MEDICAL HOME FOR PEOPLE EXPERIENCING HOMELESSNESS

NHCHC: May 2014

Strategies & Lessons Learned During PCMH Transition

Saint Joseph's Mercy Care Services

Aka "Mercy Care"

Atlanta, Georgia

Medical Home for people experiencing homelessness

Session Outline

- Overview of Mercy Care
- Description of PCMH transition process
- Application process
- Lessons learned
- Group discussion

Overview

- Established in the 1980's as an outreach ministry of a local hospital

- 1984- Became FQHC, first and only HRSA 330h (HCH) funded facility in the city

- 1985 – Implemented Mercy Mobile Health Program

- Currently five main clinic locations throughout Atlanta

- Eight additional locations operating out of shelters & 2 mobile coaches ~1-4 x/month

- Street Medicine Program - new

Overview

- 2013 UDS:
  - 12,796 clients, 47,658 encounters
  - 67% Homeless
  - 95% Uninsured
- Services:
  - Primary Care & Pediatrics
  - Dental
  - Vision
  - Ryan White Program
  - Integrated Behavioral Health (started 10/2012)

Patient-Centered Medical Home Recognition Journey

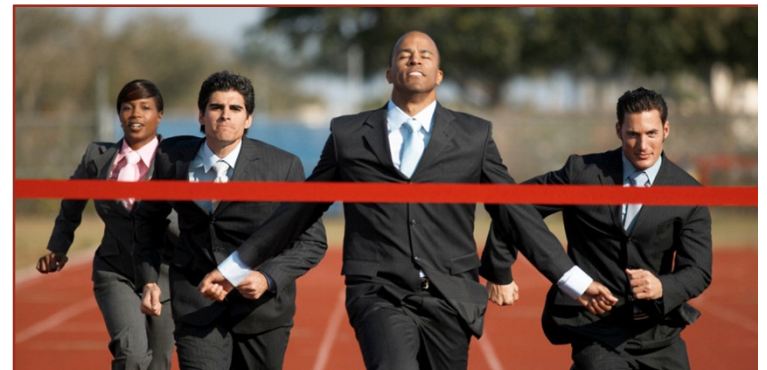Mercy Care PCMH core team with our first recognition certificate

Patient Engagement

- Outreach efforts
  - Engaging partners and local service providers
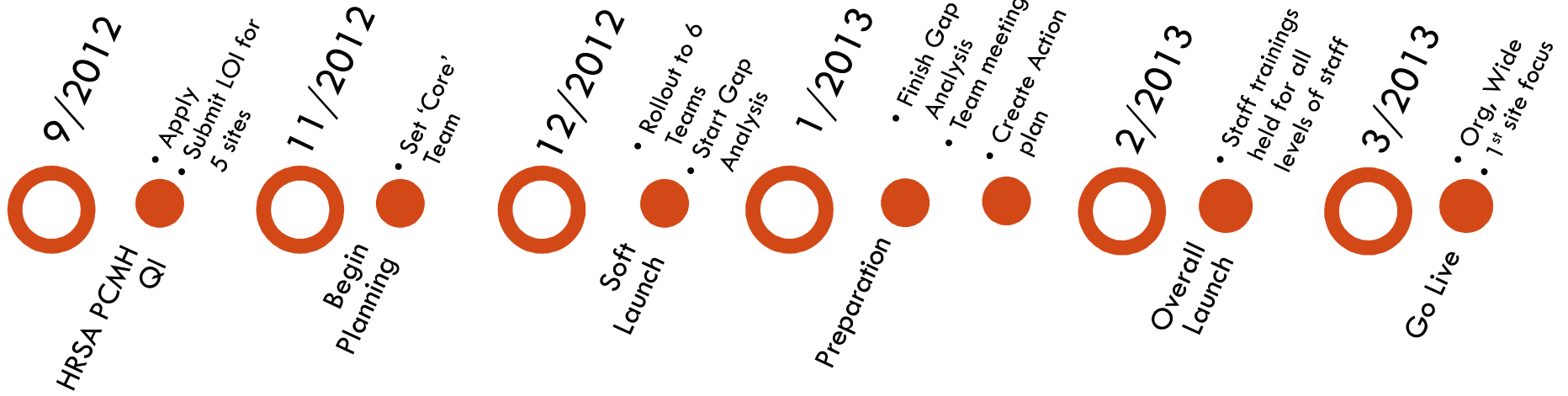 - Consumer Advisory Council
- Health fairs and screenings

