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PCC Quarterly Meeting Agenda

Wesley Woods Health Center – 5th Floor Conference Room
Wednesday, October 24, 2018, 1:00-3:00 P.M. (lunch provided)

Participants: Danielle Jones, Miranda Moore, Ted Johnson, LeShea Turner, Luke Anderson, Jason Freiji, Leigh Partington, Allison Leppke, Melissa Stevens, Cathi Durham, Erick C. Allen, Chris Masi, Fred Turton, Emma Neish, Chris Arthur, Erica Webb, Kristina Lundberg, Sharon Rabinovitz, Bonnie Proulx, Ann Vanderberg, Kim Rask

I. Welcome and Introductions (10 minutes) **(Danielle Jones, MD)**

Everyone introduced themselves with their name, Emory affiliation, and primary care role at Emory.

II. Financial Reports (5 minutes)
   a. Budget Update **(Luke Anderson)**
   b. Sponsorship Committee Report **(Miranda Moore, PhD)**
   c. Grants Committee Report **(Miranda Moore, PhD)**

See Finance Report after the Minutes.

The most recent round of grants applications were due Sept.15th. Our only application received a revise and resubmit with a due date of Nov. 15th. The group discussed ways to increase applications. The grants cycle will be change to 3 announcements a year with advertising through the newsletter, web resources, and other media sources.

III. Update on Activities (10 minutes)
   a. Reports from Funded Groups
      i. Primary Care Progress **(TBD)**

Emory's Primary Care Progress Team held two events in October. Dr. Johnson mentioned the Woodruff Health Sciences Center has included Interprofessional Education & Collaborative Practice as a Priority Theme in their FY18-F22 Strategic Plan. Dr. Johnson encouraged the PCP Team to look to the WHSC for funding opportunities.

   b. Adjunct Faculty Position **(Ted Johnson, MD, MPH)**

Emory currently has approximately 120 primary care Adjunct faculty. Ted informed the group that the new PCC policy for formalizing the Adjunct Faculty appointment process was a great success. So much so that Emory SOM essentially adopted our policy at a SOM level! The PCC formed a Taskforce to investigate the differences in the new SOM policies and the PCC policies. The committee recommended, and PCC Leadership agreed, to retire the PCC policy and rely on the SOM policy. The recommendation was made to ensure that the Departments continue to require a sponsor for all Adjunct faculty. Ted, as Department of Family and

Preventive Medicine Chair, agreed the Department would do so. The group offered no objection to the recommendations.

The group discussed that the Emory School of Nursing had not adopted a similar Adjunct Faculty Appointment Process. It was agree that the PCC Leadership would approach the SON with our policy and attempt to align the procedures. The PCC Leadership also agreed to investigate the policies at the Rollins School of Public Health.

c. Primary Care Speaker Bureau **(Danielle Jones, MD)**

The PCC has created a new Primary Care Speaker Bureau in an effort to address duplicated efforts in bringing outside guest speakers to Emory for visits related to primary care. The new PC Speaker Bureau is expected to help in coordinating speaker visits across all primary care entities within Emory. The PC Speaker Bureau is also expected to help facilitate co-sponsorship opportunities. Leigh Partington is the point of contact for the new PC Speaker Bureau.

d. Internal Medicine Residency Ambulatory Care **(Danielle Jones, MD)**

See slides appear after minutes.

The recently closed Grady Primary Care Clinic was one of the continuity clinics for the Internal Medicine (IM) Residency Program. In response to the closure, there is a need for new continuity clinic slots for IM residents. As of July, 8 residents were assigned continuity clinic at TEC 1525 Clinic and 6 at the TEC Midtown IM clinic. These slots are expected to facilitate an increased access to primary care for Emory patients. Britt Marshall, MD has been named the new IM Residency Clinic Director at Midtown, and Pamela Vohra is the Clinic 1525 IM Residency Clinic Director.

The group discussed the impact of the new clinic slots. One question was who will manage the patients when IM residents are not in clinic. The 2 clinics are well staffed during time when the residents are not in attendance to handle any needs of their patients. There was discussion of the potential to use the accordion model for care for IM resident continuity clinic patient. There was also discussion of the fact the residents are seeing patients that are new to themselves, but not new to Emory Healthcare.

