

# **Combining Data, Tools and a Care Model to Improve Member Satisfaction**

**Douglas Allen, MD., MMM.**

**Former VP Clinical Services CareMore Health  
Plan. Currently CMO United Healthcare's  
Collaborative Care**

# The Principles



- When Entering the Healthcare System, How do Patients Know the Capabilities of the System and Resources Available?
- When Being Treated by a PCP or Specialist, Does the Patient Feel the Doctor Knows What Additional Care is Being Rendered Outside of his/her Office?
- When Seeing a Practitioner, does he/she Seem Aware of the Entire Health History, Meds, Ongoing Tx?
- When Being Admitted to the Hospital, Who will Guide the Patient Through the Various Transitions?
- Who in the System Will Help Clarify the Post Transition Medications and Other Treatments with What Existed Prior to Admission?
- How is the Patient Treated at Each Point of Contact in the System?
- Is Help Available When Needed (i.e. Access)?
- How Does the “System” Respond to a Patient’s Needs?

# CareMore Profile

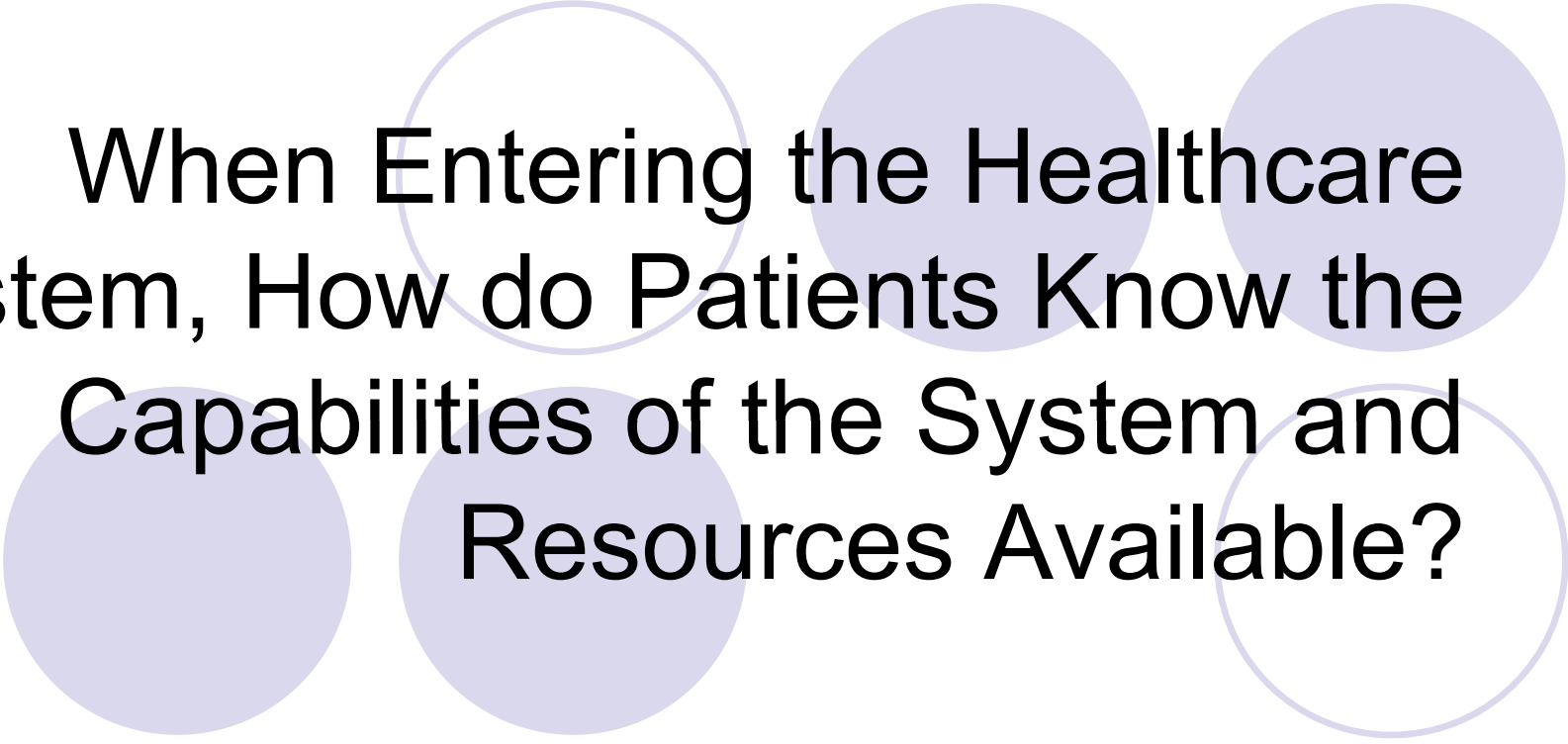


- Health Plan and Medical Group Designed by Physicians to Treat Chronically ill Elderly Patients
- 45,000 Members in CA, AZ and NV as of Dec 2010
- MAPD plus C-SNPs, D-SNPs and I-SNPs
- Care Delivery Layer – Care Centers where NPs and Extensivists See Patients. NPs See Patients Based on Disease State – Coumadin, COPD, CHF, HTN, CAD, Diabetes, ESRD

# CareMore Profile (cont)



- Extensivists – Hospitalists who Follow Patients to the SNF and to the Outpatient Clinic
- Home Physician and NP Team
- Facility Rounding Team
- Social SWAT Team – Field Based
- High Risk Case Management and Palliative Care Team
- Extensive Use of Healthcare IT to Tie it All Together
- Healthy Start Face to Face Visit Within 30 Days of Enrollment
- Now – Healthy Journey Visits, Utilizing a Face to Face Visit Every Year for All Patients.



When Entering the Healthcare System, How do Patients Know the Capabilities of the System and Resources Available?

# Healthy Start and Healthy Journey

- Face to Face Visit with NP Within 30 Days of Enrollment
- 80% Success Rate HS, but Less with HJ
- 3.5% of Patients Dx Depression or Under-treated for Existing Dx
- Screen for Diabetes, Cholesterol
- HCC Coding
- HEDIS Measures
- Triage to All Programs

When Being Treated by a PCP or Specialist, Does the Patient Feel the Doctor Knows What Additional Care is Being Rendered Outside of his/her Office?



# **IdealLife HTN and CHF Biometric Telemetry Programs**



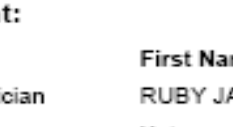


Prepared By: Reginald Casilang  
 Branch: Anaheim  
 Phone: 714-399-9227  
 Fax: 714-399-9226



## User Summary Report

### Personal Details:

Name:   
 Address:   
 Phone:   
 2nd Phone:  
 Entered By: N/A

Sex: Male  
 Birth Date: Jan 3, 192  
 Age: 84  
 Language: English  
 Enrollment Date: Mar 28, 2008 08:04 AM

### Network Assignment:

Contact Type	First Name	Last Name	Phone	Fax
Primary Care Physician	RUBY JANE	SIA NERY	760- 38	760-2 88
Daughter	K I	sn	051- 8	

### Diagnoses:

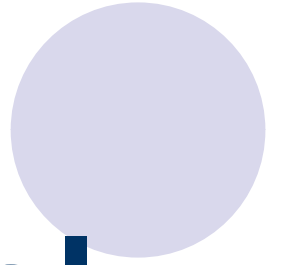
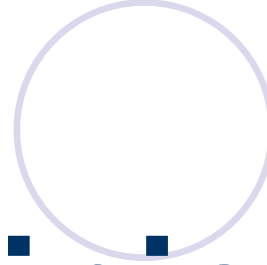
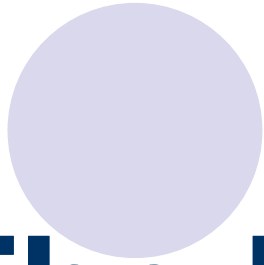
ICD9 Code	Description	Primary	Year Diagnosed
428	Heart failure	Yes	

### Medications:

Trade Name	Assigned	Strength	Freq	Route
ASPIRIN TABLETS	Mar 28, 2008	81 MG	QD	ORAL
ATORVASTATIN TABLETS	Mar 28, 2008	20 MG	QD	ORAL
DIGOXIN TABLETS USP	Mar 28, 2008	0.25 MG	QD	ORAL
DILTIAZEM HCL CAPSULE	Mar 28, 2008	120 MG	QD	ORAL
FLOMAX CAPSULES	Mar 28, 2008	0.4 MG	QD	ORAL
PLAVIX TABLETS	Mar 28, 2008	75 MG	QD	ORAL
POTASSIUM CHLORIDE CAPSULES	Mar 28, 2008	10 MEQ	QD	ORAL
SPIRONOLACTONE	Dec 21, 2008	25 MG	QD	ORAL
FUROSEMIDE TABLETS USP	Mar 28, 2008	40 MG	BID	ORAL
METOPROLOL TARTRATE TABLETS	Mar 28, 2008	25 MG	BID	ORAL

### Allergies / Sensitivities:

Allergy / Sensitivity Description	Type
meloxicam	Allergy



# **The Portal and Clinical Quality**

**An Internet based Utilization  
Management tool**

# MAIN MENU

Main Menu Short Cuts

User: YIP, RICHARD Site: CAREMORE PRODUCTION SITE

Please select from the following list:

- Inquiry
  - [Eligibility](#) (Look up member)
  - [Display current member](#)
  - [Display Authorizations](#) (Look up authorizations for current member)
  - [Search Authorizations](#) (Search based on date, number, etc)
  - [Provider](#) (This link will allow you to view the entire physician network. However, when in the Service Request form, the field "referred to" will reveal providers in your region only.)
  - [Diagnosis](#)
  - [Procedures](#)
- Input Authorizations
  - [Service Request](#) Select for Service Request
  - [Retro Auth Request](#) Select for Retro Auths
- Support
  - [Help](#) (get general help)
  - [User Manual](#) (download user manual)
  - [Member not found](#) (Send message requesting further research)
  - [Member request](#) (Send eligibility request on current member)
  - [Quality Measures](#) (Enter Missing Quality/Performance Measures)
  - [Maintenance](#)
  - [Preferences](#)
  - [Feedback](#)
- Information
  - [FAQ](#) Last updated: 11/14/2008
- Other Links
  - [Caremore Home Page](#) IPA Home Page
- [Sign off](#)

# SELECTED MEMBER

Main Menu Short Cuts

User: YIP, RICHARD Site: CAREMORE UPGRADE TEST SITE

<<< THIS IS A TEST/DEMO WEBSITE >>>

[ [View authorizations](#) ] [ [Search authorizations](#) ] [ [Submit request to eligibility dept](#) ] [ [View eligibility history](#) ] [ [View claims](#) ]

Name	[REDACTED]
DOB	[REDACTED]
Sex	M
HMO ID	[REDACTED]
Effective Date	10/1/2007
Termination Date	
PCP	<a href="#">T.M. DOUGHERTY MD</a>
PCP Eff Date	10/1/2007
Address / Phone	[REDACTED]
Plan	MEDICARE REGULAR - LA COUNTY [MR1]
PCP Copay	
Specialist Copay	
Health Plan Name	CAREMORE RELIANCE
IPA	CAREMORE
Region	Brea / Fullerton
Member Alerts	<b>DIABETIC MANAGEMENT PROGRAM</b>
Quality Measure Data	<b><u>ACE/ARB: CR LVL, ACE/ARB: K LVL, CARDIO: LDL &lt; 100, CARDIO: LDL TST, COLO SCRN, DIURETICS: CR LVL, DIURETICS: K LVL, DM: EYE EXAM, DM: HbA1c &lt; 7, DM: HbA1c Tst, DM: LDL &lt; 100, DM: LDL TST, DM: Nephrop, GLAUC SCRN</u></b>

[ [Search for another member](#) ] [ [Send Email about this member](#) ] [ [Additional Provider Assignments](#) ]



# SELECTED MEMBER

Main Menu Short Cuts

User: SO

Quality Measure Reminder - Microsoft Internet

HMO ID: CM1002279

Quality Measures require your attention!