Strategy

- Recognized early on that PCMH at Mercy Care was both a sprint and a marathon

  - <u>Sprint</u>: Submit 1 application in to NCQA in summer 2013 to meet conditions of the HRSA PCMH QI Supplemental Funding grant

  - <u>Marathon</u>: Transition and change take time, this is not a "one and done". Press on to have all applicable sites recognized and continually improve how we operate in the PCMH model.

Implementation Timeline

9/2012 — HRSA PCMH QI
- Apply
- Submit LOI for 5 sites

11/2012 — Begin Planning
- Set 'Core' Team

12/2012 — Soft Launch
- Rollout to 6 Teams
- Start Gap Analysis

1/2013 — Preparation
- Finish Gap Analysis
- Team meetings
- Create Action plan

2/2013 — Overall Launch
- Staff trainings held for all levels of staff

3/2013 — Go Live
- Org. Wide
- 1st site focus

Components of Planning

- Formation of core team
- Gap analysis by teams representing each of the 6 standards
- Action plans:
  - Each team formulated solutions & actions to address gaps
  - Leaders presented solutions to Core team
- Train all staff on action plans (end Feb. 2013)
- Rollout across organization 3/1/2013, with focus and push towards first application site.

Gaps

- EPM/EMR deficiencies
  - Portal
  - E-prescribe
  - HIE and sharing capabilities
  - Electronic imaging order/obtaining/results process
  - Registries and ease of reporting
- Access
  - Clear after-hours process for all clinics
  - Tracking phone response times
  - Processing record requests in 3 days
  - Ability to handle other languages at all sites
  - Notating PCP and tracking appointments with PCP

Gaps

- Teams: Huddles and pre-visit planning
- Data collection:
  - Capturing email address, primary caregiver
  - Keeping problem list up to date
  - Depression screening for adolescents
- Proactive outreach (other than within RW program)
- Follow-up on missed appointments
- Close tracking of "3 important" conditions patients
- Self-management
  - Goal setting, documentation, and tracking
  - Provision of tools

Gaps

- Referrals tracking and obtaining reports

- Identifying patients with hospital/ER visit

- Formally tracking utilization measures

- Patient survey questions about:
  - Access
  - Coordination
  - Whole-Person Care

Strengths

- Open-access built into scheduling
- On EHR (vs paper)
- Because of FQHC and UDS reporting, already:
  - Collecting demographic and clinical data
  - Tracking clinical outcomes (incl diabetes, HTN, pap tests)
  - Had established client advisory council
  - Reporting performance to outside agencies
  - Have network of community services and provide referrals
- Had just integrated behavioral health into primary care
- Had just received grant to implement routine HIV screening into primary care

Actions

☐ Implemented Huddles

☐ Developed process for tracking ER/hospitalization/ self-referral through routing slip and new EHR field

☐ Contracted with a language line

☐ Refined the self-management goal process

☐ Edits to website regarding access

☐ Ensured all clinic phones rolled to answering service

☐ Began capturing PCP, email, primary caregiver

Actions

- Began proactive outreach
- Pap clinic
- Obtained read-only access for physicians to the local safety-net hospital through applying for courtesy staff privileges
- Established 2-way electronic interface for imaging
- Refined client satisfaction tool
- Began a QI effort to improve pneumococcal vaccination rates among 65+ population

3 Conditions and High

- Used items already monitored for UDS and internal measures
  - Diabetes
  - Hypertension
  - Depression
- High Risk: Group we were already tracking in-part and wanted to explore further in our population
  - High Risk: Hypertensive patients (as defined by UDS) with signs of renal failure (by diagnosis or eGFR value)