IV. Emory Primary Care Redesign (90 minutes) **(LeShea Turner, Fred Turton, MD, MBA, and Chris Masi, MD)**

See slides after the minutes.

The group discussed the downstream effects of the proposed PC Redesign efforts. There was consensus that an effort would be needed to tie these changes to improvements in quality metrics, with an idea to be able to increase Emory's shared savings payments. A reminder was given that research has shown that areas which spend more money on primary care (versus sub-specialty care) spend less money overall and have better health outcomes.

The group discussed how issues such as risk stratification, capitated payments, and provider metrics (such as turnover, retention, quality improvement) will be affected by the redesign plan. The group also discussed

how this will tie into the Emory Healthcare Network and allow more alignment with the Emory RN Care Coordination program.

The group discussed the potential to increase patient visit volumes under the redesigned system and the impact this might have on the budget. The current projections are for an increase of approximately 20%, with coordinating budget implications. The group also discussed the impact upon non-face-2-face activities if providers see an increase in patient visits.

The group discussed the logistics and timing of the 2MA model. Additional the group discussed the challenges that will be faced in hiring additional providers (MAs, LCSWs, etc.).

One avenue that needs further exploration is how learners will be utilized in the redesign.

Tracking of outcomes will be important for the project. The redesign team is interested in involving researchers to help with this.

The group discussed the need to address 'low hanging fruit' first; i.e. updating registries of patients with care gaps.

V. Meeting Wrap-up (5 minutes) **(Danielle Jones, MD)**

a. Group Photo!!!
b. Review any task assignments
c. Next meeting: Jan 30, 2019

Vision: Careers in primary care are viable, sustainable, and rewarding. Emory becomes a destination for training and working in primary care.

Mission: To promote a positive, diverse culture of collaboration and engagement that supports high value and quality patient-centered primary care, discovery and innovation.

Goals:
- To offer and sustain opportunities for excellence in clinical practice, scholarship, research, education, and leadership.
- To serve as a focal point for implementation and on-going integration of activities supporting primary care – across the departments, schools, health systems and communities.
- To support further growth of high-functioning, interdisciplinary, teams, and expand the pipeline of primary care leaders, clinicians, and researchers.
- To support learner focused initiatives.

Activities:
- Faculty Engagement, Promotion, Recruitment, and Retention
- Funding Support for Student Groups, Emory Primary Care Branding/Outreach (External and Internal Audiences), Individual Project Grants
- Cataloging and Promoting Emory's Primary Care Activities/Projects/Efforts

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Financial Report

As of: 9/30/2018

Fiscal Year 2019 Budget

FY19 Budget	**Budget**	**Actuals (Projection)**	**Variance**
Salary	$164,786	$97,064	$67,722
Fringe	$45,316	$25,213	$20,103
Salary + Fringe	**$210,102**	**$122,277**	**$87,825**
Food & Catering	$5,000	$3,915	$1,085
Consulting Services	-	$2,910	($2,910)
Travel Expenses	$4,000	$2,911	$1,089
PCC Development/Scholarship	$20,000	-	$20,000
Misc. Operating Expenses	$4,000	$374	$3,626
Total Non-Salary Expenses	**$33,000**	**$10,110**	**$22,890**
Total Expenses	**$243,102**	**$132,387**	**$110,715**

Funded Items

September 1, 2018 – August 31, 2019 (to date)

Advocacy, Scholarship, and Education

- Primary Care Progress Emory Chapter
  - Chapter meetings and student orientation fairs
  - Primary Care Week 10/2018
    - Dr. Graham, Dr. Stern, Dr. Rabinovitz and Dorothy Jordan DNP. "Mental health in the community"
    - Dr. Lisa Flowers. “Women’s health and screening barriers in the community”

Learner Initiated Professional Development

- NAPCRG Annual Conference, Eileen Dilks

Emory Clinic: The Resident Experience

GOALS:

- Increase access for primary care patients
  - New patients to the Emory system
  - Patients being seen in subspecialty clinics without PCP
- Expose IM residents to a primary care continuity experience different from Grady
- Increase long term interest in IM graduates for PC general medicine careers

Emory Clinic: The Resident Experience

- 6 IM Interns at TEC at MOT, Clinic Director Britt Marshall
- 8 IM Interns at TEC at 1525, Clinic Director Pam Vohra
- MOT clinic all day Monday; 1525 clinic all day Wednesday and Friday
- Currently intern only clinic
- On average seeing 6 patients/day with goal to increase to 10
- Aim to add a cohort of new interns annually, fully staffed by 2020
- Space crunch at MOT as resident footprint grows each year

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EMORY HEALTHCARE

Population Health Management

Primary Care Strategic Plan

October 24, 2018

emoryhealthcare.org

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OVERVIEW

Vision

Barriers

Solutions

Staffing & Pilot Testing

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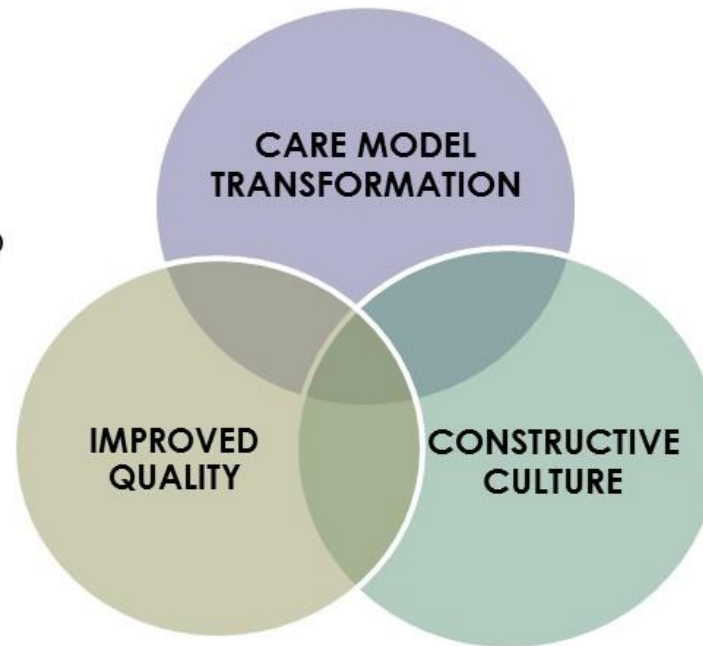
VISION

Primary care delivered by engaged providers and staff who utilize team-based care to optimize individual and population-based health outcomes.



BARRIERS

Inefficient Care Model

- EMR has turned providers into clerks
- Clinical support staff is underutilized
- Patient access is impeded
- No consistent staffing models or operations

Variability in Quality Improvement

- Quality improvement efforts are not standardized
- Practices are geographically scattered
- Risk adjustment does not reflect population
- Transitions of care not widely managed
- Care coordination is incomplete

Culture at Risk

- Burn-out risk is high among providers
- Recruitment of staff and providers is difficult and expensive
- Turnover risk is high
- No standard, ongoing training of staff

