Swimming Upstream: A model for (eventual) success in interdisciplinary CP care

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Introductions

The CCHMC CP Clinic

History
Current Model
Business Side
Leveraging the Model
Quality Improvement
Components of our Success and Lessons Learned

History

- For decades in the 1900’s
  - Multidisciplinary
  - Developmental/Behavioral Pediatrics, Orthopaedic Surgery, Physical Therapy, Nursing
  - Minimal pre-visit planning
  - Minimal communication/collaboration between providers
  - On-call services like Social Work or Dietitian
  - 3 half days per month, 8-10 patients per clinic

- Early 2000’s – added physiatrist to the team (but subtracted the PT!)
- 2009 – move to Pediatric Rehabilitation Division
  - Started to re-imagine care
  - New Models (team members, templates, scheduling, collaboration)
  - Lots of small tests of change and trials of options
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Goals
- Comprehensive specialty care vs primary care vs specialty only
- Defining our care standards

Team
- Who do we want on the team? Who is available?
- Care and Service Coordination, Dietitian, role of physicians

Clinic Flow
- Templates – number of patients, visit length, scheduling
- Arena visit vs individual providers vs subsets

The Right People are the Key to Success

Physician
- Health concerns – growth and nutrition, sleep, constipation, pain, bone health, other high priority concerns for families
- Spasticity management
- Orthopedic screening
- Therapy programs, bracing, and equipment (in collaboration with therapists)

Occupational Therapist
- Upper extremity assessment
- Sensory processing/regulation and visual processing
- Activities of daily living
- Assistive technology/equipment assessment

Physical Therapist
- Range of motion
- Strength/tone
- Mobility, gait, and balance
- Equipment assessment

Social Worker
- Completes psychosocial assessment (safety, mental health and high risk social concerns)
- Assesses for need of community resources, financial support, school advocacy and material aid
- Documents recommendations on care map during the visit
- Keeps team on schedule

Dietitian
- Assesses weight/growth
- Assesses adequacy of intake
- Makes nutrition recommendations
- Educates families on nutrition recommendations/interventions

CMH Nurse
- Oversees care plans
- Aids in assessing services
- Collaborates with public health nursing

The Primary Roles of the CP Clinic Team Members

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Current CP Model

- Scheduling Templates
  - A half day clinic consists of 6 patients (four hours)
  - This can be a combination of new and follow up visits
  - New visits are one hour in length
  - Follow up visits are 40 minutes in length
  - Most clinics end with an MD only for botox appointments

The Primary Roles of the CP Clinic Team Members

- Completes the after visit summary/educates family about recommendations
- Assists in Botox procedures
- Completes intake/discharge process and clinic flow
- Reviews care map with family

- Participation
- Confidence
- Triage for specialty services
- Screening, consultation, and referral – service provision is NOT generally a part of the visit

It is key for the team to educate families about the purpose and benefits of the arena style clinic. It can be overwhelming due to the number of team members and the amount of information provided.
The Arena Style Approach
- A one stop shop
- Provides families with single point of entry
- Less confusing
- Flow of assessment and conversation
- Physician leader
- Integrated therapist exam
- Follow-up questions from team
- In room discussion and plan
- Social worker documents for family in real time

Arena Style
- Conclusion
- MD wrap up
- Care map review
- Nursing reviews after visit summary with family
- Social Work and Dietitian available for other needs

"I love the CP clinic team visits. I wouldn't change a thing. The care map has been wonderful."

"Services received through the CP Clinic and through the individual physicians are both professional and helpful. The difference is that the ideas coming out of CP Clinic are more developed and ready to be implemented. For example, I have very concrete suggestions to follow up on. I was taking action within a week."

"The team and MD only clinic visits are always so helpful and informative. We love that she is receiving such excellent care and we can hit the whole team in one visit."

"The team approach encouraged me to overcome things that I was not happy about."

"I like a lot of notes and info but also like to listen and ask questions. I wasn't sure what to expect so I wasn't very prepared. I think the team of specialists did an excellent job generating a summary of their assessment and recommendations for me. I walked away feeling like I knew exactly what needed to happen next for my child. That's what I hoped to learn from my visit. Excellent visit."

