



LA CLINICA

AFFORDABLE HEALTH CARE EXCELLENCE FOR ALL

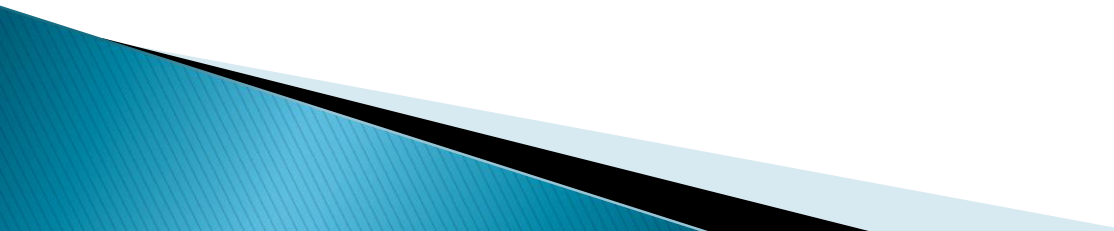
The Importance and Impact of Tracking Enabling Services:

Implementation of AAPCHO's Enabling Service Tracking Framework at La Clinica

Who We Are

- ▶ La Clinica is a medium-sized FQHC in Southern Oregon:
 - Targets the underserved in Jackson, Josephine counties
 - Founded 1988
 - Sites: 3 primary care, 1 Women's health specialty, 6 SBHCs, integrated dental care, dental specialty, mobile clinic
- ▶ Serves ~30,000 patients: medical, dental, and outreach
- ▶ Enabling Services project leaders:
 - Maria Underwood, Development Director
 - Ida Saito, Operations Director
 - Brenda Johnson, CEO
 - Simon Parker-Shames, Systems Analyst and Epic support specialist.
- ▶ Use OCHIN's build of Epic for our EHR.

What We Did

- ▶ Adopted AAPCO's tool
 - ▶ Adapted to our EMR, added detail
 - ▶ Began planning December of 2011
 - ▶ Usable data starting in February of 2012
 - ▶ Continuing to roll-out to all staff throughout the organization
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Why Capture Enabling Services?

- ▶ All of the reasons AAPCHO mentions, and especially:
- ▶ Internal Reasons:
 - Gaps in data from billing, UDS, and SUM reports
 - contacts missed, lack of detail
 - Need more detail about non-billable services
 - Need to know what impacts patient outcomes, what doesn't
- ▶ External Reasons:
 - Accountability: how we use our funds and grants
 - Deeper understanding of challenges to needy populations
 - Identify opportunities for grants
- ▶ Future:
 - Move to Alternate Payment Methodology?
 - Plan for growth, development
 - Adjust practices to improve Patient Centered Medical Home

How Did We Get Here?

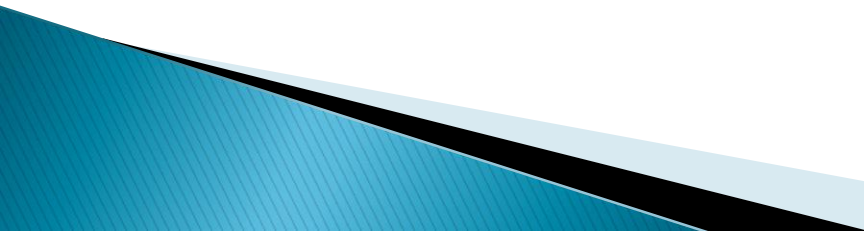
- ▶ Senior administration has been dreaming of capturing all “touches” for a long time
- ▶ Touch-capture project in 2011:
 - List all touches missed by UDS and billing
 - Identify a strategy and report for each category
 - Huge, messy spreadsheet to track, monthly check-ins:

Area	Service	Description/Notes	Tracking	EPIC	Spreadshe	UDS	Billab	Report Statu	Ease to repr	
Medical	Behavior health visit (2 visit a day)	Any touch by a bh person	Yes	Yes	No	No	No	Draft	Medium	Tracking based on progress not
	Behavior health visit -- Controlled substance									
	Behavior health visit -- Mental health									
	Nursing visits: triage to provider	Triage visit, xfer to prov	No	n/a	n/a	No	No		Medium	considered part of the provider
	Nursing visits: assessment (no prov. visit)	RN w/o provider	Yes	Yes	n/a	Yes	Yes	Draft	Easy	Track by LOS code as either no
	Nursing visits: pick up meds	CSA med p/u	No	n/a	n/a	No	No	Finished	Easy	no change, this is considered p
	Nursing calls: case management	Any call/contact note with	Yes	Yes	n/a	No	No	Finished	Easy	Tracking with reason for call "C
	Nursing Visits: DM counseling									
	Nursing Visit: Patient Assistance App support									
	Group visits: pain clinic	QOL Group?	Yes	Yes	n/a	Yes	Yes	Draft	Needed?	Billable encounter - Individual
	Group Visits: Controlled Substances Orient	Billable?							Easy	Non-billable -- appts voided af
	Group visits: Centering	Visit types?	Yes	Yes	n/a	Yes	Yes		Needed?	Billable encounter - Individual
	Group visits: Living well groups									
	MCH: RN lactation visits	Current status?	Yes	Yes	n/a	Yes	Yes		Needed?	Billable encounter for RN ident
	MCH: Lactation support (not RN)		Yes	Yes			No		Workflow Change	goal to have these visits by per
	MCH: 1st DB		Yes	Yes	n/a	Yes	No		Easy	captured in EPIC, considered an
	MCH: Ongoing Case Management	By encounter good enough?	Yes	Yes	n/a	No	No		Medium	Tracking based on progress not
	Patient education: Obesity		Yes	Yes	n/a	?	No		Needs Enhanceme	EPIC currently developing smart
	Patient education: Smoking cessation		Yes	Yes	n/a		No		Needs Enhanceme	EPIC currently developing smart
	Prescription assistance		Yes	Yes	n/a	No	Yes		Workflow Change	will be tracking in EPIC under "s

Discovered AAPCHO's Tool

- ▶ A Better Way? AAPCHO's tool and Data Implementation Packet:
 - Initial reaction: doesn't fit our EMR, workflow, unable to adapt
- ▶ OCHIN Pilots local control of SmartLists: Allows creating our own discrete fields, in theory...
- ▶ Cross-walk between our services and AAPCHO's definitions, discussions of definitions
- ▶ Designed tools, reports, training guides

Design Principles

- ▶ Inside Epic, clinical side
 - ▶ Drop-down menus (SmartLists), with sub-items
 - ▶ Start with standard AAPCHO definitions, then add drill-down:
 - E.g. When Behavioral Health Coaches select Health Education/Supportive Counseling, they get additional prompt for topics covered; if they choose “substance abuse” can choose which substance.
 - Improves adoption of tool
 - Wraps back up to standard definitions
 - ▶ Custom reporting: Limitations in OCHIN’s build, workarounds invented.
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Screenshot of Tool

- ▶ Fits in progress/telephone note, hierarchical menus:

The screenshot shows a software window titled "Documentation (F3 to enlarge)". The interface includes a toolbar with various icons for editing and navigation, and a text area containing the following text:

Enabling services were provided to this patient.
Encounter Type: {LCDV EN SVC ENC TYPE: 11144}
Enabling Service: {LCDV EN SVC ENABLING SERV
Time Spent: {LCDV EN SVC TIME SPENT: 11288::"5

A dropdown menu is open over the "Enabling Service" field, listing the following options:

- Face to face. Appointment Type: {LCDV EN SVC APPT TYPE: 11146}
- Telephone
- Off-site
- Home visit
- Administrative

- ▶ Example completed note:

Enabling services were provided to this patient.