First Site

- Mercy Care Downtown:
  - 2012: 5839 unique patients
  - Mostly adults (98.6% 18+)
  - ~60% homeless

  - Submitted July26, 2013
  - Recognized October 28th
    - Level 2, 81.0 points

Rollout to Additional Sites

- Five sites were on the notice of intent
- August 2013, rollout at 4 remaining sites
  - Reviewed rollout material from March 2013 launch
    - Tailored based on lessons-learned from the first site
    - More training on hands-on items (like huddles and Self-management)
- Ensured mobile teams were trained and on-board, to keep consistency of PCMH model across practice

Additional Sites – Round 1

Submitted December 20, 2013 and Recognized February 3, 2014

☐ **Mercy Care North**
- 2012: 3991 unique pts
- 9% Pediatrics
- 83% Hispanic
- 84% non-native English speakers
- Popular for volunteers
- Level 2 (83.25 points)

☐ **MC at Gateway Center**
- 2012: 1407 unique pts
- 98.4% homeless
- Adults only
- Inside a one-stop resource center for homeless in Atlanta
- Level 3 (85.25 points)

Additional Sites – Round 1
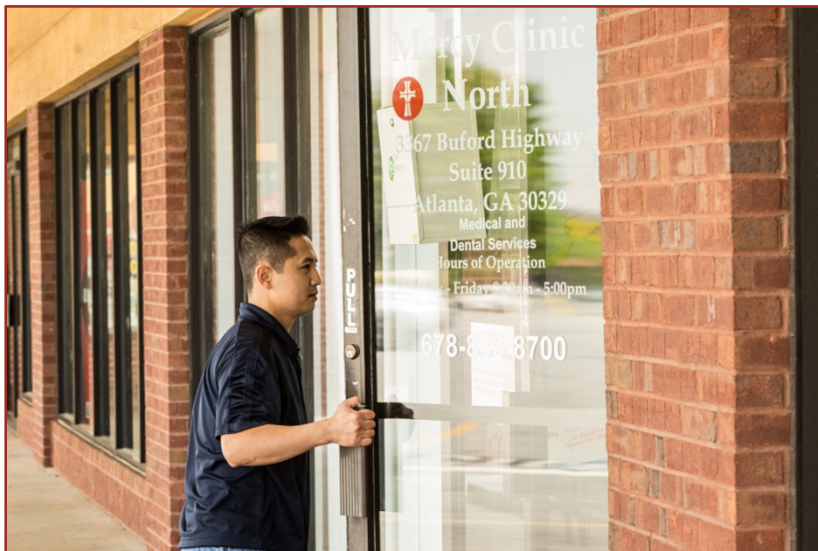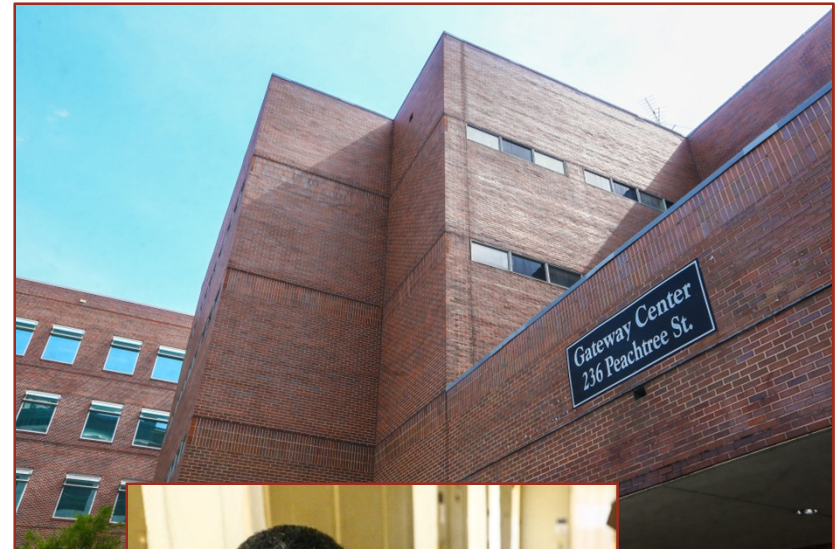
Additional Sites – Round 2