Documentation in Clinic
- We use EPIC
- Data
  - Team members report in data files
  - Parents report Patient Reported Outcomes and history by tablets
  - Intake Form
  - MPOC
  - PDDC
- Discipline-Specific note templates (incorporating data fields)
- Specialized Smart Phrases
- Orders written at end of visit
Documentation for Families

- After Visit Summary for family
  - Team members create content individually
  - Recommendations in a time sensitive format (complete today, within the month, before next visit, future considerations)
- Pulls in data from data fields
- Care map with annotations

Preparation for Clinic

- Pre-visit planning
  - Nurse Service Coordinators oversee
  - Call one week prior for new visit patients
  - EPIC note pre-visit planner (template pre-populates with lots of the interesting data) shared with team a week in advance
- Information Packets
  - A CP clinic folder is provided to all new families with flyers, brochures an applicable resources

Care Map

- Guides Practice
- Informs Families

The Nuts and Bolts of Maintaining Productivity

- Clinic Templates
  - Tight schedule (no holes!)
  - Avoid cancellations or closed clinics
    - Keep it Rolling! Have back-up providers for every role and every clinic
  - Fill holes with MD only visits
- Access
  - Multiple locations, times, days
  - No-Show policy

The Nuts and Bolts of Maintaining Productivity

- Physician
  - Keep RVU's up with supplemental visits (botox)
  - Team visits drive more MD only visits
- Therapists
  - Productive at under 50% of typical
  - View therapist time as a loss-leader
  - Therapists bill a brief eval
- Nursing
  - Bill for Title V program services

Governance – planning to plan

- Monthly CP Clinic Working Group meetings
  - MD, Nurse Service Coordinators, SW, OT, PT and Clinic Coordinator
- Current process and functioning of clinic
- Long list of active projects
- Work occurs in between meetings
- Communication back to all team members (34!) and divisions
- Quarterly Review with Division Heads to inform of progress
- Annual town hall meetings for all team members
Leveraging the Model

- Using electronic health record (EHR) - EPIC
  - pre-visit planner template
  - tablets for patient reported outcomes and history
  - documentation smartphrases and note templates
  - patient information templates
  - communication between team members

Benefits using EHR

- Improve efficiency visit (not always synchronous or face to face)
- Pre-planning for visits
- Families receive immediate input related to PRO
- However..... we all have issues!

CP Program: Conceptual-Level Care Map

- Definition: our Care Map is a visualization of the medical, therapy and psychosocial care a child with CP and family can expect when they are participants in the Cincinnati Children's CP Program.
- Ages 1-21 years of age

Use of Care Maps

- Starts with PVP
- During the visit
- After the visit
- Future planning

Use of Care Map

- Pre-visit Planning
  - Service coordinator creates PVP
  - One week prior to appointment
  - Compares plan of care/care map prior with what is recorded/reported
  - Service coordinator calls family
    - Welcome and introduction
    - Describes team and care map
    - Identifies special emotional or behavioral needs
    - Evaluates need for childlife specialist
Use of Care Maps
During the Visit

- Introduced to the family by first RN in the room
- Notes written by care coordinator on the care map
- Reviewed by MD with family and team at conclusion of visit
- Family takes home as a reference as to what was discussed

Use of Care Maps
After the Visit

- Family takes Care Map home to use as a reference

Use of Care Map
Future Planning

- Family can look ahead, based on child’s GMFCS
- Family can begin to emotionally and financially prepare themselves for life change as their child ages
  - change in frequency and/or type of services
  - technology and equipment
  - future transportation needs
  - need for resources
Mechanisms for Education
- New patient information packet
- Clinic patient information/after visit summary
- Social media
- Annual conference
- Knowing Notes
- Websites

Communication with other providers
- Primary Care providers get letters or faxed notes
- Consultant role with home providers
  - therapists
  - nurse and CMH service coordinators
  - social worker/care coordinators
  - physicians
- Interface with other specialists
  - Orthotists, medical specialists, schools, etc.

Innovative Programming
- Family symposia
- Wellness Programs
- Self management programming
- Connectivity with community and hospital programs and services

Quality Improvement
- Population Level Data
  - Patient Information
  - Process information
    - Understanding how we are doing
    - MPOC Data
    - Family perspectives

Quality Improvement
- Skill Development
  - Our Institution provided ongoing education in QI skills
  - "the best at getting better"
  - Meetings outside clinic
    - Establish goals
    - Assign tasks
    - Review results
    - Communication within and outside the team
Quality Improvement – Innovation in Clinic

- Clinic Flow Challenges
  - Tracked data (“touch time” in clinic, visit duration) to understand how various clinic models functioned
- Family Experience Concerns
  - Looked at family responses to standardized questionnaire and surveys to change practice
  - Incorporated Self-Management techniques and strategies
- Managing Access
  - When the institution focused on new visit availability, we learned how to alter clinic templates to change capacity
- Stratification ideas
- Improving Care
  - Implementation of care pathways like the hip surveillance algorithm