Encounter Type: Face to face. Appointment Type: Scheduled. Group or individual visit: Group. Type of group visit: Chronic pain group

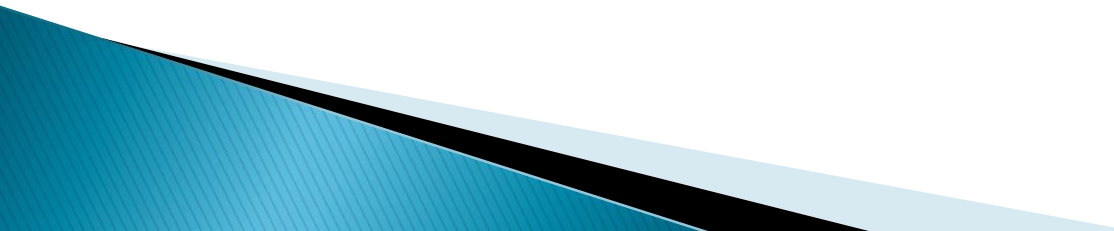
Enabling Service: Health Education/Supportive Counseling. Primary topic covered: Substance abuse. Substances addressed: Opiates

Time Spent: 10 minutes

Notes:

The rest of my narrative note goes here...]

Pilot

- ▶ Pilot January 2012 with integrated behavioral health
 - ▶ Established that tool was useable, assisted with documentation, and valid data reported
 - ▶ Some issues with data integrity, updated, fixed.
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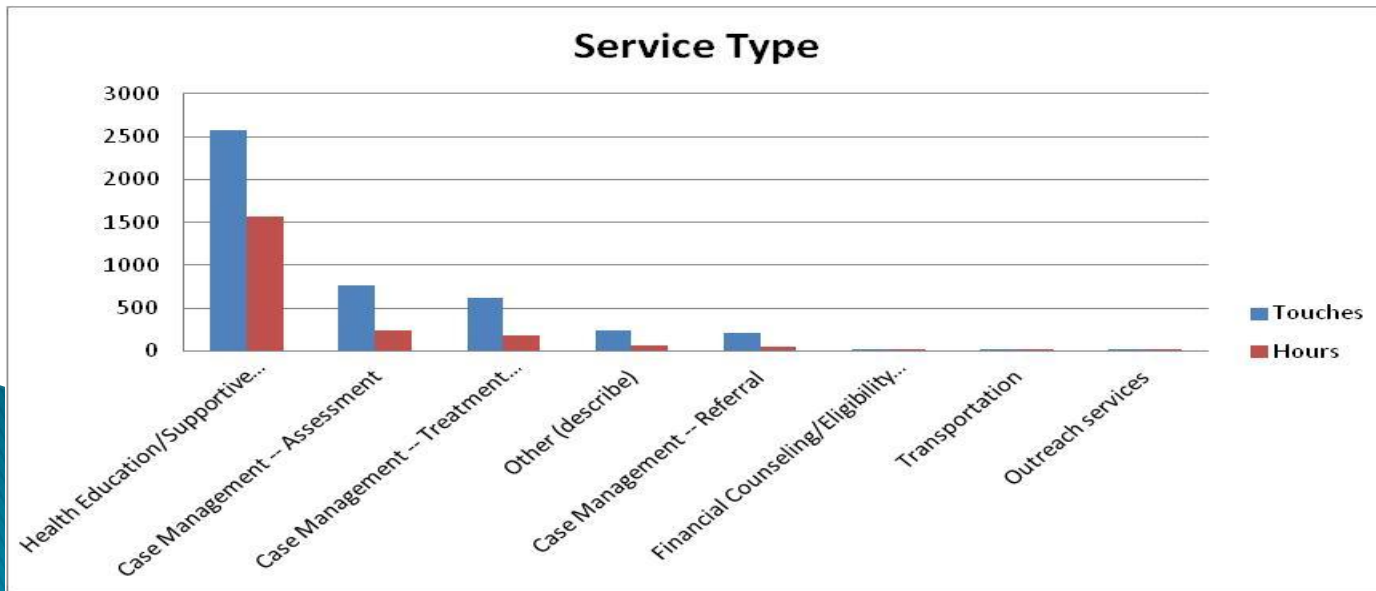
Roll-Out

