CPC
Comprehensive Primary Care

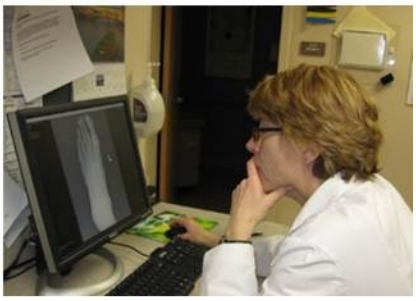
An Initiative of the Center for Medicare & Medicaid Innovation

Practice Spotlight 3

December 20, 2013

Primary Care Partners, P.C.

Your Partner in Health



From the top: The Primary Care Partners office in Grand Junction offers a range of services, including diabetes education, in-house radiology and an in-house diagnostic lab.

*Drive west from Denver on I-70, and just before you head into Utah, you will arrive at Grand Junction, Colorado. Abutting the scenic Colorado National Monument, Grand Junction is where **Primary Care Partners** operates a multi-site primary care practice serving 65,000 active patients through three family medicine offices, a pediatrics office, an after-hours facility and a satellite pediatrics office.Two sites are CPC practices. Primary Care Partners employs 54 physicians and 13 mid-level practitioners.*

It's a moment most physicians dread.

"The appointment is nearly over, and the doctor is wrapping up the visit, and that's when the patient says, 'Oh, by the way, you should know…' and she bursts into tears."

Managing Associate **Carol Schlageck** described an encounter that happens every day in a family practice.

"That moment is when you really find out what's going on and why the patient is in crisis. The question for most practices is, '*Do you have the resources right there in the clinic to help that patient?*'" she explains.

"Today, we do," was Carol's confident reply.

CPC at Primary Care Partners

While Primary Care Partners has long benefitted from physician leadership who emphasized quality improvement as a daily activity, engagement with CPC has taken the practice to a new level of service.

"CPC has offered us a wealth of information to help facilitate systems change," Carol said. "We knew the opportunities were out there, but the funding helped us test and implement strategies we had been eyeing for years."

She continued, "The Initiative gave us the resources to build the practice we envisioned. Who would argue with that? Who wouldn't want the medication reconciliation support? Additional tools to help patients with their social and psychological needs?"

Primary Care Partners has leveraged involvement in CPC to fill pressing needs in their daily workflow. To manage care, they added six staff who are a mix of RNs and social workers, which Carol said "gives us the best of both professions" in working with patients' care management or a situational crisis requiring resource coordination.

Prior to enrolling in CPC, the practice used a program within the EHR to highlight patient status based on various NCQA quality measures and standards. Through CPC, they developed a formal process through tools and provider identification to evaluate all patients in the practice for risk. At this time, they actively manage care for about 750 to 1,000 patients.

During weekly and bi-weekly care coordination meetings the entire team reviews patients' status. Providers report that these meetings have changed how they have addressed after-hours situations for some patients. One said, "Because we talked about [this patient], I was able to handle his call during the night differently and saw [the patient] first thing the next morning. If I didn't know the history, I would have referred [the patient] to the ER."

The new risk stratification process has helped prevent at least seven hospital admissions in three months, as well as decrease ED utilization for a "frequent flier," who had been in the ED 41 times in the previous year. Working closely with a care manager, the patient went seven weeks without an ED visit.

"Through CPC we now have behavioral health clinicians embedded in our clinics," Carol said. "Previously we had a relationship with a behavioral health office in one of our facilities, basically 25 feet from our reception desk. The close proximity let us to do a 'warm hand-off' for patients in crisis. CPC allowed us to subcontract with several behavioral health clinicians who assist with all sorts of behavioral and life issues, such as grief counseling, marriage discord, depression, anxiety, stress, drug use/abuse, parenting issues and eating disorders. The behavioral health clinician can meet the patient with the provider or see the patient independently."

What Happens at the Top Sets the Tone for Embracing Change

When Primary Care Partners enrolled in CPC, every employee at every level became a participant in the effort. **Executive Director Michael Pramenko, MD**, and Carol made presentations to all staff – including housekeeping and facilities – to help them understand the project and how they could contribute.

