Practice Spotlight 14

June 27, 2014

Hicken Medical Clinic is led by solo-practitioner Michael Hicken, MD, in Hillsboro, Oregon, a suburb west of Portland. The clinical staff includes three PAs, one behavioral health specialist, two nutritional therapists, a care coordinator and a small team of support staff. The clinic also has a full-time QI specialist. Together they serve 6,200 patients. The clinic's EHR vendor is eClinicalWorks and the practice website is http://www.hickenmd.com/.

Michael Hicken, MD

When **Michael Hicken, MD,** enrolled his practice in CPC, he saw it as a way to make things happen.

"CPC is a structured framework to make positive changes that I was already contemplating yet didn't have the focus or direction to implement," he said.

Dr. Hicken saw he alone could not drive practice transformation. He continued, "I have learned that it is very difficult to do quality improvement without dedicating time and resources to it. When I hired **Mallori Jirikovic** (the practice enhancement and QI specialist), I felt like we were going to be able to move out of the fog and develop some clear objectives." Hired in September 2013, Mallori manages data and tracks the practice's CPC Milestone work.

He continued, "My biggest realization is that CPC requires a team approach with the whole practice involved if we are going to make meaningful changes." One of those team-based changes was integrating shared decision making into the practice's daily workflow.

Hicken Medical Clinic's Shared Decision Making Approach

The Hicken team followed a framework of criteria as it researched decision aids for the practice. First, they wanted aids that met the International Decision Aids Standards for quality and content. Second, they preferred tools with a step-by-step approach that clearly compared risks and benefits. Third, the tools needed to integrate with the patient portal and patient health record preferably in a digital format that kept the office paperless. Finally, the tool should help patients understand their choices and help them communicate their preferences. Another desirable feature was the tool would include the option to create a summary of the patient's decision that could be documented within the patient record.

They found Healthwise's Knowledgebase feature offered interactive decision aids that patients could access through the patient portal and later access the decision summary as well. The Healthwise "Decision Point" tools also offered an array of tools addressing preference-sensitive conditions and treatment that met the clinic's current needs with the ability to easily add other topic areas in the future.

Before implementing their SDM process and tools, the clinic decided to test two decision aids along with a new workflow *(see next page for illustration)*

Milestone 7:
Shared Decision Making

The key components:

1. A condition where legitimate treatment options exist and the scientific evidence can clarify the options but doesn't present a clear best choice

2. A decision aid that helps the patient to understand the evidence and think through the choices

3. The opportunity to engage with the provider in making the decision (shared decision making)

Mallori Jirikovic, practice enhancement and QI specialist

with a small population of patients. They started with "Should My Child Take Medication for ADHD?" and "Depression: Should I Take an Antidepressant?"

They chose these preference-sensitive conditions/treatments because they occur nearly daily in the office's usual workflow, which afforded providers and the medical assistant staff adequate opportunity to test and adopt the workflow.

They also chose conditions/treatments that would support the clinic's newly expanded behavioral health integration services. Because visits related to behavioral health are 30 or 60 minutes versus a 15-minute general visit, these visits afforded more flexibility to introduce SDM to the patient with limited disruption to the overall schedule during the adoption phase.

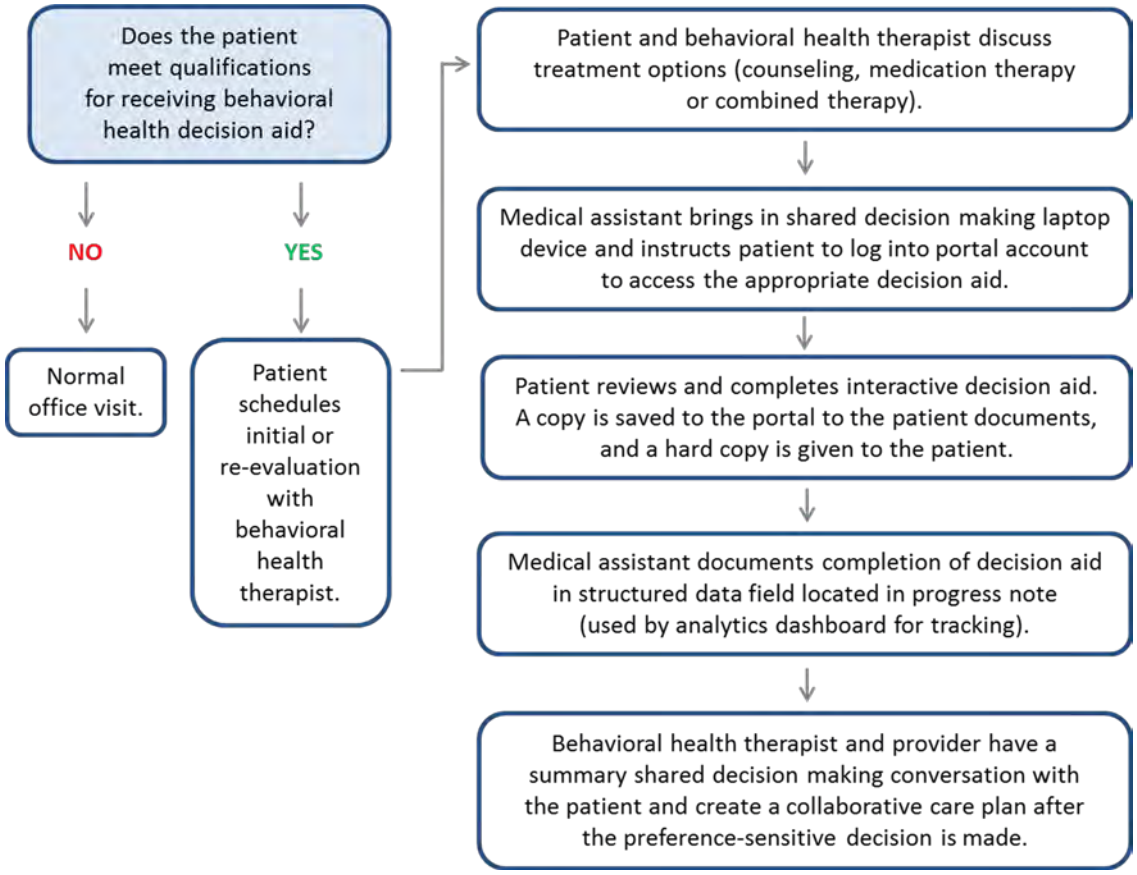
Later, as the SDM process became more fluid for the team members, they added "Low Back Pain: Should I Have an MRI?" Like the other topic areas, low back pain is a common complaint among the practice's patient population.