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SOLUTIONS

Care Model Transformation

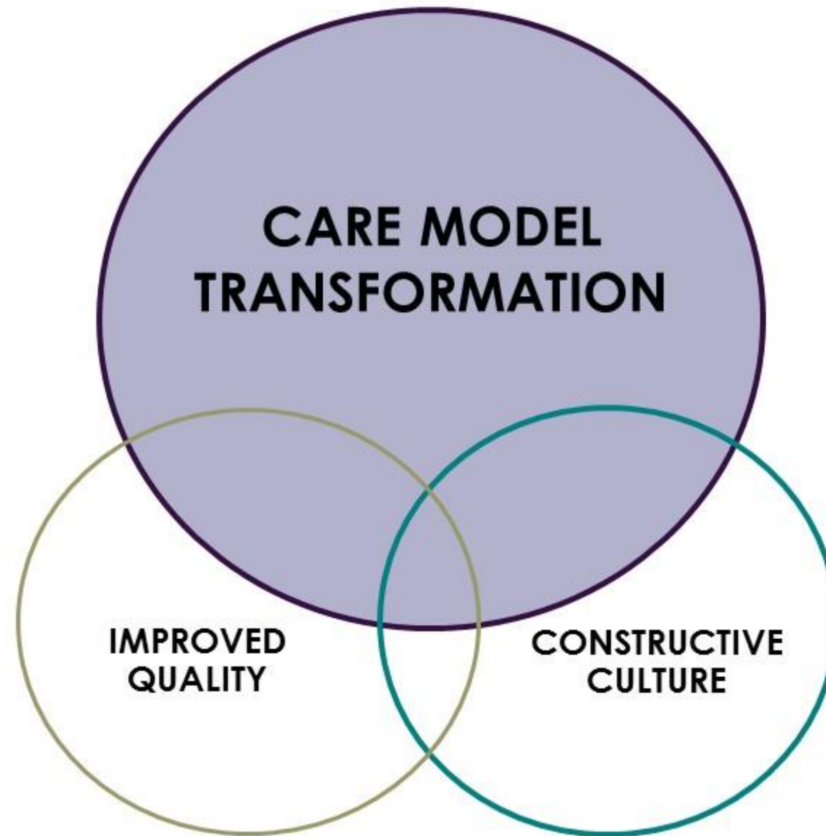
- Office Workflow Redesign
- Integrated Behavioral Health

Improved Quality

- Practice Quality Improvement
- Centralized Quality Improvement
- Coding Initiatives

Constructive Culture

- Engagement, Empowerment, Leadership


CARE MODEL TRANSFORMATION
IMPROVED QUALITY
CONSTRUCTIVE CULTURE

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CARE MODEL TRANSFORMATION

Team-Based Care

- Riverside Hilton Family Practice (Newport News, Virginia)
  - Anderson. *Fam Pract Manag* 2013;20(4):18-22
- Cleveland Clinic
  - Hopkins & Sinsky. *Fam Pract Manag* 2014;Nov/Dec:23-29
- Bellin Health (Green Bay, Wisconsin)
  - Jerzak. *Ann Fam Med* 2017;15:281
- APEX- University of Colorado
  - Smith et al. *Fam Syst Health* 2017 Jun;35(2):238-247
- American Medical Association
  - www.stepsforward.org
- Metro Health, University of Michigan (Grand Rapids, MI)
  - Belsito et al.

Behavioral Health Integration

- IMPACT
  - Unutzer et al. JAMA 2002;288:2836-2845
- TEAMcare
  - Katon et al. N Engl J Med 2010;363:2611-2620
- ACT - University of Colorado
  - Balasubramanian et al. J Am Board Fam Med 2017;30:130-139
- COMPASS
  - Rossum et al. General Hospital Psychiatry 2017;44:77-85
- Mayo Clinic
  - Dr. David Katzelnick

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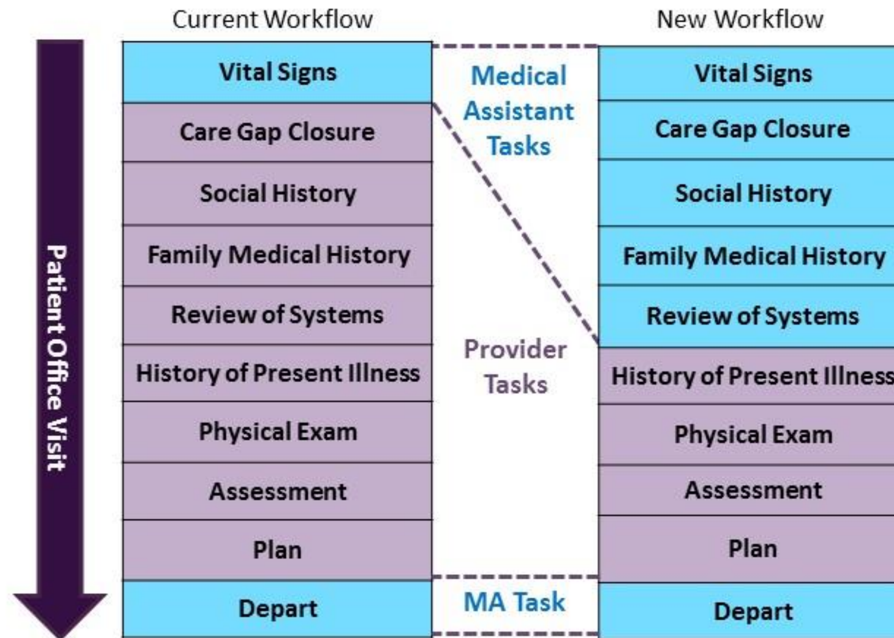
TEAM-BASED CARE I

