Achieving Population Health – the Power of Team-Based Care

JAMES JERZAK, MD | PHYSICIAN LEAD,
TEAM-BASED CARE

AMERICAN CONFERENCE ON PHYSICIAN HEALTH
PRACTICE TRANSFORMATION BOOT CAMP
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Objectives

1. **Understand the need** for Team-based care
2. Understand **three fundamentals** of Bellin's model of Team-based Care
3. Learn how **empowered staff** provides **enhanced support** for clinicians
4. Understand **challenges** to team-based care transformation and how to overcome them
5. Understand how this model of care is **financially sustainable** in any type of practice


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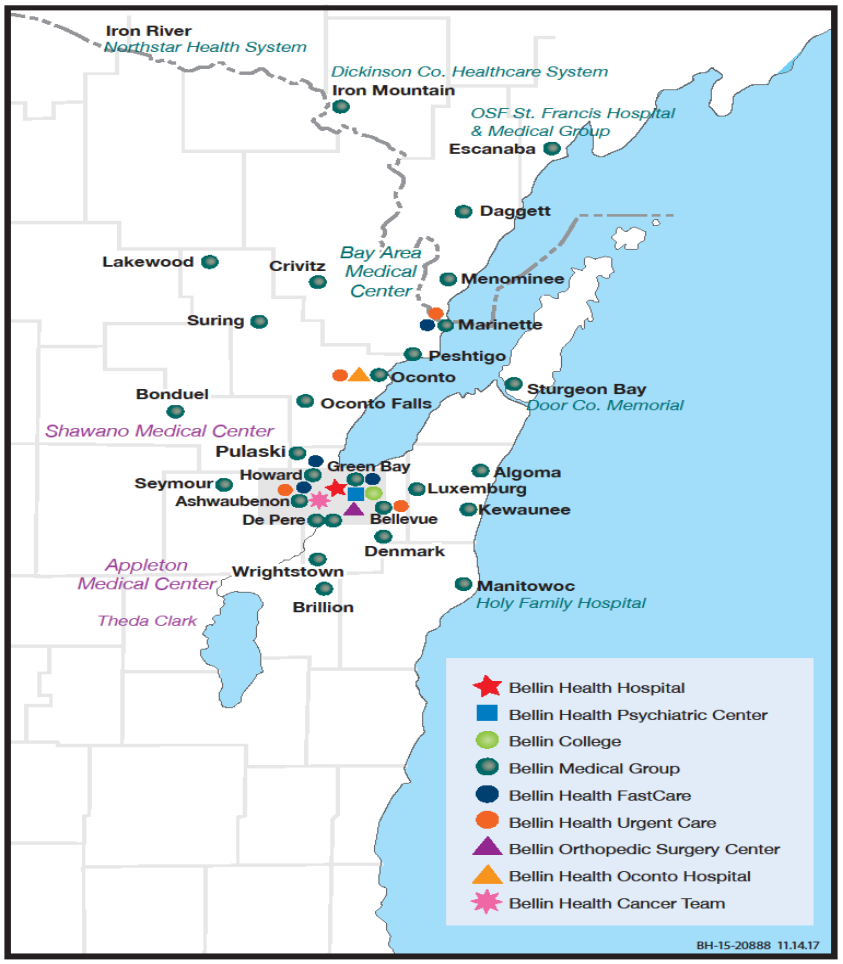
Bellin Health Overview



Bellin Hospital, a 244-bed community hospital with proven excellence in heart and vascular care; orthopedics and sports medicine; family programs and services; cancer care; and minimally invasive procedures including robotic surgery

Bellin Health Oconto Hospital, a 10-bed critical-access hospital in Oconto

Primary Care clinics , a 140-member primary care group with 29 clinic sites and proven excellence in disease management and wellness care

Employer Clinics, 140 clinics located within employer facilities

FastCare Retail Clinics, 4 convenient care clinics in discount retail stores

Urgent Care Clinics, 4 convenient locations with extended hours

Virtual Platform, Telemedicine, Evisits, Video Visits

Bellin Health Partners incorporates all of Bellin Health System, their employed providers and approximately 116 independent providers

Bellin Psychiatric Center, a dominant provider of in- and outpatient behavioral health services, staffed by 10 psychiatrists, 4 psychologists, and 35 licensed mental health & addiction therapists

Unity Hospice, providing hospice and palliative care services

Bellin Health's Journey to Team-based Care begins:

2014

Realization of the Significant Impact of Burnout on the organization

Call to Action:

- Planning Team formed
- Site Visits
- Literature review
- Solidify administration support
- Prototype launched November 2014
- Spread begins May 2015

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What do you think are the top causes of burnout and inefficient care?

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Bellin's Perspective: Causes of Burnout and Inefficient Care

- Too much work being done below the top of their skill set for all staff
- EHR demands on the clinician during the office visit
- Inefficient in basket with most work defaulting to physician
- Challenge of providing comprehensive care to increasingly complex patients

Clerical Demands of EHR Work on Physicians

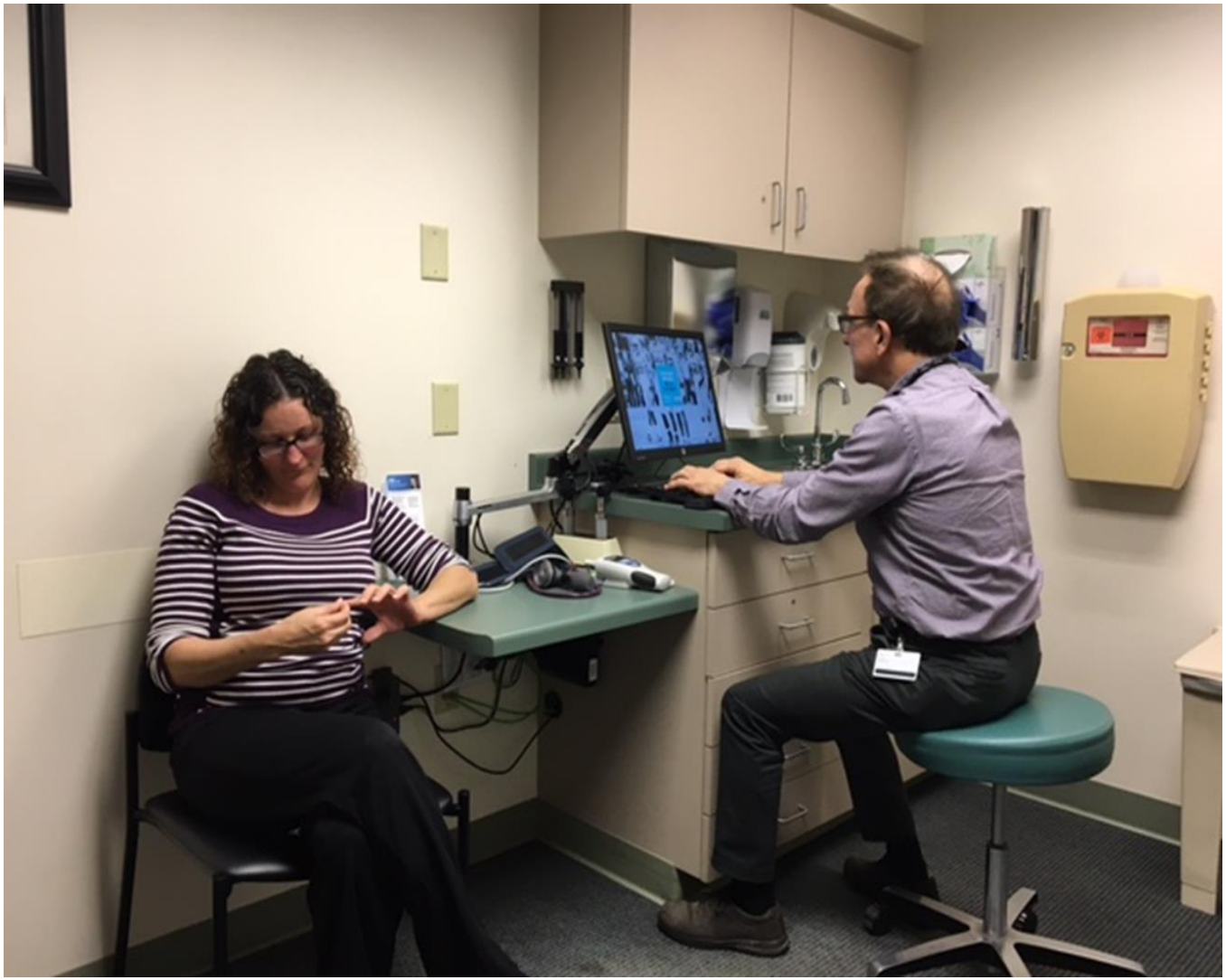
Allocation of Physician Time in Ambulatory Practice

