

Closing Care Gaps: Team, Technology, Space

Nolan Chang, MD

Regional Medical Director, Business Management

Southern California Permanente Medical Group



Team

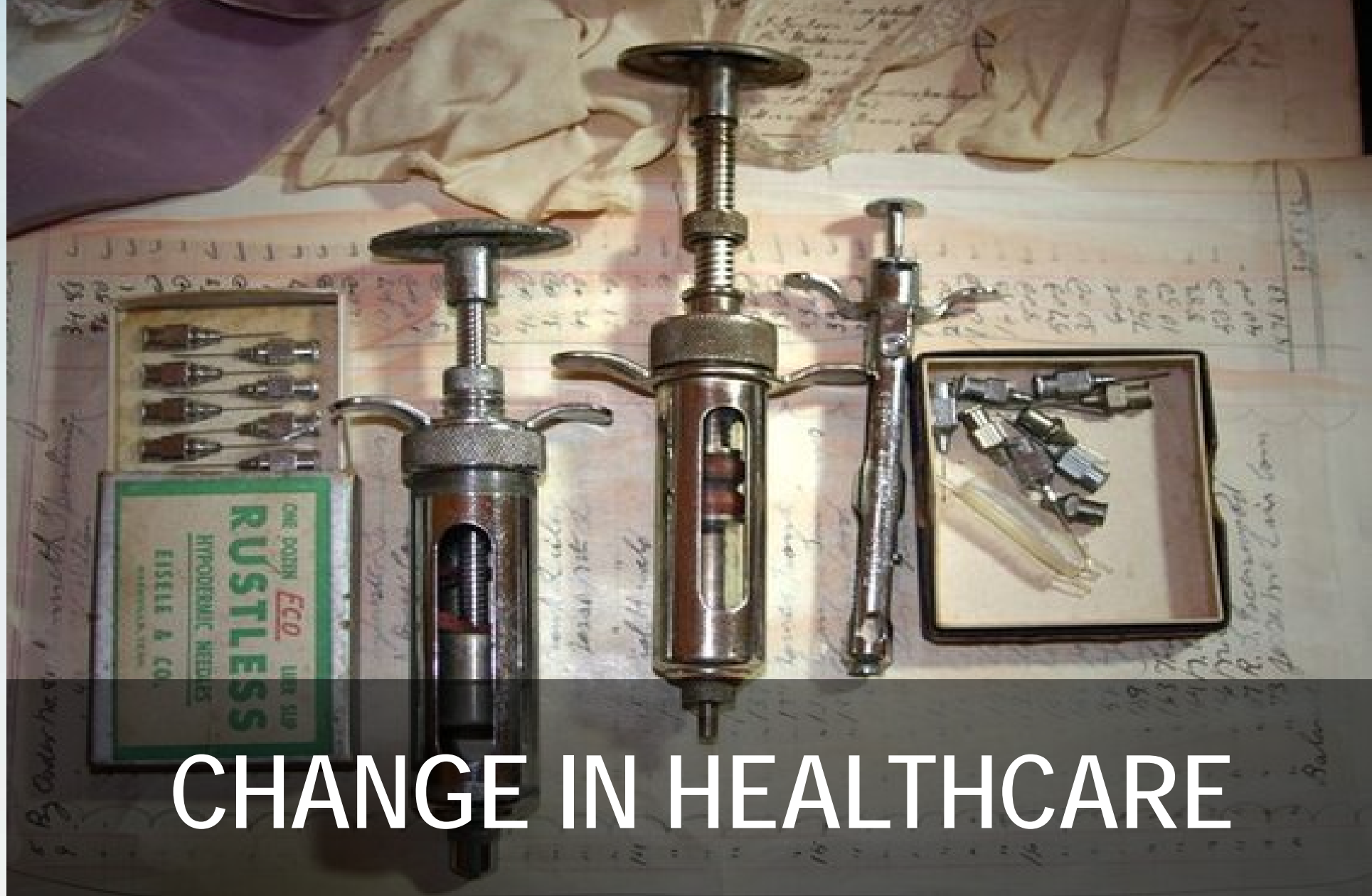


Space



Technology

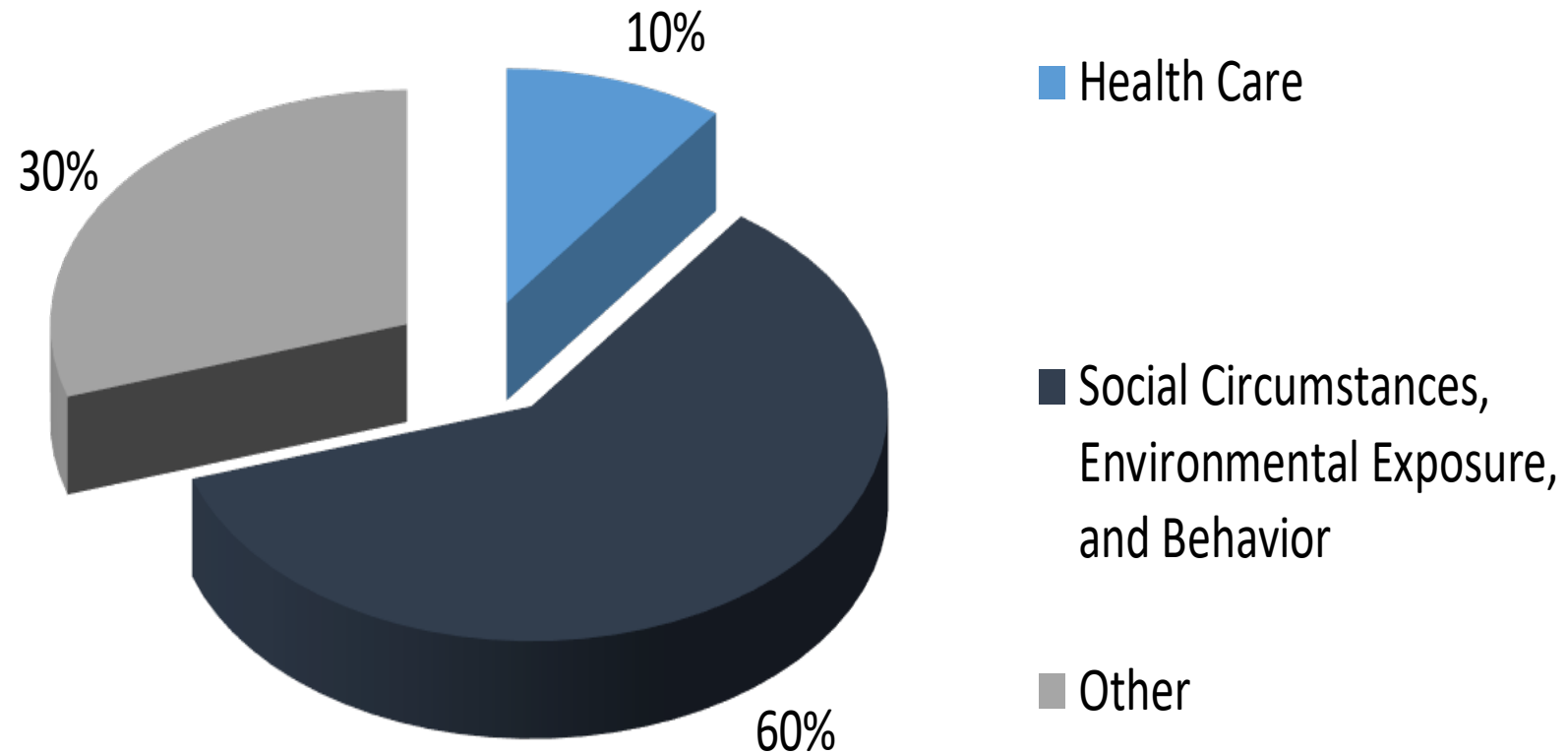




CHANGE IN HEALTHCARE

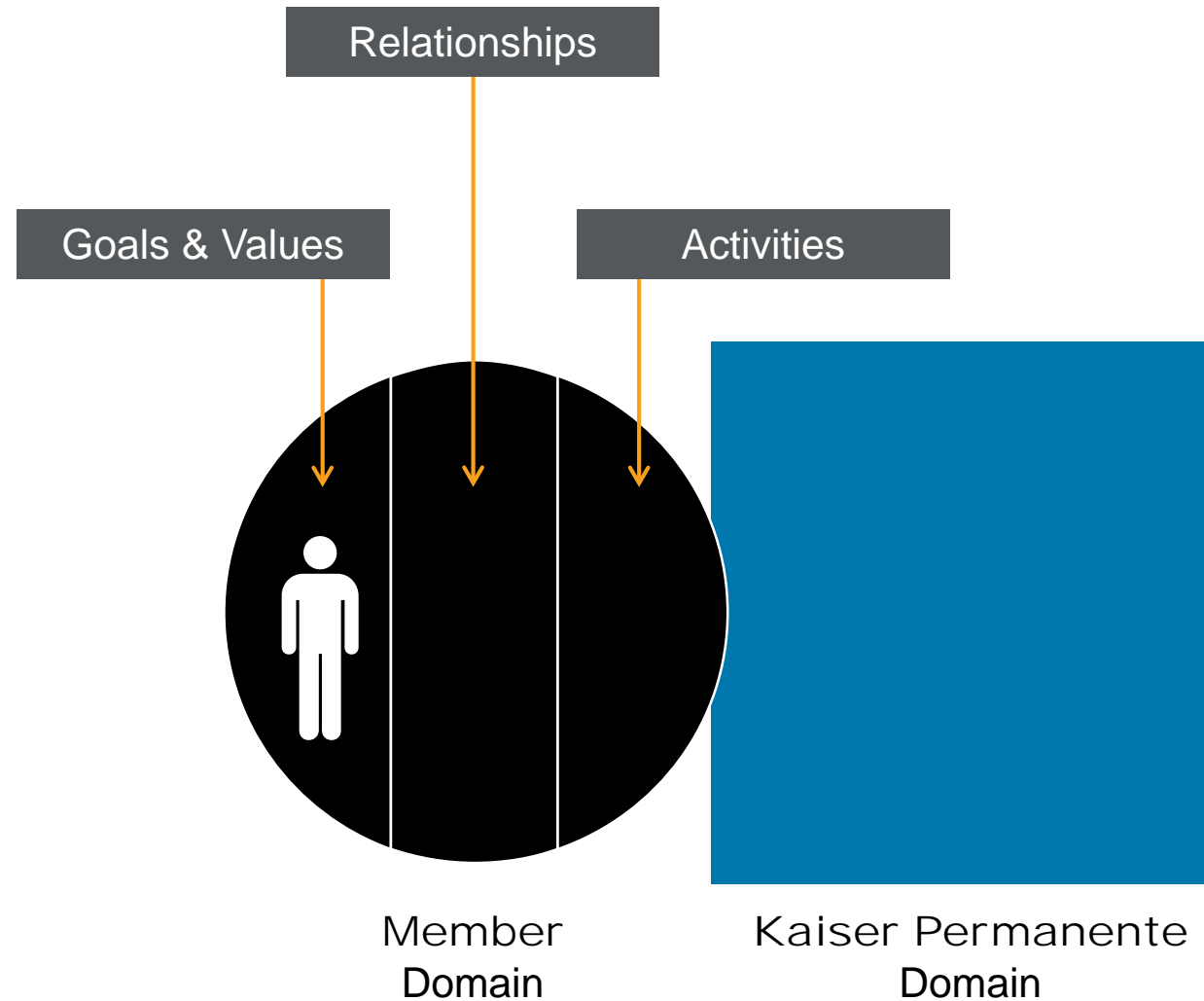


CHRONIC DISEASE



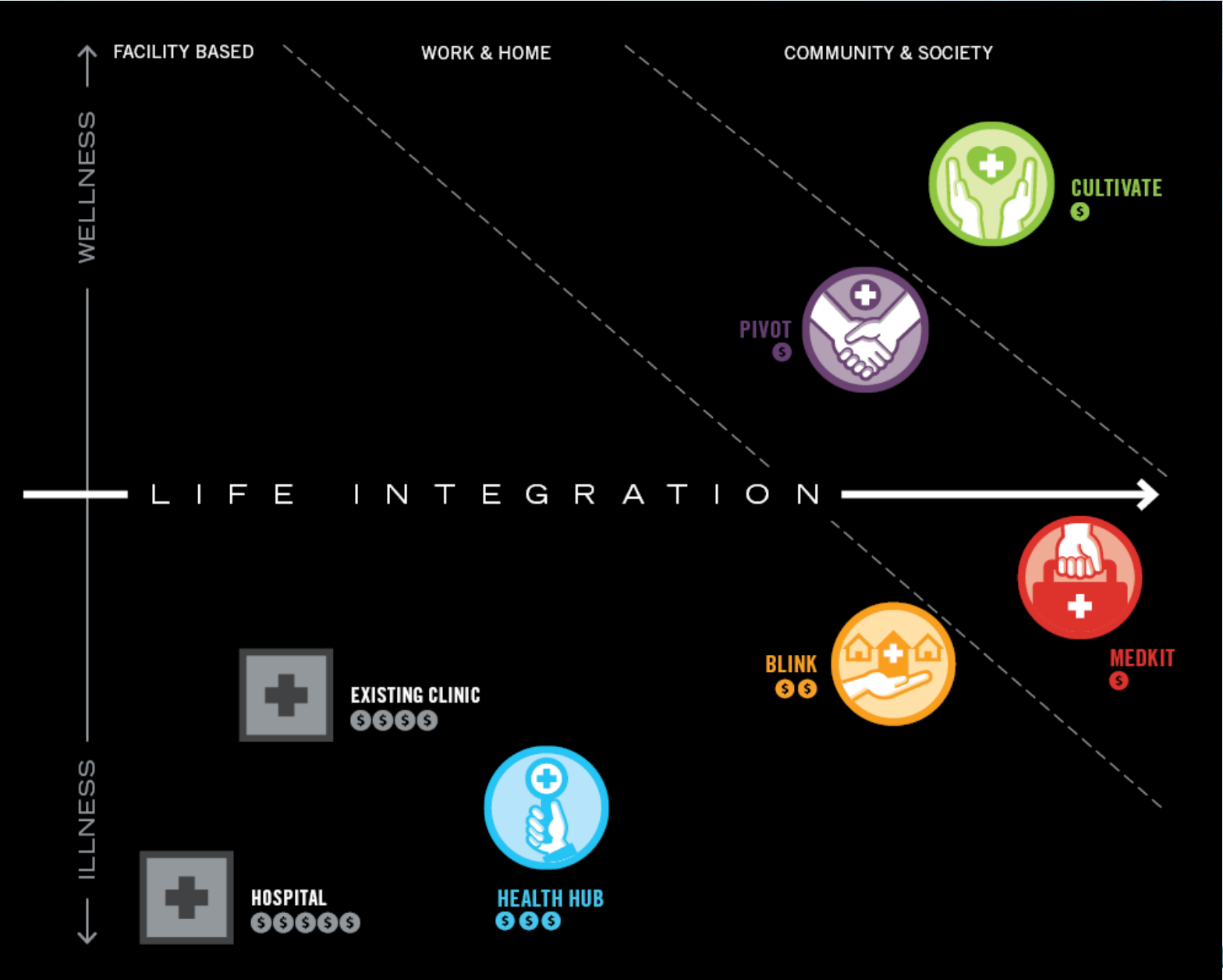
DETERMINANTS OF HEALTH CARE OUTCOMES

Today



System Design

Create a system of care that supports both the member and the physicians by creating more meaningful relationships and interactions between the member and the care team.



Next Generation Medical Office Update

Team



Team-based care that problem solve together

Camaraderie

Patients centered care from the ground up

Space



Large group practice with the “feel” of a private practice

Open space provides physicians ability to collaborate with colleagues and lead teams

Calming, user-friendly environment

Technology



Improves communication between care teams and patients

Integration of technology into care delivery: mobility, telehealth

Transparency for patients

Facility Vibe

Health Hub's architecture is intentionally designed to form connected, dynamic, vibrant and functional spaces. Traditional lines are blurred – between the inside and outside, between Kaiser Permanente and the community. The vibe exudes energy, empowerment, and humanity.



Embody Thrive

HEALTH HUB is a physical reminder that exposure to healthy living can help our members and staff change their future

- Comfortable & familiar
- Vibrant & active
- Invites participation
- Wellness & well-being
- Restorative
- Inspiration & encouragement
- Intuitive
- Cues for behavior
- Service experience