SCHEDULE REDESIGN



Requirements:

- Visit time extended
- First portion of visit dedicated to MA activities with patients
- Train MAs to implement new processes for cancer screening, diabetes testing, and immunizations
- Standing orders for MAs to propose

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TEAM-BASED CARE II

2 MA: 1 PROVIDER

- University of Colorado Model
- Benefits include:
  - Improved use of MA and provider time
  - Increased throughput & increased patient access
  - Improved care gap closure
  - Time for accurate documentation and coding

Path of provider

Medical Assistant 1	Medical Assistant 2	Medical Assistant 1	Medical Assistant 2
Vital Signs	Vital Signs	Vital Signs	Vital Signs
Care Gap Closure	Care Gap Closure	Care Gap Closure	Care Gap Closure
Social History	Social History	Social History	Social History
Family Medical History	Family Medical History	Family Medical History	Family Medical History
Review of Systems	Review of Systems	Review of Systems	Review of Systems
History of Present Illness	History of Present Illness	History of Present Illness	History of Present Illness
Physical Exam	Physical Exam	Physical Exam	Physical Exam
Assessment	Assessment	Assessment	Assessment
Plan	Plan	Plan	Plan
Depart	Depart	Depart	Depart

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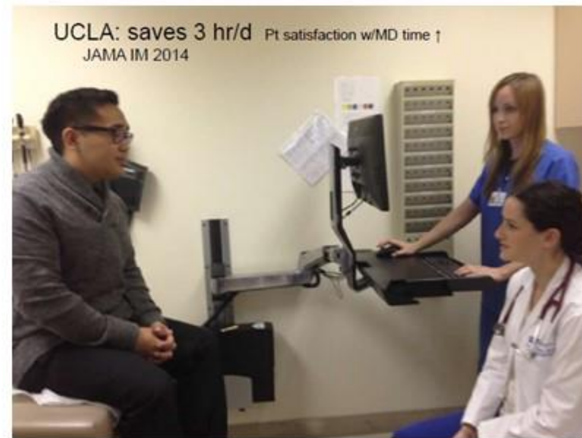
University of Colorado