"We identify eligible patients during pre-visit planning or they will self-identify during the patient visit," **Mallori Jirikovic** said. "If we know before the visit, we will alert the behavioral health specialist, the PAs and the physician as needed so they can all participate in the decision conversation. Obviously, some patients will prefer to think about the options and come back. We'll set up the follow-up appointment and give them a summary to take home."

Staffing Patterns

Hicken Medical Clinic's staffing patterns have remained the same as shared decision making was integrated into the office workflow. In the near future, shared decision making may be integrated into the clinic's proactive population management model.

Hicken Medical Clinic's workflow for shared decision making with a behavioral-health related condition



Overcoming Barriers

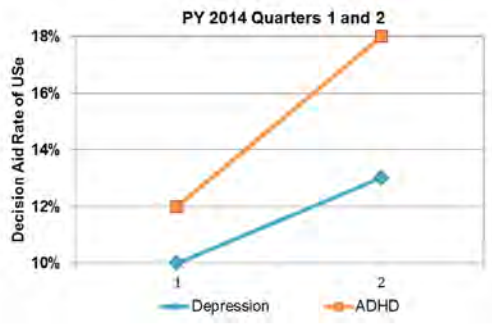
The Hicken team says shared decision was the most difficult CPC Milestone for the clinic to implement due to multiple barriers that needed to be addressed simultaneously. Active communication – both listening and sharing – underscored their ability to work through each challenge thoughtfully and with full team participation in solutions.

Adding technology: The Healthwise decision aids are interactive, digital tools. To ensure patient privacy during viewing the tools, the practice provides patients with laptops to use in exam rooms to view the decision aids. The laptops were purchased with CPC funds. Patients can also browse educational materials on the laptops.

Culture and education: Shared decision making is a new concept in family medicine for providers and patients alike. The Hicken team discusses CPC Milestones as a standing agenda at all-hands and clinical staff meetings, and the team sets aside time to discuss the specifics of shared decision making and how it differs from patient education. The practice website also features information for patients.

Time: Although staff members were leery that SDM would disrupt daily workflow, they found that SDM was similar to most new processes in that employees were flustered at the beginning of implementation. Once the steps became more familiar, efficiency resumed and workflow smoothed out.

Measurement: Learning how to track and measure implementation of the decision aids without creating extra burden for staff took some effort. Currently the staff tracks completion of the decision aid manually through a structured data point in the office visit progress note. eClinicalWorks is currently helping the practice create an analytics dashboard to track rate of use, which they expect to deploy this summer. Once the dashboard is up, the clinic will share data monthly with all providers and staff to further encourage improvement, engagement and adoption.



The practice says the ideal solution for tracking would be for the EHR to pick up use and completion metrics directly from the patient portal, which they have proposed to the EHR vendor.

What Patients Have to Say About Shared Decision Making

Hicken Medical Clinic surveys patients about shared decision making and other CPC work using the CAHPS survey and by using a quarterly electronic survey with questions chosen from the SDM domain of the CAHPS question bank.

> *"I feel like I've finally found a doctor who cares about the patient and who really invests thought into understanding my issues and coming up with solutions with me."*
> *—Patient comment*

Patients can offer comments in a free text area, and to date, the responses have been positive and something they value, said Mallori, although the practice sees room for improvement and expansion.

One anonymous response clearly showed that the culture of shared decision making was a positive part of the patient's experience. "I love that I can contribute to my care and appreciate being treated like someone who knows their body and whose comments are valued."

Another comment echoed that sentiment, "Excellent care. I feel like I've finally found a doctor who cares about the patient and who really invests thought into understanding my issues and coming up with solutions with me."

Mallori said the positive comments affirm the practice is clearly communicating its mission and vision.

"Our proudest moment in CPC has been recognizing that our patients appreciate our improvement efforts," she noted. "They want to be involved and provide us with constructive feedback on our journey. CPC has given us the motivation to put the tools we have into use to improve care for our patients and families."

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