals
PCMH Policies

RHC’s are one giant leap in the right direction

Beefed up Quality Improvement quite a bit

ACO (Blues and some Medicaid) quite helpful – Overutilization ED visits, proactive management (care gaps) Care Plans, etc...

ACO extremely helpful keeping us on track with measure tracking/short-term goals/ PDSA cycles
Data Sharing

Independent RHC’s – Partner with local hospital

PB-RHC’s lucked out... pull the daily census
- ED, Discharges, Admits
- Discharge Planners – key
- Invite Schedulers/Med Rec (HCC)/ED to provider meetings
Largest Barrier

Old software (must meet certified hearth record technology)

Original timeline 15 months (Feb 2020)

Implementation Paragon Ambulatory 11/19

Survey Ready – POC 60 days correction

ACO Barrier – CCM Score...need to climb 14 points by 12/31/19
Unexpected Benefits

Better control of wait times/schedules

Patient’s love it! Reduced number of phone calls—call backs

Providers love the team huddles

Community Involvement has strengthened

Closer relationship with ED/hospital/ and scheduling team
We turned the Titanic
Questions

Thanks for your attention!

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