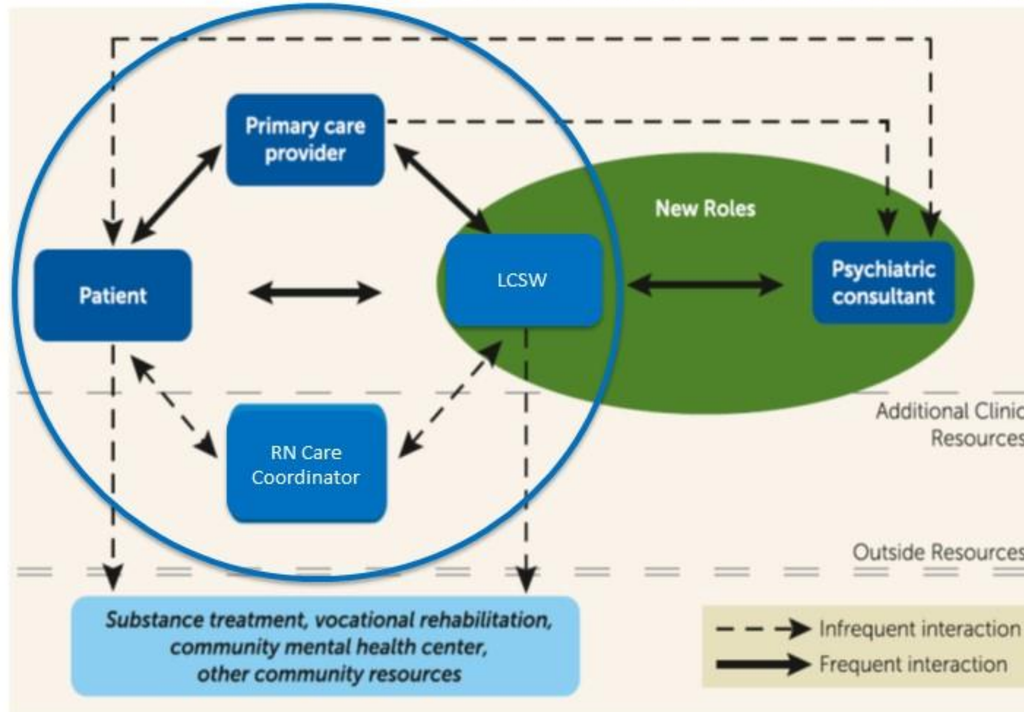
Bellin Health, Green Bay, WI

Cleveland Clinic



UCLA

BEHAVIORAL HEALTH INTEGRATION



- Mayo Clinic Model
- RN Care Coordinator
  - Maintains registries of patients with chronic health conditions
  - Coordinates weekly Systematic Case Review meetings with PCP, LCSW and Psychiatric Consultant
- LCSW
  - Acute triage/assessment
  - Counseling
    - Behavioral activation
    - Cognitive restructuring
    - Problem solving
  - General social work
    - Transportation
    - Housing
    - Medications
    - Social services

Raney LE. Am J Psychiatry 2015;172:721-728

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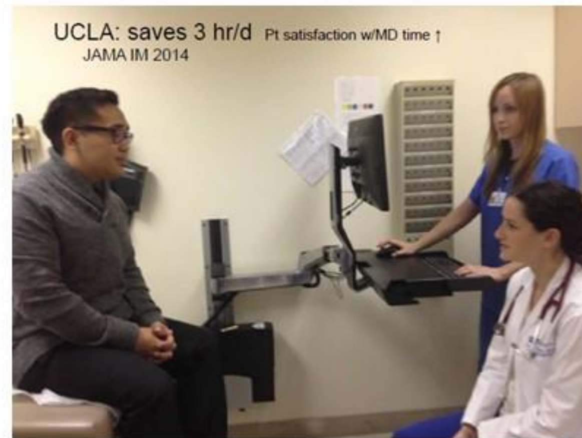