Components of our success

- Right people
- Institutional Support
- Governance and Goals
- Passion

Lessons learned

- Teamwork really matters
  - Keep leadership teams small and agile
  - Include everyone along the way
  - Take input from all directions within your group
- Don’t fear change
  - Just do stuff!
  - Be nimble, you can always change things up again
  - Let yourself and your team be surprised sometimes

Lessons learned

- Gather information to inform what you do
  - Ask patients and families what they think and how they feel
  - Ask your team for feedback
Lessons learned

- Plan for productivity issues
  - Know that productivity may dip a bit as things get moving
  - Be creative to find sustainable models
  - Set limits when you need to (no shows, staying on schedule, etc.)

Break – 10 minutes

Guidelines for others

How to start
Using your Electronic Health Record
Governance
Getting Buy-In and Buy-Out with your institution
Problem solving for your own environment
QI as a way to work every day

How to start

- Claim your turf
  - Where will clinic be held?
  - What location is ideal?
  - What are your needs vs wants for space? (number of rooms, size of rooms, mat tables, computers, wheelchair scales...)

How to start

- Define your team
  - Who has the expertise you need?
  - How do handle vacations or illness of team members?

- Define your schedule
  - When is clinic?
  - How are the appointments scheduled?
  - Who manages the schedule? (try to have a clinic coordinator)

- Claim your turf
  - Where will clinic be held?
  - What location is ideal?
  - What are your needs vs wants for space? (number of rooms, size of rooms, mat tables, computers, wheelchair scales...)

- Consider pre-visit planning or follow-up calls/care
  - What resources are available to do this work?
  - What information should be gathered or shared?

- Clarify the business details
  - What are the expectations for productivity and/or billing?
  - How do they differ amongst various providers?
  - Who needs to be involved in the business planning aspects?
How to start

- Explore your IT needs and options
  - What can your Electronic Health Record do for you?
  - What data do you want?
  - How could technology help your team work better or more efficiently?
  - Who at your institution has already solved some of these questions?

How to start – “little” things to think about

- Space – team discussion/conference room
- Access to services – radiology, nursing for injections, refrigeration for botulinum toxin, prior authorization mechanisms, printers for documents, Child Life, etc.
- Being in alien territory – learning work flow and roles in various departments (registration staff especially)
- Family perspectives – what is the difference between being comprehensive and being overwhelming? Information, number of providers in the room, multiple conversations?

Using your EHR – Learn about what you have

- Find the right people to ask about your options (EHR-specific support staff, people who are using it effectively, Help Desk)
- Not all options are available with every EHR and institutions vary in how many options they will support, pay for, or utilize

Using your EHR – Learn your options

- Scheduling (visit types and durations, single vs multiple providers)
- Note templates, smart phrases, templates for previsit planning or other needs, order sets
- Real data within encounters (how can you record and use discreet data, not just text)
- Templates for patient information and mechanisms for education materials
- Clinical registries
- Report generation to learn about your patient population

Using your EHR – Clinic Templates

- Build the schedule to match how you will see patients
  - Multiple visits at the same time? Multiple providers at the same time?
  - How long should a visit last?
  - Are new patient and follow-up patient visits different?

Using your EHR – Clinic Templates

- Consider how to add flexibility and structure
  - Can your scheduling allow for variable duration appointments depending on visit type?
  - Will all patients see all providers? If not, will they have a different visit type or duration?
  - What kind of rules will help in scheduling? (last minute openings? patients with a high no-show rate?)
Using your EHR – Documenting and Notes

- Do your homework before you start seeing patients and develop note templates for all providers
- Many EHR companies have repositories of templates that have been developed by others, so you may not need to reinvent the wheel
- Involve your team so you can reach agreement on the complexity of the note templates
- Build smartphrases for as much as you can imagine! Share them widely

Using your EHR – Data

- Consider options for using discreet data in your clinical encounters if your EHR supports it
- Take care to make your list of variables meaningful – not too many items or too few; understand your team’s tolerance for data entry
- Consider Patient Reported Outcomes and patient data entry if your system supports this
- Make sure you include information that will allow you to subdivide your population (demographics, classification data, functional data)

Using your EHR – Data

- Understand how your EHR works in terms of types of data and mechanisms for storage, sharing and retrieval
  - Data may be specific to the patient (and carries to every visit after being entered once) or specific to each patient encounter (and must be entered each time it is used)
- Data may be sharable between providers or encounters or not
  - If providers can view the data, can they also import the data to their own documentation?
- Reporting of data may be available for individual patients and/or for populations
  - Generating reports can be very complicated

