

September 10, 2015

Care Coordination: Bringing It All Together

Mary Beth Mitchell, MSN, RN, CPHQ, CCM, SSBB
Patient Safety Analyst/Consultant

ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Learning Objectives

- ▶ Identify mechanisms to resolve patient coordination and clinical care coordination issues
- ▶ Recognize differences between documentation and communication
- ▶ Learn the importance of clinical guidelines in patient care
- ▶ Recognize the benefits of using Uniform Data System (UDS) measures
- ▶ Identify additional uses for electronic health records (tracking, patient portals)

Care Coordination Issues: Are They Related to a Patient Process or Office Process?

- ▶ Identify if the issue is patient-related or clinic process-related
- ▶ Determine why the issue is occurring:
 - Patient – Use a barrier analysis
 - Clinic – Use Plan-Do-Check-Act (PDCA)/Plan-Do-Study-Act (PDSA) cycle

Care Coordination Issues Identified in this Scenario – Patient Issues

- ▶ Ms. Key is missing appointments – Why?
- ▶ Ms. Key does not appear to be following up with referrals – Why?
- ▶ Ms. Key did not attend smoking cessation classes – Why?
- ▶ Ms. Key prescriptions – Were the prescriptions filled and is she taking them?
- ▶ What other personal barriers does Ms. Key have?
- ▶ How does the clinic ensure that the Ms. Key understands when English is her second language?

Barrier Analysis

A quick assessment tool that will assist with understanding of the behavioral deterrents so that effective actions can be put into place to overcome them.



ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Barrier Analysis

Utilize this tool to determine why patient-related issues are occurring

Patient Barrier Analysis

Name _____ MR# _____

ISSUE	CAUSES (ASK PATIENT WHY)	POTENTIAL SOLUTIONS (ASK PATIENT WHAT WOULD HELP)	POTENTIAL SOLUTIONS AGREED UPON	WHO WILL ASSIST WITH THE SOLUTION	DATE COMPLETED
Patient is missing appointment	They do not drive and cannot afford to pay for a driver	Offer transportation services, provide financial assistance, offer ride services, offer patient education	Offer transportation services, provide financial assistance, offer ride services, offer patient education	Office scheduler	

ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

What to Do with the Barrier Analysis Results

- ▶ Help the patient understand the advantages of the behavior change
- ▶ Make program changes so that it is easier for the desirable behavior to occur
- ▶ Get support from people who will reinforce the behavior

❖ http://barrieranalysis.fh.org/how_to/using_results.htm

Care Coordination Issues Identified in this Scenario – Clinic Process Issues

- ▶ Lack of proactive process to ensure that referral appointments are made and attended
- ▶ Lack of process for ensuring that referral reports are on the patient chart
- ▶ Lack of knowledge regarding patient prescriptions – were the prescriptions filled and is she taking them?
- ▶ Lack of inpatient and outpatient visit reports of what happened and needed follow-up to ensure continuity
- ▶ Lack of process for ensuring that laboratory/pathology reports are on the patient chart prior to the patient visit
- ▶ Lack of active problem list

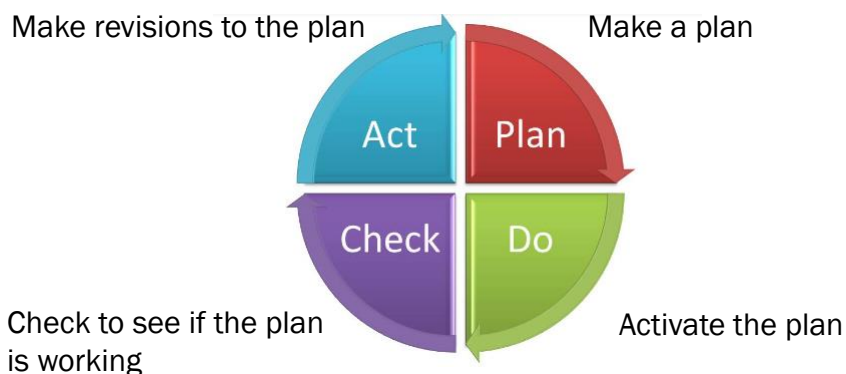
Scenario Issues that Need to be Measured and Tracked

- ▶ Ms. Key's referrals to the dermatologist and surgeon – referral appointments made and attended
- ▶ Receipt of referral reports from the dermatologist and surgeon
- ▶ The discharge summary from the ED visit – report of what happened and needed follow-up to ensure continuity
- ▶ Laboratory draws/pathology specimen from the outpatient surgery

Why Track?

