



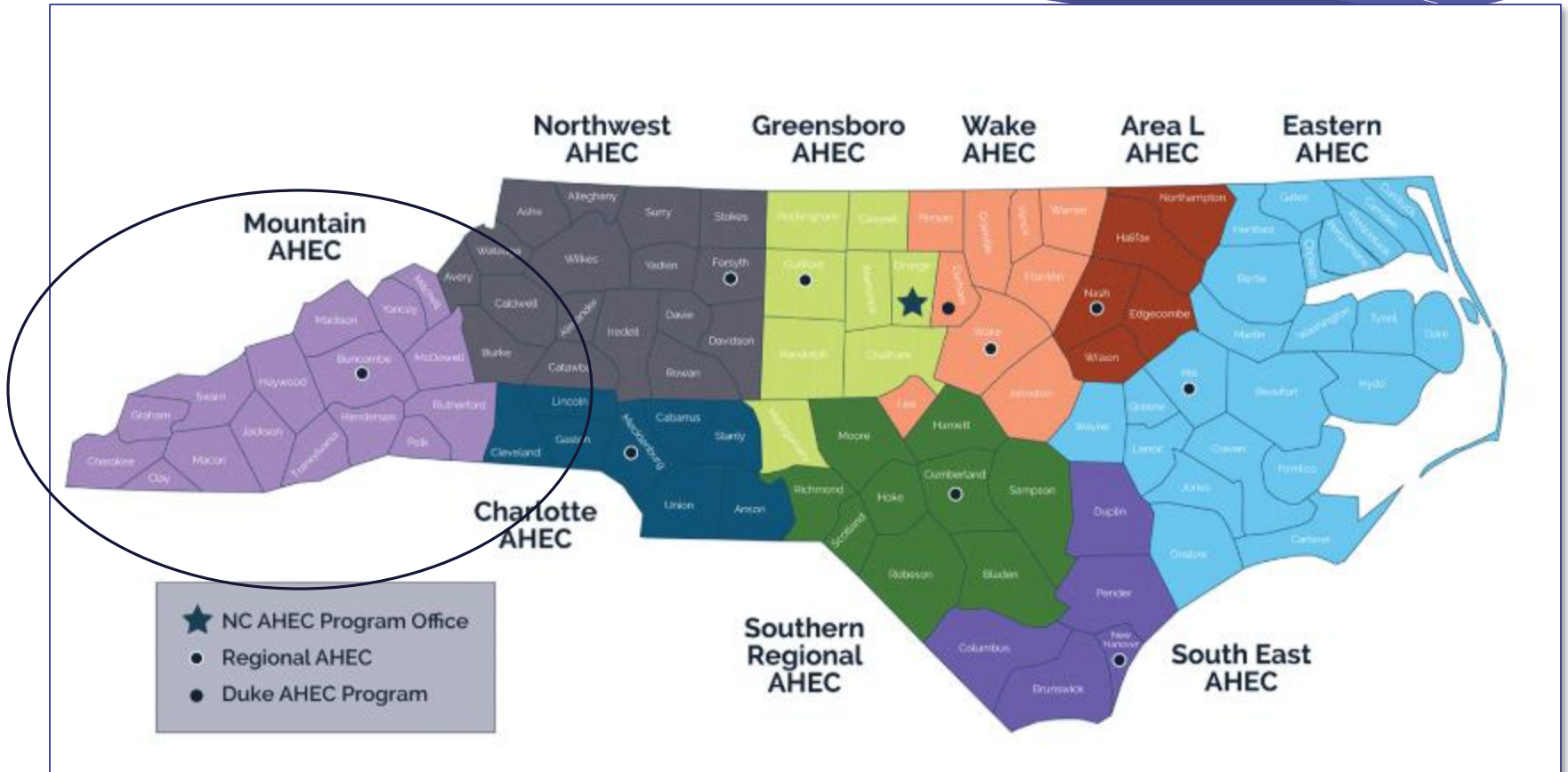
Practice Excellence Project: Training for Transformation

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Who Are We?



