

Developing a Service Unit-level Pre-visit Planning Model

FORT YUMA HEALTH CENTER

PHOENIX AREA INDIAN HEALTH SERVICE

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Learning Objectives

Identify the steps of the pre-visit planning process in the outpatient primary care setting.

Discuss some of the informatics documentation elements needed for implementation of the pre-visit planning model.

Discuss some of the coding elements and parameters needed for successful execution.



Fort Yuma Service Unit Overview

Services provided to two tribes: the Quechan and Cocopah.

Phoenix Area Indian Health Service site on the border of CA and AZ.

Offers outpatient services: Primary care, pharmacy, behavioral health, optometry, dental, and physical therapy.

Small regional hospital nearby for inpatient services (Yuma Regional Medical Center), several additional local medical offices.



Challenges Prior to Development

Patients have been lost to follow-up, or often times have not been seen in a long time.

Snowbird populations who receive care elsewhere (other IHS sites, clinics) and have medical records that cannot be accessed leads to incomplete documentation or irregularly updated charts.

Staffing turnover has led to a coverage gap to “close the loop” on the communications and patient customer service standpoint.

- Provider turnover has led to some gaps in service coverage.



What is Pre-visit Planning?

- Pre-visit planning is a workflow model to ensure that the patient's chart is up to date before the visit with their primary care provider, to ensure that the time spent with the provider is maximized going over their core concerns.
- You may know of this as an e-check in process where you go over your medical record, update medications you are taking, questionnaires going over your overall health and wellness, immunizations, etc. before your visit with your doctor.



Current Model (No Pre-visit Planning)

Patient is booked into a clinic in BPRM Moonwalk called Clinical Support Visit, where a Medical Support Assistant or Nurse would perform vitals and chart updates, provide services like immunization administration.

Patient would then be seen by their provider for an allotted timeframe.

After this visit, primary care provider will order medications, labs, or referrals.

Patient completes labs as ordered, arrives at pharmacy for medication pickup and education by pharmacist.

Patient follows up as needed with provider.



Proposed Development Model

Phase 1: Patient attends Physician appointment (past event) except with new patients

- Document note/plan of treatment
- Labs ordered by physician for future
- Follow up on consults/referrals
- Additional orders for immunizations by physician placed
- Scheduled next visit follow-up



Proposed Development Model (1)

Phase 2: Pre-visit Planning (Scheduled vs non-scheduled ahead of time)

- Print out appointments for the week
- Medical Assistant makes calls when available
- Medical Assistant creates a Telecommunication Encounter visit (Code 51)
- Begin pre-visit planning or request for call back following a checklist, developed ideally in the layout of a TIU template and stored locally as a Word document



Proposed Development Model (2)

Phase 2 - Continued

- Note title development to follow VHA standards and cosigners
- Review most recent office note and visit along with reason (Chief Complaint)
- Review allergies assessment (team will action review button in real-time)
- Review medications (documenting in note changes)
- Ask patients if they have been in the hospital or emergency department
- Review outstanding referrals



Proposed Development Model (3)

Phase 2 - Continued

Begin pre-visit planning or request for call back following a checklist, developed ideally in the layout of a TIU template and stored locally as a Word document (continued from previous slide)

- Review immunizations
- Reminders (general information and examples below)
 - Alcohol (completed at visit, issues relayed to provider)
 - Depression (completed at visit, issues relayed to provider)
 - Anxiety (completed at visit, issues relayed to provider)
 - Lab Orders – completed by provider, consider using hold until signed
 - Medications – completed by provider, consider using hold until signed
 - Vaccines – completed by provider, consider using hold until signed
 - Historical – documented directly
- Note cosigned by provider
- Addendum by provider if needed



Proposed Development Model

Phase 3: Team Huddle (the afternoon before)

- Reconcile the notes from pre-visit planning in order to prepare for the future encounter.

Phase 4: Future Encounter

- Provider references that they viewed the previous pre-visit note and drags over any important information.
- Provider includes information from pre-visit note for E&M determination.



How Will Pre-visit Planning Change Current Model?

Clinical Support Visit clinic in BPRM Moonwalk will be deprecated, and then each Medical Assistant will have their own clinic and do their own calls.

Each Medical Assistant will have their own associated note titles.

- These note titles can be tied as a way for reports to be run via the SSD function in RPMS to search by note title for metrics purposes.
- Once built, demo cases can be run where appointments are scheduled for one to two weeks out, and then these demos tested on billing components as a Chart Review. The Medical Assistant visit will be unbillable; the provider visit will be billed.

