Planning Ahead

Working Smarter, Not Harder

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PT Bootcamp

9.18.19

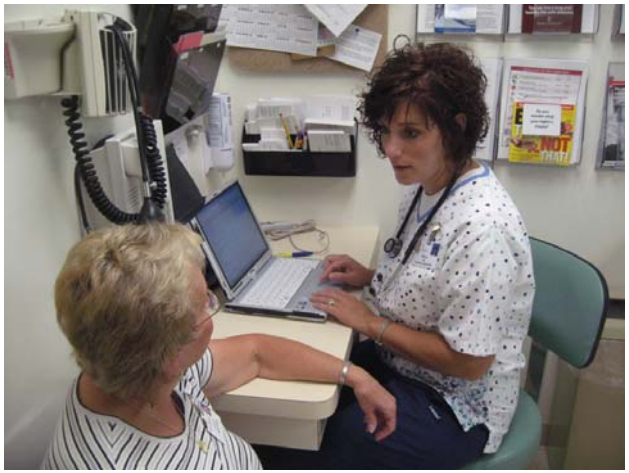
11:15a-12:05p

Audience Response

How much physician time on Inbox/d?

Take home messages

- It's all about
  - Planning ahead
  - Sharing the load
  - Enjoying the work!



Role Play: Tale of Two Visits

Next Patient: No Prep

- 64 year old annual appt
  - DM2
  - HTN
  - Depression
- Prevention
- New c/o
  - LBP

What did you see?

Next Patient: PVP, PV Lab, Huddle

- 64 year old annual appt
  - DM2
  - HTN
  - Depression
- Prevention
- New c/o
  - LBP

What did you see?

Save 3+ Hours per day

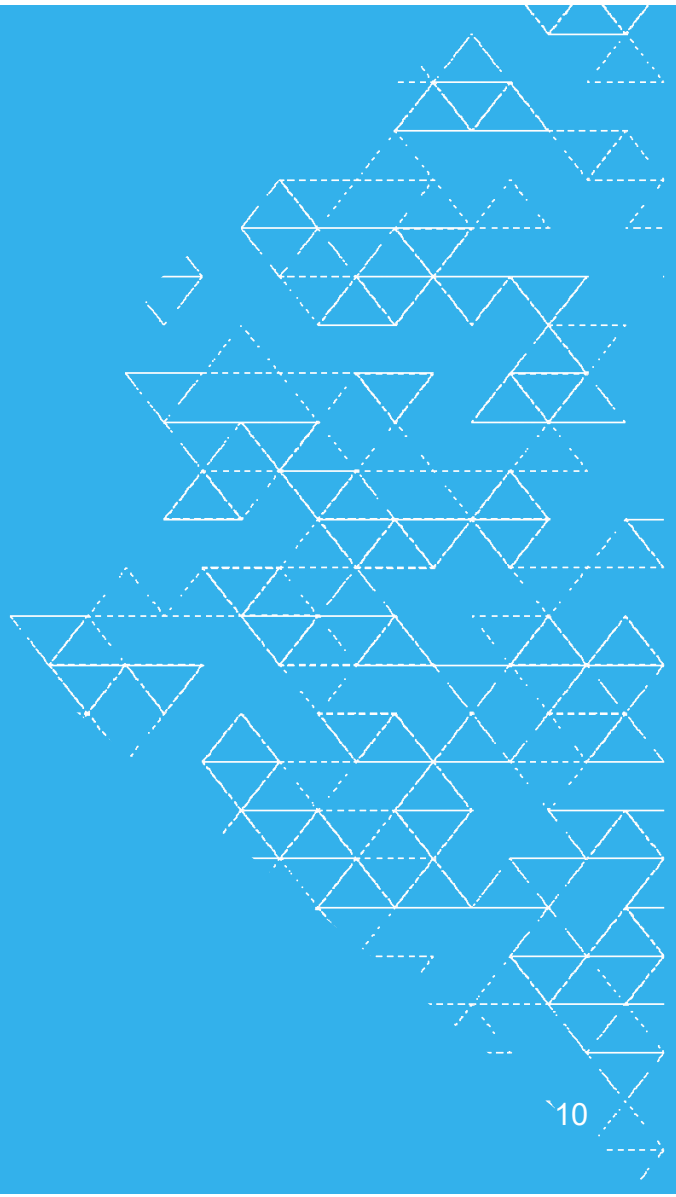
Practice Fundamentals

- Practice Re-engineering
  - Pre-visit lab ½ hr
  - Pre-visit planning ½ hr
  - Prescription mgt ½ hr
  - Expanded rooming/discharge 1 hr
  - Optimize physical space 1 hr
  - Team documentation 1-2 hr
  - Team meetings/huddles ½ hr

3+ hr/d

stepsforward.org

Pre-visit lab



Flip the Clinic

Laboratory testing before the visit ...