**ACE/ARB: CR LVL**  
**ACE/ARB: K LVL**  
**CARDIO: LDL < 100**  
**CARDIO: LDL TST**  
**COLO SCR N**  
**DIURETICS: CR LVL**  
**DIURETICS: K LVL**  
**DM: EYE EXAM**  
**DM: LDL < 100**  
**DM: LDL TST**  
**GLAUC SCR N**

**REVIEW/UPDATE**   **IGNORE**

[ [View authorizations](#) ] [ [Search authorizations](#)

[Quality history](#) ] [ [View claims](#) ]

Name	[REDACTED]
DOB	[REDACTED]
Sex	M
HMO ID	[REDACTED]
Effective Date	10/1/2007
Termination Date	
PCP	T.M. DOUGHERTY M
PCP Eff Date	10/1/2007
Address / Phone	[REDACTED]
Plan	MEDICARE REGULA
PCP Copay	
Specialist Copay	
Health Plan Name	CAREMORE RELIANCE
IPA	CAREMORE
Region	Brea / Fullerton
Quality Measure Data	<b><u>ACE/ARB: CR LVL, ACE/ARB: K LVL, CARDIO: LDL &lt; 100, CARDIO: LDL TST, COLO SCR N, DIURETICS: CR LVL, DIURETICS: K LVL, DM: EYE EXAM, DM: HbA1c &lt; 7, DM: HbA1c Tst, DM: LDL &lt; 100, DM: LDL TST, DM: Nephrop, GLAUC SCR N</u></b>

[ [Search for another member](#) ] [ [Send Email about this member](#) ] [ [Additional Provider Assignments](#) ]

# MAIN MENU

Main Menu Short Cuts

User: YIP, RICHARD Site: CAREMORE PRODUCTION SITE

Please select from the following list:

- Inquiry
  - [Eligibility](#) (Look up member)
  - [Display current member](#)
  - [Display Authorizations](#) (Look up authorizations for current member)
  - [Search Authorizations](#) (Search based on date, number, etc)
  - [Provider](#) (This link will allow you to view the entire physician network. However, when in the Service Request form, the field "referred to" will reveal providers in your region only.)
  - [Diagnosis](#)
  - [Procedures](#)
- Input Authorizations
  - [Service Request](#) Select for Service Request
  - [Retro Auth Request](#) Select for Retro Auths
- Support
  - [Help](#) (get general help)
  - [User Manual](#) (download user manual)
  - [Member not found](#) (Send message requesting further research)
  - [Member request](#) (Send eligibility request on current member)
  - [Quality Measures](#) (Enter Missing Quality/Performance Measures)
  - [Maintenance](#)
  - [Preferences](#)
  - [Feedback](#)
- Information
  - [FAQ](#) Last updated: 11/14/2008
- Other Links
  - [Caremore Home Page](#) IPA Home Page
- [Sign off](#)



# Quality Measures

Main Menu Short Cuts

User: SOSA, ISRAEL Site: CAREMORE\_CQM\_TEST SITE\_BOB ALLEN MD  
<<< THIS IS A TEST/DEMO WEBSITE >>>

Quality Measure dates and values have been extracted from claims, prescriptions, and encounters received as of **04/09/2009**.

Please add in missing data from **2009** if care was given but not reflected below.

Please select a member to edit.

Member	DOB	Age	PCP	Measure
<a href="#">SOSA, ISRAEL</a>	11/27/1980	29	BOB ALLEN MD	<b>COLORECTAL CANCER SCREENING, DIABETIC EYE EXAM, DIABETIC HBA1C CNTRL, DIABETIC HBA1C TESTING, DIABETIC LDL CNTRL, DIABETIC LDL TESTING, DIABETIC NEPHROPATHY SCREENING, GLAUCOMA SCREENING IN OLDER ADULTS, SPIROMETRY TESTING</b>
<a href="#">YIP, RICHARD</a>	12/25/1950	59	BOB ALLEN MD	<b>BREAST CANCER SCREENING, COLORECTAL CANCER SCREENING, Diabetic Eye Exam, DIABETIC HBA1C CNTRL, Diabetic HbA1c Testing, DIABETIC LDL CNTRL, Diabetic LDL Testing, Diabetic Nephropathy Screening, GLAUCOMA SCREENING IN OLDER ADULTS, SPIROMETRY TESTING</b>

<< First < Prev Next > Last >> (Page: 1 of 1. Total Records: 2) **HIDE FILTERS**

Measure Name: -- All Measures --

Measure Status: Measures Missing Data

Member Last Name:

Provider Name: BOB ALLEN MD

**APPLY FILTERS**

[Main Menu](#) | [Signoff](#) | [Feedback](#) | [Message Inbox](#) | [Help](#)



# **PatientQuickView**

**An Internet Viewing Tool for the  
Longitudinal Patient Record**



# QuickView: Member Overview Screen



Patient QuickView

Logged in as: Mireille Sire

Thursday, January 07, 2010 2:12:34 PM

MEMBID	COMPANY_ID	REV_FULLNAME	SEX	BIRTH	AGE	PCPNAME	PCPFROMDT	PCPTHURDT	HPNAME
[REDACTED]	CMMC	[REDACTED]	M	06/02/1931	79	HONIGMAN MD,DANIEL	06/01/2006		CAREMORE VALUE PLUS (HMO)

- Overview
- Clinical Quality
- Demographics
- Enrollment
- Authorizations
- Claims
- Laboratory
- Pharmacy (Rx)
- Transportation
- Appointments
- Clin. Documents

## Chart Inserts

- HCC Chart Insert
- Clin. Quality Measures
- HCC & Clin. Quality Reports
- Medication Adherence
- Home Monitoring
- CCC Clin. Qual.

## Disease Conditions

- Chronic Only
- All

No Chronic (HCC) Conditions Currently On Record For This Member.

## Suggested Disease Conditions

No Suggested Disease Conditions For This Member

## Clinical Quality Measures

**This Member Has Pending Clinical Quality Measures Due.**  
[Click Here To View.](#)

## Disease Management Programs

No DMP Visits Currently On Record For This Member.

## Recent Lab Test Results (60 Days)

No Recent Lab Test Results Currently On Record For This Member.

## Recent Pharmacy Prescriptions (60 Days)

DateOfService	Drug Name	PrimAgent
12/29/2009	LOVASTATIN TAB20MG	Lovastatin
12/16/2009	ENALAPRIL TAB20MG	Enalapril & Comb.
12/09/2009	HYDROCHLOROTTAB25MG	Hydrochlorothiazide
11/29/2009	FLUOCINONIDECRE0.05%	Fluocinonide, S/M
11/24/2009	LOVASTATIN TAB20MG	Lovastatin
11/20/2009	AMOXICILLIN CAP500MG	Amoxicillin & Comb.
11/11/2009	KETOCONAZOLESHA2%	Ketoconazole, S/M
11/08/2009	ENALAPRIL TAB20MG	Enalapril & Comb.
11/08/2009	HYDROCHLOROTTAB25MG	Hydrochlorothiazide

## Member Conditions

No Member Condition Records Currently on File.

# QuickView: Member Overview Screen

Print Friendly HCC Chart Insert

Print Friendly Quality Measures Chart Insert

Print Friendly Quality Measures and HCC Chart Insert Both

## Print Menu

HCC Chart Insert    Clinical Quality Measures    Both HCC & Clinical Quality Reports

## Disease Conditions

HCC	HCC Desc	Recurring	CY2005	CY2006	CY2007	CY2008	CY2009
81	Acute Myocardial Infarction	Chronic	NO	YES	NO	NO	NO
83	Angina Pectoris/Old Myocardial Infarction	Chronic	YES	YES	YES	YES	YES
	Chronic Obstructive Pulmonary Disease	Chronic	NO	YES	NO	NO	NO
	Heart Failure	Chronic	YES	YES	YES	YES	YES
	Diabetes Mellitus or Other Specified	Chronic	YES	YES	YES	YES	YES
	Peripheral Vascular Disease or Peripheral Circulatory	Chronic	YES	YES	YES	YES	YES
	Complication	Chronic	YES	YES	YES	YES	YES
	Paralysis	Chronic	YES	YES	YES	YES	YES
74	Seizure Disorders and Convulsions	Chronic	NO	NO	NO	NO	NO
105	Vascular Disease	Chronic	YES	YES	YES	YES	YES

Clinical Quality Measures

Past and Present Chronic Diagnosed Conditions

## Recent Pharmacy Prescriptions (60 Days)

DateOfService	Drug Name	PrimAgent
03/02/2009	AVELOX TAB400M	Moxifloxacin
03/02/2009	METOLAZONE TAB5M	Metolazone
03/27/2009	CARVEDILOL TAB12.5MG	
03/27/2009	FUROSEMIDE TAB40MG	
03/27/2009	HYDRALAZINE TAB50M	
03/27/2009	ISOSORB MONOTAB6	
03/27/2009	LIPITOR TAB10MG	
03/27/2009	PLAVIX TAB75MG	
03/27/2009	POT CL MICROTAB20MEQ	

Past 30 Days Rx Prescriptions

## Member Conditions

CONDITION	DESCRIPTION	FROMDATE	TODATE	SUBCODE
CHF	CHF PROGRAM	07/07/2006		
CHF	CHF PROGRAM	02/25/2008		
CM TERTIARY	CASE MANAGEMENT TERTIARY			
UM TERTIARY	UTILIZATION MANAGEMENT TERTIARY			
CHF	CHF PROGRAM			
CHF	CHF PROGRAM			
CM TERTIARY	CASE MANAGEMENT TERTIARY			
UM TERTIARY	UTILIZATION MANAGEMENT TERTIARY			
CHF	CHF PROGRAM	07/07/2006		
CHF	CHF PROGRAM	02/25/2008		
CM TERTIARY	CASE MANAGEMENT TERTIARY	04/18/2006		
UM TERTIARY	UTILIZATION MANAGEMENT TERTIARY	02/22/2006	04/18/2006	

Member Condition Code Info

## Clinical Quality Measures [1]

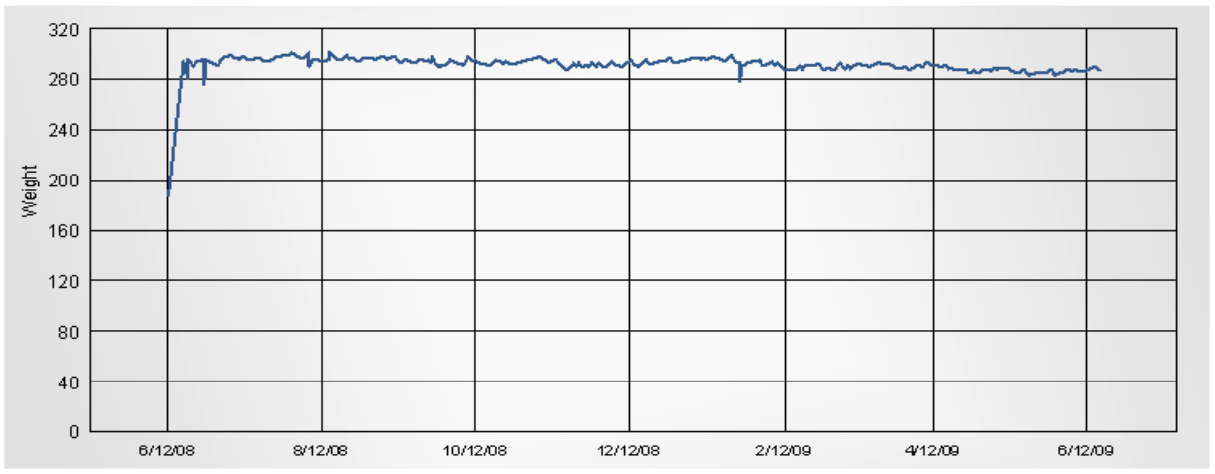
 This Member Has Pending Clinical Quality Measures Due. [Click Here To View.](#)