Pending Consults to be developed

Note title: PREVISIT PLANNING to align with VHA standard title (TBD)



Pre-visit Planning – Clinic Slot Allotments

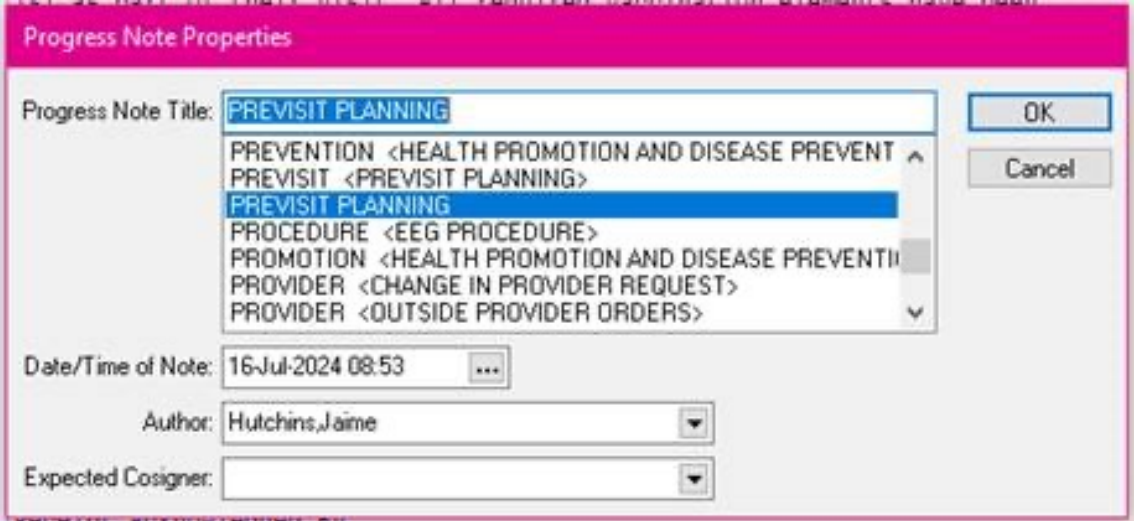
Slots will be 15 to 30 minutes, depending on context of the patient.

- In early demo phasing, the phone calls took about five to seven minutes on average.

Chart Reviews, Clinic Reminders, and Medication Reconciliation would ideally be done on Thursday mornings during clinic administrative time.



Screen Shots and Concept Trials



Trialing and Testing

Initial testing conducted, and process took about 15 to 17 minutes per patient, via telephone call.

Patients are receptive to process and calls so far.

Needs scripting for the calls (being provided by Chief Nurse Executive).

The template currently is missing the last labs/last PCP visit documentation section.

Need to identify patients who were contacted in BPRM in order to prevent extra work – can document in Other Info field in Moonwalk for ease of determining work remaining.



Note Template

PATIENT PHONE: [INSERT PT #]

Patient was called on [insert date selection option] in preparation for upcoming PCP appointment scheduled for [insert date selection option].

Time spent with patient *[_] minutes.

Result of phone call was:

- o There was no answer and no voicemail.
- o There was no answer. Left HIPAA compliant message for patient of upcoming appointment. Patient encouraged to return call to this author to prepare chart and discuss questions/concerns regarding this appointment.
- o Spoke to patient. Authentication x 2 completed. Patient reminded of upcoming appointment and is aware of appointment details and pending lab orders (if applicable).
- o Spoke to significant other or caregiver:
[INSERT NAME HERE]
- o Phone number(s) on record invalid or not working.

REASON FOR VISIT/CHIEF COMPLAINT:

ALLERGIES:

MEDICATIONS:

Have you had any hospitalizations or emergency room visits since last primary care visit? **Q/A to obtain medical records from medical facility**

- o NO
- o Yes, patient was asked to obtain/bring any medical records to visit.

ACTIVE PCP REFERRALS:

NEEDED IMMUNIZATIONS: **add needed/due immunization orders per protocol**

OPEN REMINDER TAB TO INSERT CLINICAL REMINDERS HERE

NOTE: all due clinical reminders are to be completed during this call. Please advise patient that at time of visit, some clinical reminders, such as behavioral health, may be asked again. Any positive or abnormal responses are to be alerted to the Panel PCP immediately after the call, in addition to them being added as a co-signer on the note.