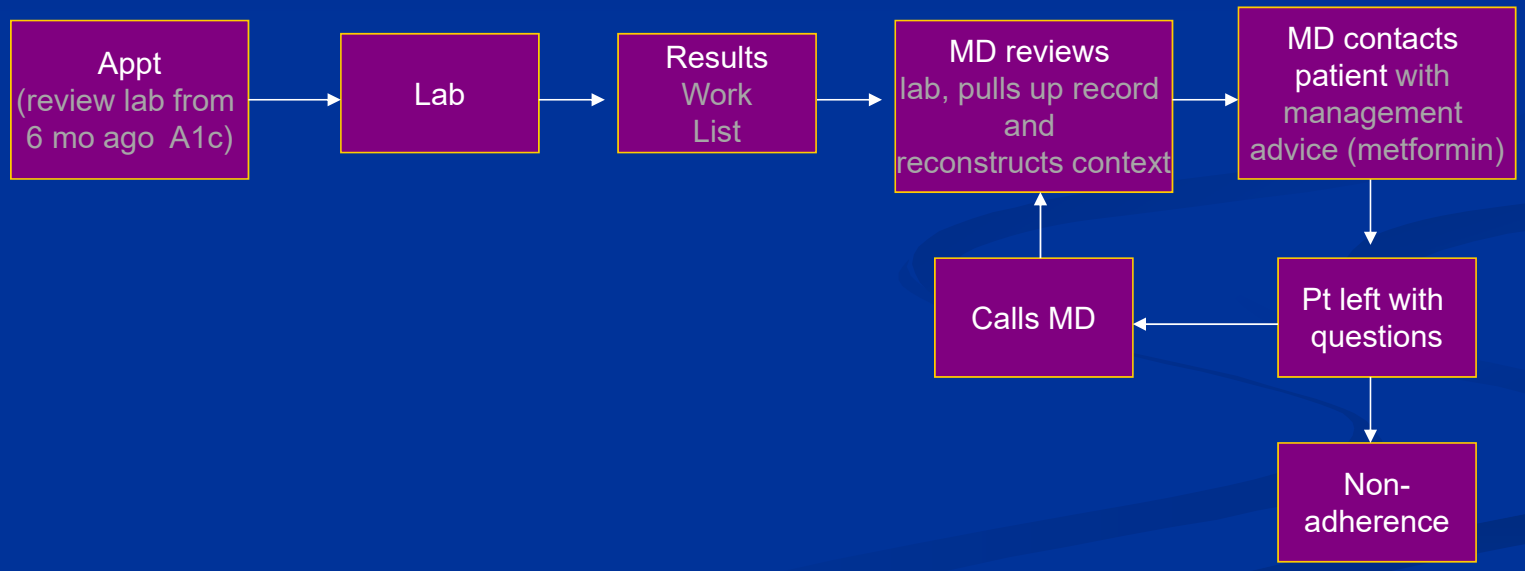
A is not done.

B is arranged for only a limited number of conditions or when initiated by patient.