## Disease Management Programs

Location	Program
Brea	CCC
Anaheim	CHF
Brea	Derma

DMP Programs





Weight Stats

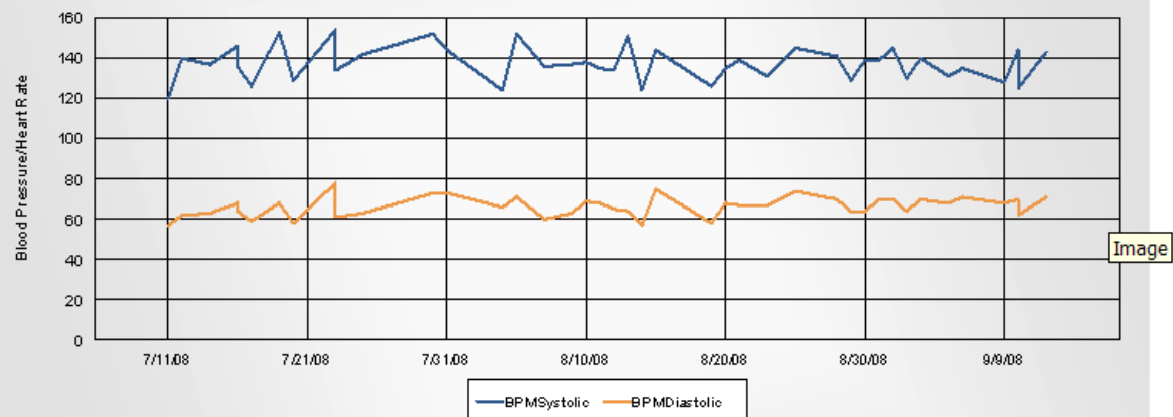
Maximum	301
Minimum	187
Average	291

Blood pressure information is not available for this member

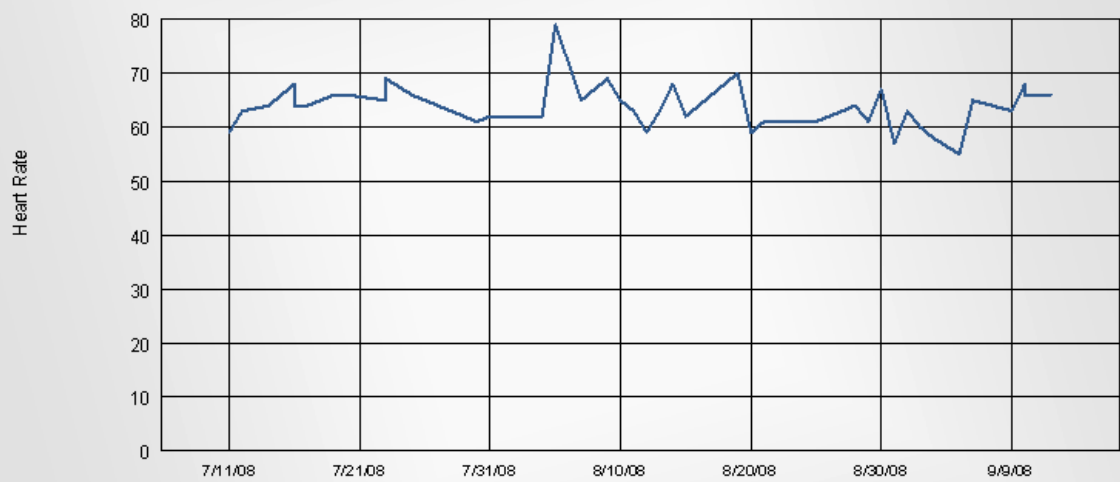


Main Report

100%



Image



	Systolic Stats	Diastolic Stats	Heart Rate Stats
Maximum	154	78	79
Minimum	120	57	55
Average	137	66	64

Weight information is not available for this member

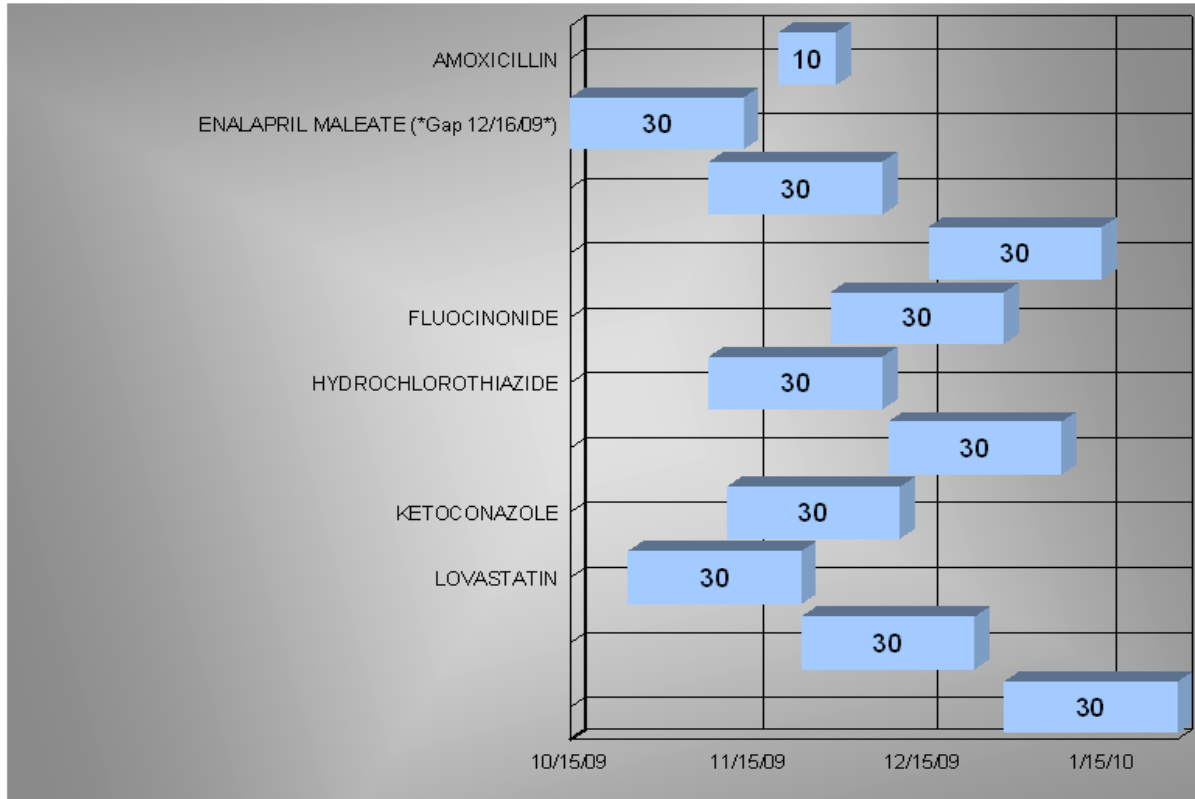


Main Report

100%

BusinessObjects

Medication Adherence (Previous 90 days)



Notes: \* Gap indicates a lapse in medication of greater than 7 days  
 Positive number in bar shows days supply  
 Negative number in bar indicates medication was not picked up by patient

Product Name	Total Days Supply
AMOXICILLIN	10
ENALAPRIL MALEATE	90
FLUOCINONIDE	30
HYDROCHLOROTHIAZIDE	60
KETOCONAZOLE	30
LOVASTATIN	90

# QuickView: Print Friendly CQM Chart Insert

The screenshot shows a web application interface for 'CAREMORE HEALTH PLAN'. The left sidebar contains a 'Print Menu' with two options: 'HCC Chart Insert' and 'Clinical Quality Measures'. A red arrow points from the 'Clinical Quality Measures' option to a table of clinical quality measures displayed in a separate browser window.

**CAREMORE HEALTH PLAN  
CLINICAL QUALITY MEASURES**

Member Name: [REDACTED] Member ID: [REDACTED]  
 Gender/Date of Birth: [REDACTED]

Measure	Event	Description	EventDate	EventValue
Annual Diabetic Retina Exam	Retinal Eye exam performed	This is an annual quality measure for diabetic patients between the ages of 18 and 75. Patients with diabetes should be seen by an ophthalmologist or optometrist each year, to obtain a dilated retina exam. To be considered compliant with this quality measure, a claim must be received indicating a visit with an ophthalmologist or optometrist during the calendar year.		
HbA1c annual testing	Annual HbA1c test	This is an annual quality measure for diabetic patients between the ages of 18 and 75. The ADA recommends diabetic patients receive an HbA1c laboratory test twice a year, but it is only necessary to demonstrate a single laboratory test during the calendar year to qualify for this measure.		
HbA1c control < 7.0 mg%	Annual HbA1c Control	This is an annual quality measure for diabetic patients between the ages of 18 and 75. To be compliant with this measure, the HbA1c level should be less than 7.0 mg%.		
LDL annual testing	Annual LDL-C Screening	This is an annual quality measure for diabetic patients between the ages of 18 and 75. To be compliant with this measure, a single LDL-C test should		

**Clinical Quality Measures [1]**

# QuickView: All Clinical Quality Measures



Logged in as: Mireille Sire Thursday, January 07, 2010 2:14:46 PM

MEMBID	COMPANY_ID	REV_FULLNAME	SEX	BIRTH	AGE	PCPNAME	PCPFROMDT	PCPTHRTDT	HPNAME
	CMMC		M	06/02/1931	79	HONIGMAN MD,DANIEL	06/01/2006		CAREMORE VALUE PLUS (HMO)

- Overview
- Clinical Quality
- Demographics
- Enrollment
- Authorizations
- Claims
- Laboratory
- Pharmacy (Rx)
- Transportation
- Appointments
- Clin. Documents

## Clinical Quality Measures

- All
- Pending
- Passed

All Clinical Quality Measures

Measure	Event	Description	EventDate	EventValue
Annual monitoring for patients on Diuretics	Diuretics monitoring: Serum Potassium	This is an measure for patients that are 18 and older who are on Diuretics. This measure is met if there is at least one serum potassium therapeutic monitoring test completed in the measurement year.	6/8/2009	
Annual monitoring for patients on Diuretics	Diuretics monitoring: Serum creatinine or blood urea nitrogen	This is an annual measure for patients that are 18 and older who are on Diuretics. This measure is met if there is at least one serum creatinine or a blood urea nitrogen therapeutic monitoring test completed in the measurement.	6/8/2009	
Appropriate screening for colorectal cancer	Colorectal Cancer Screening	This measure is limited to members 50-80 years of age. This measure is met upon completion of any one of the following: an annual fecal occult blood test (FOBT) (simply send in the claim for this service), flexible sigmoidoscopy, double contrast barium enema (DCBE) done within the last 5 years, or a colonoscopy sometime during the last 10 years.	10/27/2006	Colonoscopy
Identification of glaucomatous conditions	Glaucoma Screening in Older Adults	This measure is limited to members 65 or older, who have not had a prior diagnosis of glaucoma or glaucoma suspect. This measure is met upon completion of an eye exam by an ophthalmologist or optometrist any time during the past 2 years.		
Annual monitoring for patients on ACE Inhibitors or ARBs	ACE/ARB monitoring: Serum Potassium	This is an annual measure for patients that are 18 and older who are on either an ACE inhibitor or ARB. This measure is met if there is at least one serum potassium completed in the measurement year.	6/8/2009	
Annual monitoring for patients on ACE Inhibitors or ARBs	ACE/ARB monitoring: Serum creatinine or blood urea nitrogen	This is an annual measure for patients that are 18 and older who are on either an ACE inhibitor or ARB. This measure is met if there is a serum creatinine or a blood urea nitrogen test completed in the measurement year.	6/8/2009	

# QuickView: Claims - History



Patient QuickView

Logged in as: Mireille Sire

Thursday, January 07, 2010 2:39:53 PM

MEMBID	COMPANY_ID	REV_FULLNAME	SEX	BIRTH	AGE	PCPNAME	PCPFROMDT	PCPTRUDT	HPNAME
	CMMC		M	06/02/1931	79	HONIGMAN MD,DANIEL	06/01/2006		CAREMORE VALUE PLUS (HMO)

- Overview
- Clinical Quality
- Demographics
- Enrollment
- Authorizations
- Claims
- Laboratory
- Pharmacy (Rx)
- Transportation
- Appointments
- Clin. Documents