External Challenges

Data Integration

Outcomes

Access

Budget

EHR



CMS

Managed Medicaid

HCC

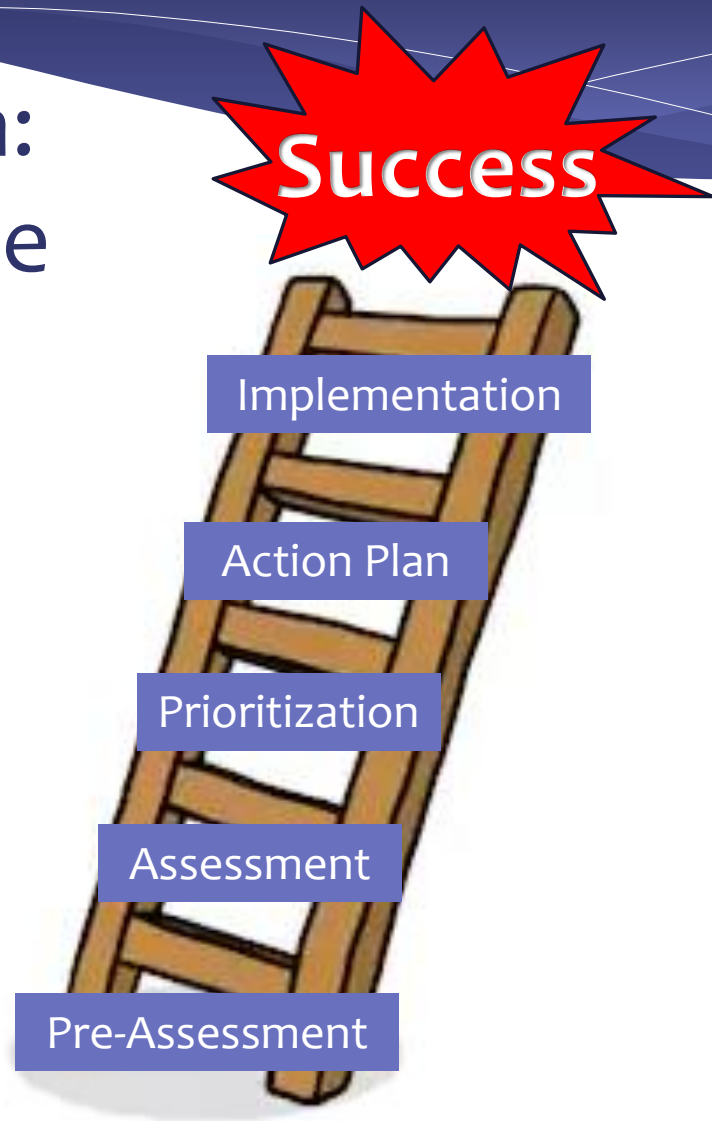
What Matters to You?



Impetus for Transformation

- * Financial Pressure
- * Federal and State regulations
- * Value based reimbursement requirements
- * North Carolina Managed Medicaid
- * Patient needs and expectations
- * New technology
- * Practice and physician succession

NC AHEC Solution: Practice Excellence Project (PEP)



Steps to Transformation and Success

Workshop Road Map

- * Define the components of PEP
- * Identify PF training needs related to each component
- * Describe our approach to PF education and training



Practice Excellence Project

Tools, Processes and Training Needs

Step 1: Pre-Assessment

- * Pre-Assessment Information Request
 - * Practice Demographics
 - * Current state information about the practice
 - * Practice introspection
 - * Build understanding of the practice to assist in the assessment discussion



Team Based Relationships

- Does the practice have an organizational chart? Yes No
- Does the practice have current Job Descriptions for each position? Yes No
- Describe the process to train staff and to assess competency. _____
- How often does the staff meet together to discuss their needs? _____
- Describe the steps and processes taken to ensure patient continuity with their provider.

- Describe how the practice works to improve standardization across all staff and processes.

Patient and Family Engagement

- Are you familiar with the term 'Shared Decision-Making'? _____
- What are some examples of tools or resources you use with patients in the process of Shared Decision-Making? _____
- Describe how you work with patients to set goals. _____
- What is your process and what tools do you use for engaging patients to manage their condition?

- How do you follow their progress? _____
- Are you familiar with and do you use agenda-setting for any of your patient visits?