- During a typical office day **27%** of total time in **direct face time** with patients, **49.2%** of time spent on EHR and desk work
- While in the exam room, **52.9%** of time in face to face interaction, **37%** focused on the EHR
- **1-2** hours of **after-hours work at night** on EHR

Sinsky et al. Ann Intern Med. 2016;165(11):753-760

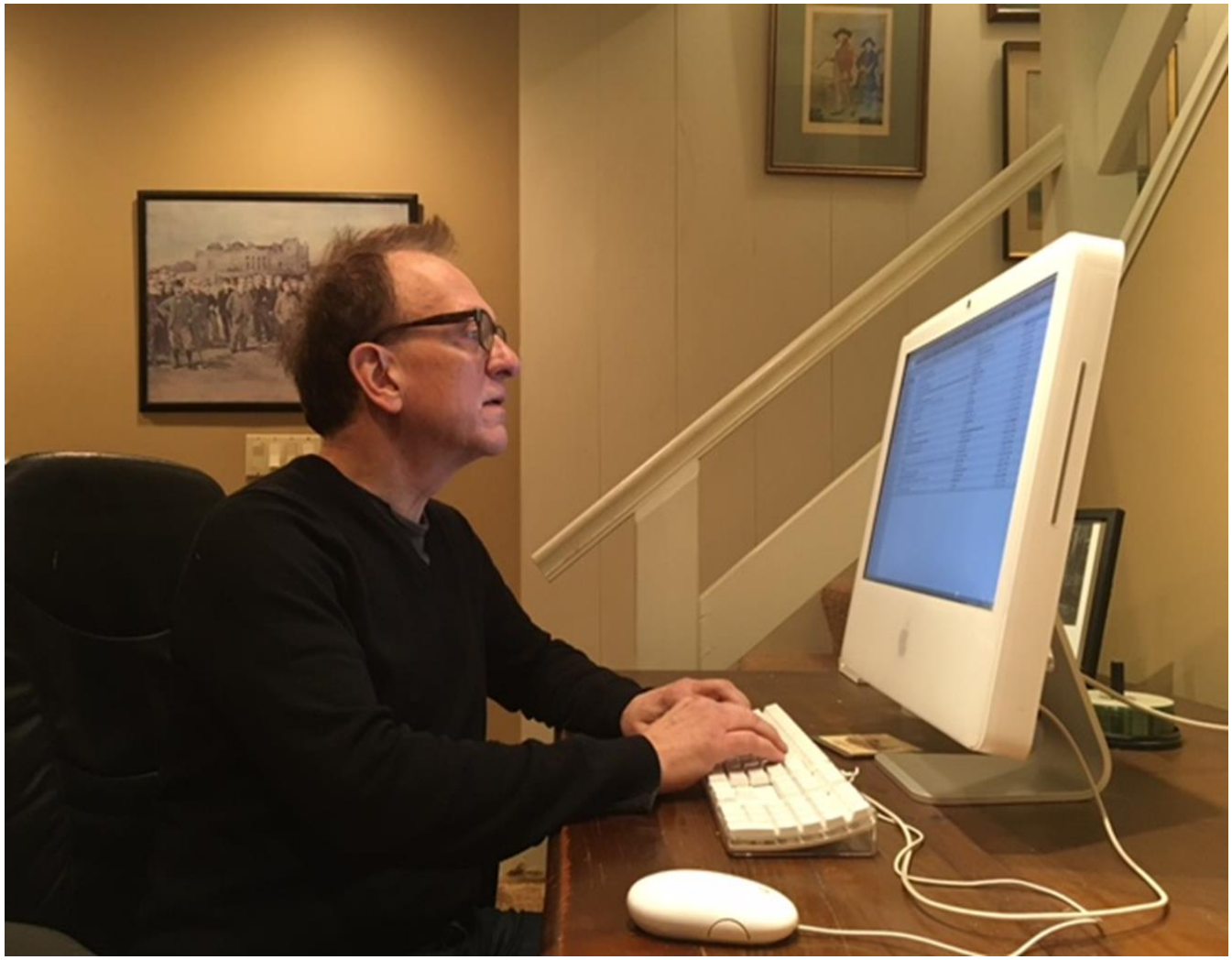
Distraction:

"Like Texting When Driving"



Work/Life Imbalance:

Pajama Time



Increasing Complexity of Ambulatory Care

- Increasing copays and deductibles
- Increasingly complex patients in the ambulatory setting
- Alternative settings for less complicated patients – retail care, urgent care, employer clinics, virtual visits
- Increasing emphasis on quality measures

"Chronic disease has become the great epidemic of our times"

Milani, et.al. Am J Med 2014.10.047

"Recently, there has been a shift from viewing burnout as an individual problem to a problem of the health care organization as a whole."

Panagioti, et al JAMA IM 2017:177(2) 195-205

"……reducing burnout in physicians requires change in organizations"

Br J Gen Prac 2015:65(639)e708-e710

Conclusions from Bellin's Planning Process, November 2014

- **The EHR burden** on clinicians had to be addressed
- Care teams need **robust support** to care effectively for high risk and complex patients.
- All staff needs to work up to their **highest skillset**
- Advanced Team-based care provides the foundation for successful transition to **value based payments**

Our Solution:
Achieving Population Health through Team-Based Care

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Definition

Advanced Team-Based Care: A comprehensive approach to health care delivery transformation including

- **Office visit redesign**
- **In between visit redesign**
- **Population Health Management redesign,** with seamless transitions of care between all system and community resources, to achieve **optimal health and wellbeing for our entire patient population**

First Element of Transformation

Complete Redesign of the Office Visit

ENHANCED ROLE OF **EMPOWERED** CMA'S/LPN'S

New Title: CTC Care Team Coordinator

Expanded CMA/LPN roles

- Care gap closure
- Med review/Pending refills
- Patient agenda setting
- Team documentation
- EHR work during visit; pending orders, referrals, etc
- Appointment scheduling – labs, future appointments, tests
- Review After Visit Summary: Teach back

Video:

Complete Redesign of Office Visit

Watch For:

- Enhanced role of empowered LPN/CMA
- Ability of the physician to focus on the patient
- Engagement of the patient with the LPN/CMA


Achieving Population Health
Through Team Based Care
The Office Visit
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Understand the Differences

Scribes

- Often limited term, not licensed to assist with patient care

Up trained staff

- Usually CMAs or LPNs can show:
  - ***Enhanced engagement*** with patients
  - Ability to provide ***more robust support*** to clinician
  - ***Improved satisfaction*** of staff in this role
  - *Documentation* ***equal to or better*** *than physicians*

Second Element of Transformation

Redesign of Between Visit Work

So What's the Problem?

- **Overwhelming numbers** of items and folders
- Physician/ APC usually the **default location** for most in basket work
- **Workflows and responsibilities** are often undefined or unclear
- **Lack of empowerment, support, and trust** of team by physician in handling in basket tasks

General Approach

- **Reorganize** the in basket to streamline work and eliminate unnecessary messaging
- Make sure planned care principles such as **pre visit labs** are done consistently
- **Route** messages to most appropriate team member who can handle the work at the top of their skill set
- **Filter out** items not directly relevant to patient care
- Establish **team pools** to streamline work
- Utilize the emerging principles of **Team-Based Care** to empower team members to contribute in meaningful ways to in basket management

Leverage Team Based Care Principles

- **Promote Team Culture**. Mature teams make every minute count, and help out other teams at every opportunity
- Take advantage of **Co-location**, use verbal communication as much as possible
- Daily **Huddles** to anticipate and plan for the day
- **Empower** your staff, and trust them to perform work at the top of their skill set

Video 2:

Redesign of In Between Visit Work

Youtube: Bellin Health Team-based care

Things to watch for:

- Enhanced communication between team members
- The value of the daily huddle
- The value of pre visit preparation
- Effective result management by the team
- Key role of co-location


Achieving Population Health
Through Team Based Care
In Between Visit Workflow
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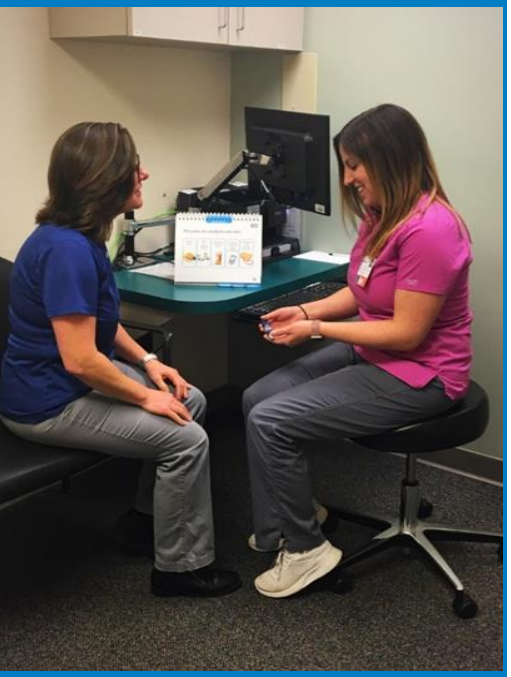
Key Role of Co location



Don’t forget your RN’s!