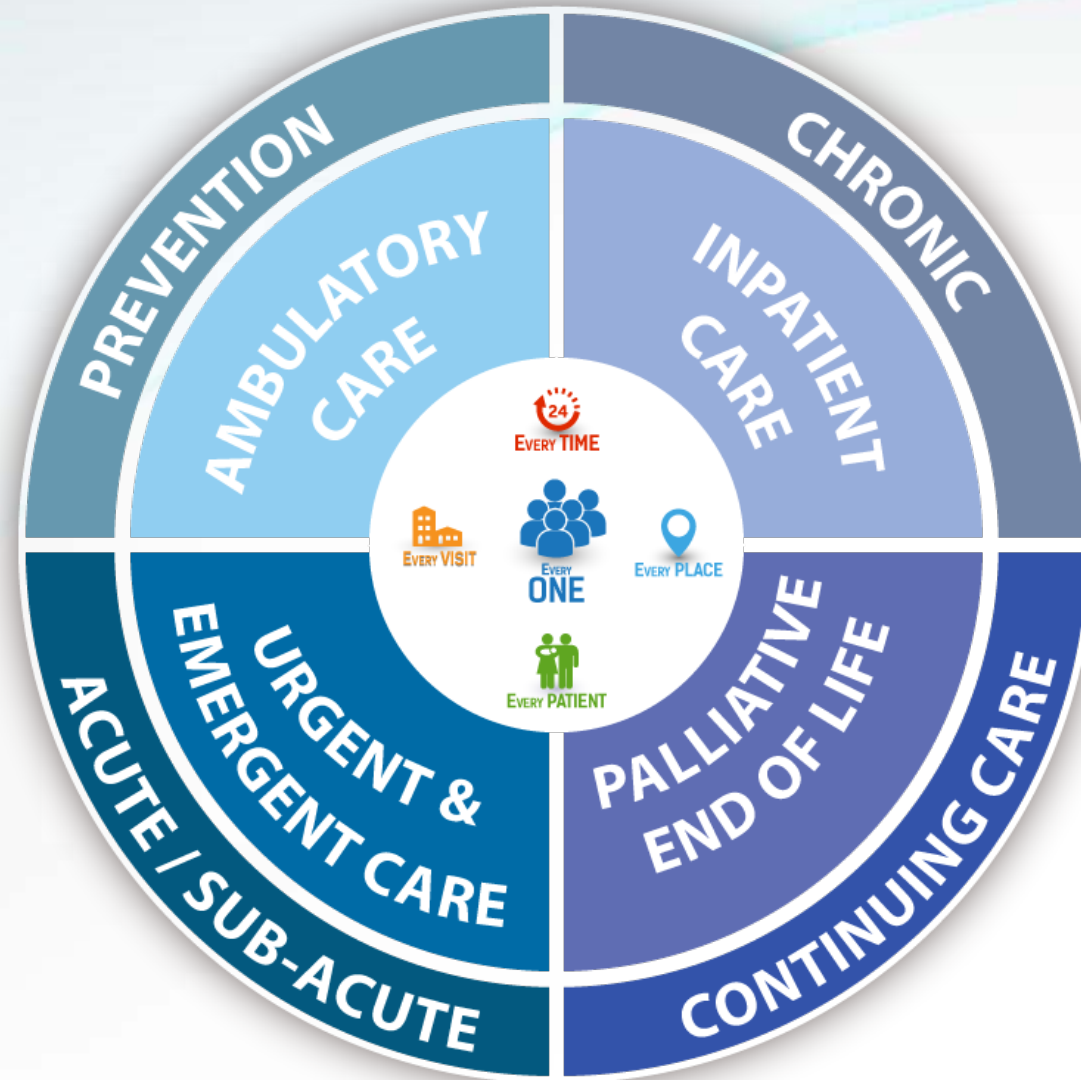


Productive & Collaborative

- Collaborative
- Vibrant & productive
- Clear sight lines
- Technology enabled
- Telehealth capable
- Encourages conversations
- Facilitates patient self-health advocacy
- Real-time education
- Comfortable & less clinical