PATIENT HAS BEEN REMINDED OF:

- o Appointment time and date.
- o Fasting/Non-Fasting labs prior to appointment
- o Present to clinic 15-20 minutes prior to appointment
- o Bring any medications newly prescribed by outside provider.
- o Write down any issues to discuss and bring your list to your appointment.
- o Diabetic patients are advised to bring a snack to eat immediately after fasting blood draw.

PLAN:

- o Patient afforded the opportunity to ask questions; none posed.
- o Patient afforded the opportunity to ask questions:
[FREE TEXT BOX HERE/ADD PATIENT'S QUESTIONS HERE]



Note Template

When generating the note, the CMA will be asked to designate a COSIGNER prior to opening the note so that this is not forgotten during documentation.

The CMA will pull the clinical reminders into the note.

Implementation: request to trial on at least three patients and identify pros and cons of the template.



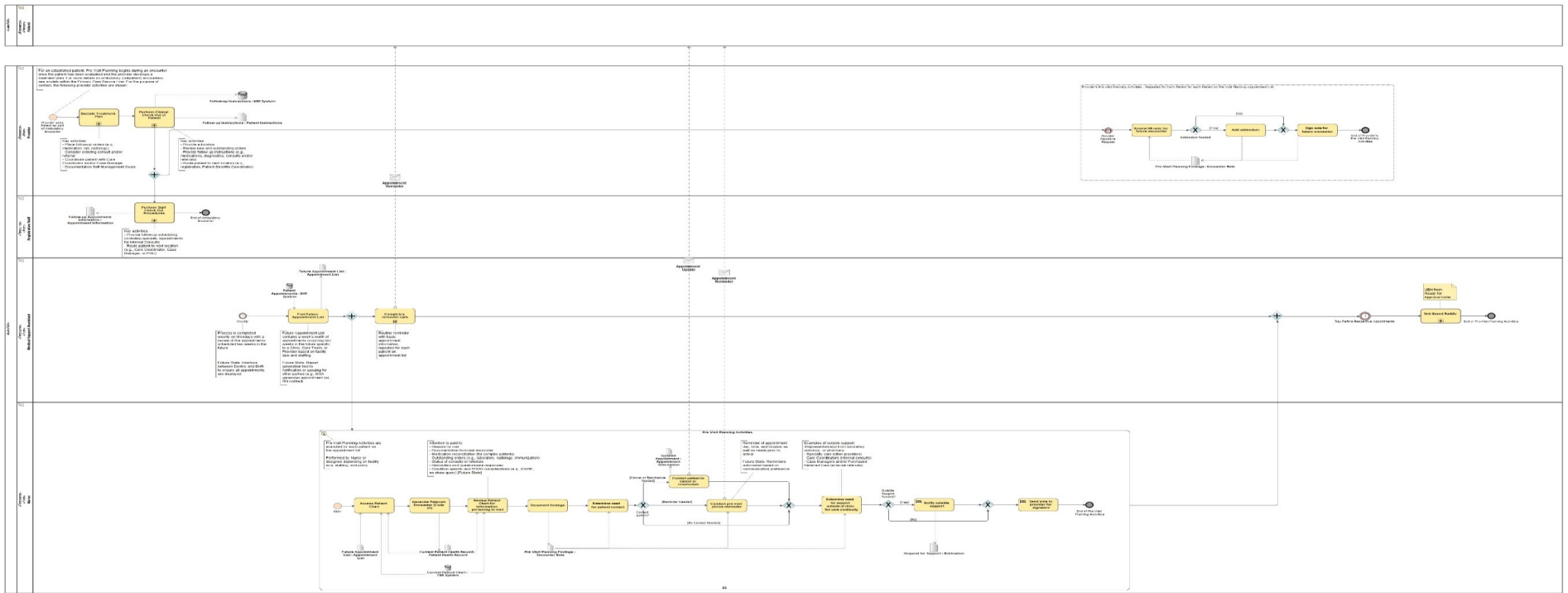
EHR Modernization WRAP Business Process Model (BPM)