Submitted May 2, 2014, pending recognition

- MC at City of Refuge
  - 2013: 1489 unique pts
  - 14% Pediatrics
  - 79% homeless
  - Opened in 2012
  - Inside a partner organization providing transitional housing to women and children
  - Extended hours

- MC at St. Luke's
  - 2013: 915 unique pts
  - 98% homeless
  - Adults only
  - Inside a downtown Episcopal Church; across from one of the largest shelters

Additional Sites – Round 2

Next Steps

- Applying for add-on surveys for Mercy Care Downtown and Mercy Care North

- Continuing to operate in the PCMH Model of care at all sites

- Ever improving our PCMH practices:

  - Transitioning to new EHR→ improve care coordination, patient portal, e-prescribe

  - Improving integration between primary care, dental, behavioral health, and other services

  - Clinic renovations and relocations with teams in mind

Application Process

Application Process

- Initial focus was on implementation of initiatives, not the application
- Site visit in May 2013 to Care Alliance in Cleveland (HCH with Level 3 Recognition from NCQA):
  - Strategies overall
  - Strategies for application
  - Encouragement to get started on application ASAP!
- Process took about 2 months
- Multi-source objective reviews of the completed application prior to submission to NCQA

Application Process

- Template for each element posted on the common drive, along with tips and relevant material
- Team members access to folders at any time
- Team leads from the Core Team each responsible for completion of assigned standard(s)

PCMH 2011 Public Folder

Folder for Each Location

- 0- Data Reports
- 1- MCD
- 2- MCN
- 3- GATEWAY
- 4- COR
- 5- St Luke's
- Other PCMH Instructions & Agreements
- Preview- PCMH 2014 Standards
- RESOURCES
- SJMCS PCMH Implementation
- xOldDocs
- 2011_PCMH_Standards_and_Guidelines.03.24.14

Folder for Each Standard

- PCMH 1_MCD
- PCMH 2_MCD
- PCMH 3_MCD
- PCMH 4_MCD
- PCMH 5_MCD
- PCMH 6_MCD
- FinalResults_byElement_MCD
- NCQA_ReviewerComments_MCD
- PointCalculationMCD

File for Each Element

- PDF copies
- Sample Policies from HRSA_sent 06.10.20...
- 2011 Element 1A
- 2011 Element 1B
- 2011 Element 1C
- 2011 Element 1D
- 2011 Element 1E
- 2011 Element 1F
- 2011 Element 1G
- BuildingBlocksofPrimaryCare
- Language_data
- PCMH 1_Standards_3.25.13
- Race&EthicityData_MCD
- STD1ElmDFactor3--Designated Provider
- TEAM 1_Action Plan

Application Process

- Made lists of reports that had to be run, broken into categories
  - One pull—demographics, etc
  - Ongoing pulls—monitoring new items
- Prioritized urgency so that Database Administrator could plan deliverables accordingly
- Blocked provider time for chart audits
  - Used 2+ providers and a behavioral health specialist for each audit
  - Used different providers each time

Application Process

- Copy and Paste
  - Element documents from first site to next two
  - Element documents from middle two to final two
- Then updated relevant information and data

Strategies and Lessons Learned

Staff Buy-in

- Involvement in planning teams
- Made it fun
  - Established a mascot
  - Mascot naming contest
  - Mascot related gear- t-shirts and totes
  - Kick-off celebration
- Kept it visible
  - Recognition was organization-wide goal for 2013
  - Announced updates at all types of meetings, on intranet, in emails, etc

Top-Down Support

- Executive-Level support is a must
  - For staff-buy in
  - Recognition and support of changes in light of:
    - Slowed productivity during change implementation and during the application process (clinic and admin staff)
    - Blocked schedules for trainings and provider time for audits
  - Costs in rollout
    - Staff incentives- t-shirts and bags
    - Rollout and Celebratory meals
    - Productivity change
    - Materials (stamps, postcards, language line…)

SAINT JOSEPH'S
Mercy Care Services

Adults Need Vaccination Protection Too!