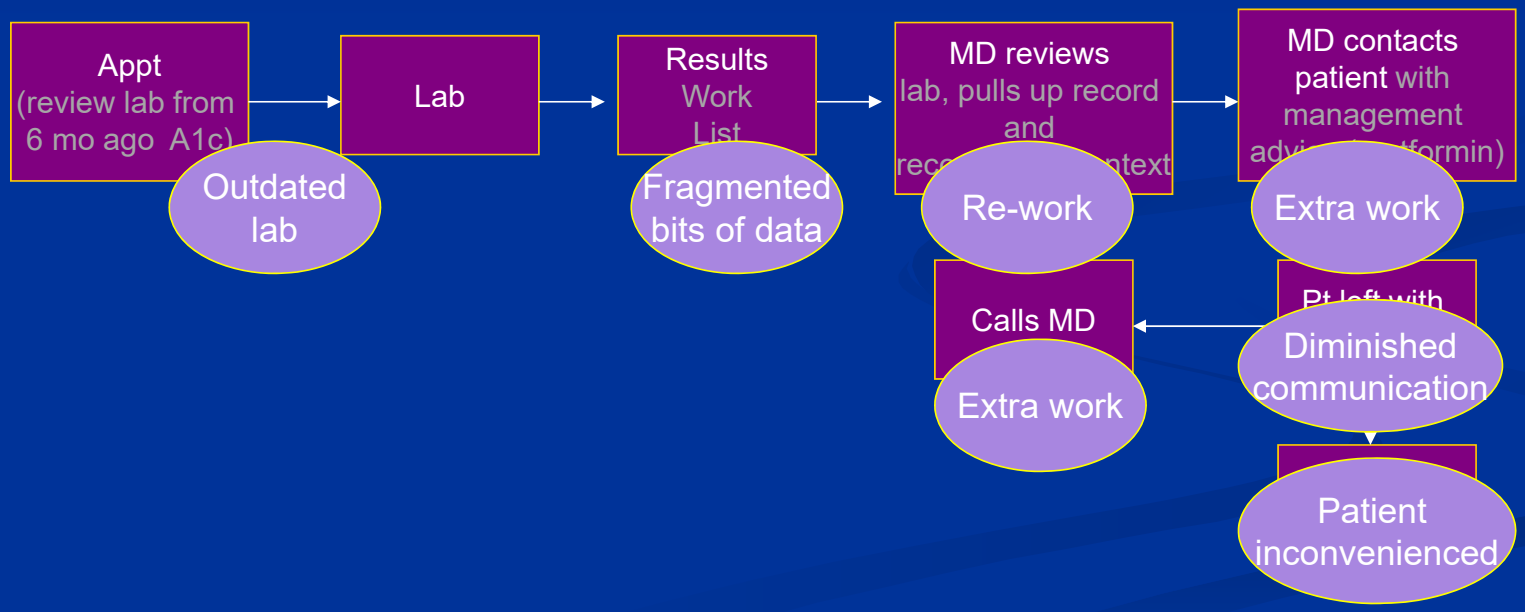
C is arranged by a staff person who reviews the charts a week before the appointment and orders testing according to standing orders.

D is prospectively arranged for the next appointment by the team at the conclusion of each visit, customized to all of the patient's conditions and screening needs.

Process Mapping
Post-appt Lab



Process Mapping
Post-appt Lab



Process Mapping
Pre-appt Lab

- Current data for visit
- Increases patient involvement
- Increases patient safety
- Saves time
- Eliminates re-work
- Decreases no-shows
- Decreases non-adherence

Flip the Clinic

Pre-visit Lab

- Same day pre-visit lab ThedaCare

Flip the Clinic

Pre-visit Lab

- “The next appointment starts today”

POST-APPOINTMENT ORDER SHEET

Patient's name: _____

Upcoming visits/labs, if any: _____ Date of last annual exam: _____

TODAY AND RETURN: Patient needs the following tests and should return today;
or ☐ **RELEASE:** Patient needs the following tests today and can then be released.

- ☐ Chest X-ray 786.2 or 786.09
- ☐ X-ray, flat and upright, of abdomen 789.00
- ☐ Doppler ultrasound, lower extremities 729.5
- ☐ Brain natriuretic peptide 428.0
- ☐ C-troponin I 786.5
- ☐ BUN/creatinine 401.1 or 780.79
- ☐ Sodium/potassium 401.1 or 780.79
- ☐ Complete blood count 780.79, 285.9 or 578.1
- ☐ Thyroid stimulating hormone 780.79 or 244.9
- ☐ Ferritin 285.9
- ☐ Serum protein electrophoresis 285.9
- ☐ B12 285.9 NEEDS WAIVER SIGNED, 289.89 (macrocy), 294.1 (dementia) or 357.4 (neuropathy)
- ☐ Folate 285.9
- ☐ Serum HCG 626.0 or 787.02
- ☐ Free T4 244.9
- ☐ Amylase 789.00
- ☐ H. pylori screen 536.8
- ☐ Digoxin level 427.31
- ☐ Stool culture and sensitivity 787.91
- ☐ Ova and parasite exam x 3 787.91
- ☐ Urinalysis 788.41 or 780.79
- ☐ Urinalysis C&S 599.0
- ☐ Erythrocyte sedimentation rate 780.79
- ☐ Albumin, alkaline phosphatase, SGOT, SGPT, total bili 789.00
- ☐ Other:_____

FOLLOW-UP APPOINTMENT: Patient should return to clinic in _____ months for chronic disease follow-up.
The following tests should be obtained one week before appointment unless results are available within 30 minutes.