- Ability to perform and bill patient visits:
- Resource for diabetes education
- Active role in CCM and TCM programs
- Facilitating care team meetings
- Active in quality measure improvement
- Oversees in basket work
- Resource for MA/LPNs
- Still need to do triage but…’triage is a failure of access’

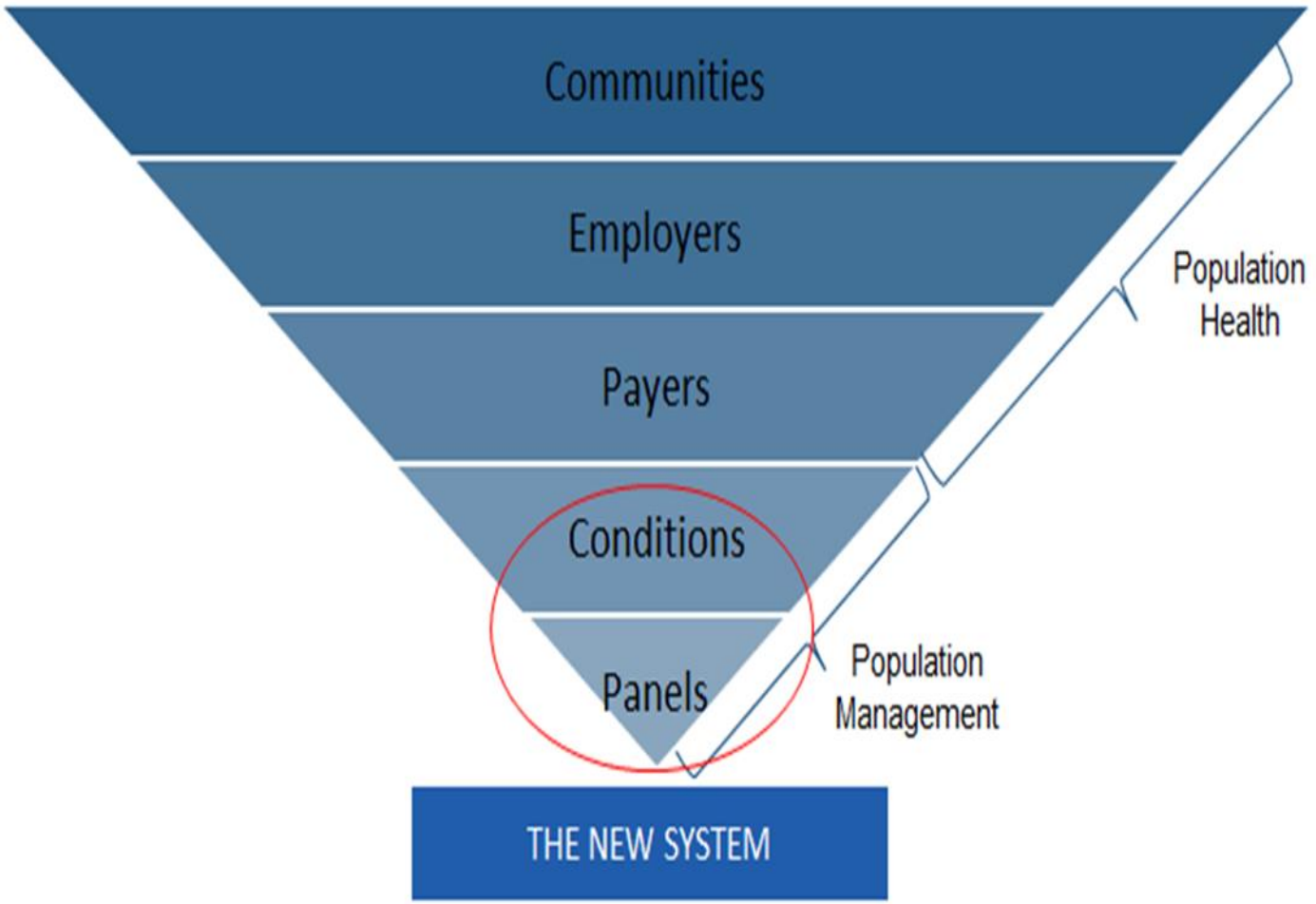
Third Element of Transformation

Population Health Management

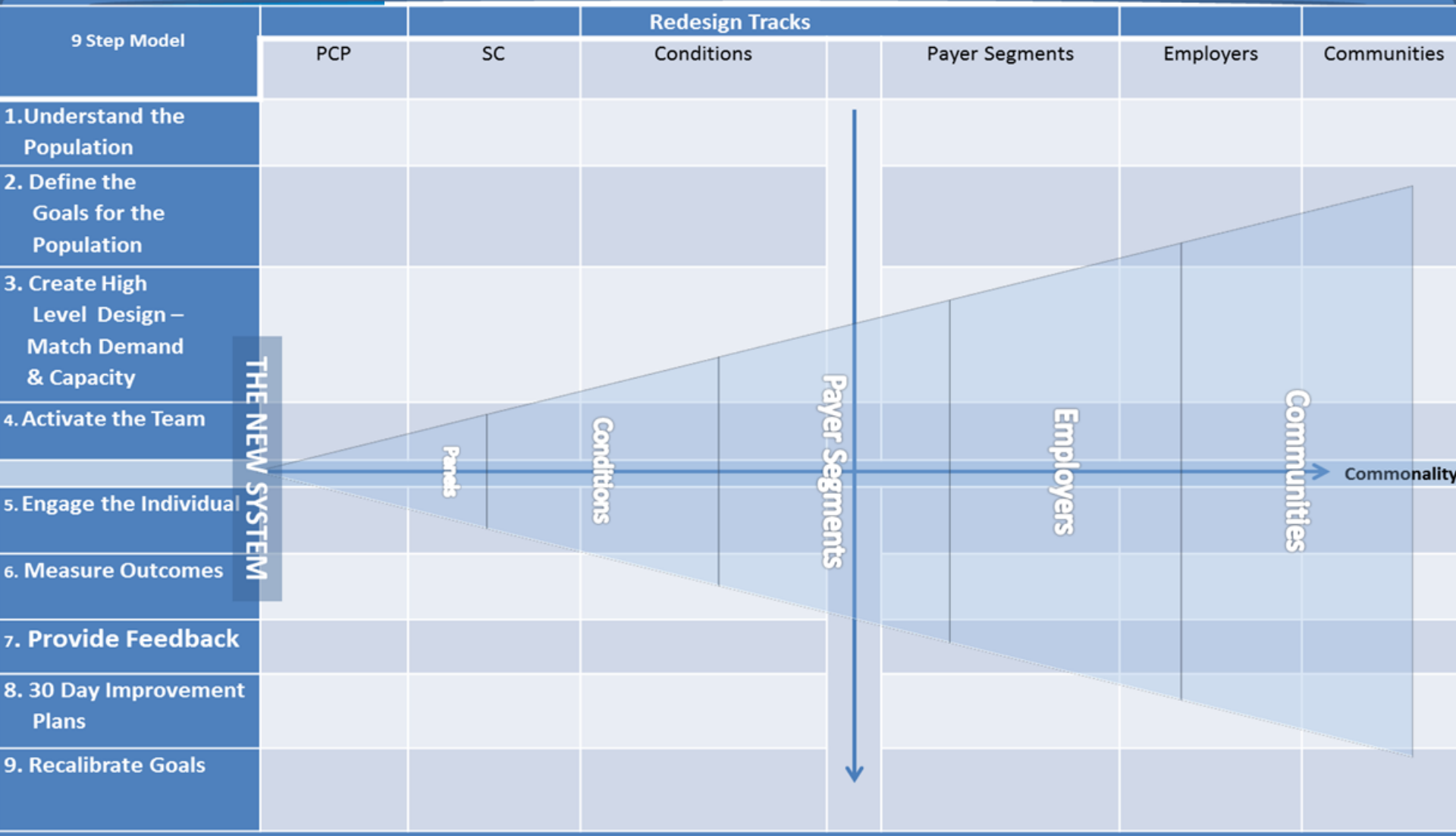
Leveraging system and/or community resources to improve your patients' health

