

# Medical Home at Palo Alto Medical Foundation

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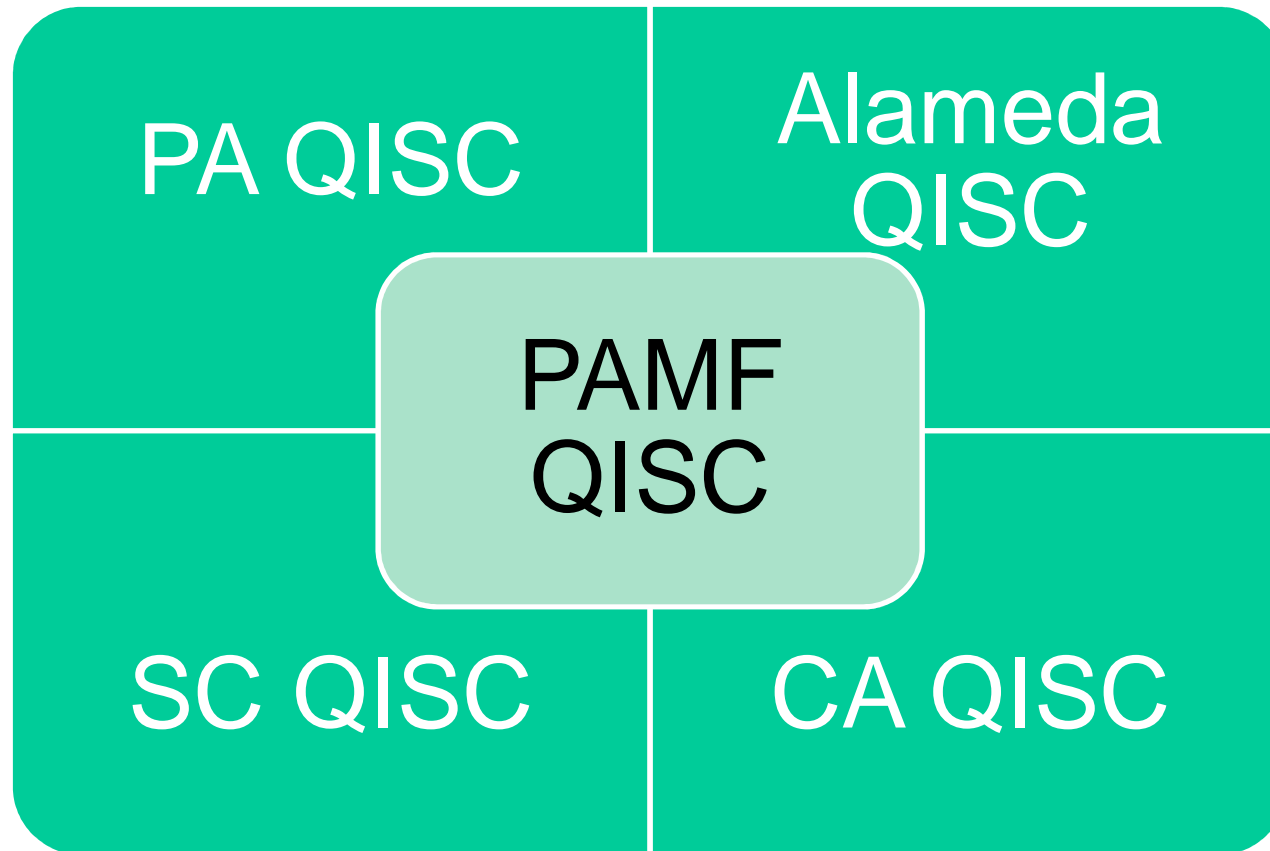
# Medical Home Progress at PAMF

- Palo Alto Medical Foundation is a 950-physician organization in the mid-Peninsula region of Central California
- 450 PCPs in 22 sites
- Multiple areas of work on Medical Home concepts and NCQA certification
- Group-wide team assigned goal of producing PAMF's Medical Home Model

# PAMF Quality Improvement Strategy

- Local quality committees with annual improvement plans
- Central committee coordinates/directs work
- Specific goals on quality – to reach P90 in 14 of 28 state-wide IHA P4P measures in 2011
- Required lean training for managers and physician leaders, train others with each project