- ▶ Ongoing roll-out since February 2012.
- ▶ Began with IBH, outreach, group visits
- ▶ Added Benefit Eligibility Specialists, School-Based Health Centers in Sept, 2012
- ▶ Minor updates to tool and reports:
 - Changed granularity to touch, instead of encounter
 - Added time choices, included 5 minutes
 - Added additional custom drill-down fields
 - Allowed for multiple selections for some fields

Results So Far:

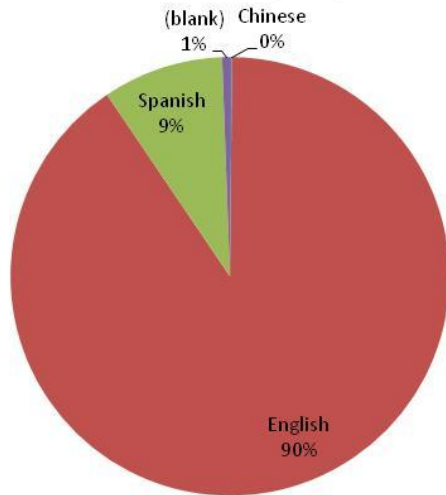
- ▶ Full year of data from 2/2012 to 2/2013:

Type of service provided	Distinct Patients	Touches	Hours
Case Management -- Assessment	457	771	247
Case Management -- Referral	186	214	47
Case Management -- Treatment and Facilitation	421	614	186
Financial Counseling/Eligibility Assistance	16	18	6
Health Education/Supportive Counseling	995	2578	1561
Other	153	239	66
Outreach services	1	1	1
Transportation	3	4	1
Blank/Not Recorded	683	237	110
Total	1,667	4676	2224