- ☐ Chest X-ray 486 or 793.1
- ☐ Mammogram ☐ L ☐ R 793.89 or V76.12
- ☐ Lipids/SGOT 272.0
- ☐ CRP 272.0 or V70.0
- ☐ Fasting blood sugar and A1C 790.6 or 250.00
- ☐ Fasting blood sugar 790.6, 250.0 or V70.0
- ☐ 2-hr postprandial glucose 790.6 or 250.00
- ☐ Retic count 790.6 or 250.00
- ☐ Hg 285.9
- ☐ BUN/creatinine 401.1
- ☐ 1 month & 2 month INR & call; 3 month INR & appt V58.61
- ☐ Thyroid stimulating hormone 244.9
- ☐ Free T4 244.9 or 242.90
- ☐ Erythrocyte sedimentation rate 725
- ☐ Digoxin level 427.31
- ☐ Sodium/potassium/creatinine/ Hg 593.9 or 401.1
- ☐ Microalbumin/creatinine 250.00 or 790.6
- ☐ Renal ultrasound, iron/iron binding, ferritin, parathyroid panel 593.9
- ☐ Other:_____

ANNUAL EXAM: Patient should return to clinic in _____ months for annual exam.
The following tests should be obtained one week before appointment unless results are available within 30 minutes.

Standard tests:
Lipids/SGOT 272.0 or V70.0
Fasting blood sugar V77.1
Hg V70.0
Mammogram V76.12, 610.1 or V16.3
PSA (if male over 50) V76.44

- ☐ Sodium/potassium/creatinine/ microalbumin 401.1
- ☐ Diabetic panel & appt with diabetes educator 250.00
- ☐ Fasting blood sugar & A1C 790.6
- ☐ Thyroid stimulating hormone 244.9
- ☐ Other:_____

PROCEDURE: Patient should return to clinic in _____ months.
The following tests should be obtained one week before appointment unless results are available within 30 minutes or unless noted as "same day."

- ☐ Stress echocardiogram 786.50 (B-blocker? ☐ yes ☐ no)
- ☐ Stress test 786.50 or 414.01
- ☐ Echocardiogram 428.0 or 427.31
- ☐ 24-hr Holter monitor 785.1 or 780.2
- ☐ Overnight oximetry 780.79
- ☐ 24-hr ambulatory blood pressure monitor 796.2
- ☐ Ankle-brachial index 729.5
- ☐ Carotid ultrasound (same day) 785.9
- ☐ Aortic ultrasound (same day) V70.0
- ☐ Right upper quadrant ultrasound (same day) 789.00
- ☐ Upper gastrointestinal X-ray (same day) 789.00
- ☐ Flexible sigmoidoscopy V70.0
- ☐ Flex sig w/ air contrast/barium enema (same day) V16.0 or 578.1
- ☐ CT, abdomen/pelvis (same day) 789.00
- ☐ Pelvic ultrasound w/ vaginal probe (same day) 627.1
- ☐ Thyroid ultrasound (same day) 241.0
- ☐ CT, head (same day) 784.0
- ☐ CT, chest (same day) 793.1
- ☐ Endometrial biopsy
- ☐ DEXA scan 627.2, 733.90 or 733.0
- ☐ 72-hr glucose monitor 250.00 or 790.6
- ☐ Diabetic appt w/ NP 1:1
- ☐ Dietitian appt
- ☐ Diabetes class
- ☐ Weight-management class
- ☐ Smoking cessation
- ☐ Flu clinic
- ☐ Other:_____

Referral: Patient needs appointment with Dr. _____ for the following reason: _____

Note: Default ICD-9 codes for each test are listed above. Where needed, circle the alternative diagnosis code.