Team-based Care across the System

Population Health Strategy



SUSTAINABILITY



Analytics and Decision Engine

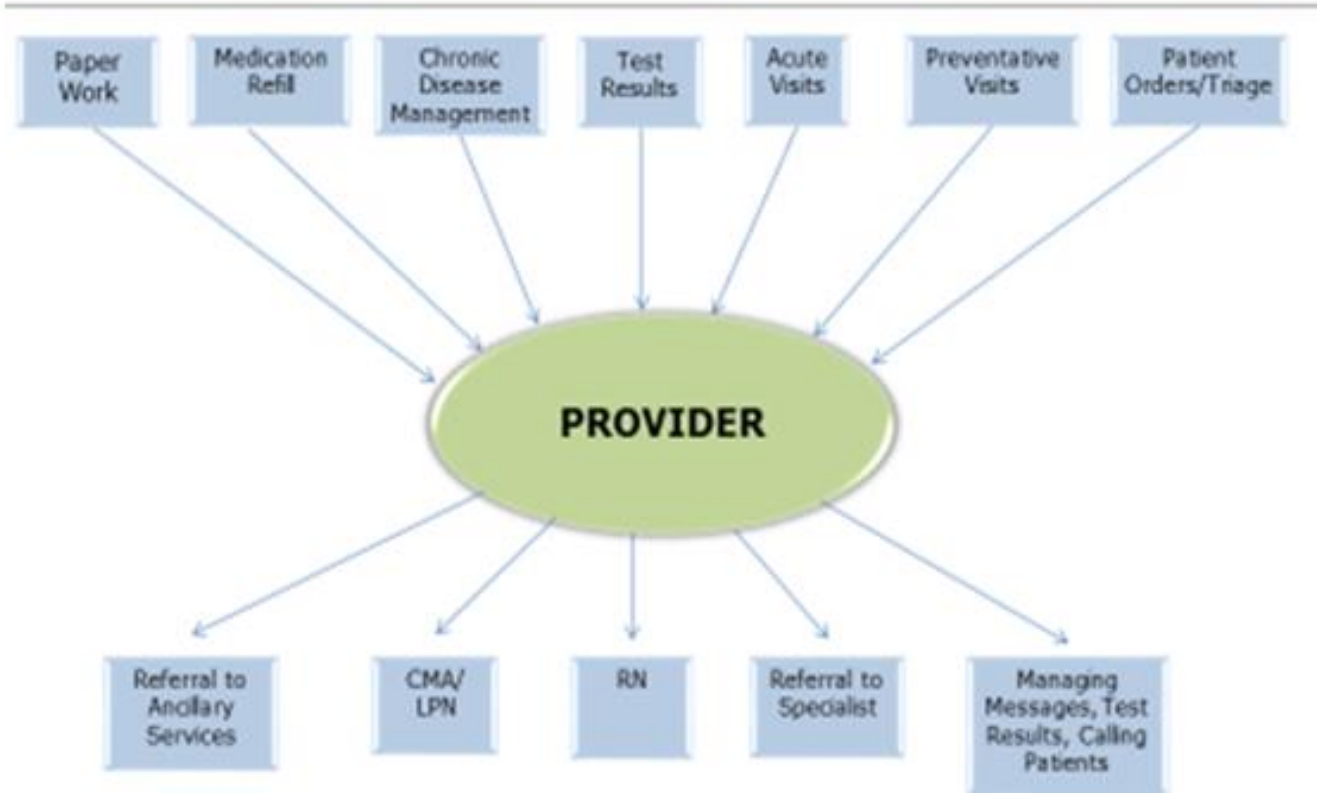
Aligned Infrastructure

How do Teams accomplish Improved Population Health?

- Team approach to **quality measure** improvement
- Involvement of **Extended Care Team** with complex patients (Clinical Pharmacists, RN Care Coordinators, Case Managers, Diabetic Educators to enhance the care of complex patients
- Delegate visits to other less costly care team members (i.e. RN for BP checks)
- Engagement with **employers, payers, and community** to provide care across the spectrum