## Claim History

Quick filter: All fields

CLAIMNO	PHCODE	PLACESVC	PROV_REV_FULLNAME	HPCODE	SPEC_DESCR	STATUS	DATEFROM	DATETO	COMPANY_ID	PROCCODE	PROCDISC	AUTHNO
20091215T1102587	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	1	11/24/2009	11/24/2009	CMMC	99213	OFFICE/OUTPATIENT VISIT,	
20091104T1100241	P	OFFICE	CAREMORE FOOT CENTER,	CVP	PODIATRY	9	10/07/2009	10/07/2009	CMMC	11719	TRIM NAIL(S)	
20090828T1101719	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	08/25/2009	08/25/2009	CMMC	97039	PHYSICAL THERAPY TREATMENT	20090610P0101238
20090828T1101719	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	08/25/2009	08/25/2009	CMMC	OP781	SYLVIA FAVELA - 101308 CLMS	20090610P0101238
20090820T1103672	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	08/14/2009	08/18/2009	CMMC	97039	PHYSICAL THERAPY TREATMENT	20090610P0101238
20090820T1103672	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	08/14/2009	08/18/2009	CMMC	OP211	BRITTANY DUNCAN - 11/08/07 CLM	20090610P0101238
20090901T1103195	P	OFFICE	CAREMORE FOOT CENTER,	CVP	PODIATRY	9	08/12/2009	08/12/2009	CMMC	11719	TRIM NAIL(S)	
20090812T1101775	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	08/04/2009	08/11/2009	CMMC	97039	PHYSICAL THERAPY TREATMENT	20090610P0101238
20090812T1101775	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	08/04/2009	08/11/2009	CMMC	97039	PHYSICAL THERAPY TREATMENT	20090610P0101238
20090812T1101775	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	08/04/2009	08/11/2009	CMMC	OP112	OLIVIA RODARTE	20090610P0101238
20090731T1101677	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	07/24/2009	07/30/2009	CMMC	97039	PHYSICAL THERAPY TREATMENT	20090610P0101238
20090731T1101677	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	07/24/2009	07/30/2009	CMMC	OP100	EVETTE JAMES	20090610P0101238
20090724T1101184	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	07/17/2009	07/17/2009	CMMC	97039	PHYSICAL THERAPY TREATMENT	20090610P0101238
20090724T1101184	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	07/17/2009	07/17/2009	CMMC	OP781	SYLVIA FAVELA - 101308 CLMS	20090610P0101238
20090709T1101174	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	07/01/2009	07/01/2009	CMMC	97039	PHYSICAL THERAPY TREATMENT	20090610P0101238
20090709T1101174	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	07/01/2009	07/01/2009	CMMC	OP781	SYLVIA FAVELA - 101308 CLMS	20090610P0101238
20090702T1103186	P	OFFICE	ALEXANDER MD,CHARLES H	CVP	ORTHOPEdic SURGERY	9	06/25/2009	06/25/2009	CMMC	97001	PT EVALUATION	20090610P0101238



# QuickView: Lab Test Result - History

Member : Details - Microsoft Internet Explorer provided by CareMore Medical Enterprises

http://pqvdev/memb\_details.aspx?pMEMB\_MPI\_NO=ddb29e28-0067-4e7c-aa2b-1176326cb5c8&pMEMB\_KEYID=7fd8af59-0032-4714-8be8- Google

File Edit View Favorites Tools Help

Member : Details

**CAREMORE** Believe it.™

What's New Home Patients Comments **Patient QuickView**

Logged in as: Doug Allen **Wednesday, January 06, 2010 3:09:18 PM**

MEMBID	COMPANY_ID	REV_FULLNAME	SEX	BIRTH	AGE	PCPNAME	PCPFROMDT	PCPTHRTDT	HPNAME
	CMC		M	06/02/1931	79	HONIGMAN MD,DANIEL	06/01/2006		CAREMORE VALUE PLUS (HMO)

Overview Clinical Quality Demographics Enrollment Authorizations Claims Laboratory Pharmacy (Rx) Transportation Appointments Clin. Documents

### Lab Test Result History

Quick filter: All fields  Filter

Advanced options

LOINC_ID TEXT	Value	RefRange	ObservationDt	ProviderName	LOINC_ID	Comments
CALCIUM	9.4	8.6-10.2	06/08/2009	PAREKH	17861-6	
ABSOLUTE EOSINOPHILS	117	15-500	06/08/2009	PAREKH	711-2	
NEUTROPHILS	62.0		06/08/2009	PAREKH	770-8	
OCCULT BLOOD	NEGATIVE	NEGATIVE	06/08/2009	PAREKH	5794-3	
CHLORIDE	104	98-110	06/08/2009	PAREKH	2075-0	
INTERMEDIATE 1 (NR)	9.6		06/08/2009	PAREKH	30040498	
INTERMEDIATE 2 (NR)	1.05		06/08/2009	PAREKH	30040519	
UREA NITROGEN (BUN)	18	7-25	06/08/2009	PAREKH	3094-0	
HEMATOCRIT	41.0	38.5-50.0	06/08/2009	PAREKH	4544-3	
INTERNATIONAL NORMALIZED RATIO (INR)	1.0		06/08/2009	PAREKH	6301-6	INR REFERENCE INTERVAL APPLIES TO PATIENTS
BASOPHILS	1.1		06/08/2009	PAREKH	706-2	
LYMPHOCYTES	27.3		06/08/2009	PAREKH	736-9	
ABSOLUTE NEUTROPHILS	4526	1500-7800	06/08/2009	PAREKH	751-8	
MCHC	33.6	32.0-36.0	06/08/2009	PAREKH	786-4	
EGFR AFRICAN AMERICAN	>60	> OR = 60	06/08/2009	PAREKH	48643-1	
GLOBULIN	2.9	2.1-3.7	06/08/2009	PAREKH	10834-0	
WHITE BLOOD CELL COUNT	7.3	3.8-10.8	06/08/2009	PAREKH	6690-2	
GLUCOSE	NEGATIVE	NEGATIVE	06/08/2009	PAREKH	25428-4	
BACTERIA	FEW	NONE SEEN	06/08/2009	PAREKH	5769-5	
BILIRUBIN	NEGATIVE	NEGATIVE	06/08/2009	PAREKH	5770-3	
COLOR	YELLOW	YELLOW	06/08/2009	PAREKH	5778-6	
BILIRUBIN, TOTAL	0.9	0.2-1.2	06/08/2009	PAREKH	1975-2	
CREATININE	0.86	0.67-1.54	06/08/2009	PAREKH	2160-0	
SODIUM	141	135-146	06/08/2009	PAREKH	2951-2	
SPECIFIC GRAVITY	1.010	1.001-1.035	06/08/2009	PAREKH	5811-5	

1 2 3 4 5 6 7 8 9 10 ...

# QuickView: Pharmacy (Rx) - History



What's New



Home



Patients



Comments

Patient QuickView

Logged in as: Mireille Sire

Thursday, January 07, 2010 2:33:03 PM

MEMBID	COMPANY_ID	REV_FULLNAME	SEX	BIRTH	AGE	PCPNAME	PCPFROMDT	PCPTHRDT	HPNAME
	CMMC		M	06/02/1931	79	HONIGMAN MD,DANIEL	06/01/2006		CAREMORE VALUE PLUS (HMO)

Overview

Clinical Quality

Demographics

Enrollment

Authorizations

Claims

Laboratory

Pharmacy (Rx)

Transportation

Appointments

Clin. Documents

## Pharmacy (Rx) History

Quick filter: All fields

Advanced options

DOS	Days	Drug	Type	Qty	PharmacyName	PrescriberLastName	NDC	FormularyTier	pcp	HPCode	Product	MainClass	PrimaryAgent
12/29/2009	30	LOVASTATIN TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	68180046807	2	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Lovastatin
12/16/2009	30	ENALAPRIL TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00378105405	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Enalapril & Comb.
12/09/2009	30	HYDROCHLOROTTAB25MG	Generic	15	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00603385632	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Electrolytic,Caloric,Water Bal	Hydrochlorothiazide
11/29/2009	30	FLUOCINONIDECRE0.05%	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00093026230	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Skin & Mucous Membrane Agents	Fluocinonide, S/M
11/24/2009	30	LOVASTATIN TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	68180046807	2	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Lovastatin
11/20/2009	10	AMOXICILLIN CAP500MG	Generic	20	CVS PHARMACY #9771	MUDITAJAYA, DANNY S DDS	00093310905	2	HONIGMAN MD,DANIEL	CVP	MA Senior	Anti-Infective Agents	Amoxicillin & Comb.
11/11/2009	30	KETOCONAZOLESHA2%	Generic	120	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	45802046564	2	HONIGMAN MD,DANIEL	CVP	MA Senior	Skin & Mucous Membrane Agents	Ketoconazole, S/M
11/08/2009	30	ENALAPRIL TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00378105405	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Enalapril & Comb.
11/08/2009	30	HYDROCHLOROTTAB25MG	Generic	15	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00603385632	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Electrolytic,Caloric,Water Bal	Hydrochlorothiazide
10/25/2009	30	LOVASTATIN TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	68180046807	2	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Lovastatin
10/15/2009	30	ENALAPRIL TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00378105405	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Enalapril & Comb.
10/07/2009	30	HYDROCHLOROTTAB25MG	Generic	15	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00603385632	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Electrolytic,Caloric,Water Bal	Hydrochlorothiazide
09/25/2009	30	LOVASTATIN TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	68180046807	2	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Lovastatin
09/17/2009	30	ENALAPRIL TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00378105405	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Enalapril & Comb.
09/08/2009	30	HYDROCHLOROTTAB25MG	Generic	15	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	00603385632	1	HONIGMAN MD,DANIEL	CVP	MA Senior	Electrolytic,Caloric,Water Bal	Hydrochlorothiazide
08/23/2009	30	LOVASTATIN TAB20MG	Generic	30	CVS PHARMACY #9771	HONIGMAN, DANIEL MD	68180046807	2	HONIGMAN MD,DANIEL	CVP	MA Senior	Cardiovascular Agents	Lovastatin

# QuickView: All Appointments



What's New

Home

Patients

Comments

Patient QuickView

Logged in as: Mirelle Sire

Thursday, January 07, 2010 2:30:42 PM

MEMBID	COMPANY_ID	REV_FULLNAME	SEX	BIRTH	AGE	PCPNAME	PCPFROMDT	PCPTRUDT	HPNAME
	CMMC		M	06/02/1931	79	HONIGMAN MD,DANIEL	06/01/2006		CAREMORE VALUE PLUS (HMO)