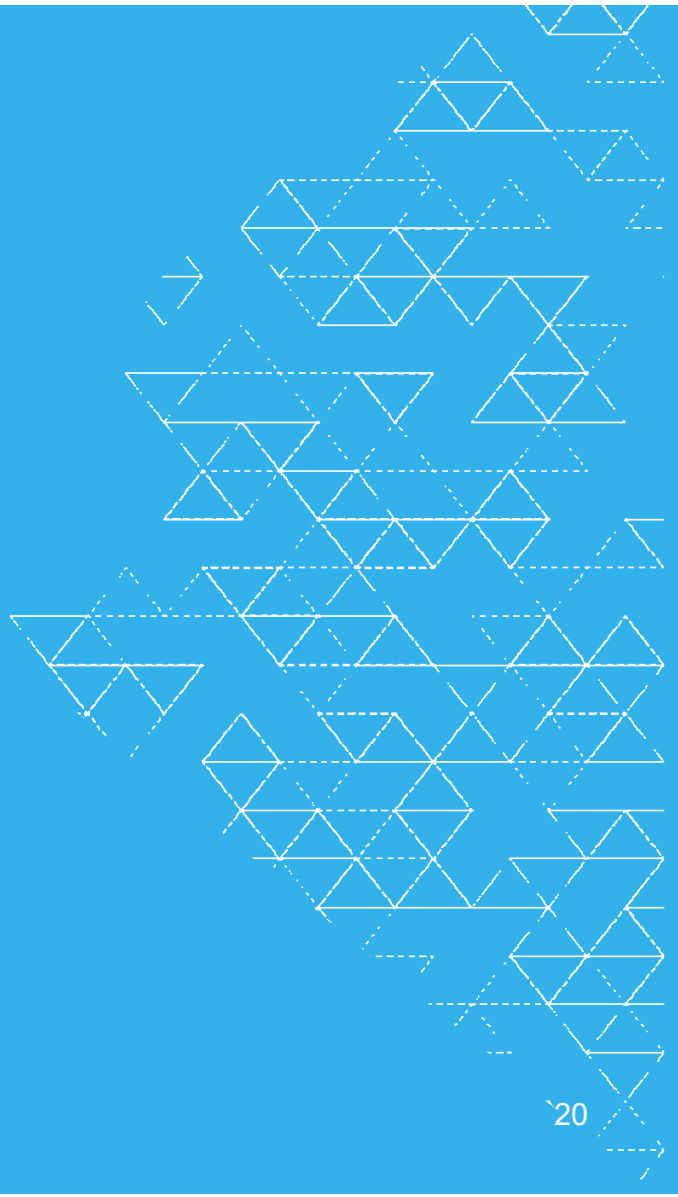
Pre-visit

Pre-visit Labs

- 89% ↓ phone calls ($p<0.001$)
- 85% ↓ letters ($p<0.0001$)
- 61% ↓ additional visits ($p<0.001$)
- ↑ patient satisfaction
- Saved $26/visit

- Crocker B, Lewandrowski E, Lewandrowski N, Gregory K, Lewandrowski K. Patier int-of-Care Laboratory Testing: Report of a Quality Improvement Program in an Ambulatory Pr Medical Center. *Clin Chem Acta* 2013; 424:8-12.; and personal communication/poster 3.4.14

Pre-visit planning



When are Care Gaps Closed in your Flow?

Flip the Clinic v2

Pre-visit planning ...

A is not done; the first we think of the patient is when they check-in.

B includes a generic pre-visit questionnaire given to the patient on check-in or by portal before the visit.

C includes a patient- or condition-specific pre-visit questionnaire, pre-visit identification of care gaps and a warm hand-off between rooming staff and physician.

D includes a pre-visit questionnaire, care gaps identification and a warm hand-off. Also includes routine reappointment of patients at conclusion of each visit, with prospective identification of pre-visit labs, along with appointment reminders (e.g., text, message or call) a few days before the next appointment.


Visit Prep: Care gap closure
Minimize the hunt for info during visit

Enhance the patient experience, increase patient engagement and improve practice efficiency.

Pre-visit planning

Ten steps to pre-visit planning

During the current visit

1. Re-appoint the patient at the conclusion of the visit
2. Use a visit planner checklist to arrange the next appointment(s)
3. Arrange for laboratory tests to be completed *before* the next visit

Before the next visit

4. Perform visit preparations
5. Use a visit prep checklist to identify gaps in care
6. Send patients appointment reminders
7. Consider a pre-visit phone call or email

During the next visit

8. Hold a pre-clinic care team huddle
9. Use a pre-appointment questionnaire
10. Hand off patients to the physician

Visit prep checklist

If you have a new complaint, please describe the symptom and indicate how long it has been present, when it is better or worse and any other information that might be helpful to the physician and/or staff.

To be completed in anticipation of a patient's upcoming visit	
Patient name:	Date of birth:
Date of previous visit:	Date of next visit:

Preventive screening	Due	Up-to-date	N/A	Target population and recommendation
PAP				Age 21 to 65 years Every 3 years if no history of abnormal PAPs (or every 5 years if over 30 and most recent PAP negative and HPV-negative)
Mammogram				Age 50 to 75 years Every 1 to 2 years; or for those 40 to 50 and >75 screening is optional
Colonoscopy				Age 50 to 75 years Every 10 years (more frequent if history of colon polyp or family history of colon cancer)
Bone density scan (DEXA)				Age 65 years Every 10 years for women if previous results were normal; every 5 years if symptoms of osteopenia exist
Abdominal aortic aneurysm				Age 65 to 75 years One-time screening for men who have ever smoked
Visual acuity				Age >65 years (new Medicare enrolees) Can be completed during the "Welcome to Medicare" visit
Glaucoma screen				Age >65 years Annually

Immunization	Due	Up-to-date	N/A	Target population and recommendation
Tdap vaccine				Age >19 years Administer Tdap once; boost with Td every 10 years
Influenza vaccine				Age >6 months Annually
Shingles vaccine				Age >60 years Option if >50 years
Pneumococcal vaccine (PCV13 or PPSV23)				Age >65 years • PCV13 now, followed by PPSV23 six to 12 months later • If already received PPSV23, wait at least one year before giving PCV13 Patients age 18 to 65 with a chronic* or immunocompromising condition may also need a pneumococcal vaccine.