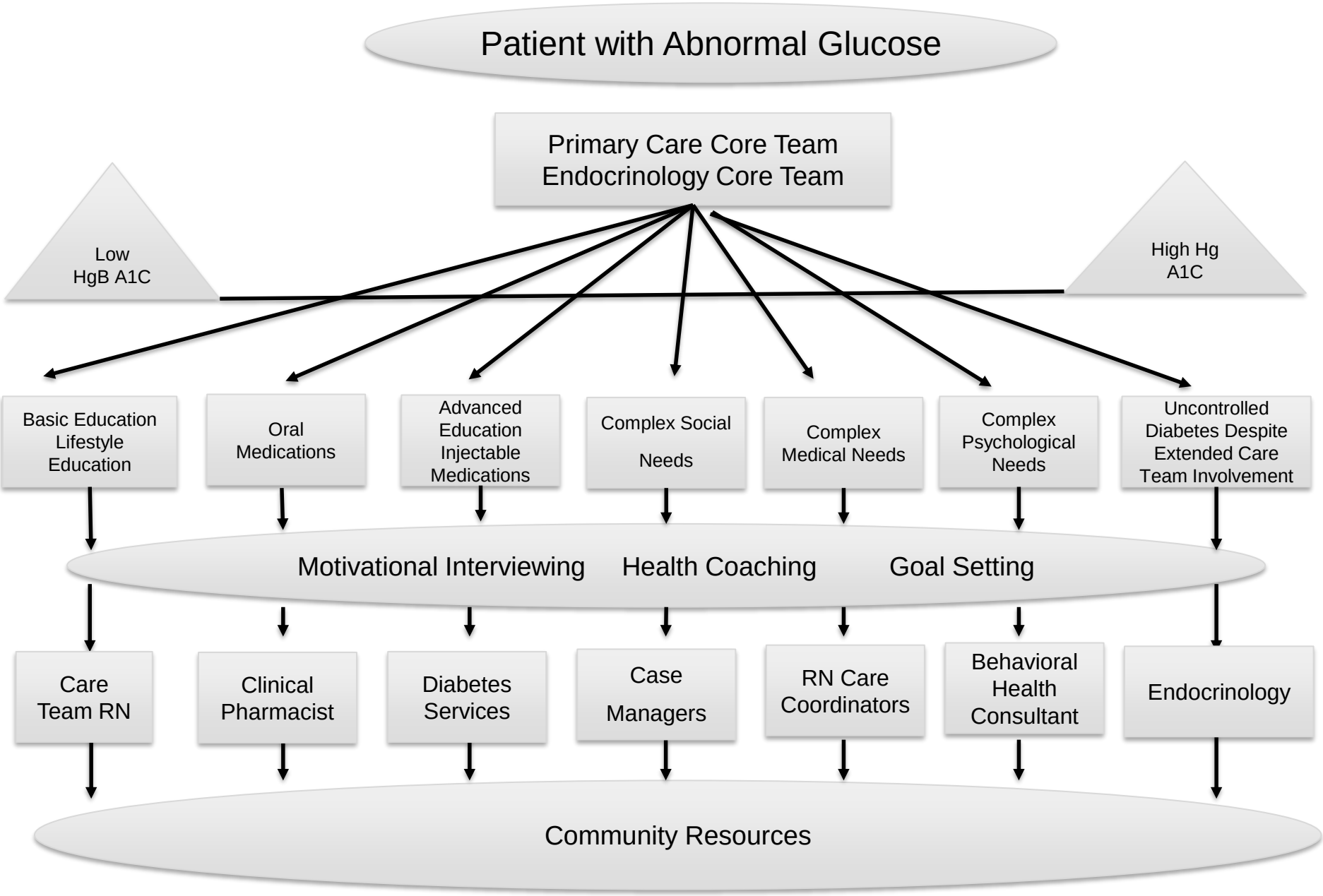
Regular Care Team Meetings

Old Model of Patient Care

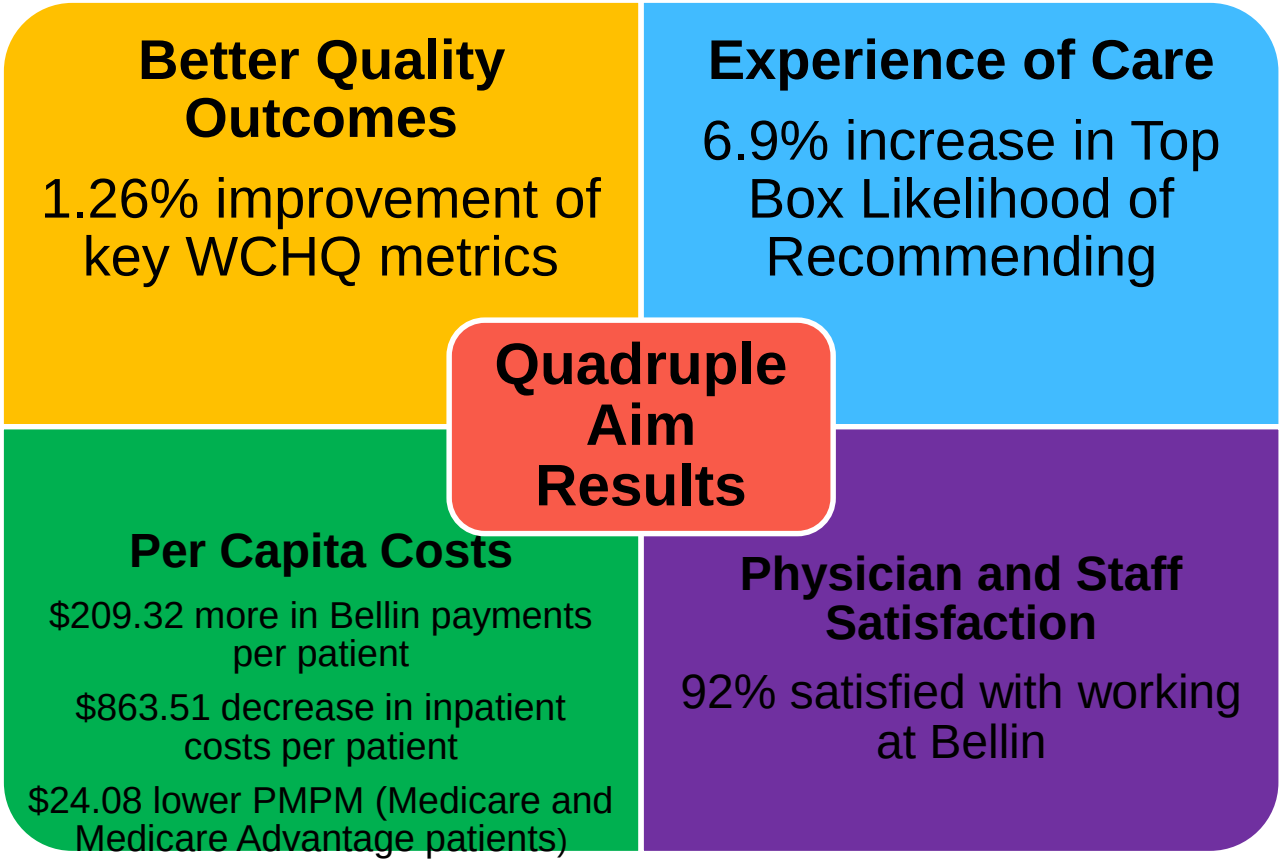


Advanced Model Of Care

Comprehensive System View



Results:
Does it Work??



Results based on 81 care teams live on team-based care greater then 1 year as of 5/1/2019

Quality Results

Quality Measure	November 2017	November 2018	Difference
Breast CA screening	57%	64%	2549 more completed in 2018
Cervical CA screening	67%	78%	3056 more completed in 2018
Colon CA screening	73%	77%	2816 more completed in 2018

Effect of TBC on 5 Low Performing Teams

Colon Cancer Screening

56% to 71%

Breast Cancer Screening:

46% to 55%

Cervical Cancer Screening:

49% to 77%

AIC Control:

39% to 53%


May-17
Mar-19
100
90
80
70
60
50
40
30
20
10
0
Breast Cancer Screening
Cervical Cancer Screening
Colon Cancer Screening
Depression Screening
A1c Testing
Foot Exam
Eye Exam
Adult Pneumococcal Vaccine
Adolescent Meningococcal Vaccine
Adolescent Tetanus Vaccine
Dexa Scan
Tobacco Cessation Advice

How are we doing compared to expectations?

Expectations:

90% charts closed by 6 pm

Pre: 26% Post: 63%

Open Practice:

Pre 83% Post: 98%

4 RN visits per day:

Pre: 0 Post 3.5

... Daily Sche... ... JERJA Schedule [662990

Ap	Appt Time	Type	Appt Notes	
	7:45 AM	Plan Care	*BP check	D 4
	8:00 AM	PHY	*Physical/lab	D PE
	8:15 AM			
	8:30 AM	Plan Care	DM/Lab	
	8:45 AM	OV [7766]	cold/congested	D 4
	9:00 AM	Plan Care	BP Check	D 4
	9:15 AM	Plan Care	Med Sub/RN/PCV.	D 3
	9:30 AM	Plan Care	Med Sub/RN/PCV.	D 4
	9:45 AM	Plan Care	*Med check/lab	D 4
	10:00 AM	Plan Care	bp / chol	D 4
	10:15 AM	Plan Care	med check	D 3 / D 4
	10:30 AM			
	10:45 AM	Plan Care	BP Check/Lab for anemia	D 4
	11:00 AM	OV [7766]	sleeping concern	
	11:15 AM	PHY	*Physical/lab	D PE 11:50 Am
	~~11:30 AM~~			
	1:00 PM	OV [7766]	left upper quad pain	D 3
	1:15 PM	OV [7766]	RECK ANKLE. SEEN BY MITC...	D 3
	1:30 PM	Plan Care	Follow up DM, lipids without la...	D 4 HC
	1:45 PM	PHY	cpe/sports	D PE
	2:00 PM	OV [7766]	left knee pain	D 3
	2:15 PM	OV Long	*Med check	D 4
	2:30 PM			
	2:45 PM	PHY	last CPE was 2/19/16	D PE
	3:00 PM	OV [7766]	infection on back/possible bu...	D 3
	3:15 PM	Plan Care	Med Check-Anxiety	D 3
	3:30 PM	OV [7766]	CHECK HAND WOUNDS	D 4
	3:45 PM	PHY	*Physical-no lab	D PE
	4:00 PM			
	4:15 PM	Plan Care	*Med check/lab	DD 4
	4:30 PM	Plan Care	F/U Anxiety- Sertraline started	D 3

17 7/8
2 PE

5:05 Am

25 8/17
4PE

So, How to get Started?

First, Build the case for Team-based Care

- **Improved quality measures** lead to higher value based reimbursements
- **Decreased pmpm** cost of care in team based care favorable for risk based payments
- **Decreased burnout** of staff leading to improved staff retention, and decrease in costs of staff replacement
- **Enhanced recruiting** as team based care becomes recognized as a preferred model of care
- Decrease in physician burnout leads to **improved patient care** and **less turnover**

Goal #2: Develop your Model

- **Advance skill set** for all team members
  - Make a list of all duties for each role
  - Determine what work is below the top of the skill set for each role and make adjustments
- **Relieve the EHR burden**
  - Decide on approach: Trained Scribe vs Up-trained staff
- **Magnify support for complex patients**
  - RN case managers, Clinical Pharmacists, Diabetic Educators, Social workers, Physical Therapists, etc. all play a role

Then:
Get Started!

- Plan a small pilot with motivated team
- Develop training processes
- Plan for infrastructure needs
- Don’t forget to get baseline measures
- Spread slowly!!!

Prototype!

Is TBC only for Large Systems?

- Bellin is an independent, relatively small community based system, no grant writers, so no grants for this work
- Starting slowly can mitigate financial risk
- Regardless of practice size, every physician needs EHR support, and support when caring for complex patients

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The #1 Question:

"How do you financially make this work?"

How do you financially make TBC work?

