



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 AWW's, IPPE's or CCM



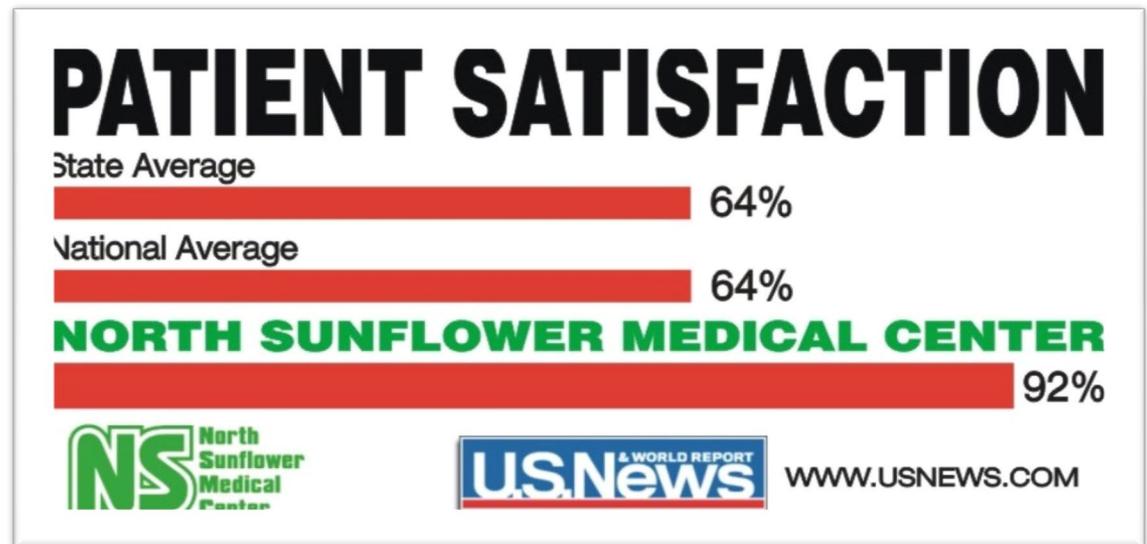
History

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



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

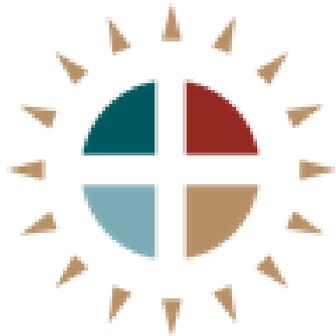
August 2018 Signed with Nationally Accredited PCMH Organization–
“The Compliance Team” (Planning for the future)

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


The Compliance Team™ Exemplary Provider® Accreditation

Unexpected Decision

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



caravanhealth

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

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RHC Project Team Meeting										
Clinic Issues for Discussion										
	Date	Issue	Created	Followed	Action Due Date	Expected Date	Status	Progress Update	Date Complete	
1										
2										
3										
4										
5	1	1/3/2013	TCPI Quarter 4 Quality Data Submission	Joanie	Heidi	1/4/2013	Successful Last Submission for TCPI	Done	Reports Running - will be done 1/4/2013	1/4/2013
6	2	1/4/2013	Log ticket with PP to write conditional logic for depression and fall screenings	Heidi	Heidi	1/14/2013	Successful tracking on Quality Measures for Depression and	Done	Ticket Logged; SO #00855598	1/16/2013
7	3		Reception Staff Meeting	Joanie	Lisa/Jackie/Heidi	1/31/2013	Excellent Communication between all Clinic Departments - PP PCP location	Done	MSP Forms/Provider Requests/Phones Answered	
8	4	1/4/2013	Clinical Staff Meeting	Joanie	Mandy/Heidi	1/31/2013	Excellent Communication between all Clinic Departments	Done	Meetings scheduled 01/30/2013 3 pm and 4 pm	1/30/2013
9	5	1/14/2013	Move Debbie Joel back to Clinic	Joanie	Joanie/Lisa/Jackie (phone)	1/31/2013	Debbie will assume her IPPE/A/W/V new duties along with hourly reporting duties in the clinic	Done		1/16/2013
10	6	1/14/2013	Review Need for Hostess Position	Team	TBD	1/31/2013	The Clinic Team will utilize the tracking board to monitor the Lobby	Done		1/14/2013
11	7	1/14/2013	MSP Team Training	Joanie	Lisa/Jackie	2/15/2013	Ensure all Team Members Understand the Importance of filling out the MSP form and do it correctly	Done		1/31/2013
12	8	1/14/2013	Discuss reducing the Clinic Footprint during certain times	Team	TBD	ASAP	Reduce the need for additional staff for receiving patients	Done		1/31/2013
13	9	1/15/2013	Discuss Dr. Aquino's retirement with Sam/Rodney	Joanie	Joanie	ASAP	Dr. Aquino retires	Done	Dr. Aquino has agreed to see his contracted # of patients per year	
14	10	1/16/2013	Train nursing/triage staff to highlight MEDICARE insurance types on paper forms for providers	Heidi	Heidi/Mandy	TBD/Clinical Staff Meeting	Providers better recognize Medicare pts. and inquire about A/W/V/IPPE, as well increase HCC	Done		

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

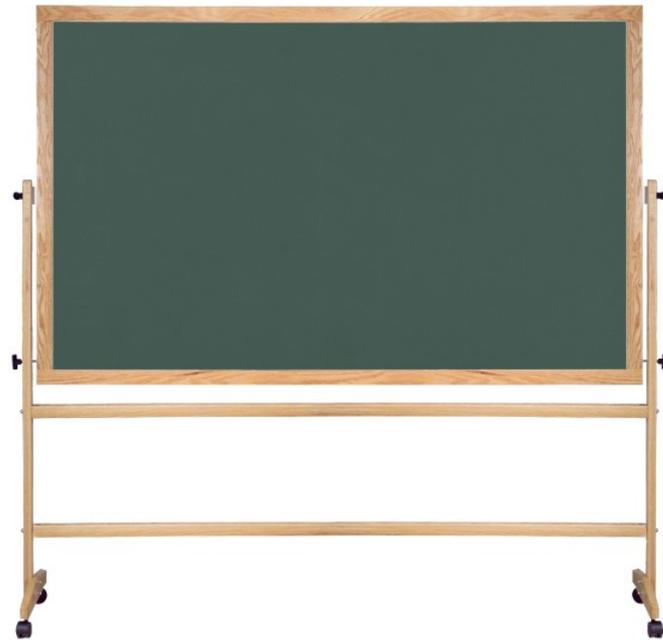


Back to the drawing board...

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 health 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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