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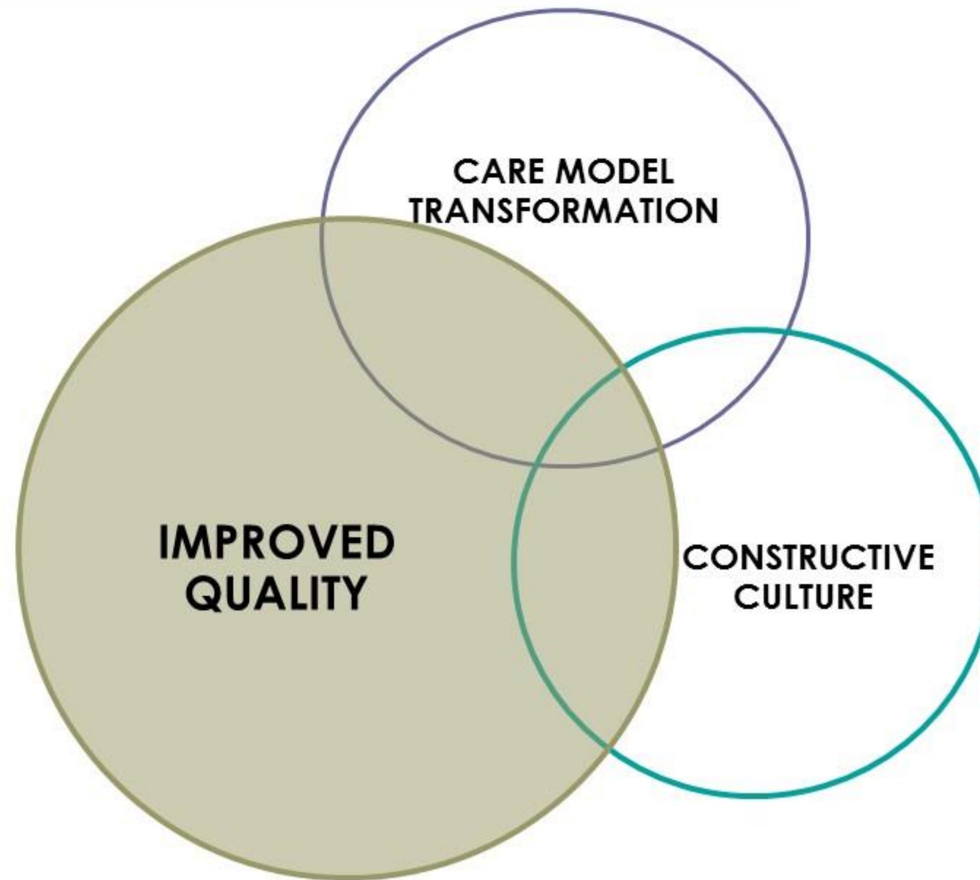


POINT OF CARE QUALITY IMPROVEMENT

Pre-Visit Planning & Gap Closure

- Replicate current success seen in a few practices
- Leverage Cerner tool previously piloted

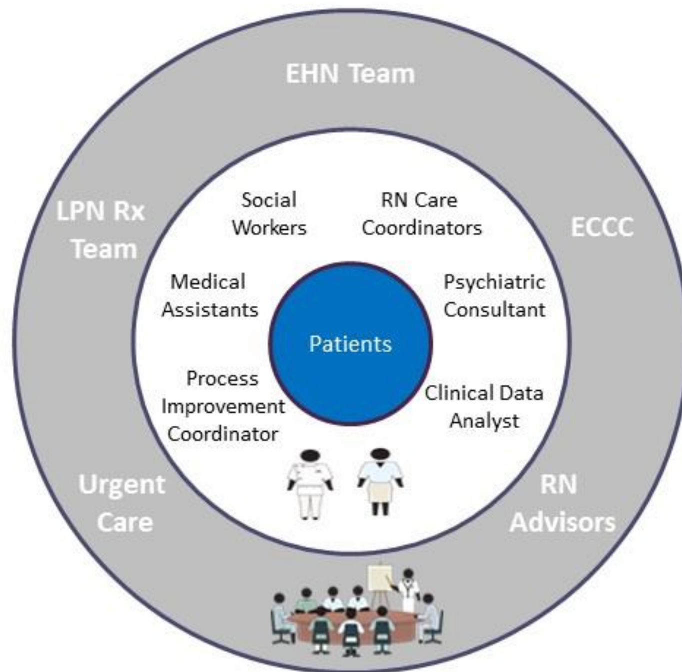
Site Quality Improvement

- Driven by Process Improvement Coordinator
- Requires organized data by clinical data analyst
- Regular quality improvement meetings with providers and staff