- ▶ For patient
 - Improves the quality of care during the visit if the client information is complete
 - Improves efficiency of client visit related to the completeness of the medical record
- ▶ For clinic
 - In aggregate, assists the clinic with quantitative information of the effectiveness of the processes
 - Effective tracking systems mitigate risk

Use PDCA Cycle



ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Use PDCA Cycle

- ▶ **Plan** – Plan for a new or revised process
- ▶ **Do** – Do a pilot test of the planned changes
- ▶ **Check** – Review the test results – What did you learn about your process?
- ▶ **Act** – Take action based on what you learned

ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Using PDCA...Plan

- ▶ Determine a process for assisting patients to make referral appointments and track that they were attended
- ▶ Determine a process for receiving referral, laboratory, or pathology reports



Using PDCA...Do

- ▶ Implement the plan to assist patients in making referral appointments and track that they were attended
- ▶ Implement the plan to receive referral, laboratory or pathology reports



Using PDCA...Check

- ▶ Determine how many patients made referral appointments and how many were attended
- ▶ Determine how many referral, laboratory, or pathology reports were received in the time frame that was stipulated (prior to the next patient visit or within a week of the visit/test)



Using PDCA...Act

- ▶ Adjust the process for patient referral
- ▶ Adjust the process for reports received



Best Practice for Referrals and Follow-Up

- ▶ Consider developing a patient referral and tracking form
 - Use the EHR to track
- ▶ Engage the patient in scheduling so that the appointment meets the client's needs
- ▶ Offer to schedule the patient's referral visit while they are in the office
- ▶ Ask patients for feedback on why they did not keep an appointment and if the referral process is helpful

❖ <http://www.aafp.org/fpm/2011/1100/p9.html>

Collecting Data for Analysis



Case Study Application

- ▶ Ms. Key's primary language was not English – Were interpretive services utilized?
 - How often does this issue occur in this clinic?
- ▶ Ms. Key was not notified of her mammogram results even though the clinic had the results
 - How often does this issue occur in this clinic?

How Data Collection Can Assist with Care Coordination Issue Identification

- ▶ Run reports:
 - Identify which data collection measures are to be collected using the report function
 - Run a report monthly to measure those patients who have English as a second language (denominator)
 - Run a report that identifies patients in which interpretive services were utilized (numerator)
- ▶ Hand abstraction:
 - Identify those charts where English is a second language for the patient (denominator)
 - Go through the chart and identify if an interpreter or language line was used (numerator)

English as a Second Language Metric

- ▶ Number of patients who were provided an interpreter (Numerator)/Number of patients where English is a second language (Denominator) x 100 = Percent of patients who received an interpreter or language line assistance

- ▶ If this percentage is low – determine why....
 - The office did not prepare ahead of time to have an interpreter available?
 - There was no one available?
 - Can you link to a hospital's interpreter service?

Test Result Follow up Metric

- ▶ Number of patients who were called with test results within 1 business day(Numerator)/Number of patients where the office received test results (Denominator) x 100 = Percent of patients who received test results within 1 business day of the clinic being notified.

- ▶ If this percentage is low – determine why....
 - What is the process for incoming results and making the follow up call to the patients? Who is assigned to make the call?
 - Where will the office staff document that the call was completed to assist with tracking?

Data Collection

- ▶ In aggregate ensures that patients are receiving the care that they need
 - Are patients keeping appointments?
 - What is utilized to ensure that patients understand their instructions?
 - How many patients have been referred to smoking cessation education?
 - How many patients are utilizing smoking cessation resources?

After Data Collection:

- ▶ Identify if there is an issue – What is your percent compliance and what is your goal?
- ▶ Determine why the clinic is short of the goal
- ▶ Apply an action plan that the clinic will implement that will resolve the issue for all patients in the office
 - Hard-stopped action plans are the most effective type. Staff reminders, while important, are not lasting
- ▶ Recheck your data to determine improvement in the process

What Is the Difference between Communication with Clients and Documentation?



ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Communication vs. Documentation

- ▶ **Communication with the patient and family** – How the message is delivered to the patient/family
- ▶ **Documentation in the chart** – What the health team professional charts as his/her perspective on what occurred

ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Successful Communication Mechanisms

- ▶ Set a shared agenda
- ▶ Ask-tell-ask
- ▶ Assess readiness to change
- ▶ Set self-management goals
- ▶ Close the loop



❖ <http://www.aafp.org/fpm/2009/0900/p12.html>

Shared Agenda – Patient and Healthcare Professional

- ▶ Do
 - Ask the patient what concerns they have
 - Ask the patient what they want to discuss
- ▶ Don't
 - Only discuss what the healthcare professional needs to say
 - Assume that the patient will speak up if they have a question or don't agree

Research has shown that taking time to set the agenda with a patient adds only 1.9 minutes to the visit.

