

# Hands-on Use of Tools -- What Does Great Look Like?

Amber L. Winkler, MHA  
Group Practice Forum

# Overview

---

- PCMH Experience
- How to
- Good to Great
- 5 Must-Have Tools

# PCMH Experience

---

## Palmetto Primary Care Physicians (PPCP) & BlueCross BlueShield of South Carolina

- 1<sup>st</sup> pilot
- Non-clinical: case managers (CM), management
- Clinical: CDE & MD resources

## NCQA PCMH Level III

- 19 practice locations recognized

## Case Managers

- Data oversight
- Resources: education, financial
- Motivational interviewing, etc.

# PCMH Experience: Metrics

---



# PCMH Experience: Tools to Achieve Greatness

- Patient Registry
  - Excel
    - Programmer updated data
  - Software
    - Risk Stratification
- CM Call Questions
  - Script
- CM Call Log
- CM Goal Sheet
- CM Note Template in EMR
- Education Class Pre & Post Assessment

Registry example: Healthcare - Microsoft Excel - www.microsoft.com

Patient ID	Name	DOB	Sex	Ethnicity	Height	Weight	BP	Date	Insurance
100001	John Doe	1/1/1950	M	W	170	70	120/80	1/1/2010	Medicare
100002	Jane Smith	2/2/1960	F	W	160	60	110/70	2/2/2010	Medicare
100003	Bob Johnson	3/3/1970	M	W	180	80	130/90	3/3/2010	Medicare
100004	Alice Brown	4/4/1980	F	W	150	50	100/60	4/4/2010	Medicare
100005	Charlie White	5/5/1990	M	W	170	70	120/80	5/5/2010	Medicare
100006	Diana Green	6/6/2000	F	W	160	60	110/70	6/6/2010	Medicare
100007	Frank Black	7/7/2010	M	W	180	80	130/90	7/7/2010	Medicare
100008	Grace King	8/8/2020	F	W	150	50	100/60	8/8/2020	Medicare
100009	Henry Lee	9/9/2030	M	W	170	70	120/80	9/9/2030	Medicare
100010	Ivy Scott	10/10/2040	F	W	160	60	110/70	10/10/2040	Medicare

Parent: PCMH

Patient ID	Name	DOB	Sex	Ethnicity	Height	Weight	BP	Date	Insurance
100001	John Doe	1/1/1950	M	W	170	70	120/80	1/1/2010	Medicare
100002	Jane Smith	2/2/1960	F	W	160	60	110/70	2/2/2010	Medicare
100003	Bob Johnson	3/3/1970	M	W	180	80	130/90	3/3/2010	Medicare
100004	Alice Brown	4/4/1980	F	W	150	50	100/60	4/4/2010	Medicare
100005	Charlie White	5/5/1990	M	W	170	70	120/80	5/5/2010	Medicare
100006	Diana Green	6/6/2000	F	W	160	60	110/70	6/6/2010	Medicare
100007	Frank Black	7/7/2010	M	W	180	80	130/90	7/7/2010	Medicare
100008	Grace King	8/8/2020	F	W	150	50	100/60	8/8/2020	Medicare
100009	Henry Lee	9/9/2030	M	W	170	70	120/80	9/9/2030	Medicare
100010	Ivy Scott	10/10/2040	F	W	160	60	110/70	10/10/2040	Medicare