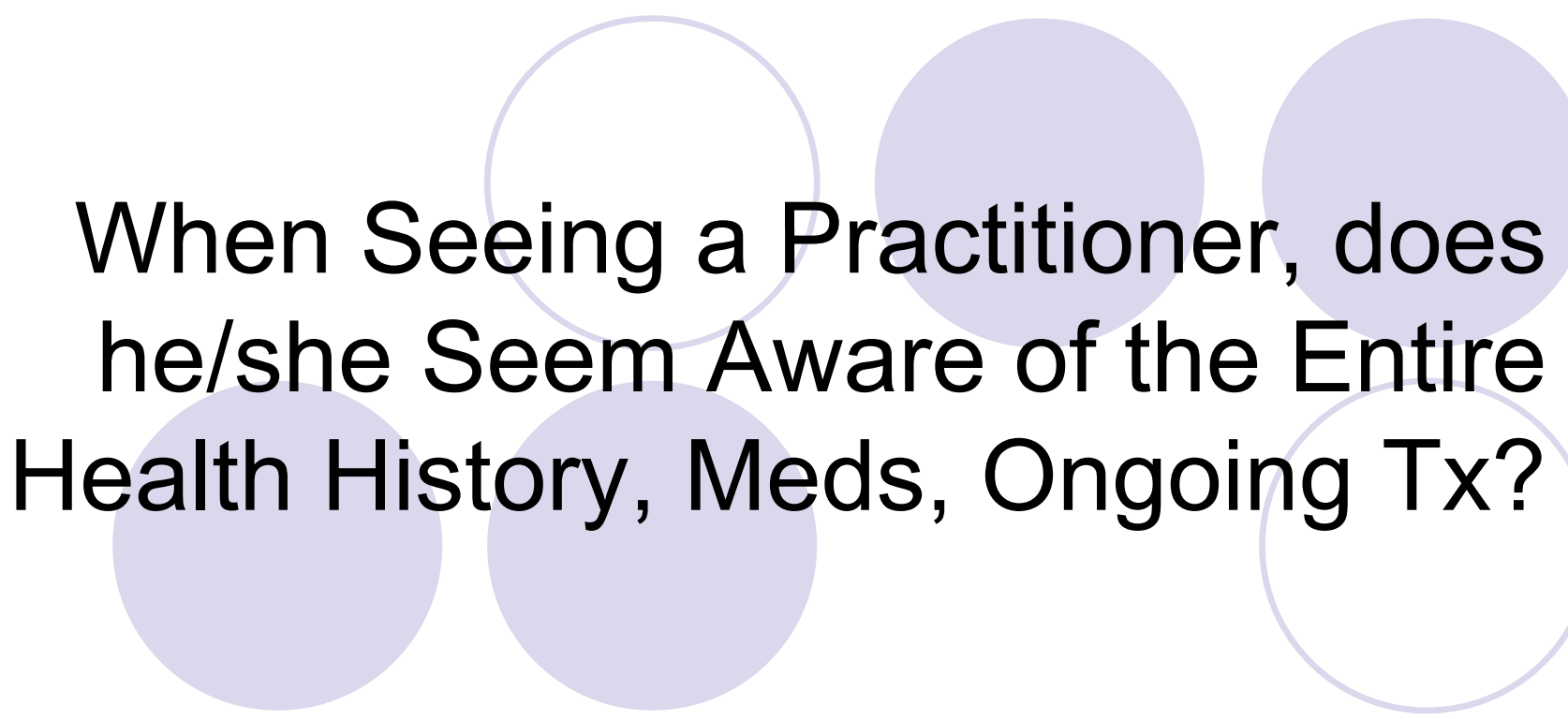
- Overview
- Clinical Quality
- Demographics
- Enrollment
- Authorizations
- Claims
- Laboratory
- Pharmacy (Rx)
- Transportation
- Appointments
- Clin. Documents

## Appointments

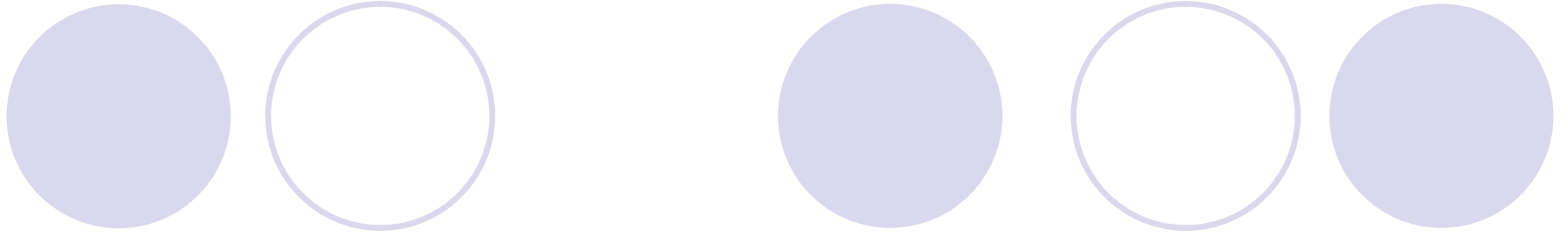
- Future Appts Only
- Past Appts Only
- All Appts

All Appointments

Date	Time	Duration	Details	Referring Provider	Provider	Location
02/24/2010	09:45 AM	30	callus	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
01/13/2010	10:30 AM	30	trt/callus	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
11/18/2009	09:30 AM	30	callus	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
11/11/2009	11:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
10/07/2009	09:15 AM	15	trt	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
08/12/2009	12:00 PM	15	trt jm.	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
06/17/2009	2:45 PM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
06/02/2009	1:45 PM	15	Pre-Op Dr. Alexander @ Beverly on 6/9/09	Honigman MD, Daniel	A Caremore, Provider	Montebello Care Center
05/05/2009	10:00 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
04/29/2009	10:15 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
03/10/2009	09:45 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
03/04/2009	10:00 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
01/28/2009	3:15 PM	30	fall clinic...ca	Honigman MD, Daniel	A Caremore, Provider	Montebello CCC
01/19/2009	10:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
01/13/2009	09:45 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
12/15/2008	11:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
11/21/2008	10:00 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
11/11/2008	09:30 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
11/05/2008	09:30 AM	15	physical	Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
09/16/2008	09:15 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
09/08/2008	11:15 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
08/25/2008	10:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
07/29/2008	2:00 PM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
06/10/2008	10:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights



When Seeing a Practitioner, does  
he/she Seem Aware of the Entire  
Health History, Meds, Ongoing Tx?



# **Electronic Medical Record System**

Diabetes Mellitus Diagnosis

**Vital Signs**

**Height**  in  cm  measured this encounter  
 carried forward from last encounter  
 Last Measured   
**Weight**  lb  kg  
**BMI**   
 ? **BP Goal for DM**  Syst  Diast  
**BP Sitting**  Syst  Diast **Excluded**  
**Pulse**

**Upload Vital Signs**

**Smoking** Smoker  Yes  Never  Former  
 Counseling  Yes  No  NA  
 Pharmacologic  Yes  No  NA

**Foot Examination**    Perform  Completed  Excluded

**Monofilament Instructions**

PHQ9 Score

**IMMUNIZATIONS**

**Pneumovax**    Order  Completed  Excluded  
**Influenza**   Order  Completed  Excluded

**REFERRALS**

**Dilated Eye Exam**    Order  Completed  Excluded  
**Dental Exam**   Order  Completed  Excluded  
**Exercise Program**   Order  Completed  Excluded  
**Dietician**    Order  Completed  Excluded  
**Endocrinologist**   Order  Completed  Excluded  
**Podiatrist**    Order  Completed  Excluded

**Patient referral**

Framingham 10- year CHD event risk

**LABORATORY**

**Glucose**     Order  Completed  Excluded  
**Hemoglobin A1c**     Order  Completed  Excluded

**Lipid Panel**   Order  Completed  Excluded  
 Fasting  Yes  No

Total Cholesterol	<input type="text" value="216"/>	<input type="text" value="08/24/2009"/>
HDL	<input type="text" value="46"/>	<input type="text" value="08/24/2009"/>
LDL	<input type="text" value="110"/>	<input type="text" value="08/24/2009"/>
Triglycerides	<input type="text" value="299"/>	<input type="text" value="08/24/2009"/>

**Urine Protein**

**Microalb (quant)**    Order  Completed  Excluded  
**Creatinine Clearance**    Order  Completed  Excluded

**DRUG THERAPY**

(Please Note: Medication needs to be added directly in the Medications module)

? **Aspirin Use**   
 Active  Prescribe  Excluded  
 Aspirin 81 mg PO one daily  
 Aspirin 325 mg PO one daily

**SELF-MANAGEMENT**

**Patient Education Materials**

Does patient possess knowledge of diabetes and its management ?  Yes  No  N/A  
 Does patient have ability and willingness to enact treatment plan ?  Yes  No  N/A  
 Does patient have the self-management skills to manage diabetes care ?  Yes  No  N/A

**Self-Management Goals**

**Comments**

OK

Cancel

Chp Pe Dmp

- Constitutional
- Head | Face
- Eyes
- Ears
- Nose | Mouth | Throat
- Neck | Thyroid
- Lymphatic
- Breast
- Respiratory | Thorax
- Cardiovascular
- Vascular
- Abdomen
- Genitourinary
- Rectal
- Skin | Hair
- Back | Spine
- Musculoskeletal
- Extremities
- Neurological
- Psychiatric

Diabetes PE

Orientation  Normal  Overall Appearance  Normal

Level of Distress  Normal  Nourishment  Normal

Balance & Gait  Normal

Cardiovascular Inspection  Chest heaving  Visible pulsations

Heart Sounds  NL S1  NL S2  S3  S4  Abnormal S1  Abnormal S2

Heart Rate  Regular rate  Tachycardia  Bradycardia  Tachycardia-bradycardia

Heart Rhythm  Regular  Regularly irregular  Irregularly irregular

Bruits  Absent  Present Carotids  Absent Location  Severity

Respiratory Inspection  Normal Side  Location  Findings

Respiratory Auscultation  Normal Side  Location  Findings

Abdomen Inspection

Normal Findings

Abdomen Auscultation

Normal Findings

Edema

No  Yes

Location	Side	Severity	Type

Ulceration

No  Yes

Location	Side	Digits

Amputation

Pulses

Vascular

Right Left

Dorsalis Pedis  Normal decreased decreased

Posterior Tibials  Normal

Varicosities  No  Yes

Capillary Refill  less than 3 seconds  greater than 3 seconds

Monofilament Exam  Normal  Abnormal

OK CANCEL

When Being Admitted to the Hospital, Who will Guide the Patient Through the Various Transitions?

&

Who in the System Will Help Clarify the Post Transition Medications and Other Treatments with What Existed Prior to Admission?



- At CareMore, Hospitalist Follows Patients from Inpatient → SNF → Clinic

- Nurses Phone and/or Visit Patients Post Discharge



**How Does the “System”  
Responds to a Patient’s Needs?**

# Member Strategy Surrounding Clinical Quality

- Outreach
  - Telephonic: CareMore uses HbA1c > 8 as well as members who appear to require tests, procedures or referrals
  - Member Mailings
- Referrals Internally at key touch points, based on Point of Care Reminders
- Healthy Start and Healthy Journey
- Telephonic HEDIS Outreach

# HEDIS Outreach



- Waiting for PCPs to Have Sufficient Time to Act on HEDIS Deficiencies
- Outreach by Nurses and Medical Assistants Directly to Patients
- Scripting Constantly Being Refined
- Interaction with PCPs if Members Refuse
- ~12,000 Members in 2010

# Diabetes Program Components

- Nurse Practitioners in a Clinic Setting
- Combining Home HTN monitoring, Wound Management, Education, Home Glucose Monitoring
- Supported by EMR, Data Warehouse Views and Onsite Labs
- PCP Point of Care Support through HIT
- Telephonic Outreach
- Outcomes Reporting
- PCP Performance Reports
- PCP Financial Incentives
- Free Medications

# Programs are NP Run



# Onsite Labs



# Nurse Practitioners in a Clinic Setting

- 12 Clinic Sites Throughout California
- Over 20 NPs
- Protocol Driven
- Early Insulin Therapy
- Trained in Wound, HTN Management, CHF, other programs
- Use Care Plans to Track Patient Goals



# Free Medications



- To encourage medication compliance
- Approximately 70 free medications in total
- Glipizide, Glyburide, Glimepiride, Metformin
- Insulin is free, including Humulin, Lantis, Levemir and Relion.