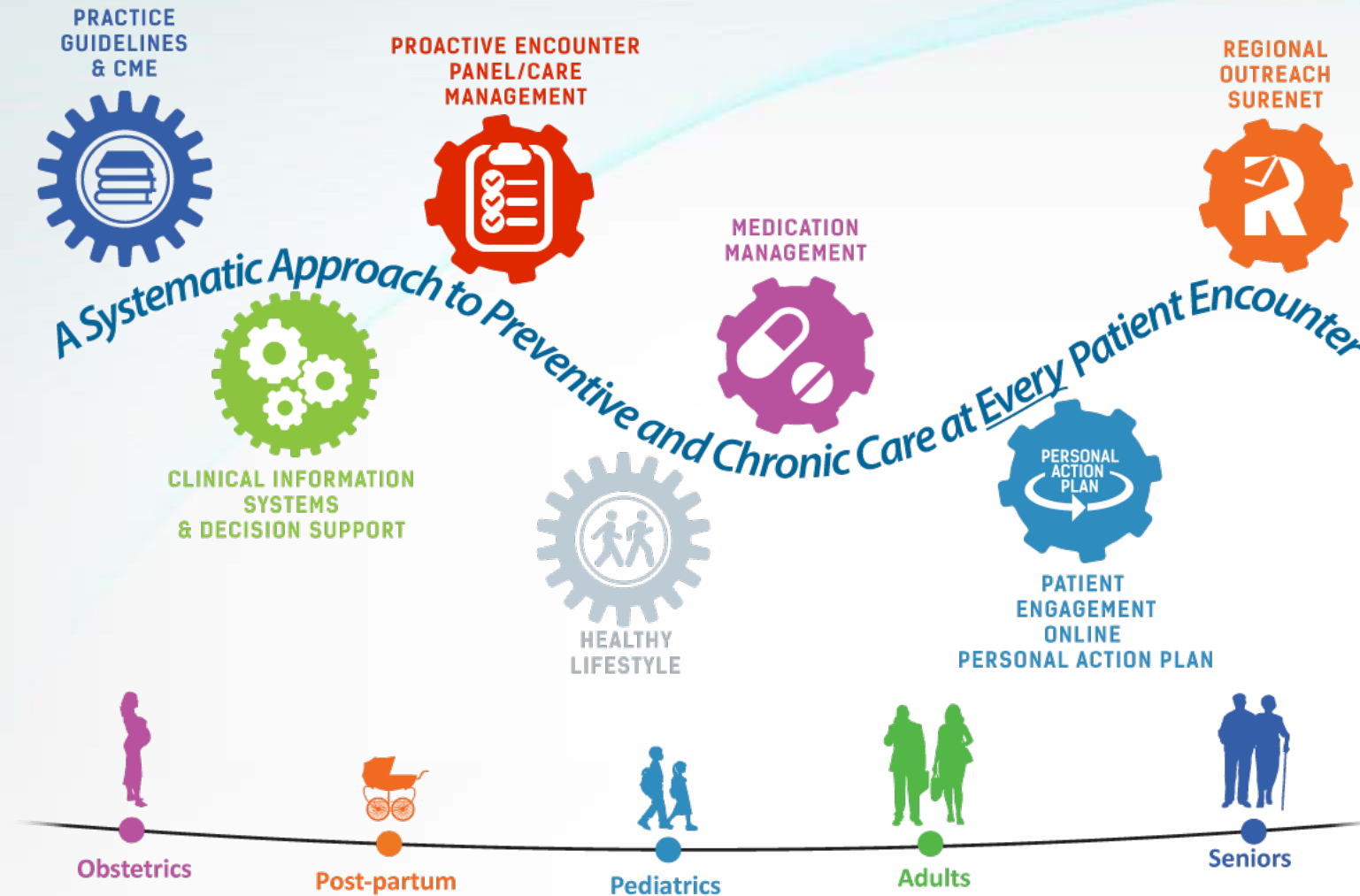
Complete Care Model



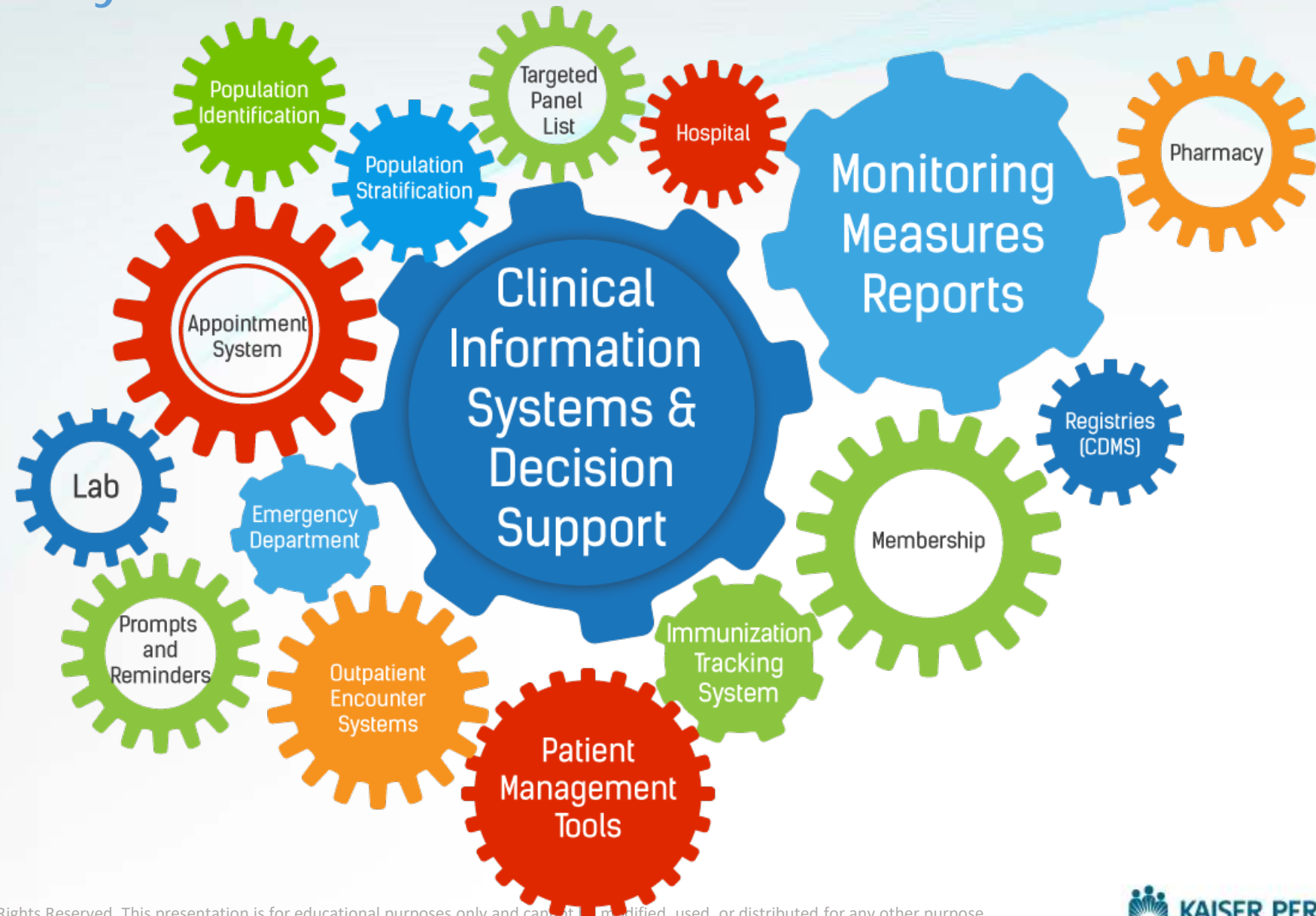
Complete Care Functions and Systems



Complete Care Eco-system



Information Systems



Regional Outreach



OUTREACH

- Panel/Care Management
- Reminder letter, e-letters, calls
- Colorectal Cancer Fit Kits/Live Calls
- Regional Surenet

Outreach

Outreach Structure



Ongoing
operations



New and
seasonal project
launch



Functional
innovations and
pilots

Diverse Organizational Expertise



Populations
needing
Preventive Care



Chronic
Populations



Disaster-Affected
Populations



Employer Groups



New and Low-
Contact
Populations

Proactive Care



Goal of Proactive Encounter

- Improve consistency and quality of patient care experience care by;
 - Activating **all** members of the healthcare team in providing a proactive patient care experience,
 - Embedding processes to support preventive and chronic care needs into standard workflows, and
 - Utilizing information technology tools for identification of patient care gaps

Three Pillars of POE



Proactive Encounter Approach

- Results in:
 - Consistent support to physician practice
 - Panel ownership and performance
 - Empowered and engaged staff
 - Better partnership between physician and health care team
 - Improved quality and patient care experience

Proactive Checklists

Obstetrics Encounter Checklist

Generated on: 3/14/2012

("To be used by Obstetrics staff")

Name MRN Age **29 yrs** DOB **1/17/1983**
PCP **SHLIMAK, YAN (M.D.)** Gender **F** Day Phone Evening Phone
[SHOW CMSS](#)