# PCMH Experience: Tools to Achieve Greatness

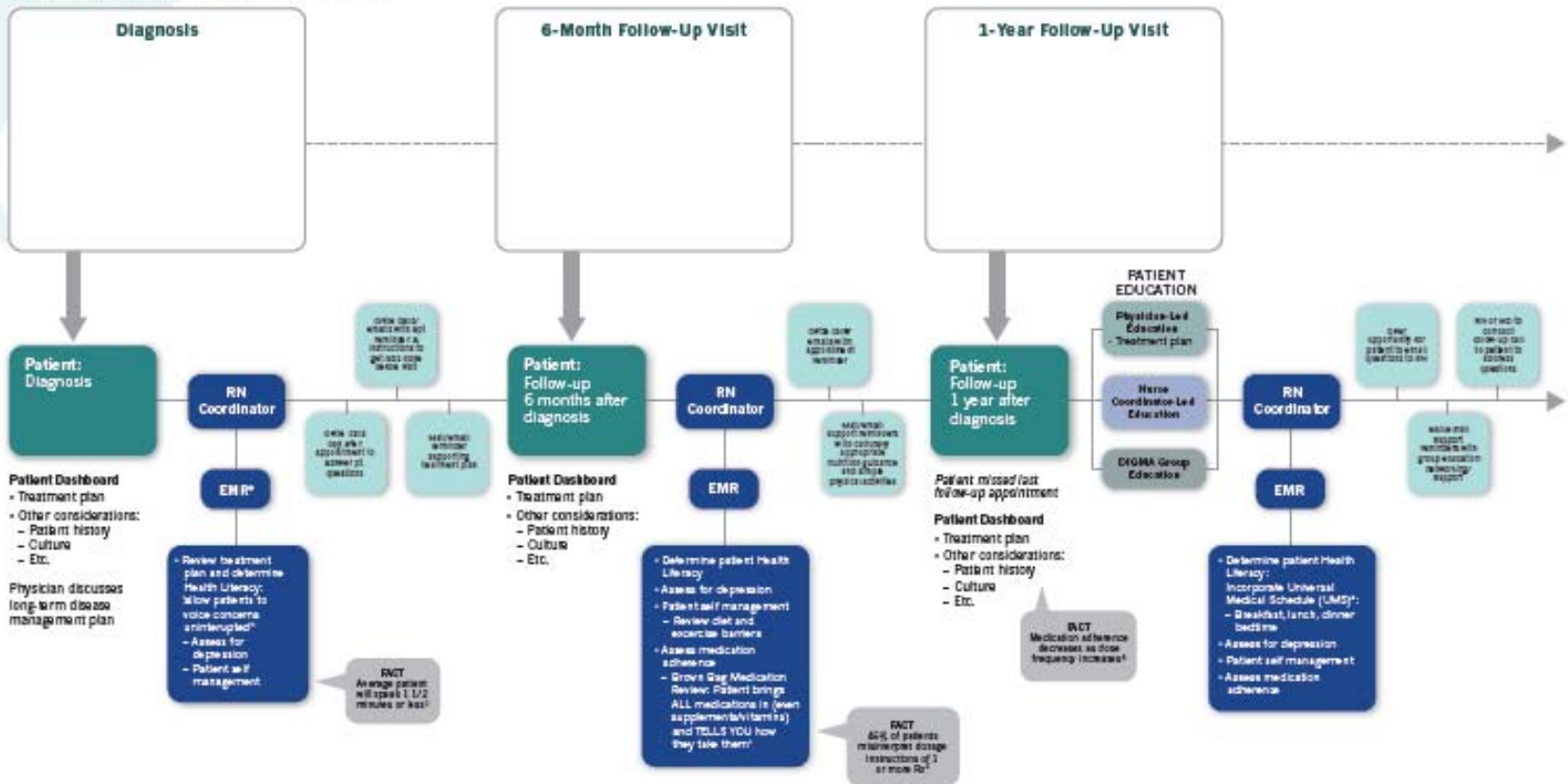
---

- Processes: process map, bullet list, etc.
- Patient Education Sources (many)
- Motivational Interviewing
- Resource Library: education, insurance, community, pharmaceutical, patient assistance programs
- CM Training Checklist
- Physician-CM Meeting: template, questions, topics