# Quality Improvement Strategy



# Report on Quality – Leadership Version

COMMERCIAL MEASURES				2010
	CMG	PA	SCMC	Total
Commerical Plan Measures	Score	Score	Score	Score
Adult Acute Bronchitis	48.667%	35.748%	21.429%	38.746%
Breast Cancer Screening: All Ages	86.494%	84.115%	86.329%	85.265%
HbA1c Control < 8%	78.275%	75.987%	78.49%	77.292%
HbA1c Poor Control > 9%	14.321%	15.796%	14.103%	14.939%
HbA1c Screening	94.142%	94.904%	93.875%	94.43%
LDL-C Control < 100	51.017%	54.904%	46.439%	51.842%
LDL-C Screening	90.155%	88.153%	90.456%	89.317%
Nephropathy Monitoring	91.863%	92.42%	93.305%	92.402%
Chlamydia Screening: All Ages	63.167%	51.504%	57.509%	56.154%
MMR	91.282%	95.911%	83.333%	92.857%
VZV	90.769%	94.796%	83.333%	92.085%
LDL-C Control < 100	70.27%	77.056%	71.034%	73.473%
LDL-C Screening	94.595%	94.372%	95.862%	94.847%
Colorectal Cancer Screening	78.342%	81.844%	86.652%	82.09%
Children with Pharyngitis	87.64%	88.80%	79.487%	85.959%
Appropriately Screened: All Ages	64.573%	54.202%	49.687%	56.541%
Low Back Pain	12.299%	14.619%	10.599%	13.254%
MPM Overall	83.996%	82.535%	86.847%	83.855%
Upper Respiratory Infection	1.341%	0.292%	0.643%	0.68%
MEDICARE MEASURES				2010
	CMG	PA	SCMC	Total
Medicare Measures	Score	Score	Score	Score
Breast Cancer Screening: All Ages	91.30 %	90.93 %	93.94 %	91.70 %
HbA1c Poor Control > 9%	8.75 %	7.76 %	6.74 %	8.14 %
HbA1c Screening	96.50 %	95.89 %	96.63 %	96.31 %
LDL-C Control < 100	65.31 %	70.32 %	60.67 %	66.36 %
LDL-C Screening	94.46 %	91.78 %	97.75 %	94.01 %
Nephropathy Monitoring	97.08 %	97.26 %	100.00 %	97.54 %
LDL-C Control < 100	75.96 %	83.87 %	64.71 %	77.49 %
LDL-C Screening	95.19 %	95.70 %	100.00 %	96.10 %
Colorectal Cancer Screening	82.08 %	90.59 %	90.22 %	87.00 %

# Report on Quality – PCP version

The 28 P4P Measures on the Sutter Dashboard

What Are They?	How Many?	How Did SC Do?	How Did PAMF Do?
Cancer Screening Measures	5	All 5 P90s	All 5 P90s
Care for Children	3	1 P90; 2 < P50	1 P90; 0 < P50
Care for Cardiovascular Pts	4	2 P90s; 1 < P50	
Care for Diabetic Pts	11	9 P90s; 0 < P50	8 P90s; 0 < P50
Appropriate Infection Control	3	2 P90s; 0 < P50	1 P90; 0 < P50
Appropriate Use Imaging	1	1 P90	1 P90
Medication Management	1	1 P90	0 P90
<b>Total Measures</b>	<b>28</b>	<b>21 P90s; 3 &lt; P50</b>	<b>20 P90s; 0 &lt; P50</b>
What is a P90?	A: we performed better than 90% of the medical groups in CA		
What is < P50?	A: we performed in the bottom half of the state		
Did we hit GREEN for Quality on the Sutter Dashboard?		YES	YES



# Quality - Impact on Cancer Screening

<b>Breast CA</b>				Total PAMF Pts	Screened	Screened	New Cancers	New Cancers
	2010 Statewide P50	2010 Statewide P90	2010 PAMF	Tested 2010	Above P50	Above P90	Above P50	Above P90
PAMF	74.71%	84.18%	85.29%	80,828	8,549	895	34	4
<b>Colon CA</b>				Total PAMF Pts	Screened	Screened	New Cancers	New Cancers
	2010 Statewide P50	2010 Statewide P90	2010 PAMF	Tested 2010	Above P50	Above P90	Above P50	Above P90
PAMF	51.91%	69.03%	82.12%	97,500	29,452	12,760	44	19

# Enhanced Access

- Aftercare clinics in peds and adult primary care (nights and weekends)
- Expanding role of shared appointments
  - Currently Drop-in Group Appointments (DIGMAs), physical exam groups, specialty issue-specific (cardiovascular risk, diabetes)
  - Expanding groups to prenatal, colonoscopy, GERD
- E-messaging protocols

