CPCPracticeSpotlight53

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

A One-Page Tool with Muscle: This Patient Agenda Engages Patients, Keeps Visits on Track and Helps Document BH Screening and the Use of SDM Aids

Sterling Primary Care, Sterling, Colorado; system-affiliated; 2 physicians; 1,650 patients

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CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.2: Planned Care for Chronic Conditions and Preventive Care
- 1.4: Patient and Caregiver Engagement

CPC Change Driver 3: Continuous Improvement Driven by Data

- 3.1: Internal Measurement and Review

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

Situation: Looking for new ways to engage patients and improve their care experience, **Sterling Primary Care** asked its Patient and Family Advisory Council (PFAC) for ideas in early 2014. The PFAC suggested patients complete a pre-visit agenda before their visit. What started as Sterling's simple "why are you here?" form quickly morphed into a highly effective multi-purpose tool that is now available for use across all primary care offices in the University of Colorado (UC) Health system.

> **Patient Engagement:**
> ***"…actions inviduals must take to obtain the greatest benefit from the health care services available to them."***
> **—Center for Advancing Health**

Innovation: In spring 2014, Sterling's QI and care management team drafted a patient agenda that front desk personnel would give to patients at check in.

Physician buy-in **—** Physicians were initially hesitant to add the agenda into the workflow process, concerned that it would derail their already-tight schedules and potentially offend patients. However, the CPC champion physician agreed to test it with his patients. Once he vouched for its benefits — such as keeping visits on track — the practice's other physician was on board.

Testing **—** The first iteration of the agenda listed only three questions: "What would you like to discuss with the doctor today? Do you need any medication refilled today? Have you been in the hospital or emergency room since your last visit?" When the medical assistant (MA) roomed the patient, she would review the patient's responses and note tasks in the medical record. Within a month, the practice found the agenda streamlined visits, helped prioritize care needs and reduced last minute requests for refills during the appointment. Further, patients appeared to like having some input about their visit.

Seizing another opportunity for efficiency, they then added two more elements: a **behavioral health screen** (PHQ-2) and a **physician expectation** section. The volume of positive depression screens, while surprising, revealed a clear need for behavioral health services. A positive PHQ-2 leads to a PHQ-9, and if needed, an immediate warm hand-off to the care manager for a specialist referral or a consult with a co-located behavioral health specialist. The MA completes the physician expectation section (marked as "nurse only" on the form) during pre-visit planning. When patients receive the agenda at check-in, their type of visit (for example, well woman or physical exam) is checked off and their current diagnosis listed. The purpose is to share with the patient what the physician expects to discuss at the visit.

Lastly, to help shore up gaps in documentation, the practice added a checklist of the **shared decision making tools** at the bottom of the form. Tools used in the visit are checked off here. When the visit is completed, the agenda is routed to the care manager, who double checks the documentation in the EHR. Once she's confirmed documentation, she shreds the form.

Benefits and outcomes **—** Sterling's physicians value the time saved with the use of agenda. If the patient has complex needs, the nurse will review the form with the patient to set priorities and to schedule additional time as needed. And, because physicians can then quickly assess the patient's acute needs and concerns against the diagnosis list, they have a better picture of what's happening with the patient and what needs to be addressed in the visit. Often they must focus on behavioral health issues first, as depression or anxiety may be complicating other conditions and affecting the patient's self-management skills.

Nurses find the agenda helps them communicate more meaningfully with patients because they have a better sense of what's important to the patient. They find also that patients are more willing to share embarrassing symptoms or personal information on the form rather than directly tell the nurse. This also saves time in drilling down to what's truly most important to the patient.

Patients who serve on the PFAC report that they felt they had more of a voice in their visits and that they felt listened to during their care.

The screening and documentation sections have provided influential data for the practice to evaluate the need for behavioral health and measure improved use of shared decision making tools.

Finally, as Sterling's physicians and QI team have touted the measurable success of their patient agenda to other UC Health practices, the system has encouraged use of the agenda as a patient engagement tool for all of its primary care practices.

> **How a Patient Agenda Fosters Engagement:**
> - Prepares the patient and care team for the visit
> - Mutually priortizes concerns
> - Builds a relationship
> - Makes connections across multiple concerns

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