PRE-VISIT PLANNING & UNIT-BASED
HUDDLE



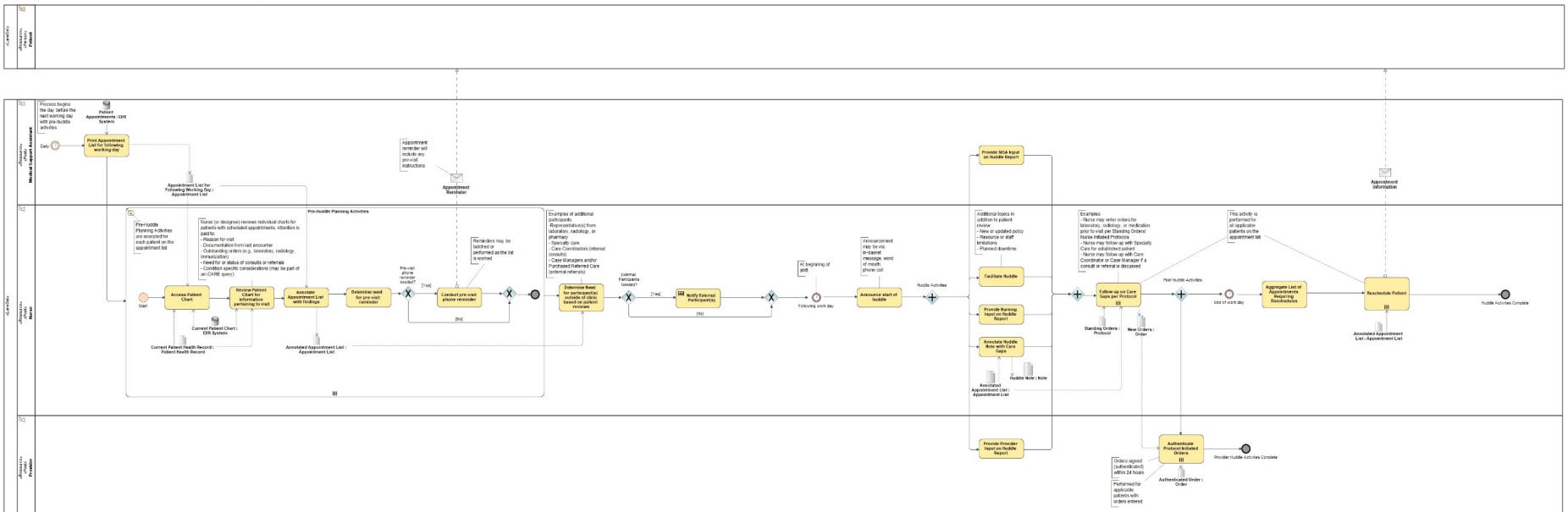
Pre-Visit Planning BPM WRAP Model

| | |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Department | Pre-Visit Planning |
| Project | Pre-Visit Planning |
| Version | 1.0 |
| Created Date | 11/20/2018 |
| Modified Date | 11/20/2018 |
| Created By | John Doe |
| Modified By | John Doe |
| Business Case | The business case for this project is to improve the patient experience by providing a more seamless and efficient pre-visit planning process. This will result in reduced wait times, improved patient satisfaction, and increased operational efficiency. The project will also help to reduce the risk of patient no-shows and cancellations, which can have a significant impact on the organization's revenue and reputation. |
| Success Criteria | By the end of the project, the pre-visit planning process will be fully automated and integrated with the organization's existing systems. This will result in a 20% reduction in wait times, a 10% increase in patient satisfaction, and a 5% increase in operational efficiency. The project will also result in a 10% reduction in patient no-shows and cancellations. |
| Final Review | Final Review |
| Approval | Approval |
| Comments | Comments |



Unit-Based Huddle BPM WRAP Model

| | |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagram name | Unit Based Huddle |
| Author | erning@nhs.org |
| Created date | 17/04/2014 |
| Modified date | 17/04/2014 |
| Last modified by | MICHA |
| Description | This diagram depicts the activities associated with completing a Unit Based Huddle (referred to here as a huddle) involving specialist staff of the unit. Each working day, staff in a specific unit are required to meet for an hour. Staff discuss patient care during the preceding working day and will also take up an hour (or shorter) slot prior at the end of the working day. All data is saved/loaded from the ECC unless otherwise noted. |
| Extensive OPIs | Patients with appointments set in the respective clinic are scheduled for more than one working day after when the huddle activities would occur (i.e. as per the BMS) |
| Business Context | Staff from the respective clinic and representatives from relevant department, as described. Patients with appointments in the respective clinic scheduled for the following working day. |
| Start Condition | Staff are required to have appointments and have developed a working plan to address any anticipated needs. |
| Pre-Condition | A dedicated repository is available for staff to review and use to prepare for a Unit Based Huddle. |
| Completion Status | Needs for ECC |



Questions?

Please feel free to contact any of the panelists using the contact info below:

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