# Patient Journey

## Advancing Coordinated Patient Care in Chronic Care Management

### My Practice — New Considerations:



# PCMH Experience: Outcomes

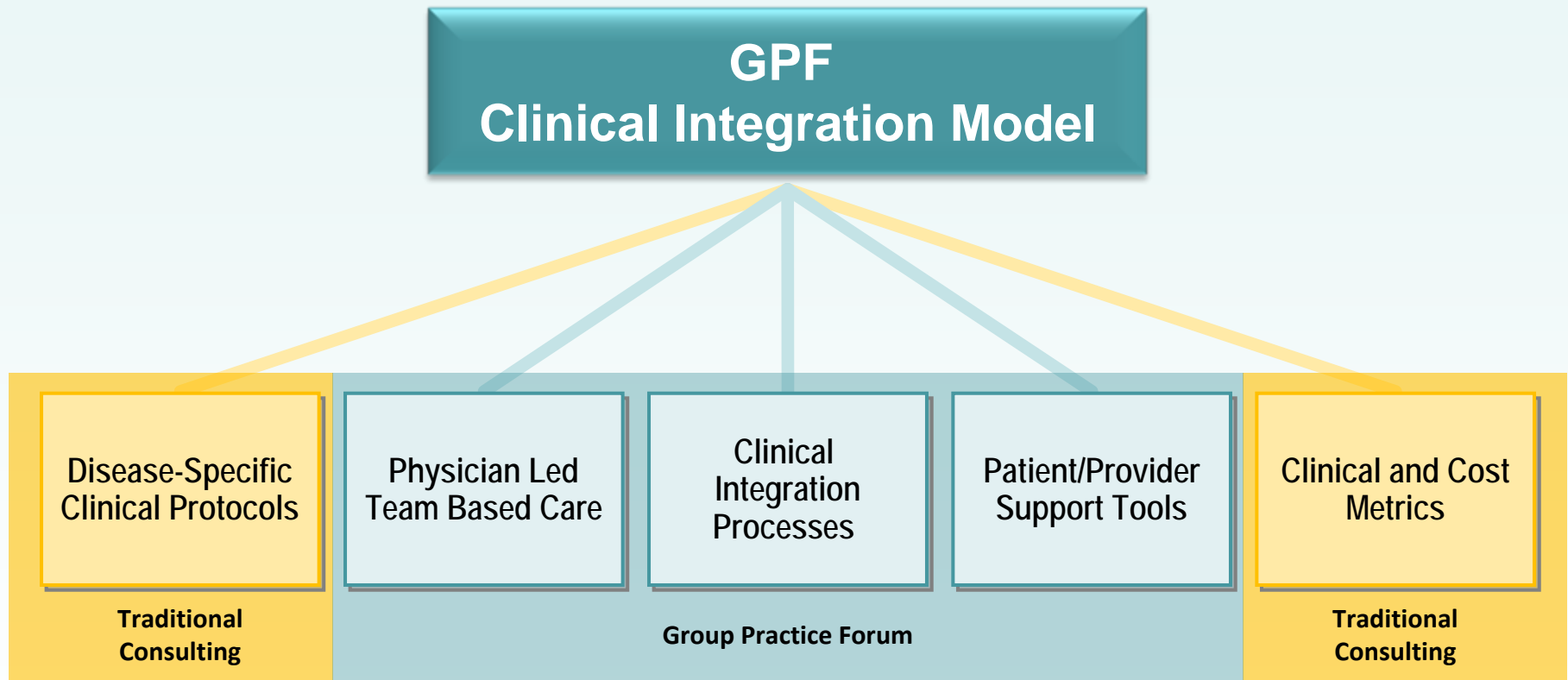
## Year 1

- Total medical & pharmacy costs 6.5% lower PMPM than control group
- Inpatient Hospital Days
  - 10.4% reduction per 1000 enrollees per year among PCMH patients
  - 36.3% lower among PCMH patients than among control group
- Emergency Department
  - 12.4% reduction per 1000 enrollees per month among PCMH patients
  - 32.2% lower per 1000 enrollees among PCMH than among control
- Improved 6/10 process & outcome lab metrics

## Year 2

- Improved 9/10 process & outcomes lab metrics  
(full data & utilization analysis still in progress)

# GPF Clinical Integration Model



# How?

---

- Collaborative Team Based Care
- Tools
  - Checklists
  - Staff/Provider Tools
  - Patient Tools
  - Patient Journey
- Process
- Data
- Process Improvement

# Program Vision

---

- Envision
  - Program
  - Patient communication
  - Professionalism
  - Data gathering/record keeping
  - Accuracy
  - Best way to ask questions
  - What information you need for \_\_\_\_\_
  - Etc.
- Tools help make this possible
- Put process in place
- Build or implement tools around vision & process

# Tools

---

## Processes

- Best practice
- Optimal way to do things
- Becomes day-to-day operations thru tools

## Streamline

- Decrease variation
- More uniform experience for patients & providers

## Increase Productivity

- Can do more with current staff
- Greater impact on outcomes

## Professionalism

- Program look & feel

# Tools

## Accountability

- Understand roles & responsibilities
- Have & use data

## Decreases Confusion

- Management & tracking
  - Use same documentation process
- Orienting new staff easier

## Options

- Make your own
- PCMH Organizations
- Academic
- Pharmaceutical Industry
- Paper, imbed in EMR, CM Software, etc.