Middleton JF, McKinley RK, Gillies CL. Effect of patient completed agenda forms and doctors' education about the agenda on the outcome of consultations: randomized controlled trial. *BMJ*. 2006;332:1238-1242.

ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Ask-Tell-Ask

- ▶ Ask the patient what they already know about the subject
- ▶ Tell the patient what they want to know the answer to
- ▶ Ask/ascertain the patient's understanding of what was said



ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Readiness for Change

- ▶ Determine the importance of the subject to the patient and their interest or willingness to change
- ▶ How important is making a change to the patient?
- ▶ Are they willing to make a change?
- ▶ What barriers do they have to changing?

Setting Self-Management Goals

- ▶ Set incremental, short-term goals where the patient can celebrate success
- ▶ Ensure that the goals are measurable and meaningful to the patient
- ▶ Assist the patient to meet these goals with mechanisms that the patient will be able to act on

Close the Loop

Determining a mechanism to ensure that the patient understands the instructions and knows what they need to do to be successful



Handoffs – Tracking for Improved Communication and Care

- ▶ Between providers - offices, pharmacies, inpatient and outpatient hospital areas
- ▶ Between care areas – inpatient and outpatient hospitals, different homecare agencies, nursing homes
- ▶ Within the office

Why Are Handoffs Important?

- ▶ More client information to pull together
 - Greater number of clinicians, clinics, outpatient areas (labs, radiology), pharmacies, and hospitals involved in one patient's care
 - Increased specialization leading to increased number of providers
 - Incentives by pharmacies may contribute to one patient using multiple pharmacies
 - Increasing number of procedures being performed
 - Lack of a centralized repository for all of one patient's information without a central electronic health record

How Do You Get the Hospital to Keep You in the Loop?

- ▶ Establish a relationship with the hospitals in your area
- ▶ Assist the hospital(s) to develop a system that sends you automatic discharge instructions from the inpatient and outpatient areas
- ▶ Verify when the patient should be seen and ensure that there is a scheduled follow up appointment—Can this be done from the hospital?
- ▶ Meet regularly with the hospital's case management department to improve transitions

Successful Documentation Strategies

- ▶ Put a formal documentation policy in place
- ▶ Pick a standard location for all elements of documentation
- ▶ When a documentation issue is discovered, determine why it is occurring and apply an action plan

Successful Documentation Strategies

- ▶ Assign someone who will be responsible for each performance improvement project and who will collect the data
- ▶ Assign timeframes in which that person will collect the documentation data and review with the management/staff
- ❖ <http://www.beckersasc.com/asc-accreditation-and-patient-safety/5-best-practices-for-maintaining-clinical-documentation.html>

Documentation Policies/Procedures

- ▶ Assist with consistency in documentation as well as serve as a guide to staff
- ▶ Improve accuracy in data collection – both manual and electronic
- ▶ Data accuracy is improved when all staff document in consistent locations of the patient record

Scenario Documentation Examples

- ▶ What prescriptions did the patient fill? Which prescriptions is she taking?
- ▶ Did Ms. Key attend smoking cessation classes? Is she ready to quit smoking?
- ▶ What is the patient's diet? Is she ready to reduce her BMI and document strategies that clinician has given to the patient?

Systems that Enhance Care

- ▶ Clinical guidelines
- ▶ Patient portals
- ▶ UDS



Benefits of Using Clinical Guidelines

- ▶ Promotes practices that have established outcomes
- ▶ Increases the consistency of care delivery within a practice/practitioners
- ▶ Supports quality improvement activities
- ▶ Supports the clinician in legal cases

Application to this Scenario

- ▶ Clinical guidelines on when to write/renew prescriptions for pain
 - On-call provider may not have ordered pain medicine without knowledge of patient history

- ▶ All providers, no matter who patient sees in practice, know where patient treatment is based on guideline
 - On-call provider would have known that this patient had not followed up with surgeon

Patient Portals

- ▶ Improve communication between patients and providers
 - Scheduling
 - Check lab results
 - Receive reminders
 - Complete intake forms

Patient Health Portal



Advantages of Adding a Patient Portal

- ▶ Once the practice has committed to electronic charting, the portal can be added by the vendor
- ▶ Forms can be uploaded to look exactly the way the paper copies do in the office
- ▶ The data that is entered is encrypted and complies with HIPAA
- ▶ Patients can fill out paperwork early in the comfort of their home
- ▶ The office sees the pre-visit paperwork early and without having to wait for the patient to fill it out