# Adjunctive Programs



- HTN Home Monitoring
- Wound Care
- Education
- Home Glucose Monitoring

# Program Outcomes - Clinical

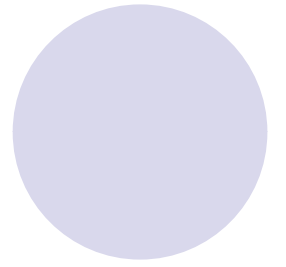
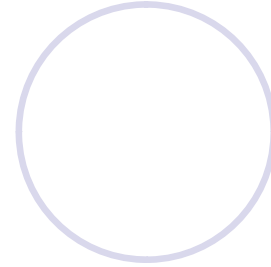
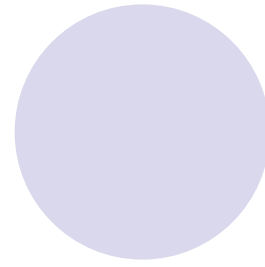
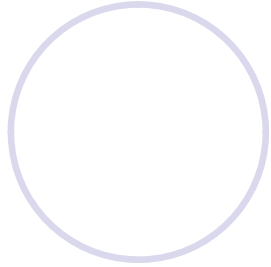
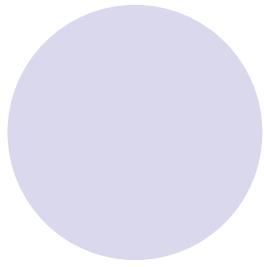
- 78% lower rate of lower extremity amputations compared to Medicare FFS
- 97% of diabetics in the program had an HbA1c within the last year
- Each patient in the program received an average of 4 HbA1c tests during the last year
- 99% of those in the program met the HEDIS nephropathy measure
- 69% of those in the program had LDL < 100
- Despite these being patients with the worst control, the average HbA1c was 7.1%

# Program Outcomes – Pt Sat

- Overall Rating of the Health Plan: 85%. 5 stars
- But Opportunity in the Areas of Doctors Who Communicate Well, Getting Appointments Quickly and Getting Needed Care Without Delays

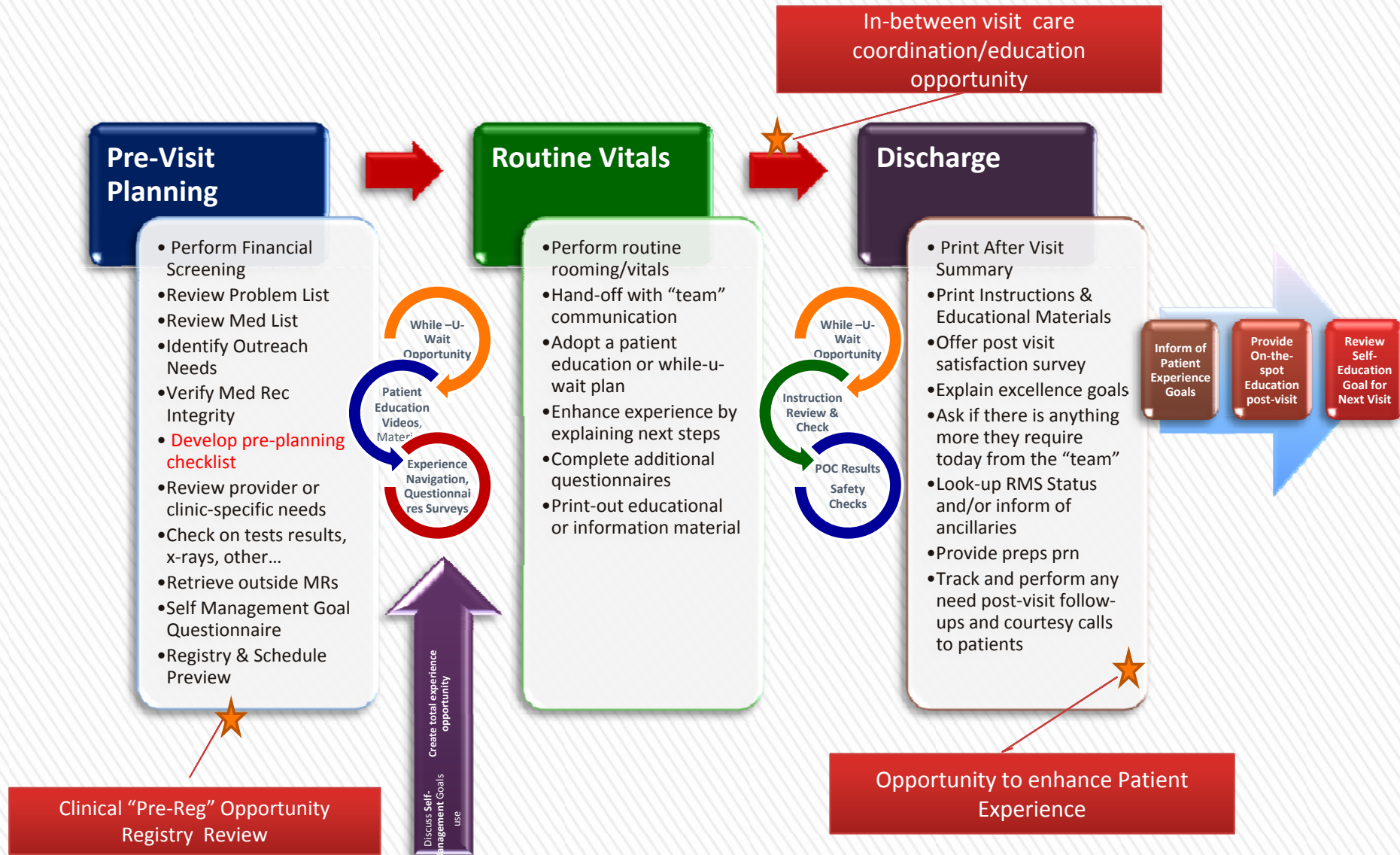
# CareMore's Scorecard Surrounding the Principles

- When Entering the Healthcare System, How do Patients Know the Capabilities of the System and Resources Available? ✓
- When Being Treated by a PCP or Specialist, Does the Patient Feel the Doctor Knows What Additional Care is Being Rendered Outside of his/her Office? ✓
- When Seeing a Practitioner, does he/she Seem Aware of the Entire Health History, Meds, Ongoing Tx? ✓
- When Being Admitted to the Hospital, Who will Guide the Patient Through the Various Transitions? ✓
- Who in the System Will Help Clarify the Post Transition Medications and Other Treatments with What Existed Prior to Admission? ✓
- How is the Patient Treated at Each Point of Contact in the System?
- Is Help Available When Needed (e.g. Access?)
- How Does the "System" Responds to a Patient's Needs? ✓



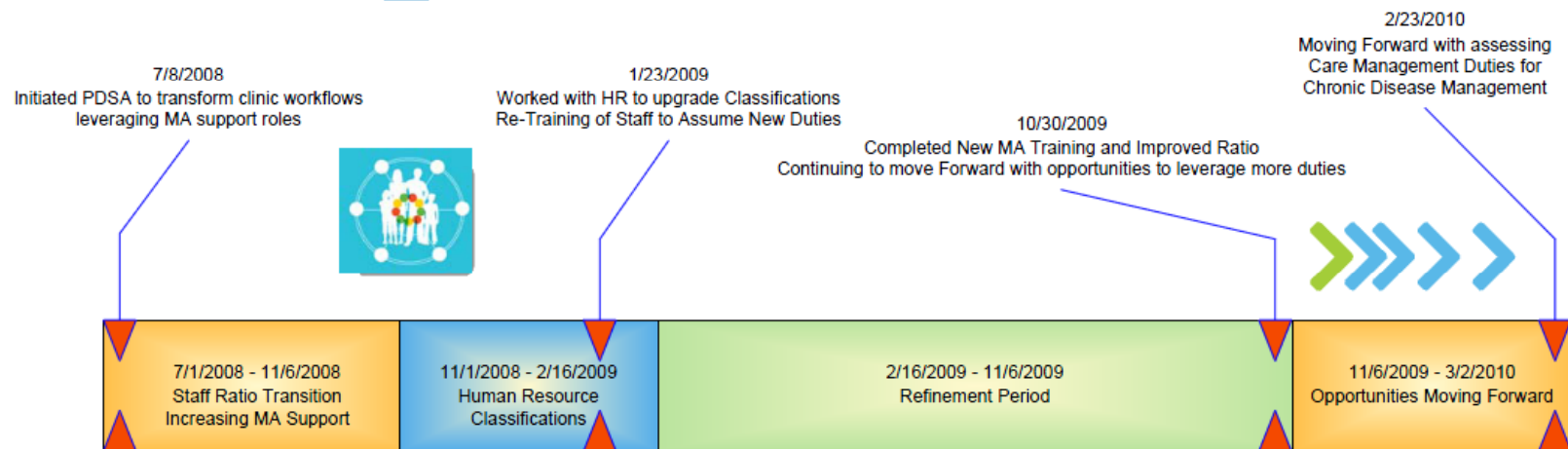
**Questions?**

# Patient-Centered Clinical Transformation Model: Medical Assistant Enhanced Role 2010-2011



Tuesday, March 02, 2010

UC Davis Health System  
Family & Community Medicine Clinic



Technology

- Printers in Exam Rooms
- MA Scheduling Training
- Redesign EMR SmartPhrases
- Initiated Team Huddles

Human Resources

- New MA Job Descriptions
- Re-Training for Technology
- FTE conversion to MA Role

Refinement

- Introduced recording Social & Family History i.e. Smoking Cessation
- Incorporated PHQ9 Depression Screening & Care Management Functions
- Cross-trained for enhanced clerical support (i.e. Reg/Check-In, Med Refills, Phones)



## Pre-Visit Planning Activities:



### Leveraging Use of Key Staff

#### **Pre-Visit Planning Benefits**

Anticipating the tasks necessary to support the patient's visit and doing them before or after the visit. With thoughtful pre- and post-visit planning, you can shift many tasks out of a patient's appointment time.

#### **Making it a value and a goal**

Streamlining on site care is critical to maintaining the sanctity of the patient-physician interaction. Set a practice-wide goal that while a patient is within your practice, you and your staff will do only the activities that must be done while that patient is onsite. Your front-office staff will have verified the patient's personal information, reviewed needed chart information, and performed other related tasks before the appointment.



## Design a Well-Planned Approach to Pre-Visit Activity

The planned approach allows staff more time to schedule necessary follow-up appointments and perform other tasks that should be done while the patient is onsite.

Segregating clinical duties before, during, and after the patient visit allows each member of the patient care team to focus on the patient, not paperwork, during the patient visit, thus providing a higher level of care. Here are four actions to ensure a smooth implementation:

## 4-Steps to Ensure a Smooth Implementation:



### **Identify operational constraints.**

Lack of capacity, rapid growth, high demand, facility inadequacies, and glitches in laboratory results, electronic medical records, or other support systems can severely constrain the performance of providers and staff. These issues, which always seem to rear up at less-than-ideal times, prevent staff from performing the right tasks at the right time.

Operational constraints can cause "task-creep." For example, if no one has time to check prescription renewals before the visit, staff may try to do so while patients are waiting at the checkout counter, which delays other tasks. Similar task shifts can occur with other clinical tasks, such as processing test results.

### **Develop standardized processes and associated protocols and tools.**

Often, providers and administrators perceive that staff are performing inconsistently. There may be some truth to it — there are as many ways of doing things in a practice as there are staff and providers. Minimizing variation in performance of tasks is an essential step to ensure that staff consistently meet patient needs.

Two More...



## **Prepare a standardized task list for each employee type.**

This list goes beyond the job description. It describes every task required of each employee position. The task list will create clearer and mutual understandings of duties by function. It also will help staff cover for each other during absences, as well as help speed the training of new employees.

## **Provide staff orientation and competency testing.**

While standardized processes and assignments go a long way toward creating consistent patient-visit support, success depends upon staff performance.

## **Pre-planning the patient visit has substantial benefits.**

Take a look around your practice and consider how a thoughtful approach to doing tasks at the most appropriate times can result in streamlined patient care and happier patients.