## Be Smart

- Research & reach out
- Use available resources
- Don't have to create everything yourself

# Process

---

- Different Models
  - Clinical, non-clinical, etc.
  - Can all work
  - Emphasis on execution & application
- Evaluate Patient Flow
- Best Practices
- System takes over once in place

# Implementation

---

## Incremental Steps

### Start “Easy”

- Early success
- Encourage buy-in
- Logical
- Scalable

### Keep it Simple

- Clear & concise messages
- Decrease confusion around program & process

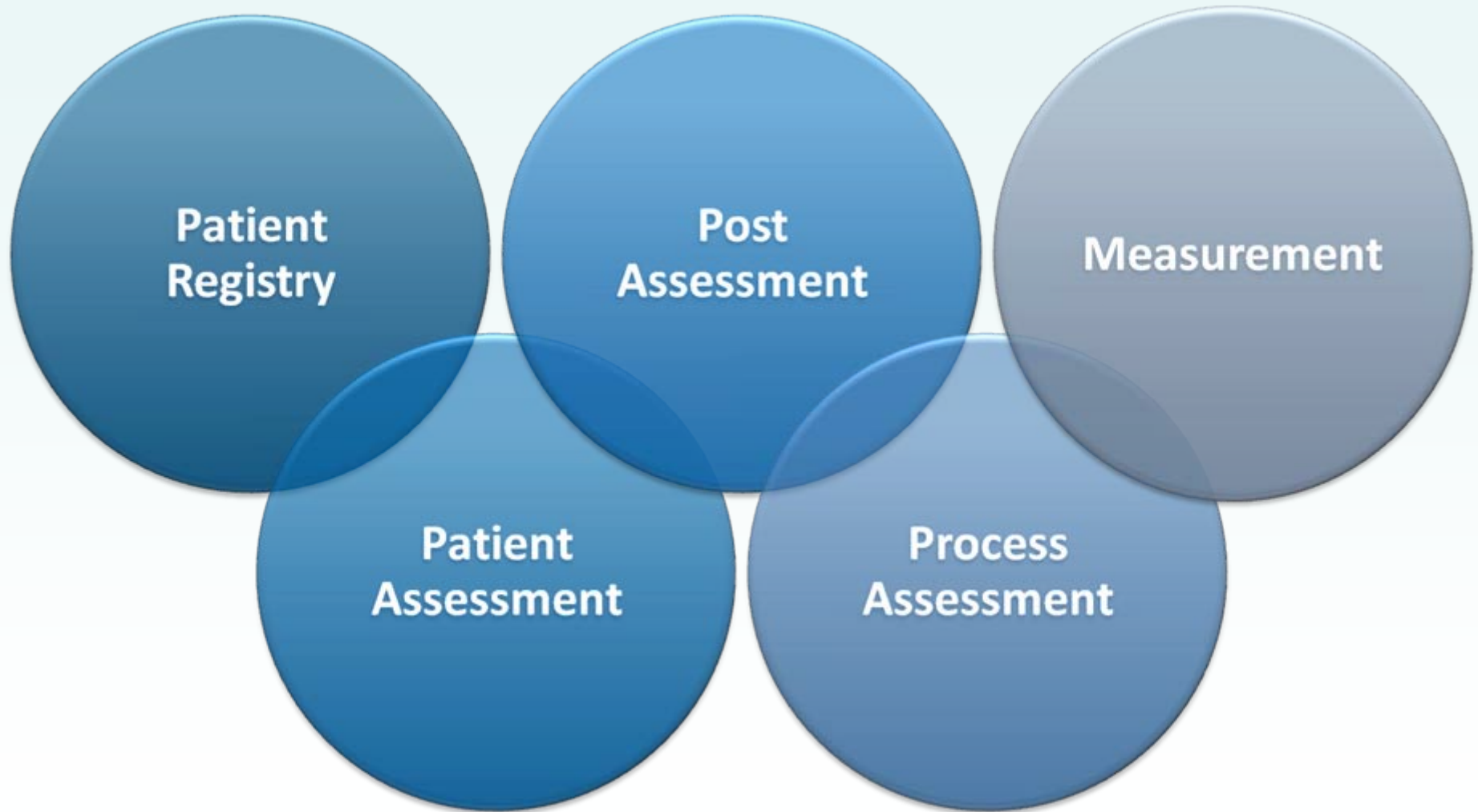
# Good to Great...Plan Do Study Act: Rapid Quality Improvement Cycles

---

- Implement, evaluate, improve
  - Make best first attempt
  - Continuously repeat as needed
- Be Objective
- Observe
- Improve processes along the way
- Ask staff questions
  - What spending most time doing?
  - What's frustrating?
  - What's causing issues with patients or providers?
  - Any duplication happening?
  - Inefficiencies?
  - What processes are manual? IT/software solutions?

# Start a Program: 5 Must-Have Tools

---



# Contact Information

---

Amber L. Winkler, MHA

[amberwinkler@gpf.md](mailto:amberwinkler@gpf.md)

828.268.2084