CPCPracticeSpotlight22

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

Heeding the Signs: Know When It's Time to Modify Your Risk Stratification Methodology

Freeman Family Medicine, Conway, Arkansas
Independent; 2 physicians, 2 APRNs; 3,021 patients

Sept. 19, 2014

This strategy addresses CPC Milestone 2.

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

Situation: Nearly a year after **Freeman Family Medicine** completed risk stratifying its patients, the staff spotted some troubling trends. Fewer care plans were documented. Distribution of decision aids to eligible patients was down. Visits with patients with intensive needs were running over, causing longer wait times for other patients. Staff felt consistently pressured to make up time and yet weren't able to complete all assigned care management tasks. By spring 2014, it was clear a reassessment of the current workflow was needed.

Strategy: To identify opportunities for improvement, the team started by reviewing the schedule and patient flow. Three problem areas came to light: the highest level of the three-level risk stratification tool captured too many patients, patient encounter times needed some flexibility and, finally, the role of nurse practitioners could expand to better serve patients.

Alexander Freeman, MD, and **William Freeman, MD,** along with **Melissa Tyler, BSN, RN,** care manager, targeted the disproportionate load of high-risk patients in the risk stratification tool by adding a fourth "extreme high risk" category for patients with multiple uncontrolled chronic conditions. They also halved each risk strata into "15 minute" and "30 minute" groups, which indicated the time needed for appointments to address that patient's needs. For example, a patient with three or more chronic conditions is a high-risk patient, but if all conditions are controlled and with no recent hospitalizations, a 15-minute appointment may be sufficient rather than the longer 30-minute slot.

> *Risk stratification is very individualized to each clinic. Don't be afraid to play with it and figure out what works best for your practice.*
> *— Melissa Tyler, RN, Care Manager, Freeman Family Practice*

Appointments for patients with complex chronic issues would be assigned to physicians, and APRNs would see patients with acute needs and/or less complex health needs. This strategy allowed all providers to work to the top of their license.

As patients were seen in the office, providers and nursing staff updated their risk scores, which appear in the EMR (Aprima) in a re-purposed existing data field. Providers can see the score in the top tool bar of the patient demographic screen, and it is visible when notes are open.

After restructuring the appointment times, the practice went live with the new scheduling method on August 1. The practice care manager reports that it was "decently smooth," with a couple hiccups around handling patients whose risk scores needed updating and selecting the appropriate length of visit for that patient.

Now a few weeks into the new process, Melissa says no significant rework has been needed. They continue to monitor effectiveness and efficiencies around completed care plans, distribution of decision aids and daily visit totals. During weekly staff meetings, everyone is encouraged to make suggestions and give feedback. Melissa points out that each staff role has a different view of the patients' needs, and when you engage everyone as changes are made, your team's overall approach is in sync.

Collaboration site resources: Risk Stratification Implementation Guide and Freeman Family Clinic's Risk Stratification methodology

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