CPCPracticeSpotlight46

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Innovative Care Compacts Result in Timely Care, Continuity and Efficiency

Comprehensive Primary Care Services, New Rochelle, New York; solo practitioner; 2,361 patients

May 22, 2015

CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.1: Access and Continuity
- 1.4: Patient and Caregiver Engagement
- 1.5: Coordination of Care Across the Medical Neighborhood

Change Driver 2: Enhanced Accountable Payment

- 2.2: Analytic Capability

Change Driver 3: Continuous Improvement Driven by Data

- 3.1: Internal Measurement and Review

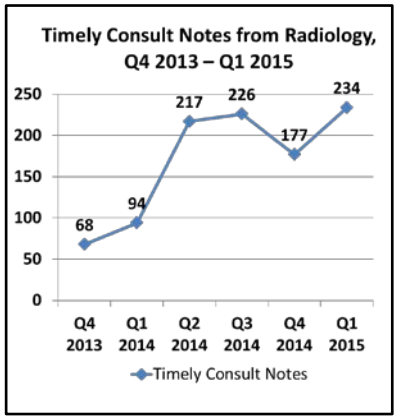
Change Driver 4: Optimal Use of Health IT

- 4.2: Data Exchange

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: After referring patients to specialists for routine screenings or specialty consultations, **Comprehensive Primary Care Services** (CPCS) repeatedly witnessed a frustrating mix of redundant testing, delayed reports or abandoned appointments. Further, the referral process often bewildered patients, who frequently were uncertain which physician was now leading their care and where they should go for treatment going forward.

Innovation: Focusing on timeliness, patient experience and cost of care, **Ijeoma Nduka, MD,** and **Basil Njoku,** CPCS practice administrator, created a wrap-around process for their practice's referrals to high-volume specialists. Developed in collaboration with specialty providers, this process ensures patients have timely access to a specialist, the patient is prepared and educated on the need for the specialist visit and the patient knows to return to CPCS for follow-up and ongoing care as appropriate. Additionally, specialists are granted temporary access to the practice EHR for the most up-to-date patient information.



The data shown here includes all radiology providers, not just those with a care compact agreement. Latest data shows a three-fold improvement.

Data for Quarter 2 of 2014 showed CPCS sent the most referrals to radiology, gastroenterology and pain management. Dr. Nduka then personally contacted physician leadership at these specialties to propose a care compact agreement. Specialists were initially hesitant, mistaking "compact" as a "contract," or a legally binding agreement. Dr. Nduka clarified that the agreement was to create an ***enhancement of a team-based care model that provides greater continuity for the patient across care settings***, which ignited interest among the specialists.

Dr. Nduka then handed the process over to Basil Njoku to finalize with the providers. Using a template as a starting point, Basil collaborated with each provider to work through the finer points. However, **these key points are common across every agreement:**

- The **specialist receives secure access to CPCS' EHR** for a designated period to view pertinent patient history and recent lab and screen results. This eliminates the possibility of duplicative testing.
- The **specialist agrees to see non-urgent cases within one week** and urgent cases within 48 hours. Dr. Nduka's staff will call the specialist to alert the provider if an urgent case needs to be scheduled.
- The **specialist commits to returning consultation notes within 48 hours** of the appointment. Currently these are faxed, and in June CPCS will roll out an option to upload notes directly into the patient record.
- **Dr. Nduka personally prepares the patient.** She explains the consultation's purpose and the follow-up processes as well as emphasizes her role as the patient's primary care provider.
- **Dr. Nduka schedules the patient's follow-up visit at CPCS before the patient leaves the office.** Knowing the specialist will see the patient within a week and notes should be returned two days following the appointment, the CPCS scheduler sets the patient's appointment generally about two weeks later. Urgent cases are seen sooner.
- The **specialist agrees to report any further referrals back to Dr. Nduka** as well as refer only to providers within the patient's network of covered providers.

Dr. Nduka marks referrals as an "in process" or "pending" task, making tracking and follow-up part of everyday workflow. If the consult process is not completed within the expected timeframe, nurses will follow-up with the patient or provider as needed.

As a result of a compact agreement the assurance of a timely appointment with a specialist was the key for a patient of Dr. Nduka's with a high risk for cancer. The patient resisted screening, telling Dr. Nduka she believed she was fated to die of the same disease that had claimed many family members. Dr. Nduka persuaded the patient that early detection and treatment could be the difference for her health. The patient finally agreed to the screening, and the quick response time minimized her anxiety. Unfortunately, the screening showed early stage cancer. The patient is currently in treatment with a positive outcome highly likely. Most importantly, the patient understands that the screening likely saved her life.

Benefits/Outcomes: The timely receipt of consultation notes has dramatically increased (*see graph above*). Further, patients are less likely to become lost in a referral maze or not pursue specialist care due to lengthy wait times for an appointment.

TMF Health Quality Institute

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