Creating Continuity Through Community: Building a Medical Neighborhood

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We do not have a conflict of interest
Implementing a Neighborhood

Success:
1. Process mapping for current state
2. Defining team members
3. Policy and procedures
4. Engaged leadership
5. Metrics to the referral process
6. Committees or workgroups
7. EHR team
Ensuring clinicians get what they need

Success:

1. Checklist to ensure high value referrals
2. Surveys
3. Urgent or routine
4. Clinical referral guidelines
5. Pre-consultation
6. E-consultations
Patient-centered referrals

Success:

1. Patient goals
2. Patient experience surveys
3. Specialty flyers
4. After visit summary or summary of care given to patients
Developing a Care Coordination Agreement

Success:

1. Playbook
2. Graduation from Specialty to Primary Care
3. Access to care, transitions of care, medications, etc.
4. Metrics!
How to Make a Medical Neighborhood Work

The Shaw Center for Women’s Health, Thomasville GA
50 years as traditional OB/GYN practice
2014 Practice Re-Design

What Do our Patients Need?

- **Primary Care**
  - 1 in 3
  - Chronic Conditions
  - Diabetes/HTN

- **Expanded Diagnostics**
  - More cost effective than hospital
  - Faster turn-around time

- **Behavioral Health**
  - 1-4
  - Depression
  - Anxiety
  - Medicated

- **Nutrition**
  - 1 in 3
  - BMI OVER 35

Comprehensive One-Stop Shop for Women’s Health
Population Health
MDinsight is a Great Tool

TOP TWO CHALLENGES

- Hypertension
- Diabetes
Beyond The Basics

Developing Disease Management Programs Drives Medical Neighborhood Growth

Prescription pad alone is not a Disease Management Program
Medication Reconciliation (Team-Based Project)

- Define reconciliation components
  - Dose
  - Frequency
  - Route
  - Prescriber
  - Barriers

- Educate staff
- Design patient education and compliance tools
- Audit
Knowledge is Power

Staff Education

Medication Reconciliation Checklist

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Data Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient currently prescribed any medication?</td>
<td>If the patient is not prescribed any medication please enter Procedure Code: 08420 (If they need check)</td>
</tr>
<tr>
<td>Did patient bring medication (if no check pharmacy profile)</td>
<td>Record</td>
</tr>
<tr>
<td>Did patient bring vitamins and supplements</td>
<td>Record</td>
</tr>
<tr>
<td>Are there other any other prescribers?</td>
<td>Record with Medication</td>
</tr>
<tr>
<td>Did the patient discontinue a medication because they could not afford it?</td>
<td>Enter diagnosis 291.14 (Difficulty obtaining medication)</td>
</tr>
<tr>
<td>Did the patient stop medication because of side effect?</td>
<td>Enter diagnosis 738.70XX (Medication Reaction, initial encounter)</td>
</tr>
<tr>
<td>Reconcile patient’s medications</td>
<td>Enter Procedure Code: 08427</td>
</tr>
</tbody>
</table>

ACCURATE MEDICATION LIST

Patient Education

Please bring all your medications in their bottles, including supplements and vitamins, to all appointments!

Show Center

Medicine Safety Begins With YOU!

Organize Your Medicine
Write down all your medications so others can help you in an emergency

Take Action
Call your doctor’s office with questions (229)26-8800
Get help right away if you have itching, swelling or breathing problems or call 9-1-1

Keep your Medicine
In the original bottles in a dry place

Do not store them in a bathroom over the stove in the car

Do not throw away any medications

Talk with your Doctor
Tell your doctor About all medications you take

Tell your doctor About any problems with your medications

Tell your doctor About your allergies

Use the same drugstore so the pharmacist has a copy of all your medicines.
WEIGHT
A Diagnosis Not Just A Vital Sign
Obesity Management (Patient Self-Care Project)

Interdisciplinary Team Approach

Obesity as a Disease

Data Collection

Evaluation and Assessment

Management Decisions

Motivational Interviewing

Nutritional Intervention
Physical Therapy
Behavioral Therapy
Pharmacotherapy
Bariatric Procedure

OMP PATIENT RESULTS

18%
6%
19%
57%

3 Month
12 Visit

% BMI Improvement

1%-4%
5%-9%
10%-16%
0%
Goal
5%-10% reduction of initial weight after 6 months of treatment

Provider Challenges
• Payer reimbursement
• Sufficient time
• Lack of referral services
• Provider perception

Patient Challenges
• Behavior
• Mistrust of medical community
• Readiness for change

Opportunities
• Obesity screening at every healthcare visit
• Readiness for change survey
• Dedicated and trained staff to motivate patients

Strategies
• Screen all adults using BMI
• Multidisciplinary team approach
  • Education on diet and exercise
  • Guidance for behavioral and lifestyle modification
• Pharmacology intervention
• Bariatric surgery
Development Process

- Utilize PTN resources
- Designate roles
- Develop a team
- Bariatric specialty care compact

Identify patient population
Weekly then monthly meetings
BMI > 40
Create flow sheet and care plan packet
Outcome and Findings

What worked?
• Motivational interviewing for Behavioral Health buy-in
• Clinician improvement in identifying and treating Metabolic Syndrome
• Documentation improvement in obesity diagnosis order

What problems we discovered:
• Financial barriers to 12 visit program in a short time frame
• Monthly visits for 12 months had higher compliance and success rate
Medicare Annual Wellness

Program Development

- Dedicated provider
- Streamlined consistent process
- Medical Home education
- High-risk surveillance program care-coordinator
- Relationship focus with patients in transitioning from commercial insurance to a Medicare or Medical Home environment
Shaw Medical Neighborhood Bi-Directional Referrals
(Captain of the “Neighborhood Watch”)
Let’s discuss how you might put this into action or overcome barriers.

Thank you!