Pre-appointment Questionnaire

Today's Visit

What are you hoping to accomplish today? _____

_____

_____

Is there anything you'd like to work on to improve your health?

_____

_____

_____

If you have one of the following conditions, please answer:

Diabetes: Any problems with medications? ____ Home glucose readings _____

High Blood Pressure: Any problems with meds? ____Home BP readings _____

High Cholesterol: Any problems with meds? ____

Depression: Any problems with meds? ____ Any suicidal thoughts? _____

Between Visits

Have you been to the **hospital or another doctor** since last seen here? ____ Please explain_____

_____

Lifestyle

Exercise: What do you do? _____ how long? _____ how often? _____

30 minutes walking most days can reduce the risk of a heart attack by 30%.

Smoking: How much do you smoke? _____Are you interesting in quitting?_____

It is recommended that you stop smoking. We have a smoking cessation class for your assistance.

Alcohol:

How many drinking days do you have per week? _____

On average how many drinks per drinking day? _____

Have you had more than 4 alcoholic drinks in a day in the past 3 months? ___

Are you or others concerned about your drinking?____

Men who drink 5 or more drinks in a day or 15 or more drinks/week are at risk of a drinking problem; Women who drink 4 or more drinks in a day or 8 or more drinks/week are at risk

Falls: Have you fallen in the past year? __ Problems with walking or balance?____

Safety: Are you in a relationship where you feel unsafe or have been hurt? _____

HIV Testing: Would you like HIV testing? ____ (If yes, please tell the nurse.)

HIV testing is recommended for anyone at risk for HIV infection, including persons with a sexually transmitted disease, history of injection drug use; sex workers, sexual partners of HIV-

Huddles:
Warm hand-offs

AMA | STEPSforward™

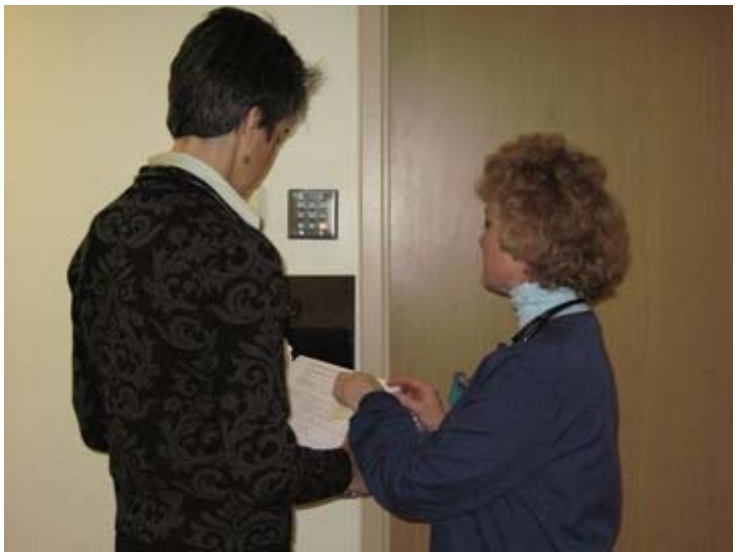
Implementing a daily team huddle

Boost practice productivity and team morale, by communicating in real time about the day's events

AMA IN PARTNERSHIP WITH SGIM Society of General Internal Medicine *Creating Value for Patients*

Mini-huddle: Warm Hand-offs

- Medical
- Social
- Mentor the nurses/MAs
- Deeply engaged



Primary Care Visit Regularity and Patient Outcomes: an Observational Study

Adam J. Rose, MD MSc FACP[1,2], Justin W. Timbie, PhD[3], Claude Setodji, PhD[4], Mark W. Friedberg, MD MPP[1,5], Rosalie Malsberger, MS[1], and Katherine L. Kahn, MD[6,7]

[1]RAND Corporation, Boston, MA, USA; [2]Boston University School of Medicine, Boston, MA, USA; [3]RAND Corporation, Arlington, VA, USA; [4]RAND Corporation, Pittsburgh
Medicine at UCLA, Los

Planned care visits →

(as opposed to same # of reactive visits)

BACKGROUND: R
opportunity to deli
er, no previous stu
rally regular prima
OBJECTIVE: To e
temporal regular
outcomes.
DESIGN: Retrospe
PARTICIPANTS: V
fee-for-service Med
1328 federally qual