- Do you contact patients prior to their appointment for reasons other than to confirm the appointment? (i.e., conduct any type of pre-visit planning). _____
- Describe how you plan for a follow up visit for a patient with one or more chronic conditions.

- Describe how you determine outcomes or improvements for chronic conditions like diabetes or depression in your practice. _____
- If you measure outcomes, is it on a patient or population level? _____
- Do you communicate measure outcomes to your team? To your patients? In a public way?
- If you share measure outcomes, describe the process and method: _____
- Describe how you work to improve those outcomes. _____
- Do you solicit feedback from your customers (Patients and their families)? How?

- How do you use that information? _____

Quality Improvement Culture/Evidence Based Care

- Does your EHR integrate updated evidence-based guidelines into user workflows?

- If templates or care plans are available for specific populations or conditions, describe how you use

What training would you need?



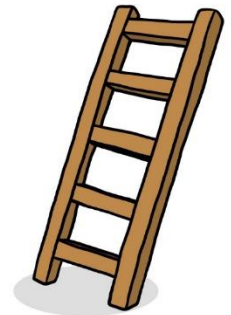
Pre-Assessment Facilitator Education Needs

- * How to present the request
- * How to ask follow-up questions
- * Key word/idea knowledge
- * How to ask difficult questions

Step 2 - Practice Assessment

- * Purpose

- * Practice Self assessment
- * Rate the practice's strengths and weaknesses across fundamental domains
- * Generate objective scores
- * Identify specific areas for transformational improvement



Practice Assessment Tool

- * Domains

- * Access

- * Care Coordination

- * Optimal Use of Health Information Technology

- * Team Based Relationships

- * Patient & Family Engagement

- * Quality Improvement Culture/Evidence Based Care

- * Financial Health: Leadership

- * Financial Health: Management

Practice Assessment Tool

Access				
Measure	1	2	3	4
Practice Visits	Practice visits largely focus on acute problems of the patient <input type="checkbox"/>	Practice visits are organized around acute problems with attention to ongoing illness and prevention needs if time permits <input type="checkbox"/>	Practice visits are organized around acute problems but with attention to ongoing illness and prevention needs if time permits. The practice also uses registries to proactively call groups of patients in for planned care visits. <input type="checkbox"/>	Practice visits are organized to address both acute and planned care needs. Tailored guideline-based information is used in team huddles to ensure all outstanding patient needs are met at each encounter. <input type="checkbox"/>
Assigning Patients to a Provider Panel	Practice does not consistently assign patients to a provider panel or has no way to track the assignments in the PM or EHR systems. <input type="checkbox"/>	Practice has an approach to assign patients to a provider panel but not all patients have been assigned and their assignment confirmed. <input type="checkbox"/>	Practice has assigned patients to a provider panel according to its defined method and confirms the assignments as patients are scheduled and seen. Practice is not reviewing and updating panel assignments on a regular basis. <input type="checkbox"/>	Practice has assigned all patients to a provider panel and confirmed the assignments with providers and patients. Practice reviews and updates panel assignments on a regular basis. <input type="checkbox"/>
Enhanced Access to Care	Practice is open only during regular business hours and does not seek to create/implement options to improve access <input type="checkbox"/>	Practice is beginning to offer options to improve access by providing ONE of the following: expanded hours, open access with same day appointments or alternative visit types. <input type="checkbox"/>	Practice is continuing to implement options to improve access by providing two of the following: expanded hours, open access with same day appointments, and alternative visit types <input type="checkbox"/>	Practice creates improved access for their patients by offering all three of the following: expanded hours, open access with same day appointments, and alternative visits <input type="checkbox"/>
24/7 Patient Communication	After hours, practice has an answering system with a recorded message only. Message may tell patients to go to an ER or leave a message for a call back in the morning. <input type="checkbox"/>	Practice uses a contract clinician or a nurse triage service that provides algorithm-driven advice to patients who call after hours. The service or clinician does not have any access to the patient's records. <input type="checkbox"/>	Practice uses a live answering service that takes messages from patients. Clinicians (physician or advanced practitioner) receive messages and respond to patients, but timeframes are not standardized or tracked. Clinicians do not have consistent availability of the patient's record. <input type="checkbox"/>	A clinician (physician or advanced practitioner) from the patient's care team is available to consult with patients after hours and has access to access the patient's record. Response times are standardized and tracked. <input type="checkbox"/>

Practice Assessment Tool

- * Results

- * Scores within domains identify measures to improve
- * Final comparative scores identifies domains to focus on
- * Ratings used as the starting point for prioritization

What training would you need?