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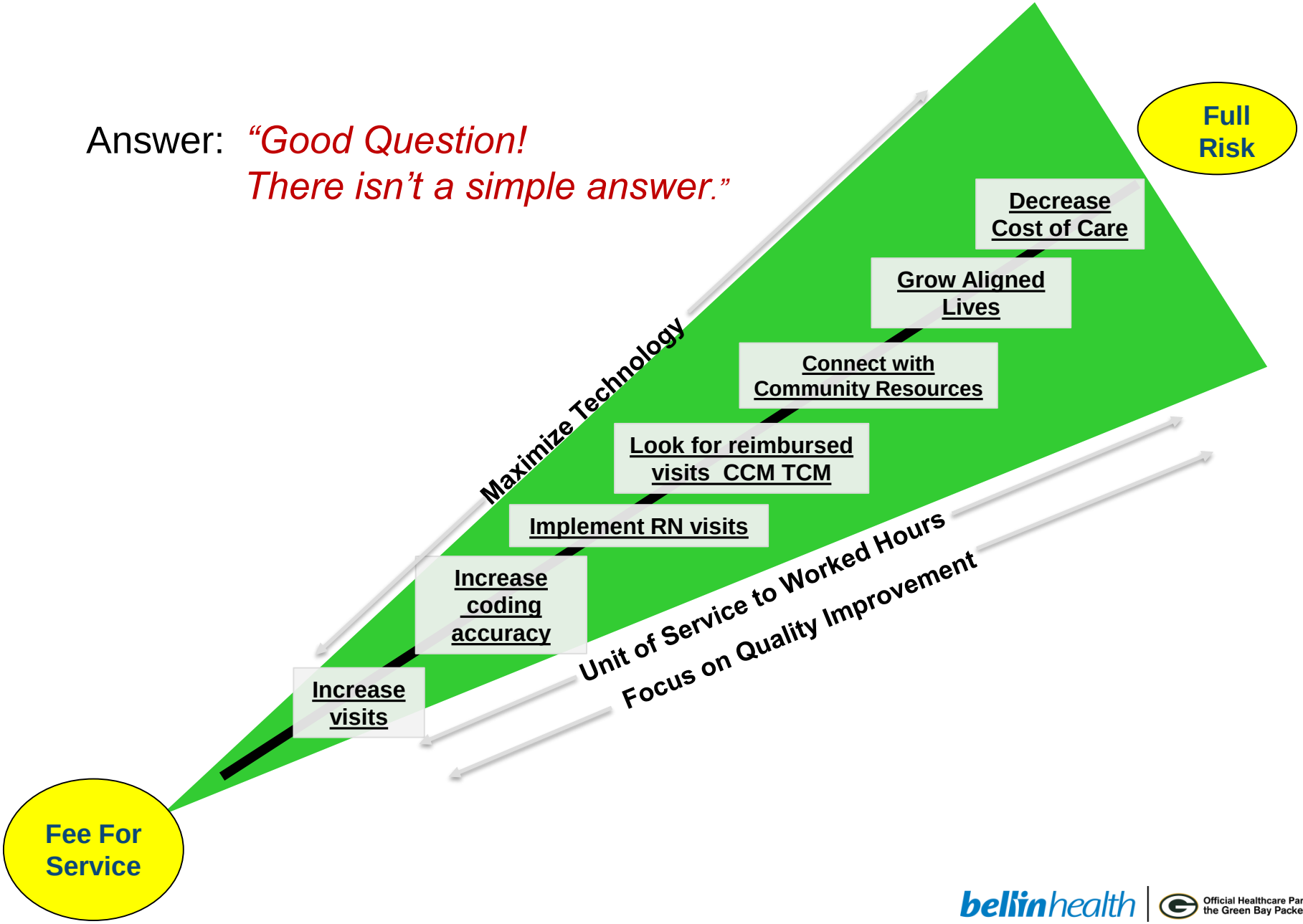
Answer: *"Good Question!*
There isn't a simple answer."



“We determined that hiring an additional MA for each physician would pay for itself if each physician was able to see just one additional patient per half-day clinical session”

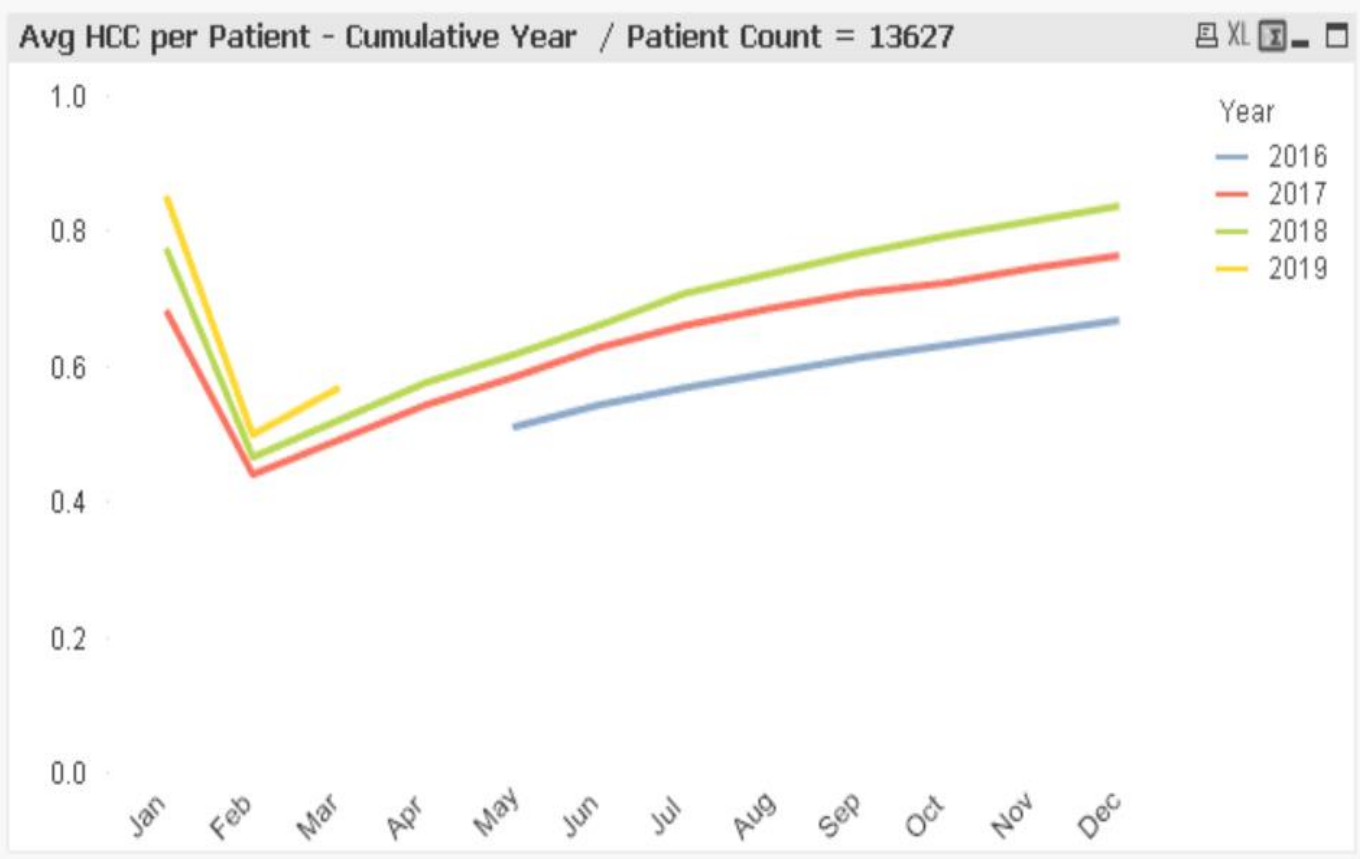
Kevin Hopkins M.D.
Cleveland Clinic
FPM Nov/Dec 2014

“Seeing one to two additional patients per half day clinical session was sufficient to offset the additional staffing costs once we factored in downstream revenue”

Corey Lyon D.O.
University of Colorado
FPM March/April 2018

Increase Coding Accuracy

On average, each HCC Code identified adds $2,600 to the premium funding



RN Visits

Row Labels	Sum of Proc Count	Sum of Charges	Sum of Receipts
Provider	14,724	$ 1,900,494	$ 1,601,924
RN	8,120	$ 1,037,550	$ 848,569
Grand Total	**22,844**	**$ 2,938,044**	**$ 2,450,493**