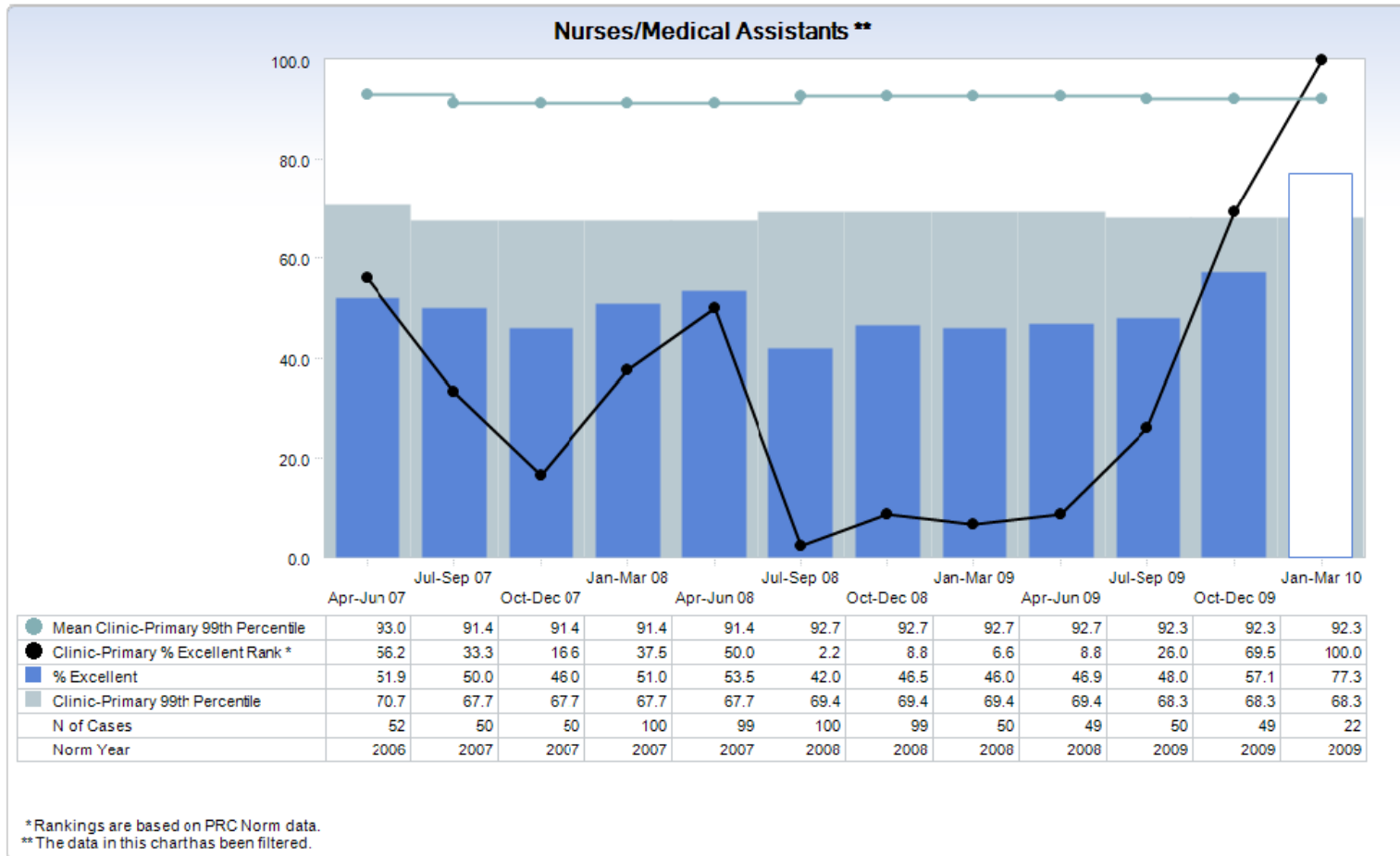


## **Prepare for Better Patient Care**

If your practice wants to provide the best care possible for its patients, stop trying to do everything during the visit. Identify tasks for which the patient does not have to be present by figuring out what things can be done prior to, during, and after the visit.

All of which results in less time running around and more time interacting with the patient during an

23 - Overall, would you rate the nurses and medical assistants (you/your family member) saw during this visit as:



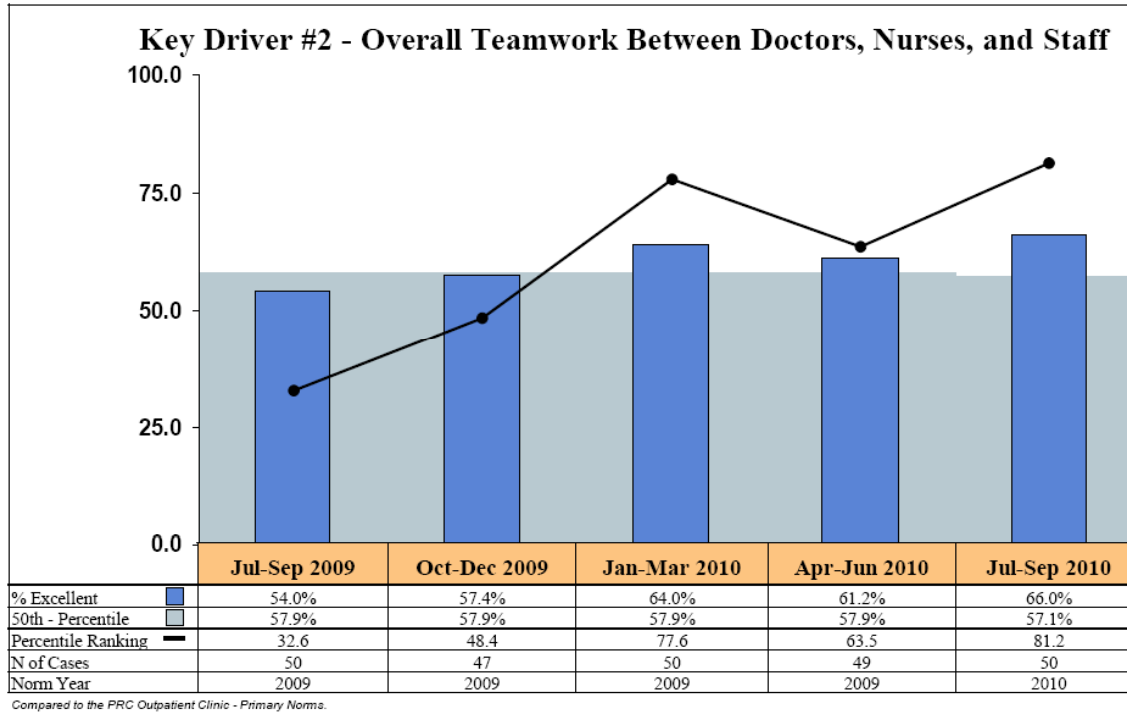
Professional Research Consultants, Inc.

3/3/2010 ... Page 2

11326 "P" Street • Omaha, NE 68137-2316 • 800-428-7455 • Fax: 800-553-4500  
Copyright © 1998-2009 • Professional Research Consultants, Inc.

# Teamwork

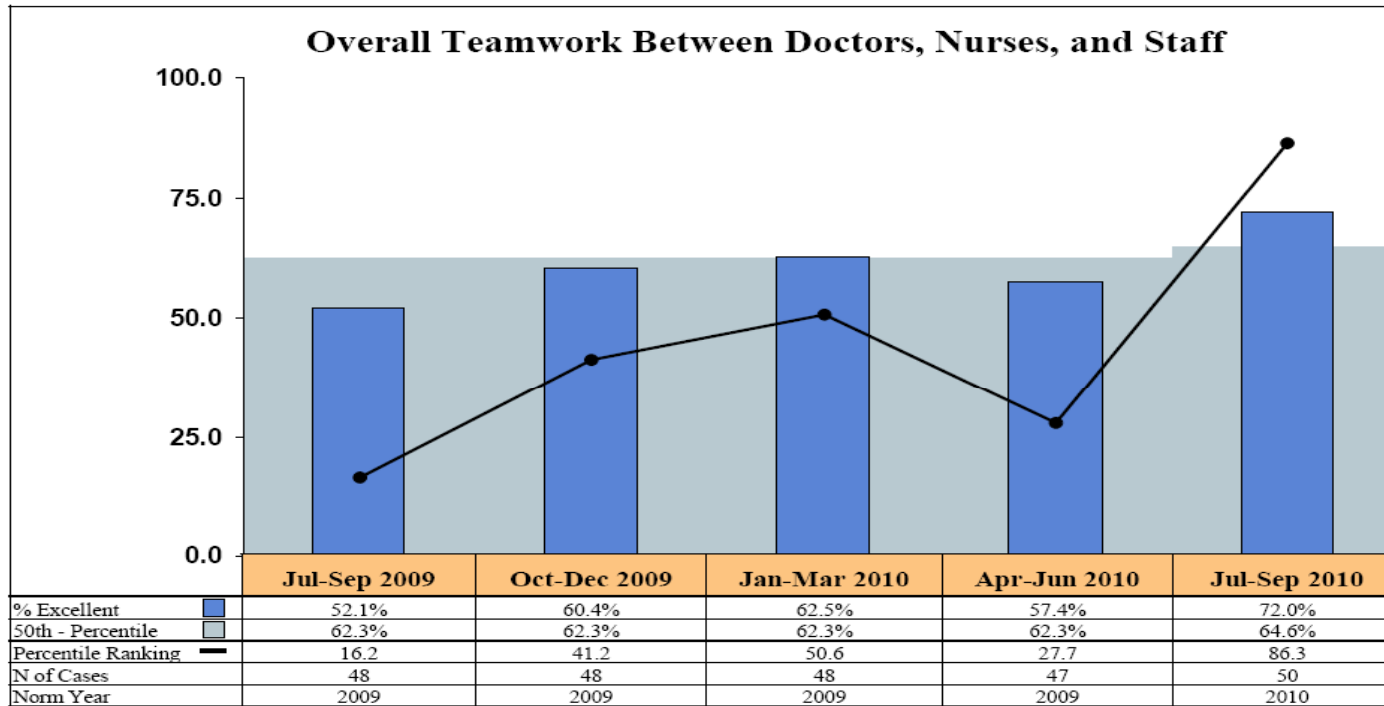




Professional Research Consultants, Inc.

# Teamwork





Compared to the PRC Outpatient Clinic - Medical Specialties Norms.

Professional Research Consultants, Inc.

# Teamwork





## » Next Steps:

- Continue evaluation of possibilities with pre-visit planning
- Plan for spread to:
  - + Cancer Center Clinics
  - + Transplant
  - + PCN Selected Sites (Folsom/Elk Grove)
  - + Re-visit FP Progress & J-Street Progress for Sustainability
  - + Compare against National Progress with Model
  - + Possible future site visit with University of Utah
  - + Work with other HBC interested sites

# Progress



## » To Enhance the Patient Experience

- One total-cycle experience; less fragmented care delivery
- Improve quality; reduce cost associated delays
- Improve cycle-time, efficiencies and satisfaction
- Optimize Staff roles; leverage current resources...are staff in the “right” roles for patient-centered care
- Culture Change...

Why Now?





CALIFORNIA  
HEALTHCARE  
FOUNDATION

# TRANSFORMING HEALTH THROUGH THE PATIENT EXPERIENCE

JANUARY 27–28, 2011 *The Beverly Garland Hotel, Burbank, California*

## CareMore Health Plan

### Speaker

Douglas Allen, M.D., M.M.M., former Vice-President, CareMore Health Plan, currently Chief Medical Officer, United Healthcare's Collaborative Care

### Organizational Context

CareMore is an IPA model that is vertically integrated into a senior only health plan. Growing 33% per year, they managed the care of 42,000 seniors by year-end 2010. Products include Medicare Advantage, Institutional Special Needs Plan, 4 Chronic Special Needs Plans (COPD, CAD, Diabetes, ESRD) and a Dual Special Needs Plan.

### Program Description

The many programs created over the years to manage high-risk patients and those with specific disease states, as well as providing a comprehensive visit upon enrollment, have led to high patient satisfaction with the health plan.

There are over 900 PCPs within the expanded geography served by CareMore. Although the above-mentioned programs originally were intended to manage the top 20% of high-utilizing/frail members, programs as they exist today touch healthier patients as well.

### Outcomes/Successes

CareMore's many programs have resulted in high patient satisfaction with the health plan. Focus groups indicate members think of CareMore as their medical home, disenrollment is extremely low for an MAPD plan, and growth has been steady at 33% per year. The take-home message is program development to address clinical quality, frail member management and screening for new diagnoses (Alzheimer's or depression for example) can lead to improvements in patient satisfaction.



CALIFORNIA  
HEALTHCARE  
FOUNDATION

# TRANSFORMING HEALTH THROUGH THE PATIENT EXPERIENCE

JANUARY 27–28, 2011 *The Beverly Garland Hotel, Burbank, California*

## Innovative Care Clinic

### Speaker

Evelyn Haddad, M.D., Medical Director, Innovative Care Clinic, San Mateo Medical Center

### Organizational Context

The Innovative Care Clinic is a primary care clinic located on the main campus of San Mateo Medical Center. We have 11 providers that work part time with over 25,000 patient visits per year. Our patients are 40% monolingual Spanish speaking and 70% are uninsured. All fall under 200% of the poverty line.