Los Adultos También Necesitan Vacunas para Protegerse

Are you protected against pneumonia? Esta usted protegido contra la Neumonía?

Celebrating Success

☐ Recognized staff after receiving recognition though:

  ❑ Company-wide email announcement

  ❑ Company-wide meeting announcement

  ❑ Nice lunches

Helpful Hints

- We love Screenpresso!
  - www.screenpresso.com
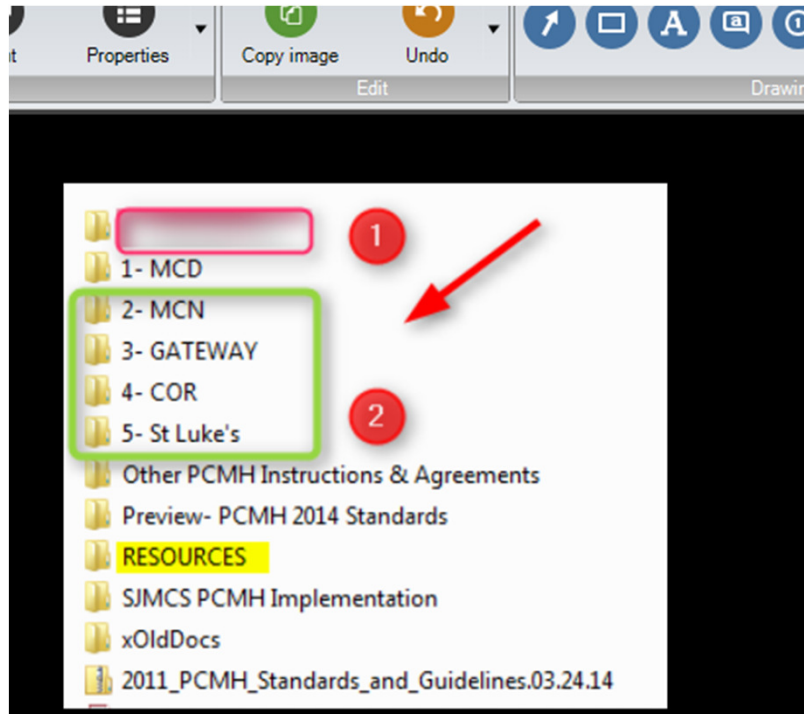
- Avoid duplication
  - Use UDS, grant, internal measures and QI activities
- Involvement of consumer board members or advisory council can meet 6.b4 and 6.c4

Lessons Learned

- A "process" should be written, with a date

- Even with a paper-based system, you can demonstrate processes for flagging overdue and abnormal results

- PCMH 6 data must be site-specific

- Transition does not stop at recognition

- Don't let the perfect become the enemy of the good

Example 6a: Diagnostics Log for X-rays maintained by the medical director

If a result were missing after 4 days, it would be easy to identify, as this box would be blank.

SAINT JOSEPH'S MERCY CARE SERVICES TEST RESULTS

1 day turnaround for results

*Personal health information has been removed from the above screen shot.

Most test results return within 1-3 days. It is rare to have missing results that require follow-up.

What worked for you???

More information:

Mae T. Morgan, M.D., MPH, *Medical Director*

mmorgan@mercyatlanta.org

678.843.8516

Kim Case, MSN, MPH, *Director of Quality & Risk Mgmt*

kcase@mercyatlanta.org

678.843.8514

Sample Huddle Sheet

- From i2i tracks software, CMAs search for patients with appt "today" or "tomorrow", then display the huddle report

Sample Huddle Sheet

☐ Prior to i2i, a huddle sheet like this was used at some of our clinics. The CMAs and RN would review charts for chronic conditions and due/ overdue labs