CPCPracticeSpotlight86

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

Pre-visit Planning Helps Eliminate Gaps in Patient Care

Taking care of many tasks before the visit gives physicians more time to spend with patients

Upper Valley Family Care, two offices (Troy, Ohio and Piqua, Ohio); independent; 5 physicians, 2 PAs; 2 nurse practitioners; approx. 12,000 patients

December 9, 2016

CPC Change Driver 1: Comprehensive Primary Care Functions

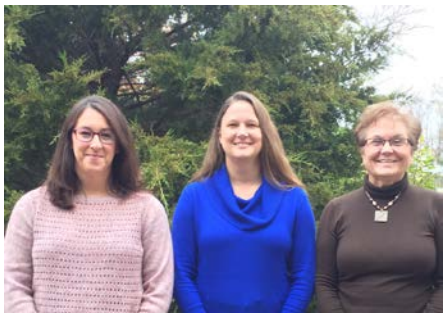
- 1.4: Patient and Caregiver Engagement
- 1.5: Care Coordination across the Medical Neighborhood

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

Situation: At **Upper Valley Family Care** in Ohio, the providers and staff were looking for a way to make visits as efficient and useful as possible. They developed a system of pre-visit planning where, through careful coordination, a patient's health care needs are comprehensively addressed while they are in the office.

By the time the physician steps into the exam room, he or she has a printout of the patient's recent lab results in hand to give to the patient, and a nurse has already talked to the patient about what treatments or screenings may be necessary.

"When the doctor walks through the door, they can focus their time and energy on the patient," instead of searching for lab results or other information, said **Candy Lavy**, nursing supervisor.



*From left to right: **Beth Burroughs**, population health manager; **Candy Lavy**, nursing supervisor; and **Joan Hansen**, business supervisor.*

To learn more about their pre-visit planning system, watch their webinar "Pre-Visit Planning to Improve Workflow, Engagement and Care Outcomes," presented as a Rapid Cycle Action Group on August 17, 2016, and available on CPC Connect.

How it works: Pre-visit planning at Upper Valley Family Care involves many people. **Joan Hansen**, business supervisor, described their system:

1. The process starts at the time the visit is scheduled, either with the schedulers or the check-out receptionists. The purpose of the visit and any relevant information needed for that visit is entered on the provider's schedule. For example, if the purpose of the visit is to go over radiology results, the scheduler enters the name of the test and where the test was done.
2. **Chart prep** is done one business day ahead of the scheduled appointments, usually by a medical receptionist. Each provider's schedule is printed, showing who is coming in, when and for what purpose. By looking at the schedule, the care team knows what test and other information is needed.
3. The practice uses i2i (a population health management system) for the chart prep report and patient visit summary.
4. At each appointment, before the physician comes in, "the nurses do a lot of work with the patients," Lavy said. "They put in the chief complaint (reason the patient is there today), check their blood pressure, ask patients with diabetes what their blood sugar has been."

Gradually building to new goals: The practice began using this pre-visit planning system in December of 2015, and introduced changes incrementally, so as to avoid change fatigue with their staff. "In the beginning, we were out to conquer everything, but we quickly decided that was too overwhelming and too much to accomplish. So we decided to pick quarterly targets and build off of those targets," said **Beth Burroughs**, population health manager for the practice.

For their first-quarter target, the practice chose **depression screenings** and **falls risk assessments**, to be included in quarterly visits for patients with a chronic condition, as well as annual physicals for all patients. "So each quarter we add to our targets, but we do not drop any item off the list," Burroughs said.

Currently, "with it being flu season, when we run the i2i reports, we can see if the patient is due for a **flu vaccine** or a **pneumonia vaccine**," Burroughs said. In this quarter, they are also emphasizing **lung cancer screenings** for smokers and **colonoscopies** for eligible patients. "We try to catch as many of the care gaps as we can," she said.

CQM Measures: The pre-visit planning system has had a positive impact on the practice's CQM measures as well, with data from i2i showing improved CQM in Hemoglobin AIC control, as well as LDL management and other areas. "We've definitely seen a positive turn" in the months since they implemented the system, Lavy said.

Provider and patient satisfaction: The physicians like the new system, as it "makes their jobs easier and faster," Lavy said. Because so many tasks are taken care of beforehand, physicians have more time to talk with patients and listen to their concerns. According to a survey the practice conducted in Oct. 2016, patients are satisfied too. They appreciate the paper copies of their test results, which they can bring home for their own records or share with a specialist. "I think our patients are more satisfied because they're getting everything that they need here in one visit," Lavy said. "They're getting everything done, their refills, their questions answered. It's been a very positive thing for us."

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