In 2018 - 22,844 or 75% Medicare Wellness Visits Billed

8,120 or 36% were completed by RN's
Gross Financial savings – $630,000
Goal for 2019 – 50% completed by RN's

ANNUAL WELLNESS VISITS

Patients who completed a Wellness Visit:

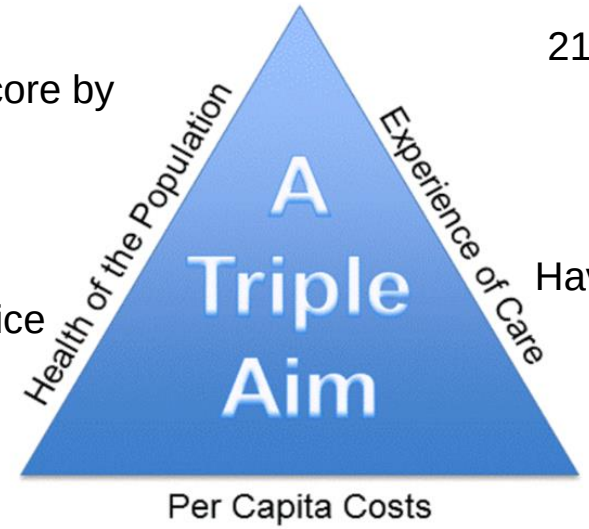
- 43% in 2015 (NGACO Only)
- 55 % in 2016
- 65% in 2017
- 75% in 2018

People who had a wellness visit in 2016:

Increased HCC Risk Score by 15%

Closed 6% more Treatment Gaps

Closed 30% more Service Gaps



21% more likely Registered on MyBellinHealth

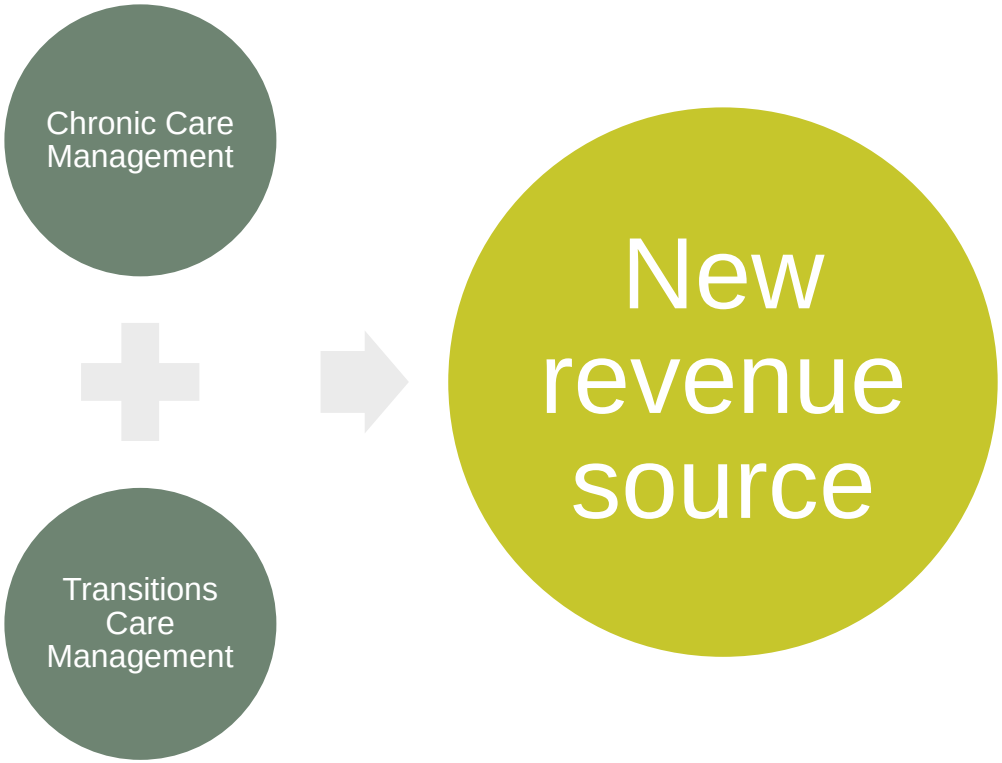
60% more likely to have Advanced Directive

Have a Primary Care Physician (99.7%)

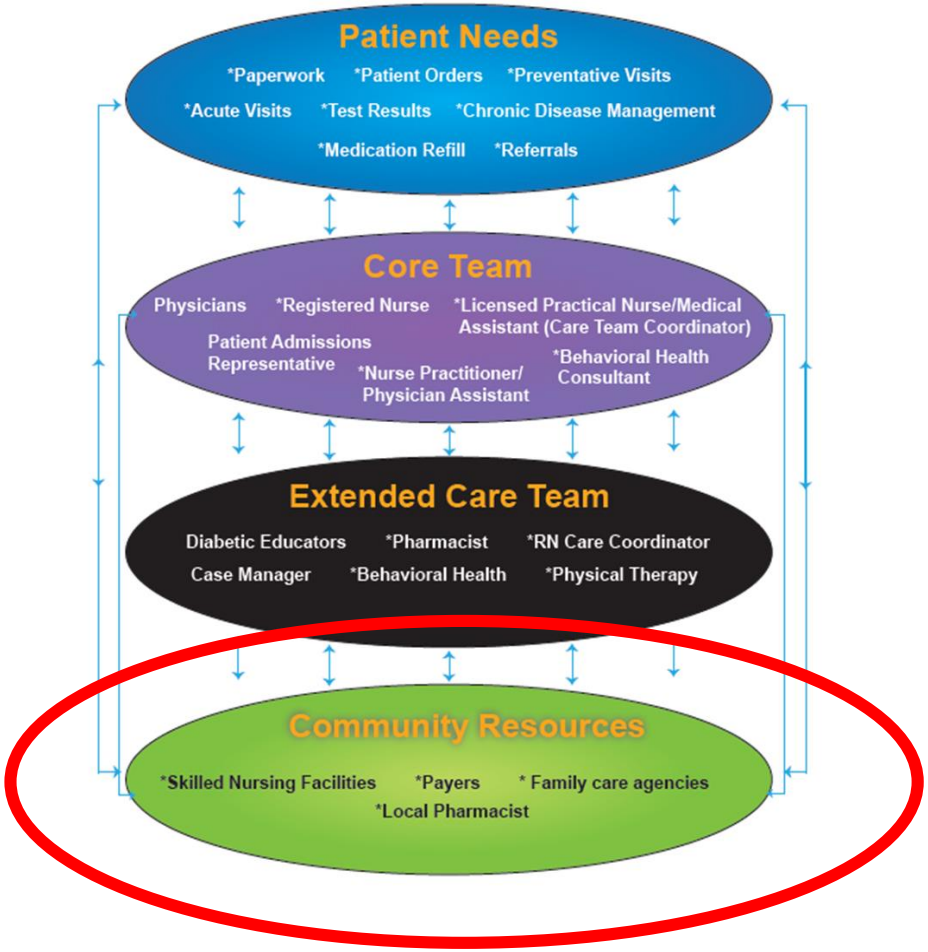
1/3 Lower Healthcare Costs (PMPM)

46% Fewer Emergency Department Visits

Maximize Other Sources of Reimbursement

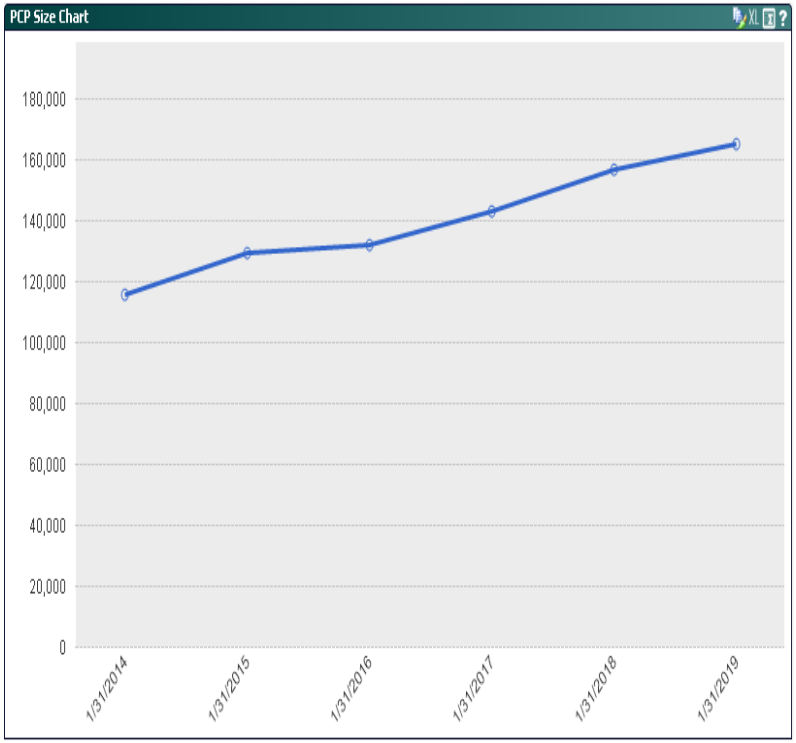


Utilize Community Resources



Grow Aligned Lives

Aligned Lives for Bellin PCPs



Comparison between 2016 - 2018

Panel size growth = 8%
Primary Care visits =18% increase
Inpatient admissions = 5% decrease