Assessment Facilitator Education Needs

- * How to use the tool and generate scores
- * Interpretation of scores
- * Talking points during the assessment conversation
- * Specialty specific points of interest (Pediatric, Urgent Care, Specialist)
- * Facilitation tips
- * Measure specific education (especially Financial Health)

Step 3 - Prioritization

* Purpose

- * Objectively rate each measure for ease and impact of intervention
- * Assist in the prioritization of measures to improve
- * Prioritize focus to build the action plan



Effort/Impact Analysis

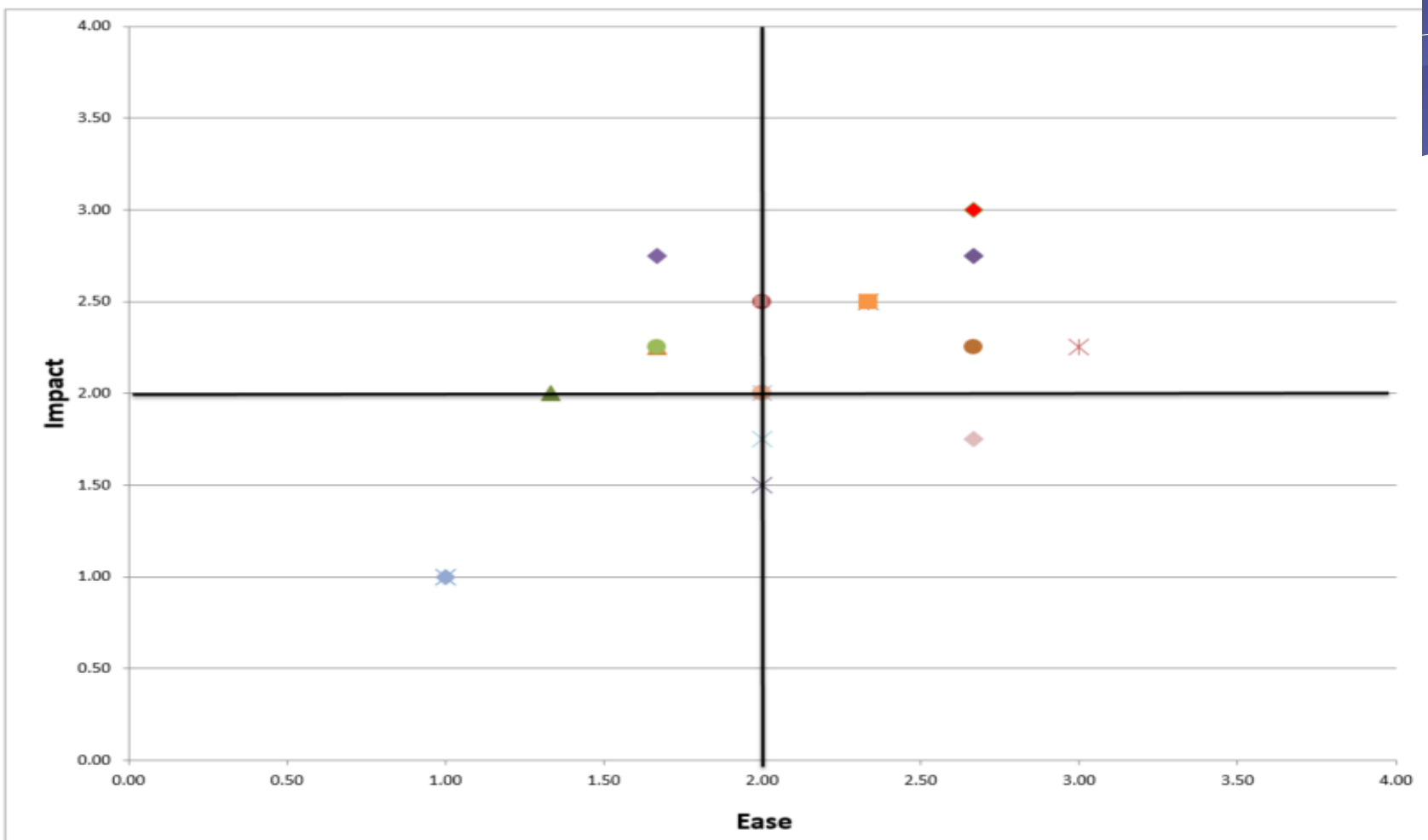
Effort

- * Time to Implement
- * Financial Investment and Resources
- * Acceptance

Impact

- * Positive Financial Impact
- * Improved Quality
- * Improved Patient Satisfaction
- * Improved Provider and Staff Satisfaction

Priority Matrix



What training would you need?



Prioritization Facilitator Education Needs

- * How to use the Ease/Impact tool
- * Interpretation of scores
- * How to prompt for rating decisions
- * How to provide input

Step 4 – Action Plan

- * Purpose

- * Formalize the measures for improvement
- * Define the goal for each measure
- * Provide an objective method to track progress



Action Plan



PRACTICE TRANSFORMATION PROJECT

Strategic Action Plan

Key Strategic Priorities

Domain	Measure	Objective
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

What training would you need?