Michael Pramenko, MD, Primary Care Partners Executive Director

"We talked to everyone. We wanted to energize them and to fully explain that we're not asking you to work *harder*, but to work *smarter*," Carol said. "They were terrific. They saw the opportunity for improvement, and they embraced the new systems and staff."

Several processes feed the momentum for change, including a Quality Improvement Series (QIS) Task Force that meets every two weeks with physician leadership and representation from both CPC practices as well as the IT department. The QIS sets policies and helps implement change. Additionally, regular Care Team meetings involve physicians, mid-levels, care managers, behavioral health clinicians and even the office managers. Staff who manage care and coordinate resources meet biweekly for education sessions. Community organizations often present at these meetings to discuss resources and opportunities.

A clinical quality improvement committee meets every two weeks to review CPC progress. Although only two practices are CPC sites, all clinical areas at Primary Care Partners "sit at the table" and are shadowing the work in their own settings. Carol reports that the conversations are lively and highly interactive. Physicians' engagement and interest has prompted an upcoming four-hour retreat for a deep dive session.

The Unexpected Benefits of the CPC Community

"We feel we've been on the cutting edge of practice transformation for a long time," said Carol, pointing to Primary Care Partner's engagement with multiple quality improvement and innovation projects, including serving as a "beta" site for the Informed Medical Decision Foundation's shared decision-making project.

"The camaraderie we feel in the medical community is remarkable. It's exciting to sit with your peers and share the same passion and vision with others who think like we do," she said. "We are part of that larger group and we draw strength from the community. You can see the cohesive effort happening."

Next Spotlight: How Colorado's Primary Care Partners Tackled Shared Decision Making

TMF Health Quality Institute

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Practice Spotlight 4

January 10, 2014

Michael Pramenko, MD, Primary Care Partners executive director

Located in far west Colorado in Grand Junction, ***Primary Care Partners*** *is a multi-site practice that employs 52 physicians and 10 mid-level practitioners. Michael Pramenko, MD, is the practice's executive director and a past president of the Colorado Medical Society (2010–2011). In this article, Dr. Pramenko discussed how Primary Care Partners' journey with* ***Shared Decision Making*** *began and what work still lies ahead to fully integrate SDM in primary care.*

According to **Michael Pramenko, MD**, successfully integrating Shared Decision Making into a practice takes aligning three drivers: *incentives, incentives and incentives*.

He fired off the three sides of this SDM triangle: "The patient needs an incentive to say 'this is something I want to do,' the payer needs an incentive to create the sustainable model that matches the utilization and the physician needs the incentive to open up communication in a new way."

Dr. Pramenko continued, "We believe Shared Decision Making will reduce health care costs. That's not the question. The question is how do we align the patient, the payer and the doctor?"

Let's Start with the Practice

Dr. Pramenko saw two opportunities in 2011. First, he learned of the CPC initiative and knew that Shared Decision Making figured prominently in the Milestones. Second, the Informed Medical Decisions Foundation approached Primary Care Partners as a beta site to test the organization's tools for Shared Decision Making.

In 2012, the practice started using 36 tools covering a range of topics and conditions. The tools are a mix of videos and booklets. The videos include a pre- and post-test to gauge the patient's understanding of the condition as well as to evaluate the usefulness of the tool. IMDF provided the tools at cost. "We started using the tools before we had a care management system in place, and the workflow wasn't very clean," Dr. Pramenko described the process. "As we developed care management with CPC, our workflow shifted to having designated staff (care managers) help eligible patients view the materials either before or after the encounter. Then, eventually we designated rooms and equipment where patients could view the videos." (See sidebar titled "Primary Care Partners' Workflow for SDM" for specific steps.)

Primary Care Partners is testing and tracking end-of-life care patient decision aids for CPC. In addition to the IMDF tools, the practices' care managers use a Colorado state-based form/booklet titled, "Your Right to Make Healthcare Decisions."

"We selected this first as it has a significant effect on the quality and cost of care at the end of life," said Dr. Pramenko. "We have many patients over 80, and we have seen many cases where opportunities for more age-appropriate care were missed because proper planning and counseling did not occur ahead of time."

Primary Care Partners, P.C.
Your Partner in Health

The Shared Decision Making statement from the Primary Care Partners website:

"After a challenging diagnosis, you have some decisions to make.

Family Physicians of Western Colorado and Western Colorado Physicians Group provide their patients with information on a newly diagnosed condition and then explore the best treatment options available.