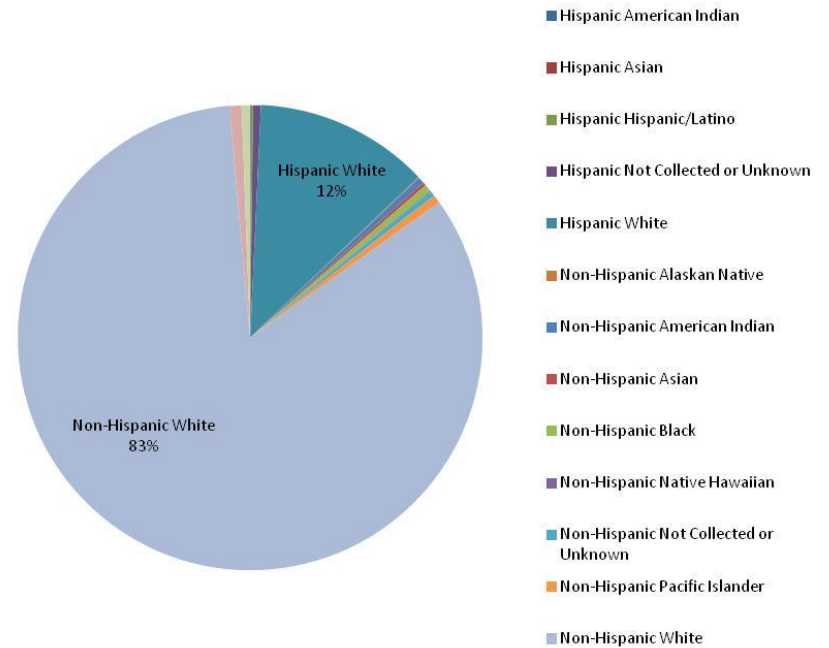


Patient Demographics

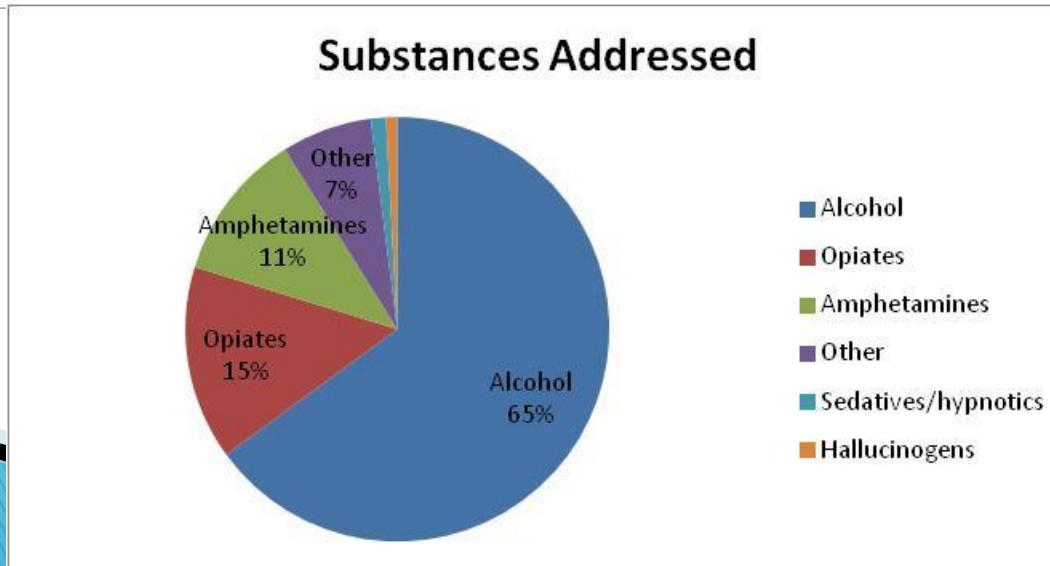
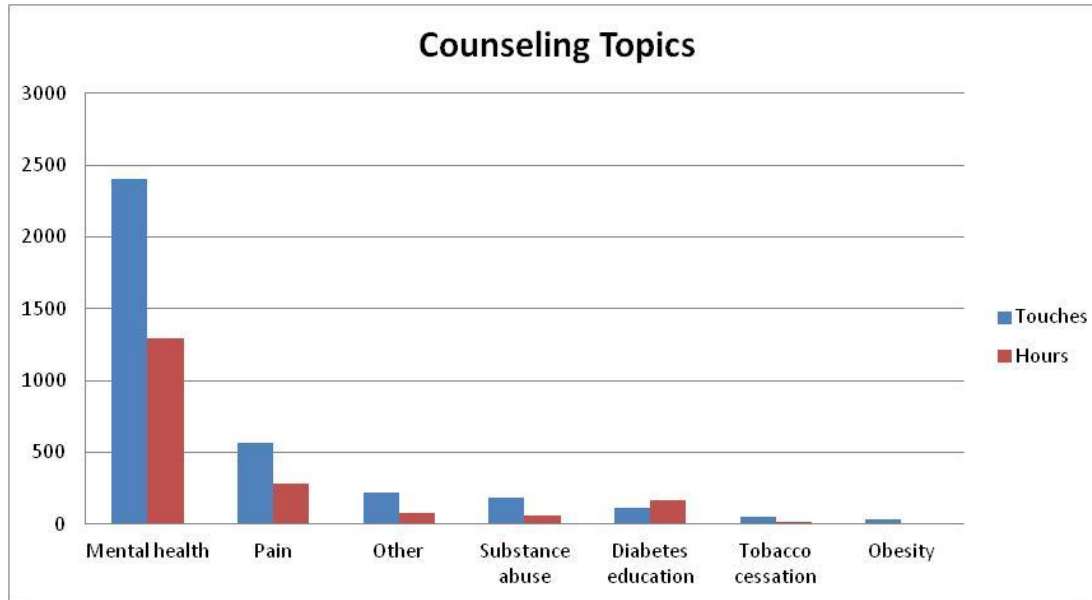
Patient Language