Action Plan

Facilitator Education Needs

- * Training need not identified
- * PF already had this in their toolbox

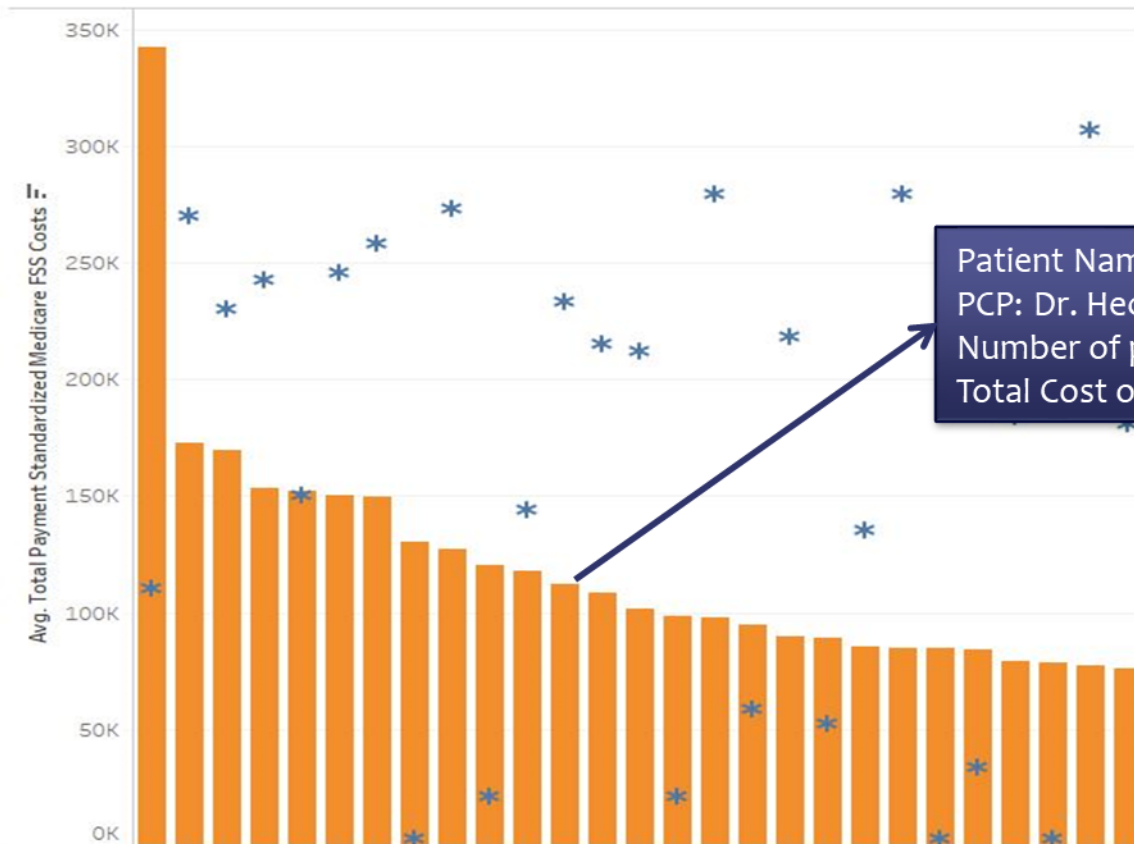
Step 5 – Improvement

- * QI Consultant meets with the practice workgroup 1-2 times per month.
- * Consultant acts as Practice Facilitator
 - * Reviews progress
 - * Provides resources and ideas
 - * Assists with development of tracking dashboard
 - * Facilitates access to Quality and Utilization Data
 - * Celebrates with practice when goals are achieved



Quality and Utilization Data

Total Cost per Patient vs. HCC (Risk) Score



Patient Name: Suzanne Smith
PCP: Dr. Heck
Number of primary care services: 9
Total Cost of care: \$112,834

What training would you need?



Improvement Facilitator Education Needs

- * Data Access
- * Interpreting quality and cost data from external sources
- * What data is important
- * How to take data and turn it into actionable information
- * Facilitating data review with providers – “shock”

Needs Assessment Methods and Training

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Needs Assessment and Identification

- * Skills Assessment – Yearly, Self-Assessment
- * Assessment is domain oriented such as EHR, Health Information Exchange, MIPS, Access, Patient Engagement, Financial Health etc..
- * NC AHECs provide gap training based on each AHEC's feedback from Program Office.
- * Pilot project feedback

Where Do We Go from Here?

- * How do we identify gaps across AHECs (state)?
- * Best way to facilitate training for different learning styles?
- * How to engage practice support teams within program?
- * Identify opportunities to provide case by case PF and practice needs?



Road Shows

- * 2 members from Lead AHEC (MAHEC) traveled to all 9 AHECs for F2F training.
- * 2 Key areas were Financial and New chronic Disease change packages COPD and HF.
- * Advantages were small training groups and F2F.
- * Interaction could focus on area practices and individual situations.
- * Resources developed and catered to AHEC needs.

Face to Face Meetings

- * Held 2x a year as one NC AHEC Practice Support group