1.↓ ER rates

2.↓ hospitalization rates

3.↓ total expenditures

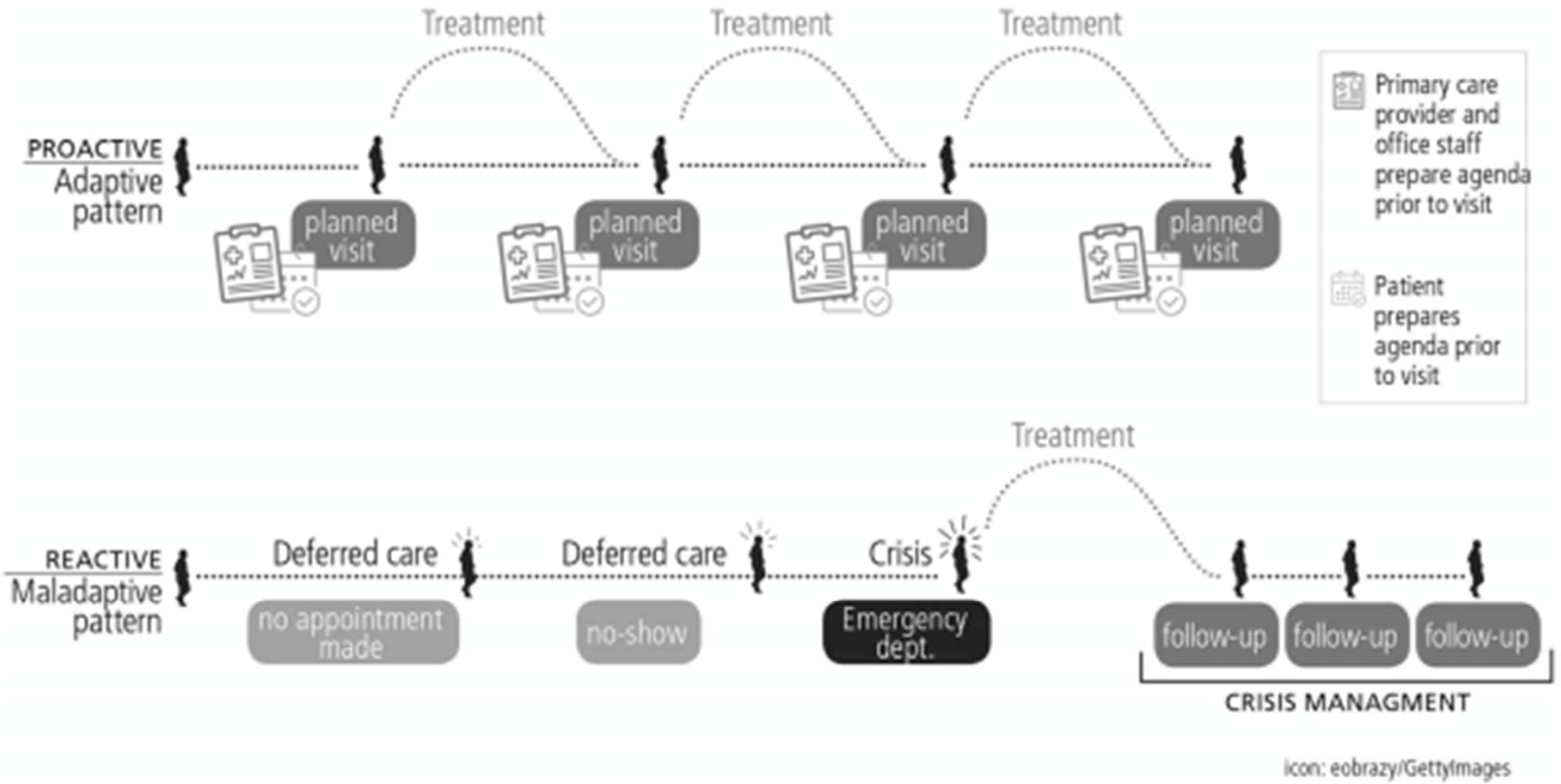
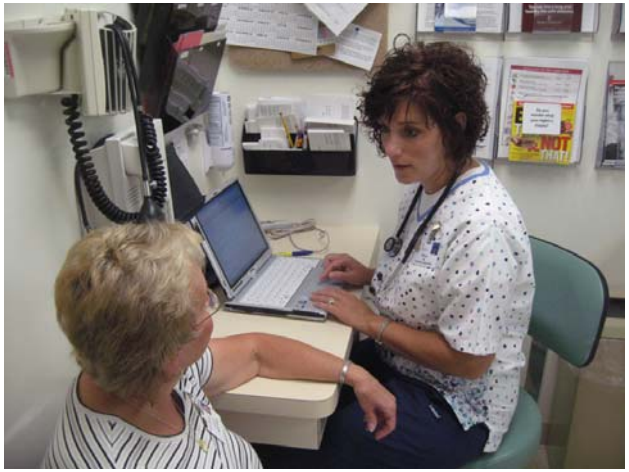
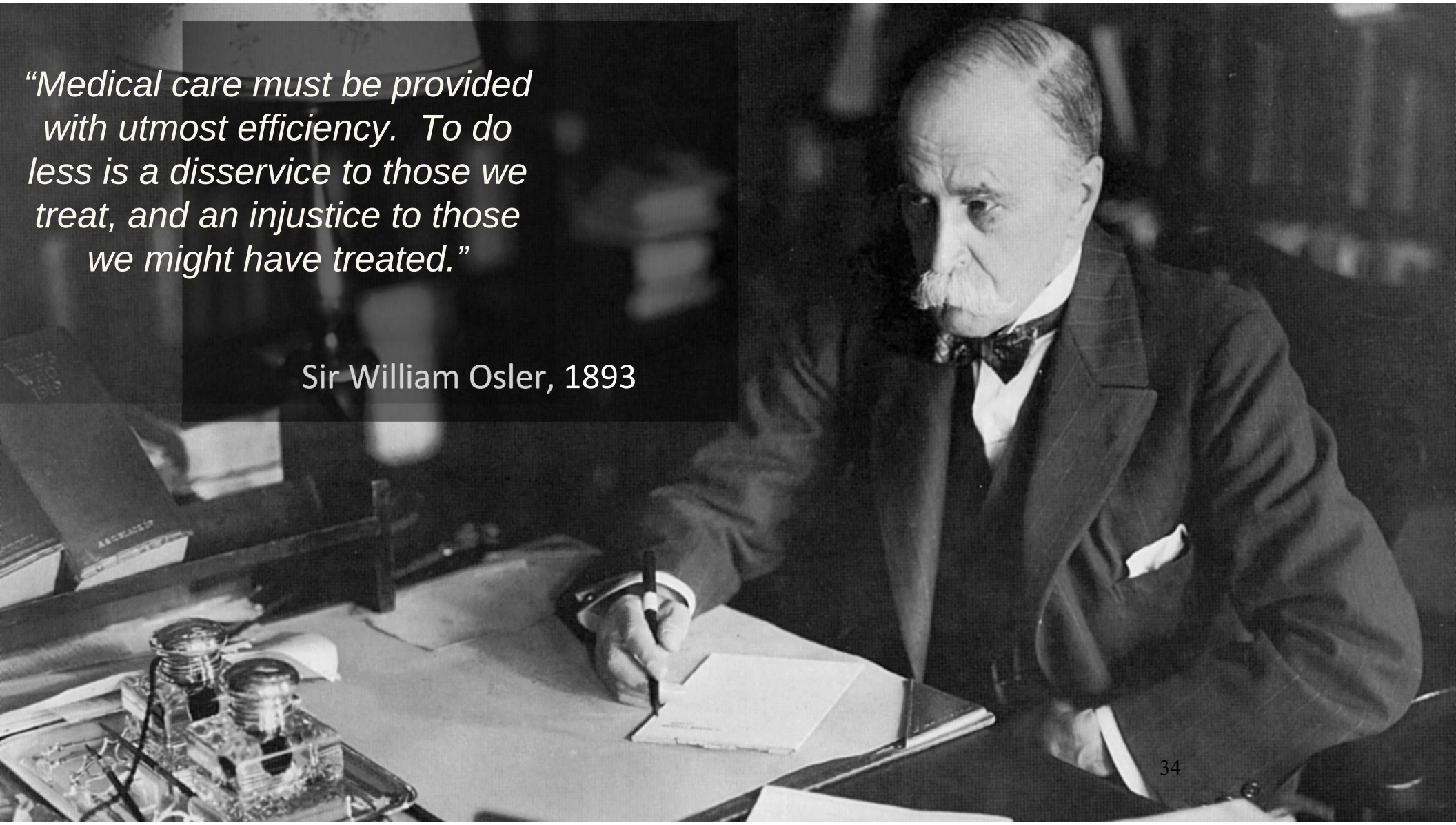


Figure 1 Proactive, temporally regular care may produce a similar number of visits as irregular and reactive care – but the visits can be better planned, and more effective at improving outcomes.

Take home messages

- It's all about
  - Planning ahead
  - Sharing the load
  - Enjoying the work!




“Medical care must be provided with utmost efficiency. To do less is a disservice to those we treat, and an injustice to those we might have treated.”
Sir William Osler, 1893