Using your EHR - Data

- Make sure you can come back and optimize anything you create after your team has a chance to really use it
- Cerebral Palsy Research Network is an option that provides a scaffolding of data elements that can be incorporated into clinical care

Using your EHR – Communicating

- Collaboration is easier with technology!
- Prep work
  - Previsit planning within the EHR
  - Team strategizing via EHR messaging
- Sharing with other providers
  - Send EHR notes to PMD’s, home therapists, other specialists
  - Explore options like faxed notes, in basket messages, letters
- Reporting
  - Once you build reports, you can track all kinds of things you are doing and patient outcomes as long as they are recorded in the accessible parts of the EHR

Governance

- Considerations
  - Small governing bodies
  - Make a plan
    - Authority
    - Know your own institutional culture
    - Process of decision-making
  - Staff input
  - Community of practice
Governance: Create a Leadership Team

- Create a Leadership Team
  - Know your priorities

- Mission Statement
  - KISS: Keep it Simple and Sustainable

Leadership Team

- Complete a SWOT Analysis
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats

SWOT Matrix

Leadership Challenges and Goals

- Identify your data points
- Leadership team problem-solving
  - Importance of “The Buck Stops Here Person”
- Meaningful and Measureable
  - Examples

Importance of Situational Awareness

- Know your situation
- Recognize ongoing change
- Be ready to re-evaluate

Getting Buy-in and Buy-out...... Is it Worth it?

- Convince your institution to support your teams with personnel, money, space, anything you need
- Know the productivity expectations for all of your providers
- Play around and structure your templates so they hit the “sweet spot” for the metrics that are valued at your institution:
  - Number of patients seen or visits completed
  - Revenue and RVU’s that are generated
  - Utilization of your clinic space and resources
Getting Buy-In and Buy-Out

- Data Talk! Track information on new patients, family preferences, downstream revenue and utilization

  - Our data have shown
    - We bring new patients to the medical center
    - We are able to refer many patients to our various divisions for specialty services
    - We are filling our clinic dates and rooms at a high level
    - Families prefer our TEAM visits

Problem Solving in Your Environment

- Use your networks
  - Make friends
  - Solicit input and support
  - Harness help to advocate for your team and your patients

- Have a shared vision and goal
  - Keep it simple and sustainable!
  - Come back to shared ideals when you need to make a decision
  - Be persistent

Problem Solving in Your Environment

- Be good to your teams
  - Check in with them regularly and see how things are going
  - Ask for and value team feedback
  - Respect your team
  - Minimize paperwork/documentation
  - Keep clinics on track/efficiency
  - Promote open communication with team members
  - Have fun

Problem Solving in Your Environment

- Choose what counts
  - Is it Patients?
    - Where are your gaps in referral sources?
    - Who are you losing to follow-up?
    - How can you improve your marketing plan? ...or get one?
  - Is it Revenue or RVUs?
    - What are typical revenue/RVU expectations from hospital leadership?
    - How does your current performance compare with expectations?
    - Are you billing optimally?
    - How do downstream revenues/RVUs count in your system?
  - Is it Publicity or Family Opinions?
    - How is your social media?
    - What sways family opinion?

- Utilize hospital resources (technology, social media, financial tools, etc.)
  - Keep up on what's new and innovative

- Don't lose the forest for the trees....
  - Don't sweat the small stuff... Just keep moving
  - Be patient, this is a process
  - Don't be afraid to try new things with families, trials are informative
  - Smile!

Quality Improvement (QI):
A Way to Work Every Day

- Value of QI
  - Measure impact and value
  - Document/justify the things that you do
  - Process of continuous improvement
Components of Quality Improvement

- Situational Awareness
- Improvement Science
- Re-evaluation of QI Processes

Situational Awareness should inform your QI

- Know your patients and families concerns/needs (surveys, focus groups, just ask!)
- Know your market area (where are your patients coming from, who is not being served)
- Know your institution’s goals, metrics
- Identify what is important based off of your surveys
- Develop ways to track the information
- Set goals to move the bar
- Review metrics and goals regularly

Improvement Science

- Start with simple things
- Use small tests of change
  - Choose something you want to improve
  - Measure the key parts
  - Change something
  - Measure again
  - Talk with your team

QI of Your QI

- Identification of re-evaluation tools for your QI methods
- Utilize hospital reporting tools
  - If none, create one!
- Importance of good IT relationships

Group Discussion and Questions