



**Implementation of Proactive Office Encounters
in the Primary Care Setting**
September 17, 2015 | 12:00 p.m.



Discussion Topics

- Background of the Organization
- Journey to Transformation
- Overview of the Proactive Office Encounter (POE) Process
- Implementation Experiences
- Next Steps/Questions

Overview of White House Clinics

- FQHC Founded in Jackson County in 1972
- Private, Non-Profit Organization with Community Board of Directors
- Operate 8 Community Health Centers in Jackson, Madison, Estill, Rockcastle, & Garrard County
- Recently Selected as New Vendor for Student Health Services by Berea College
- Multi-Disciplinary Clinics Provide Medical, Dental, Behavioral Health, Pharmacy & Enabling Services
- 30,144 Individual Patients Served in 2014
 - 108,181 Patient Visits Across All Service Lines.

Our Transformation Journey

- **Expansion Dominated Organizational Resources**
 - 64.5 percent increase in patients served since 2006
- **Early Adopter of EHR Technology**
- **Implemented Lean/TPS Principles to Move Toward Standardization**
 - Data Struggles Remained
- **Piloted Indicator Based Outreach**
- **Began to Anticipate Changes in Reimbursement**
- **Implemented *Scrubbing* in January 2015**



What Is *Scrubbing*?

- It is NOT how we punish bad WHC employees.
- Rather, it's an important piece of how our organization will begin preparing for the patient's visit **prior to their arrival.**
- Our friends at UK prefer the official name – Proactive Office Encounters



Proactive Office Encounters (POE)

- **Developed by Kaiser Permanente**
 - Implemented in Southern California Region
- **Systematic Approach to Meeting a Patient's Comprehensive Needs**
 - Acute, Chronic, Screening/Preventive, Wellness
- **Enlists the Entire Healthcare Team to Identify and Address Gaps in Care**

Pre-Encounter	Duty Encounter	Post-Encounter
Pre-Encounter Identification <ul style="list-style-type: none"> • Identify patient population and screening needs (as defined by CPT codes) • Review patient's upcoming appointment and review their of color care/eligibility prior to visit • Document encounter 	Office Encounter Management <ul style="list-style-type: none"> • Proactive Care Management • Offer topics, history, current, and practice, medication, history • Identify pending orders for provider for patient screening and/or maintenance (e.g., mammography, colon and prep or hepatitis B) (e.g., B) exams 	Post-Encounter <ul style="list-style-type: none"> • Address summary, after care instructions, follow-up appointments, health education materials Follow-up <ul style="list-style-type: none"> • Follow up patient contact and appointments for provider • Results tracking (patient and provider review) and patient navigation if needed
Proactive Office Support Phone Calls Emails Letters		

Figure 4. Summary of main components of the Proactive Office Encounter (adapted from Nadel et al. 2010 and 2011)



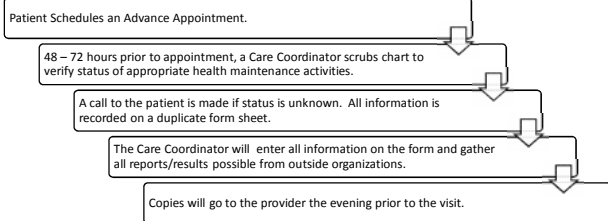
Implementation Experience

- **Implemented at 4 Sites Beginning 1/1/15**
 - 1 FTE Funded Passport HealthPlan Grant
 - 1 FTE Funded by CDC Grant (Partnership with UK CPH)
 - AmeriCorp Community HealthCorp Members Will Expand Plan to Remaining Sites
- **Process Differences in Primary Care Practice Versus Kaiser's Closed System**
 - Kaiser Found 60% of Members with Gaps Were Seen in Specialty Care
- **Began with Adult, Scheduled in Advance Population Only**
 - Health Maintenance, Diabetes, & Controlled Substance Clinical Protocols
 - Process for Same Day Appointments & Pediatrics in Development

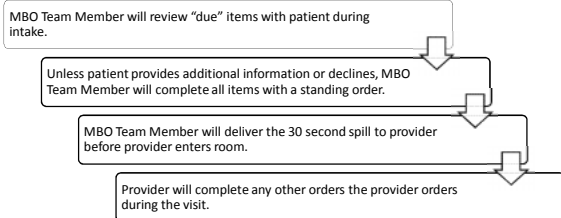
System should be designed to deliver care while patient is in the office. Those are the patients who often have care gaps, not the patients who are in frequently.



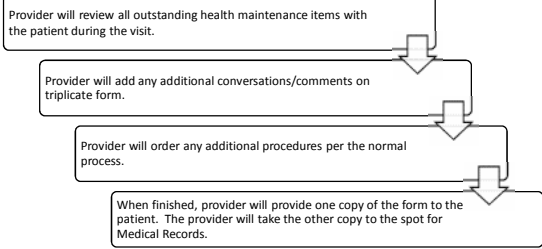
Care Coordinators' Role During Visit



Clinical Support Staff Role During Visit



Provider Role During the Patient Visit



Anticipated Consequences

- **Longer Nurse Time/Shift in Flow**
 - Team works at license level.
 - Must give colleagues a chance to do their part.
- **Patient Resistance**
 - Longer visit, more stuff, etc. will be new for people.
 - Focus groups indicated patients like the idea.
- **Problems!!**
 - Things will not work perfectly, but there will be patients who get health maintenance procedures that they otherwise would not have received.
- **Potential for Decreased Productivity**
 - This work will allow us to capture incentive dollars and be prepared for changes in the reimbursement process in the future.



Initial Reactions

- **Providers**
 - Providers response has been more positive than any other organizational change.
 - *"It allows me to use the time I used to spend reviewing HM to actually teach them about how they can impact their health conditions."*
 - Several expressed initial surprise in the number of existing care gaps.
 - *"I thought I made screening a priority for all my patients. I found I screened my chronically ill patients well, but I missed opportunities for patients with more acute complaints."*
- **Clinical Support Staff**
 - Clinical Support Staff still somewhat overwhelmed at volume of orders.
- **Care Coordinators**
 - Care Coordinators have unique opportunity of seeing clear impact of clerical work on patient outcomes.



Program Outcomes

- **Immature Data Systems Make Exact Outcomes Challenging at Present**
 - Difficult to Determine That Scrubbing Was the Driver for Performance Improvement.
 - WHC Did Anecdotally See Carryover Impact
- **Currently Measure Increases in Orders, Kept Appointments, etc.**
 - 32% Increase in Breast Cancer Screening Orders
 - 19% Increase in Colorectal Screening Orders
- **Numerous Anecdotal Patient Stories**
 - Multiple HIV New Diagnoses
 - MANY Hepatitis C Diagnoses
 - Endometrial Cancer
 - Several Breast Cancers Detected



Kaiser Outcomes 2005-2012

- **13.3% Increase Across 25 HEDIS Metrics**
 - Benchmark was 5.6 percent increase.
- **Kaiser Estimates Over 17,200 Lives Saved from Baseline to September 2012**



Next Steps

- **Implement at Remaining Four Sites (AmeriCorp members)**
- **Continue to Revise Pediatric Scrubbing Process**
 - EHR constraints and age varying protocols proving challenging.
- **Determine Process for Same-day Scrubbing**
 - Interface from Deep Domain may provide solution.
- **Further Develop Data Systems**
 - Use disease state reminders as a complement to complete care, not the methodology to achieve it.
- **Expect Evolutions to Program as Workflow Friendly Technology Improvements Occur**





Questions/Comments?

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