# Team-based Care

- Need to build the team
  - SC-wide monthly team meeting with receptionists, MAs, MDs, RNs, midlevels, managers
  - Breakdown “power” barrier between MDs and staff with games, project activities, reportouts
  - Electronic interface identifies that patients are sending messages to their “care team”
  - Assign MD champions for projects

# Team-based Care

- Check with site leadership use of **agenda form, gowning standards** and **printed medication list for med review**
- **Physical:** get height – no shoes **SOB/Wheezing/Cough:** If patient reports, get peak flow (best of three)
- **Eye Complaints:** Ask patient if any change in vision. If Yes, Vision screen
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- *Support Staff Section:* (Place check mark when completed)
- 1. Greet patient in lobby by full name (first/last and smile as greeting)
- 2. MA/LVN introduces self (name, role, connection to MD and MD's name)
- 3. Ask patient to state his/her full name and DOB
- 4. Weight (to be done/site protocol) Height (no shoes for Ht) Height only done with Physical exams or annually.
- 5. Ask patient if there are forms to be completed (Complete and stamp all forms to be signed by MD)
- 6. Chief Complaint (Include duration, location and side of body if applicable; review agenda sheet)
- 7. LMP (as appropriate)
- 8. Verify Tobacco Use (Ask: Have you ever used tobacco products?)
- 9. Verify Allergies (Meds and latex & list reaction types; always verify by clicking review tab)
- 10. Medication Review Ask: Are you taking any OTC medications regularly? Document.
- 11. Enter pharmacy for today and Verify Rx Benefits
- 12. Pend med refills
- 13. Pend Letters (If applicable) (Generate school/work excuse if needed)
- **14. Pend Health Maintenance**
- **Immunizations (use Normal status if administering in this visit) mammograms and urine for Chlamydia for all visits, pap for CPE visits only**
- **Give VIS to patient to review**
- **Use smartset if available**
- Pap source is almost always "Vagina/Cervix/Endocervix"
- Pap tray (Put ½ stickie on pap bottle & ensure all speculum sizes are available)
- **15. Wash hands**
- 16. Vitals (Must be done at the end of the rooming process, Full vitals = B/P, pulse, temp, wt, O2 sat)
- **17. Wash hands**
- 18. Offer My Health (Assist pt to log in initially if time allows)
- 19. Closure Etiquette
- Verify phone number for secure message has been documented in permanent comments in demographics. use Dot phrase
- Notify pt of possible wait time
- Ask pt to undress as appropriate and sit next to the computer
- Denote end of rooming process by placing appropriate EPIC dot on EPIC schedule
- Let pt know you are closing door for privacy
- 20. Secure screen from the patient's encounter

# Patient Centered Care - Patient Advisor Program



## Purpose

- **Work together with PAMF Santa Cruz physicians and staff to promote:**
  - ❖ **Patient Centered Care**
  - ❖ **“Voice of the Patient”**
  - ❖ **Improve the patient experience & satisfaction.**

# Patient Advisor Program



## How Our Patient Advisors Are Involved:

- Combined Operations-Business Office Team
- PAMF On-Line Improvement Team
- Email Feedback on New Programs/Activities
- New Employee Orientation Customer Service Redesign
- Primary Care Design Project Steering Committee
- Pediatric Weight Management Program
- Branding Focus Group
- Web Design Focus Group
- E-visits Focus Group
- Nurse Navigator Program-Oncology
- Patient Satisfaction Committee
- Kaizen Care Delivery Design-Rooming & Pre-Visits
- Department Care Delivery Process Review
- Palliative Care Program
- MD Shadowing Program

# Patient Advisor Program



## Physician Shadowing Program

### Purpose

- **Improve patient centered care, patient experience and satisfaction using a one-on-one process that:**
  - ❖ **Provides real-time and constructive feedback to physicians during a typical patient day, in a natural setting, with their actual patients.**
  - ❖ **Group shadowing started 2<sup>nd</sup> Q 2010**

# Patient Advisor Program



## Results

- **84% of patients have said OK**
- **Patients very positive about the experience**
- **Advisors have received high marks**
- **MDs have received helpful feedback, recognition for best practices use & suggestions for improvement for action planning.**
- **MDs view the program as valuable & supportive**
- **MD's recommending the program to other MDs**

**Bottom line: everybody wins**

# Lessons Learned

- Team building must be deliberate
- Don't let “we can't get data” stop improvement efforts
- “Project” must become “the way we work” – must build ways to sustain your gains
- Create a plan, and follow your plan!