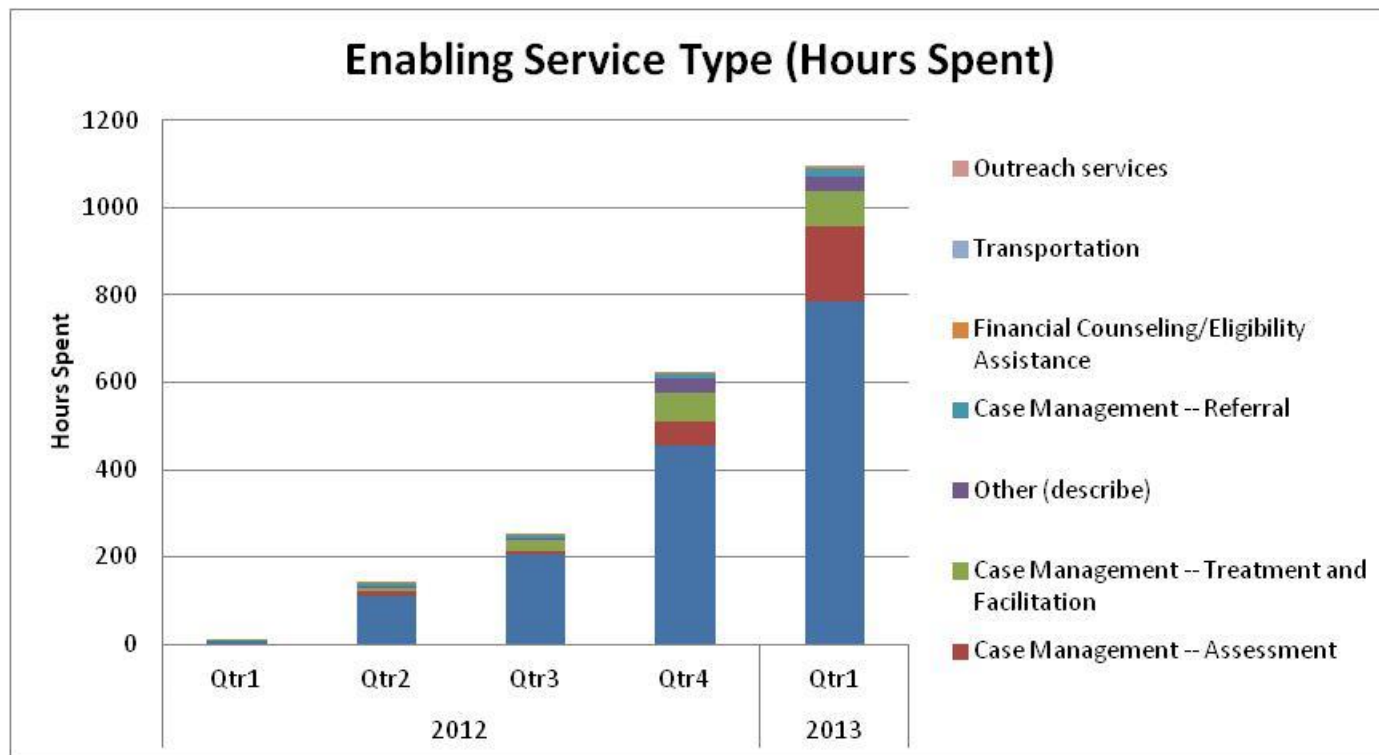
Race/Ethnicity



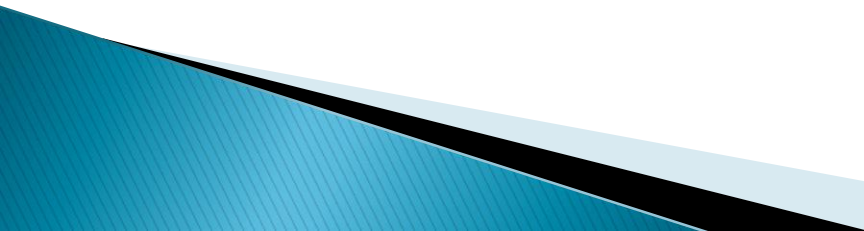
Counseling Topics:



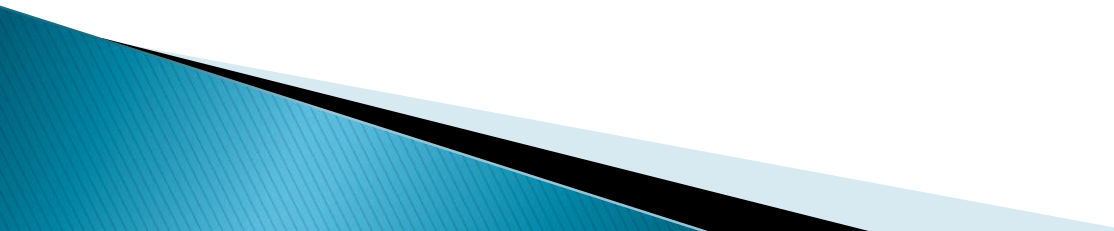
Data Over Time:



How Has Data been Used?

- ▶ Quarterly Review (sometimes)
 - ▶ Supplements UDS and other grant reports. Greater detail.
 - ▶ Identify Core Services for PCPCH, NCQA
 - ▶ Behavioral Health uses monthly to track staff time and focus
 - ▶ Tracking of Hot-spotter project
 - ▶ Some shorter term improvement projects using to track time spent
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Issues

- ▶ Reporting is tricky
 - ▶ Roll-out incomplete
 - ▶ Time estimation issues
 - ▶ Training, consistency on definitions, culture
 - ▶ How does this relate to Medicaid Core Services?
 - ▶ Dental services and dental outreach integration?
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For the Future

- ▶ Complete roll-out to all staff
- ▶ Improve reporting, reduce post-hoc manipulation
- ▶ Minor updates to user interface
- ▶ Integrate with OCHIN's tool, when/if we get it
- ▶ Correlate outcomes with DM, HTN, and ER utilization
- ▶ Integrate salary info from HR, estimate cost
- ▶ Decision: integration with Medicaid Core Services?
- ▶ The holy grail: total cost to treat a patient—
 - E.g. we can help move a patient's A1C from 10 to 7 using a 25 hours of home visiting v.s. 6 office visits. Which is most effective? What influences which resource to use? What are the total costs?

Questions

- ▶ Contact Information:
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Extra Slides For Questions: Tool Logic

- ▶ **Encounter Type:**
 - **Face To Face**
 - **Appointment Type:**
 - **Scheduled**
 - **Group**
 - **Type of Group:***
 - Chronic Pain group*
 - Controlled Substances Orientation*
 - Diabetes*
 - Living well group*
 - **Individual**
 - **Walk-in**
 - **Telephone**
 - **Offsite**
 - **Home Visit*** [we may move this under "offsite"]
 - ▶ **Enabling Service:**
 - **Case Management – Assessment**
 - **Case Management – Treatment and Facilitation**
 - **Case Management – Referral**
 - **Financial Counseling/Eligibility Assistance**
 - **Health Education/Supportive counseling**
 - **Primary topics covered:***
 - **Diabetes education***
 - **Mental Health***
 - **Obesity (document below using appropriate dotphrase for age)***
 - **Pain***
 - **Substance Abuse. Substances addressed:*** [this is internal data our IBH workers have been capturing and wanted to continue to track]
 - Alcohol*
 - Amphetamines*
 - Hallucinogens*
 - Opiates*
 - Sedatives/hypnotics*
 - Other (specify):*
 - **Tobacco Cessation.* Counseling provided [standard OCHIN list, used for UDS/MU reporting as well]:**
 - Provided smoking cessation counseling*
 - Referred to Stop Smoking Clinic/Program*
 - No counseling was given*
 - **Other (specify):***
 - **Additional topics covered*** [repeats above list of topic, multiple selections allowed]
 - **Interpretation services** [may not need this category, as also captured elsewhere in Epic]
 - **Outreach services**
 - **Other (describe):**
- ▶ **Time Spent:**