### Program Description

In January 2009, we reopened our clinic as the Innovative Care Clinic. The goal was to redesign the clinic to improve the quality of care, the cost of care, and patient and staff satisfaction. With the assistance of several collaborations, the clinic was redesigned as a team-based clinic with open access for established patients to their primary care team. All the providers, staff and patients from the Innovative Care Clinic participate in the team based approach.

The Patient Care Team consists of two FTE providers, two medical assistants, one nurse, and one clerk.

Clinic Resources: Diabetic Educator, Pharmacist, Nutritionist, Therapist, Electronic Medical Record, Diabetes Retinal Camera, Teledermatology, walkie-talkie, Volunteers, Health Care Interpreter Network

### Outcomes/Successes

We use both access and quality data to measure our success. We monitor panel information monthly, including panel size, continuity, emergency room visits and hospitalization. We follow our access data weekly, including third next available appointment, no show rate and capacity. We are starting to look at patient and staff satisfaction with quarterly surveys.

By establishing a panel of patients for each provider, each patient has quick access to several team members in the Innovative care clinic. This has decreased the number of emergency room visits, established a medical home for patients and allowed for open access to provider appointments.



CALIFORNIA  
HEALTHCARE  
FOUNDATION

# TRANSFORMING HEALTH THROUGH THE PATIENT EXPERIENCE

JANUARY 27–28, 2011 *The Beverly Garland Hotel, Burbank, California*

## UC Davis Health System

### Speaker

Angela M. Gandolfo, B.S., M.B.A., Performance Improvement Advisor, Clinical Operations, UC Davis Health System

### Organizational Context

UC Davis Medical Center serves a 65,000-square-mile area that includes 33 counties and six million residents across Northern and Central California. The 645-bed, acute-care teaching hospital maintains an annual budget of roughly \$1 billion. With more than 6,500 employees, UC Davis provides vital care to more than 200,000 patients every year, admitting 25,000 patients for extended care and handling more than 900,000 visits. The medical center's emergency room sees an average of 150 patients every day. As part of this integrated health system we have a primary network of private practice providers established in Northern California communities including hospital-based primary care teaching clinics (Family & Community Medicine, Internal Medicine, Women's Health and Pediatrics).

### Program Description

The Family & Community Medicine Practice is used as a pilot for innovation and practice transformation design opportunities, promoting and supporting the philosophies of the patient-centered medical home (PCMH) and testing best practice operational initiatives including Team Huddles, Medical Assistant Transformative Workflow Models, Care Management and Depression Screening in Primary Care, testing Pay-for-Performance Wellness and Chronic Disease Collaboratives, and inspiring policies to change the culture and focus on the Patient Experience. These innovative models of change are used as cornerstones in improving quality and reducing costs. Family Practice partners internally with Patient Relations in development of Service Empowerment policies for front line staff to engage in optimizing care coordination activities. Our goal and vision is to further develop structure and platforms to spread and sustain innovations throughout the health system and communities we service.

### Outcomes/Successes

Metrics that have proven successful in testing workflow model innovations for practice transformation efforts include:

- Enhancement of Medical Assistant role and job descriptions & retention metrics
- Use of new Medical Assistant Supervisor Role / Sr. LVN Supervisor
- Improved Patient Experience Scores for:

- ✓“Teamwork Between Providers & Nursing”
- ✓”Overall Quality”
- ✓ Nursing Courtesy
- ✓ “Time Spent with Providers”
- ✓ Overall cycle times and decrease in wait times

Additionally, best practice innovations in Team Huddles and the Medical Assistant workforce innovation model were honored with the December 2010 Modern Health Magazine Award for Team Innovations to Improve the Patient Experience. Next steps include spreading the models and testing new changes in use of centralized Care Management and a hybrid on-site Care Coordination team focused on improving patient health outcomes, and offering intervention through outreach to improve overall population health.

**For video please visit YouTube: “UC Davis Health System Team Huddles” 2010.**

## About Today's Visit...

Please take a moment to tell us about the care and service you received in our clinic today. Your answers will remain confidential and will be used to guide our quality improvement programs.

1. How would you rate the ease of **contacting this clinic by phone**?  
 Excellent       Very Good       Good       Fair       Poor
2. How would you rate the ease of **scheduling a timely appointment** with this clinic?  
 Excellent       Very Good       Good       Fair       Poor
3. How would you rate this clinic on the registration **or check-in process**?  
 Excellent       Very Good       Good       Fair       Poor
4. How would you rate the total **amount of time you spent waiting** while at this clinic?  
 Excellent       Very Good       Good       Fair       Poor
5. How would you rate this clinic on **informing you of any waiting or delays** while at the clinic?  
 Excellent       Very Good       Good       Fair       Poor
6. How would you rate the doctor or medical provider you saw today on **explaining your medical condition and treatment**?  
 Excellent       Very Good       Good       Fair       Poor
7. How would you rate the doctor or medical provider on being **courteous and caring**?  
 Excellent       Very Good       Good       Fair       Poor
8. How would you rate how well your **doctor listened to your concerns**?  
 Excellent       Very Good       Good       Fair       Poor
9. How would you rate this **doctor or medical provider overall**?  
 Excellent       Very Good       Good       Fair       Poor
10. How would you rate the **overall teamwork between doctors, nurses and staff** at this clinic?  
 Excellent       Very Good       Good       Fair       Poor
11. How would you rate the **overall quality of care** you received today?  
 Excellent       Very Good       Good       Fair       Poor
12. Would you say your **likelihood of recommending this clinic** to friends or relatives is:  
 Excellent       Very Good       Good       Fair       Poor
13. What could have been done to improve this visit?

Name of Doctor/Provider you saw today: \_\_\_\_\_ Specialty: \_\_\_\_\_

Thank you for your assistance. Please place your completed survey in the box at the clinic check-out desk.

# 關於今天的約會...

請花點時間告訴我們你今天所收到有關診所服務.你的回答將予保密,這是用來指導我們診所質量改進計劃.

1. 你如何評價你使用電話與這個診所聯繫是否容易？  
極好                      很好                      好                      一般                      劣
2. 你如何評價這個診所是否容易及時安排約會？  
極好                      很好                      好                      一般                      劣
3. 你如何評價這個診所在登記或在診所報到有關於過程？  
極好                      很好                      好                      一般                      劣
4. 你如何評價你在診所總共花費等候的時間？  
極好                      很好                      好                      一般                      劣
5. 你如何評價你在診所時,獲告知你要等候或要再延遲些時間？  
極好                      很好                      好                      一般                      劣
6. 你如何評價今天看過的你的醫生或醫療人士有關你的身體狀況所給予你解釋或給予你治療？  
極好                      很好                      好                      一般                      劣
7. 你如何評價你的醫生或醫療人士對你是不是很週到的服務並且有關切感呢？  
極好                      很好                      好                      一般                      劣
8. 你如何評價你的醫生或醫療人士是否專心聆聽你的關注？  
極好                      很好                      好                      一般                      劣
9. 總體來說,你如何評價這醫生或者醫療人士？  
極好                      很好                      好                      一般                      劣
10. 在這診所的醫生,護士,或職員之間的全面協調,總體來說如何評價？  
極好                      很好                      好                      一般                      劣
11. 你如何評價今天你所收到的總質量？  
極好                      很好                      好                      一般                      劣



12. 你是否可以向你的朋友或親人推荐這診所屬於是:

極好

很好

好

一般

劣

13. 你這次光臨,有什麼可以改進的地方

今天你所看的醫生或醫療人士姓名\_\_\_\_\_ 专业:\_\_\_\_\_

謝謝你的協助.完成填寫調查表完畢,請放在診所辦公桌上.

## *По поводу сегодняшнего визита...*

Пожалуйста, расскажите нам о своём лечении и обслуживании в нашей клинике. Ваши ответы будут носить конфиденциальный характер и будут использоваться в целях программ улучшения качества обслуживания.

1. Как бы вы оценили то, как просто **связаться с нашей клиникой по телефону**?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
2. Как бы вы оценили то, как просто **назначить приём** в нашей клинике?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
3. Как бы вы оценили **процесс регистрации** в нашей клинике?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
4. Как бы вы оценили общее **время ожидания** в этой клинике?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
5. Как бы вы оценили эту клинику в плане информирования вас о времени ожидания или задержках?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
6. Как бы вы оценили то, как врач или медицинский персонал **объяснили вам вашу болезнь и лечение**?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
7. Как бы вы оценили врача или медицинский персонал на предмет **уважительного и заботливого отношения**?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
8. Как бы вы оценили то, как внимательно **врач выслушал ваши проблемы**?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
9. Как бы вы в общем оценили работу этого **врача или медицинского работника**?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
10. Как бы вы оценили **общую совместную работу врачей, медсестёр и персонала** этой клиники?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
11. Как бы вы оценили **общее качество сегодняшнего обслуживания**?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
12. Как бы вы оценили **вероятность того, что вы порекомендуете эту клинику друзьям или родственникам**?  
 Отлично       Очень хорошо       Хорошо       Удовлетворительно       Плохо
13. Что можно было сделать в плане улучшения обслуживания во время этого визита?

Имя принявшего вас врача/  
медицинского работника: \_\_\_\_\_

Специализация: \_\_\_\_\_

**Благодарим за содействие. Пожалуйста, поместите заполненную анкету в ящик в регистратуре.**

# *Acerca de la Consulta de Hoy...*

**Por favor, tómese unos momentos para decirnos lo referente a la atención y servicio que recibió en nuestra clínica el día de hoy. Sus respuestas permanecerán confidenciales y se utilizarán para guiar nuestros programas para la mejora de la calidad.**

1. ¿Cómo calificaría usted la facilidad para **comunicarse a esta clínica por teléfono**?  
 Excelente       Muy buena       Buena       Regular       Mala
2. ¿Cómo calificaría usted la facilidad para **concertar una cita oportunamente** con esta clínica?  
 Excelente       Muy buena       Buena       Regular       Mala
3. ¿Cómo calificaría usted esta clínica en el **proceso de registro o de llegada**?  
 Excelente       Muy buena       Buena       Regular       Mala
4. ¿Cómo calificaría usted **la cantidad total de tiempo que pasó esperando** al estar en esta clínica?  
 Excelente       Muy buena       Buena       Regular       Mala
5. ¿Cómo calificaría usted esta clínica en cuanto a **informarle sobre cualquier espera o demora** al estar en esta clínica?  
 Excelente       Muy buena       Buena       Regular       Mala
6. ¿Cómo calificaría usted al médico o proveedor médico que consultó el día de hoy en cuanto a **explicarle su condición médica y tratamiento**?  
 Excelente       Muy bueno       Bueno       Regular       Malo
7. ¿Cómo calificaría usted al médico o proveedor médico en cuanto a **ser amable y atento**?  
 Excelente       Muy bueno       Bueno       Regular       Malo
8. ¿Cómo calificaría usted qué tan bueno fue su **médico al escuchar sus inquietudes**?  
 Excelente       Muy bueno       Bueno       Regular       Malo
9. ¿Cómo calificaría usted a este **médico o proveedor médico en general**?  
 Excelente       Muy bueno       Bueno       Regular       Malo
10. ¿Cómo calificaría usted el **trabajo en equipo en general entre los médicos, enfermeras y personal** en esta clínica?  
 Excelente       Muy bueno       Bueno       Regular       Malo
11. ¿Cómo calificaría usted la **calidad de la atención en general** que recibió el día de hoy?  
 Excelente       Muy buena       Buena       Regular       Mala
12. ¿Diría usted que sus **probabilidades para recomendar esta clínica** a amigos o parientes son:  
 Excelentes       Muy buenas       Buenas       Regulares       Malas
13. ¿Qué pudo haberse hecho para mejorar esta consulta?

Nombre del Médico/Proveedor al que consultó el día de hoy: \_\_\_\_\_ Especialidad: \_\_\_\_\_

**Gracias por su ayuda. Por favor, coloque su encuesta completada en la caja en el mostrador de salida de la clínica.**