Address Cell No **(000) 000-0000**
Language **ENGLISH** EDD Date **10/02/2012** Gestational Age **11 Weeks and 1 Days**

Care Gaps

- 1st Trimester Labs Over Due: A1c
- Depression Screening Due
- Flu Immunization Due
- Pap Smear Due

Recommendations

Care Gaps Due	Actions to Be Taken
1st Trimester Labs Over Due: A1c	<ul style="list-style-type: none">• Pend lab orders, unless un-resulted order(s) exist in Chart Review Lab tab. Send member to lab after visit
Depression Screening Due	<ul style="list-style-type: none">• Complete Depression Screening PHQ9 [101133]• Inform provider/depression manager if patient has positive response to Question 9
Flu Immunization Due	<ul style="list-style-type: none">• Pend order for immunization. Administer vaccine per scope of practice and document in HealthConnect and KITS. Give preservative free.
Pap Smear Due	<ul style="list-style-type: none">• Prepare room and member for pap; Stage pap/hpv order, screening code, and patient instructions or schedule future Pap appointment

Reminder(s)

- Gestational Age (6 to 11 6/7 weeks)**
- Provide and remind Patient to review Healthy Beginnings Issue 1 information
 - Open and complete Depression Screening PHQ9[101133] in KPHC
 - Stage 1st Trimester lab orders

Proactive Office Encounter Team Agreement

For Provider –
MA/LVN/RN

“Our Cause is
Health. Our
Passion is
Service.
We’re Here to
Make Lives
Better”

Provider: Walter Burstein, MD

Medical Assistant/LVN/RN: _____

Meeting Date: 7/22/09

We share responsibility for providing an outstanding care experience for our members, outstanding clinical care, outstanding performance in panel management/clinical goals, outstanding performance as a partner team/team member, and an outstanding working experience for our team. As a team, we will proactively identify potential module needs/problems and suggest solutions. We will communicate to the team if we observe something team members may do to make the day more efficient, take better care of our members or each other. Continuous role clarification is encouraged to enhance partnership of team. We expect there to be changes after this is put in practice based on each team's needs.

Ground Rules for Team Agreement Meeting

This team agreement serves to enhance communication between the provider and medical assistant or LVN. During this meeting, we ask that team members treat each other with respect and remain open to new ideas. Use positive verbal and nonverbal feedback by asking rather than demanding. This is an opportunity for each team member to express their needs clearly. It should be based on a collaborative approach versus a “top-down” approach.

Instructions:

1. Meet together and determine what is important to your practice.
2. Review “sample” team agreement and use as a guideline for your meeting.
3. Below are statements that allow you to discuss your role(s) as it relates to POE. Discuss your roles using the sample document to assist you.
4. Review and revise at agreed intervals. This living document serves to clarify the goals, roles, and procedures, as necessary, for effective teamwork.



1. HOW DO WE START THE DAY?

We will meet every morning/afternoon to discuss POE checklist and plan our day.

MA/LVN will print up Care Gap report for Physician/provider and place on Physician's/Provider's desk or follow Department protocol

2. PRACTICE GUIDELINES AND DOCUMENTATION (CHIEF COMPLAINT, VITAL SIGNS, MEDICAL AND SOCIAL HISTORY, DEMOGRAPHICS, ALLERGIES, AND MEDICATIONS)

☐

Provider

Provider to verify chief complaint, vital signs, medical and social history, allergies and medications.
Provider to review patient chart and prior labs and imaging before seeing patient.

☐

MA/LVN

Follow POE process for every patient, including walk-ins. Pend necessary labs. Contact patient to have them do labs prior to appointment if possible. I will document patient's chief complaint, vital signs, medical and social history (smoking), demographics, allergies and meds currently taking.

Successful Opportunities Target Met < 30 Days

Proactive Office Encounter Reports

Logged In: WAHID WAKACH

Quick Reference Guide

Flat File Reports

Composite Reports

Search Option

Composite Successful Report

Region: CS | Area: | Specialty:

Proactive Encounter: Average Percent Successful Opportunities

Report Date:

Export

Care Gap	% A1C	% Alcohol Screening	% BMI Verification	% CHAT Questionnaire	% Chlamydia Screening	% Colorectal	% Contraceptive Counseling	% Depression Re-Screen	% Depression Screening	% DM Health Ed	% Domestic Violence Screening	% DTP	% DXA	% Flu Vaccine (Seasonal)	% Hepatitis A	% Hepatitis B	% HF Health Ed	% HIB	% High Risk-Hep B	% HPV	% LDL	% Lead Screening	% Mammogram	% Meningococcal	% Microalbumin	% MMR	% Monofilament Foot Exam	% Nutr./Exer./Sor. Screening	% Pap Smear	% Pneumococcal	% Polio	% POLST/Adv Dir	% Retinal Screening	% Rotavirus	% Specialty BP Verification	% Tdap	% Tobacco Counseling	% Tobacco Status Verification	% Urinary Incontinence Screening	% Varioella	% Weight Management Class	% Above Target
CDRP	66.67		47.06							50									33.33				33.33		100				20	10.53			50		5.56	14.29	6.06	9.09			25	15
ALLERGY	37.5		92.31			13.33				35.71		28.57			15.38	7.14	60	66.67	25	9.52			38.46		83.33	14.29	41.67	16.67	29.41	15.63	8.33		33.33		41.38	4.55	25	71.43		14.29	18.18	21
ANS	39.29		94.48			14.81				17.5			15.38		25		10.81		8.33	8.82			12.5		50		13.04	26.67	23.53	19.74		19.51		84.08	3.23	9.3	72		25	20.45	13	
CRD	57.14		99.4		50	12.28				20			19.05				10.05		17.39				23.08		35		25.45		20	21.3		34.21		100	6.25	8	84.85			23.86	18	
DRM	34.88	3.23	97.92		26.32	27.27				30.99		42.86	25.71		2.94	5.88	10	66.67	16.67	7.64			46.15	7.46	29.03	12.2	15.63	6.57	30.95	32.91	11.43		20	50	84.73	4.4	44.76	93.94		8.16	18.52	21
ERMED	56.1	11.98	87.92	22.22	30.16	17.73		20		15.33		42.22	23.53		15.79	13.67	10.43	50	19.74	8.71		8.33	22.75	6.55	38.32	19.72	32.5	27.14	19.07	26.62	22.76	16.8	23.79	85.71		14.38	2.09	8.26		17.12		13
END	66.67		99.09		75	18.75				12.36			25				9.09		14.29	5			22.73		75		41.18		17.14	12.5		48.15		99.36	18.52	14.29	87.5			21.43	26	
FAM	79.97	42.01	98.51		76.98	42.2		45.83		21.99		57.14	34.72		19.18	25.37	6.25	75	53.1	28.88			54.39	31.45	68.01	24.62	81.21	60.14	56.77	46.02	22.58	7.02	52.61		38.17	58.21	91.59		26.92		54	
GI	52		98.31			73.55				21.05			16.67				17.5		12.5				35.29	25	23.53		17.07		18.18	24.58		40.54		89.27	6.09	15.46	47.01			15.28	21	
ONC	69.7		100							18.92			28.57				16.33						24.36		57.89					22.17		1.53	22.54			2.9	30.77	95.59				15
INF			100			50													50				100				25			81.82		100		100		40	100			40	23	
IM	80.14	31.64	99.56		71.74	36.89				17.02			50				5.51		40.12	33.33			52.49	44.44	61.7		79.25		59.3	48.62		3.48	43.29		42.6	37.7	89.52				46	
NEP	66.67		99.52			21.05				21.43			16.67				11.43		14.29				33.33	100			21.79			17.86		2.86	22		100		95.65			22.14	21	
NEUROLOGY	57.14	5.88	94.62			19.61				35.29		33.33	29.41		30	16.67	10		15.79	7.32			47.06	12.5	33.33	28.57	19.23	10.71	16	26.03	25		17.14		96.83	7.69	55.81	83.33		25	18.55	21
OB/ GYN	66.67	13.13	98.42		88.57	57.89	46.78				90.29		11.76						24.56	10.57			53	4.55	55.56			30	76.69	30.91		32.69			13.32	54.55	91.67	19.61		31.53	36	
OPHTH	40.76		43.27		33.33	22.61				12.92		23.08	24.32		10.53	8.7	4.62	40	15.38	11.63			28.37	10	36.45	9.09	19.18	12.66	8.06	33.82	12.5		92.25		44.56	10.58	2.88	62.29		6.45	11.95	10

Clinical Strategic Goal Improvement

Clinical Strategic Goal	Pre-POE 2006	POE Piloted 2007	POE implemented Regionally 2008	2012	2013	%Improved (2006-2013)
Breast Cancer Screening(Ages 52-74)	85.6	88.1	88.7	88.6	87.1	1.5
Colorectal Cancer Screening	52.5	65.5	69.7	76.6	81.5	29.0
Cervical Cancer Screening (Ages 21-65)	82	85.6	86.6	87.1	92.4	10.4
Diabetes Lipid Screening (profile) performed	88.6	91	90.4	93	93.1	4.5
Diabetes HbA1c testing	88.8	90.8	91.2	95	95	6.2
Diabetes BP control < 140/90 mm Hg	76.1	74	79.5	84.4	86.5	10.4
Diabetes Eye exam (retinal) performed	61.6	56.3	66.5	77.9	93.1	21.5
Controlling high BP (ages 18-85)	70.4	72.8	79.6	86.5	88	17.6
Osteoporosis Management in Woman who had Fracture		60.7	67	86.4	86.8	26.1
Osteoporosis Testing in Older Women	49.7	56.3	74.2	93.1	95.6	45.9
Influenza immunization rate (members 65+)	60.2	62	62	63.8	70.3	10.1
Chlamydia Screening	68.3	67.3	68.8	69.9	69.2	0.9

Questions?

Thank you!