Bellin Health: Next Gen ACO data

Bellin Health:

Quality rank: # 1 2017

Shared Savings : 2016 - $1.4 Million
2017 - $ 5 Million

Participating Systems: 2016: 18
2017: 44
2018: 51

Indirect Financial Considerations

Improved Access

Enhanced ability to recruit as TBC spreads to residencies

Improved efficiency of physicians

Improved retention of physicians – a significant cost savings

Opportunity for advancing staff

Improved physician and staff engagement and ownership in quality measurement results

The Bottom Line

Total Cost for TBC in Primary Care

Staffing - $4.5 million annually($1.3 Million in additional staffing)

Reimbursement

Increase visits – $1,600,000

RN Visits – $630,000

CCM/TCM - $250,000

Value Based Reimbursement – $2,500,000

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What Challenges Do You Anticipate?

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Challenges to Anticipate

- Need to obtain **leadership buy in**: administration and physician leadership must work together
- Watch out for **workflow deman**ds on staff – Don’t offload physician's burnout onto staff
- **MA recruitment** can be a challenge
- Difficult for some physicians to let go of previous work, and to empower and trust staff in new roles: **Change management** needs to be addressed
- Challenges of **training**, and of **sustaining change**
- Takes time to develop **true team culture** – Co location really helps!

Lessons Learned

- Take time to **build your prototype** – Involve frontline staff early on
- Don’t be afraid to **adjust** your model
- Don’t spread too fast
- Set **clear expectations** for all roles
- Focus on **change sustainability**

Lessons Learned

- Consider **infrastructure costs**, such as for co- location space
- Alleviating EHR demands on physicians leads to **less burnout**, and **better patient care**
- **A team approach** to in basket work gets all staff working at the top of their skill set, and provides more efficient care
- There has to be **support** for physicians in the care of complex patients – utilize community resources when possible


THANK
YOU!

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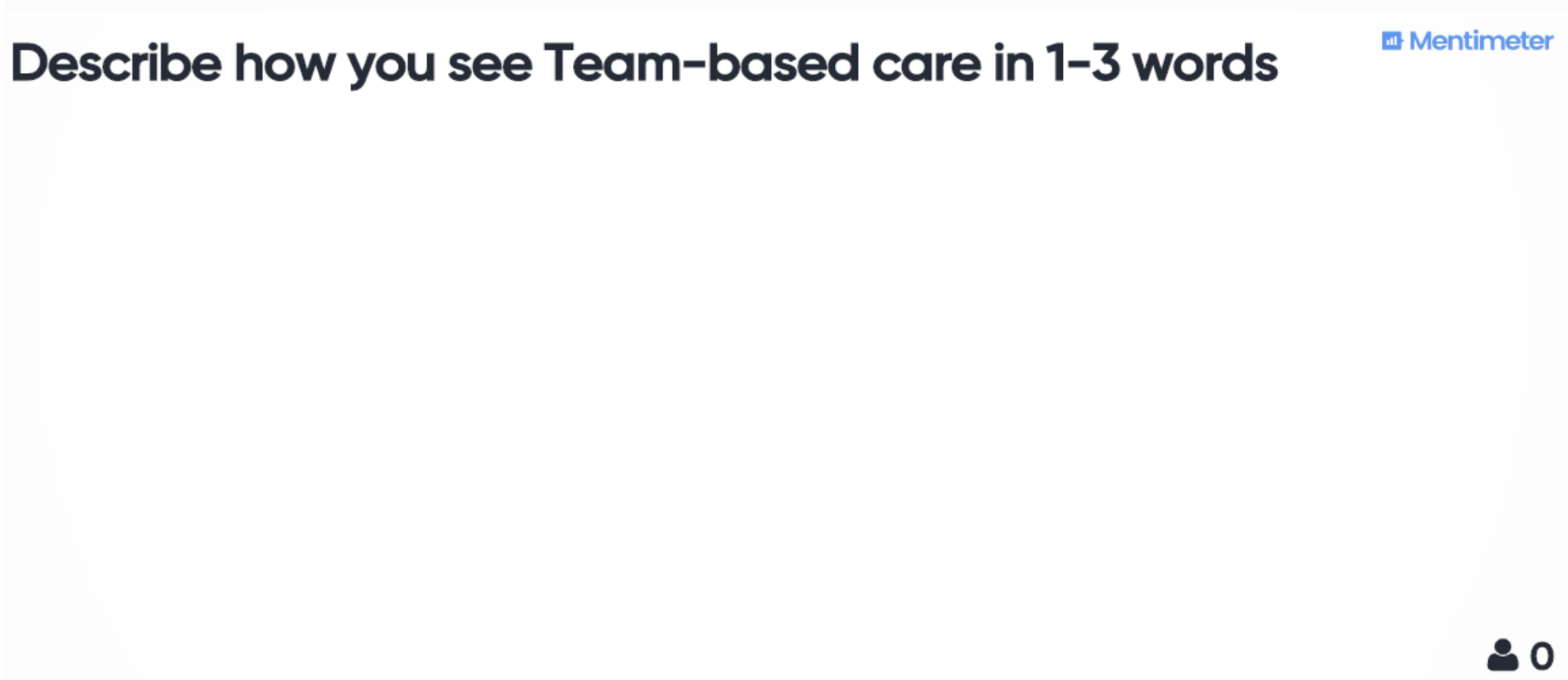

Guiding Principles for Successful Team-based Care

Fundamental truths that serve as the foundation for a system of beliefs or behaviors

1. **Put the Patient first**
2. **Build team culture**
3. **Empower staff**
4. **Encourage critical thinking**
5. **Know your population**

Core Concepts for Successful Team-based Care

Notions or statements of an idea expressing how something might be accomplished

1. **Planned Care Principles**
2. **Enhanced rooming processes**
3. **Co location**
4. **Daily huddles**
5. **Regular care team meetings**
6. **Maximize use of warm handoffs**
7. **Effective use of extended care team**
8. **Standard documentation and communication**
9. **Team approach to in between visit work**
10. **Start on time**

Recommended Reading

- **In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices.**
  Sinksy,C. et.al. Ann Fam Med 2013; 11:272-278

- **From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider.**
  Bodenheimer,T. Sinsky, C. Ann Fam Med 2014; 12:573-6

- **A Team-Based Care Model That Improves Job Satisfaction.**
  Lyon,C et al., Fam Prac Manag, 2018 25(2): p 6-11

- **Helicopters and Hospitalizations: Getting the Primary Care That We Invest In.**
  Sinsky, C. Annals of Int Med, February 2016 1-2

- **Team-Based Care: Saving Time and Improving Efficiency.**
  Hopkins,K. Sinsky, C. FPM Nov/Dec 2014 ; 23-29

Recommended Reading

- **Allocation of Physician Time in Ambulatory Practices: A Time and Motion Study in 4 Specialties**
  Sinsky,C et.al. Ann Int Med. 2016;165(11) 753-760

- **RN Role Reimagined: How Empowering Registered Nurses can improve Primary Care**
  Bodenheimer,T Et. al. California Healthcare Foundation 2015

- **Medical Scribes - How do their notes stack up?**
  Misra-Hebert AD, et.al. J Fam Prac 2016 65(3): 155-159

- **Estimates of Costs of Primary Care Turnover**
  Buchbinder,SB et. al. Am J Managed Care 1999 Nov:5(11) 143-8

- **Using Empowered CMAs and Nursing Staff to Improve Team-based care**
  Jerzak,J Fam Prac Manag. January/February 2019; 17-22