- * Agenda's usually have following components
 - Visiting topic experts – Subject Matter Experts (SME) such as NC Medicaid, PCMH etc..
 - Learning From Each Other ie AHEC stories to share successes and challenges
 - Project rollout mechanics

Monday Conference Calls

- * Built into our program from inception and schedules
- * Monday's at 3:30 – 5pm
- * Use as needed
- * Central scheduling by Program Office
- * Used for sharing, case studies, content learning etc.
- * Can include outside SMEs
- * Recorded and posted on NC AHEC Practice Support WIKI

Practice Facilitation Workgroups

- * Intended to include at least one member from each AHEC.
- * Formed based on project need, skill gaps and grant work preparation. Examples are Financial Health, Patient Experience and Population Management.
- * Workgroup members self select while attending F2F meetings.
- * Workgroup lead organized with AIM and a deliverable(s) to the rest of Practice Support .

NC AHEC Listserv

- * Private NC AHEC Practice support listserv developed at the inception of our program.
- * Identified audience (know the members) and secure to ask for assistance, learning and support with practices. Having each others back!
- * Maintained/emails preserved by NC AHEC Librarian for future reference and need.
- * Supports 9 NC AHECs across state to bond into one Practice Support team.

PB Works

- * Create at the inception of program across NC AHEC wiki.
- * Practice Support has a member only domain.
- * Maintained, catalogue and organized by NC AHEC Librarian.
- * NC AHEC Librarian updates, encourages discussion and feedback at F2F, Monday calls and on request.
- * Primary storage tool of collective skills, learning and information for Practice Support.

Tool Development

- * Online tools developed for NC PFs to utilize and stored on PB works.
- * Example is Practice Onboarding Checklist for current project – Practice Excellence Project (PEP)
- * Online interactive tool with links embedded so the PF can go directly to other tools and/or reference sites while in the field.
- * Different AHECs develop tools as needed based on skill assessment and capacity.