Together, you can then choose which treatment option is best for you. Treatments can vary, depending on each patient's needs. As your partner in health, we are here to help guide you as you make those decisions.

We share your challenge. We respect your choices. We are your Partner in Health."

The Doctor Weighs In

"We want people to be fully educated on their options," Dr. Pramenko said, "but it's a time-consuming process."

Dr. Pramenko described the push and pull of patients' expectations and needs, "Some patients will still rest on every word I say, and that's hard to change. These decisions are a huge gray area in medicine, where you know something needs to happen. Patients get polarized in the gray area when they shouldn't. Shared Decision Making means they take ownership over a decision that's right for them. It can put the brakes on business-driven decisions."

At Primary Care Partners, embedded behavioral health professionals can meet with patients along with the physician as needed to help with the decision-making visit. Dr. Pramenko notes that high utilizers also often have a behavioral health concern and meeting with both providers ensures a well-rounded approach. In this context, the behavioral health specialists assist in facilitating the patient communication — tapping into motivation and behaviors to support the process.

Currently, leadership at Primary Care Partners is crafting an incentive plan to encourage multiple patient-centered initiatives, including SDM. In the meantime, posting providers' SDM utilization rates spurs conversation about improving use and rouses a competitive spirit among the teams.

The Patients' Turn

Patients weren't reluctant to participate in Shared Decision Making, according to Dr. Pramenko. The biggest barrier was time, or rather lack of it, to view the tools. The viewing time ranges from 20 to 55 minutes.

The practice shared the tools with its Patient and Family Advisory Council, which had the same feedback: These are fabulous resources, but they're too long. No one plans to be at the doctors' office for an additional hour. Patients want to watch when it's convenient for them. They may want to include a family member.

"Now we're looking at a web-based solution," Dr. Pramenko said. "Patients are very comfortable looking at materials from the web. We're working out how to expand our patient portal so that we can document the use of our online SDM tools."

What's the Incentive for Payers?

Dr. Pramenko pointed to Primary Care Partners' agreement with Hilltop, a local, self-funded employer, which created a list of 13 procedures that are considered elective to some degree. Hilltop employees who are considering any of these procedures are eligible for a $500 reduction in their out-of-pocket expenses if the employee views the decision aid for that procedure and has a follow-up decision conversation with the primary care physician.

"This is a great example of how the payer is addressing the costs with us at the primary care level," Dr. Pramenko said. "We know these patients and we're best equipped to help them. The payer knows that spending dollars with us treating the patient and working through these decisions is money well spent."

Sources and more reading:

D. Arterburn et al., "Introducing Decision Aids at Group Health Was Linked to Sharply Lowering Hip and Knee Surgery Rates and Costs" *Health Affairs*, September 2012 31: 2094-2104. (Abstract)

Informed Medical Decisions Foundation: http://www.informedmedicaldecisions.org/

Primary Care Partners' Workflow for SDM

Provide an educational opportunity to patients at their convenience. Patients may schedule a specific time to come in, walk in during office hours or view videos before or after their scheduled appointment.

- The provider's nurse will notify the appropriate staff member of the patient's location in the clinic and which Patient Decision Aid (PDA) is to be viewed.
- Documentation by the provider in the EMR under "plan" is particularly helpful if the patient prefers to return on another day to watch the video.
- Assigned staff will meet with patients and walk with them to a private room where a portable DVD player will be available. Patients will be given a booklet to follow along with the DVD.
- The staff member allows the patient and family to watch the video privately; staff members help the patient complete the pre- and post-survey while in the viewing room.
- An order will be entered into a flow sheet called "Patient Decision Aids." To document either the video or the booklet, the assigned staff goes to the Lab/Procedure tab in the Add Clinical Item area, type in PDA, which will pull up the order for the Patient Decision Aids. From here, staff members use the drop down arrow to select which PDAs were used with patients on that day.
- Staff enters "No Charge" in the encounter charges for the PDA. This enables tracking and reporting of the data.
- Staff also enters the patient responses to the pre and post survey questions in an online "Survey Monkey" form for routine analysis.

Is your practice ready for the Spotlight? Email Belinda McGhee, belinda.mcghee@tmf.org, with your story suggestions.

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