Provider-Reported Benefits

- ▶ Patients asked clear questions
- ▶ Good use of the portal for refill requests
- ▶ Decrease staff time responding to emails vs voicemails
- ▶ Less “phone tag” resulting in more prompt responses
- ▶ Messages in patients’ own words

Patient-Reported Benefits

- ▶ Improved ability to communicate directly with providers
- ▶ Appreciative of the ability to ask questions between visits
- ▶ Patients selected this practice because of the portal availability



UDS – Uniform Data System

- ▶ A core system of information appropriate for reviewing the operation and performance of healthcare centers
- ▶ The data is used to improve health center performance and operation and to identify trends over time

UDS Measures Applied to this Scenario

- ▶ Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user
- ▶ Ms. Key was offered smoking cessation counseling but no other form of smoking cessation support

UDS Measures Applied to this Scenario

- ▶ Percentage of patients 18 to 85 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 at the time of the last reading
- ▶ Ms. Key was hypertensive – Does the clinic need to address whether patients are filling their prescriptions or actually taking their medications?

UDS Measures Applied to this Scenario

- ▶ Percentage of patients aged 18 and older who had documentation of a calculated BMI during the most recent visit or within the six months prior to that visit and if the most recent BMI is outside parameters, a follow-up plan is documented
- ▶ Ms. Key continues to have an increased BMI

Improving Compliance with UDS Measures

- ▶ Knowledge of UDS measures
- ▶ Ability to measure/calculate compliance with UDS measures
- ▶ Assessment of why compliance with UDS measures may be low
- ▶ Initiation of actions that will improve quality of care as evidenced by increased compliance with UDS measures

Recommendations Going Forward

- ▶ Determine if care coordination issues are related to patient or clinic
- ▶ Apply a barrier analysis or PDCA cycle
- ▶ Take steps to improve communication with patients
- ▶ Use the UDS measures to stay on track

References

- ▶ AHRQ. Patient safety primers – handoffs and sign outs. Patient Safety Network. Retrieved from:
<http://www.psnet.ahrq.gov/primer.aspx?primerID=9>
- ▶ Baier, R, Gardner, R, Gravenstein S, Besdine R. 2011. Partnering to improve hospital-physician office communication through implementing care transitions best practices. Medicine and Health/Rhode Island. Volume 94(6). June 2011. <http://www.rimed.org/medhealthri/2011-06/2011-06-178.pdf>
- ▶ Boxer H, Snyder S. Five communication strategies to promote self-management of chronic illness. Family Practice Management. Sep-Oct. 16(5):12-16. Retrieved from:
<http://www.aafp.org/fpm/2009/0900/p12.html>
- ▶ Frieden, MA, White, S, Byers, J. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. 2008. Chapter 34
<http://www.ncbi.nlm.nih.gov/books/NBK2649/>
- ▶ Health Technology Review: Benefits of a patient portal. Retrieved from:
http://www.healthtechnologyreview.com/art10_benefits_of_a_patient_portal.php

References

- ▶ Jarve R, Dool D. Simple tools to increase patient satisfaction with the referral process. Family Practice Management. Nov-Dec; 18(6):9-14. Retrieved from: <http://www.aafp.org/fpm/2011/1100/p9.html>
- ▶ Middleton JF, McKinley RK, Gillies CL. Effect of patient completed agenda forms and doctors' education about the agenda on the outcome of consultations: randomized controlled trial. BMJ. 2006;332:1238-1242.
- ▶ Oh J. 5 best practices for maintaining clinical documentation. Becker's ASC Review. January 5, 2011. Retrieved from: <http://www.beckersasc.com/asc-accreditation-and-patient-safety/5-best-practices-for-maintaining-clinical-documentation.html>
- ▶ Patient portal benefits patient care and provider workflow. HealthIT.gov. Retrieved from: <http://www.healthit.gov/providers-professionals/patient-portal-benefits-patient-care-and-provider-workflow>
- ▶ Woolf Steven H, Grol Richard, Hutchinson Allen, Eccles Martin, Grimshaw Jeremy. Potential benefits, limitations, and harms of clinical guidelines BMJ 1999; 318 :527. Retrieved from: <http://www.bmj.com/content/318/7182/527>

ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE

Clinical_RM_Program@ecri.org
(610) 825-6000, x5200

ECRIInstitute
The Discipline of Science. The Integrity of Independence.

©2015 ECRI INSTITUTE