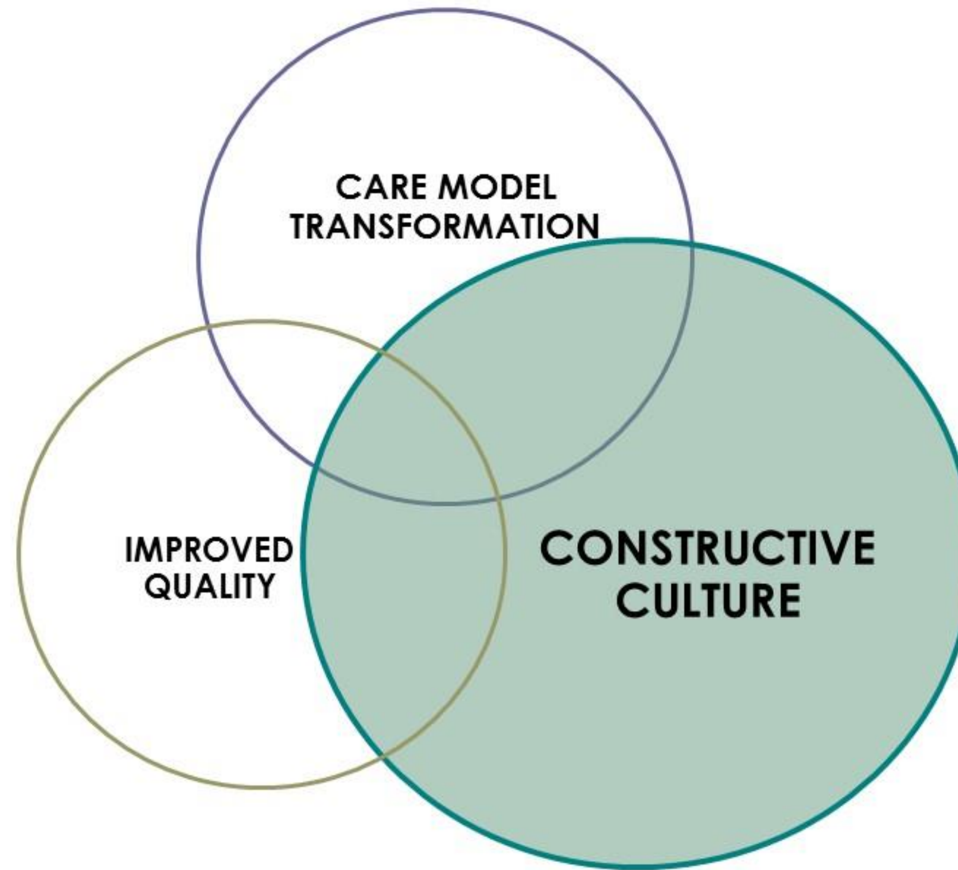
Emory Primary Care at Midtown

5 Key Health Maintenance Items Overall Completion Rate

CENTRALIZED QUALITY IMPROVEMENT TEAM



- Centralized care coordination
- Standard data reporting
- Leveraging partnerships
- Central quality improvement meetings
- Advanced analytics
  - Risk stratification
  - Predictive modeling
- Gap closure



CARE MODEL TRANSFORMATION
IMPROVED QUALITY
CONSTRUCTIVE CULTURE

CONSTRUCTIVE CULTURE

- Leverage engagement survey data to identify key opportunities to improve clinic work environment
- Engage staff to design improved clinic workflows
- Achieve full MA staffing at each site
- Provide tools and resources for MAs to become more integral members of health care team
- Facilitate provider and MA communication
- Fortify APP and clinical leadership through key hires
- Recognize excellence at all levels of clinic staff
- Align provider compensation with population management success

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Foundational Positions

APP Chief

- TEC 1525
- TEC 1365
- TEC Decatur
- TEC Delta
- ESA FPAA
- ESA Duluth
- ESA West Pt.
- ESA Fam Med LaGrange
- ESA Davis Rd.
- ESA Eagles Landing
- ESA Sharpsburg
- ESA Stockbridge
- ESA Peachtree City
- ESA McDonough
- ESA Acworth
- ESA ESJPC
- ESA Sugarloaf
- ESA IM LaGrange
- ESA Smyrna
- ESA IMN
- ESA Holcomb Bridge
- ESA Brookhaven
- ESA Decatur

APP FTEs: 40

Sr. RN Managers & RN Managers

- ESA FPAA
- ESA ESJPC
- ESA Belmont
- ESA Smyrna
- ESA Brookhaven
- ESA Buford
- ESA Sugarloaf
- ESA Roswell
- ESA Avalon
- ESA Duluth
- ESA Cumming
- ESA Holcomb Bridge
- ESA Peachtree City
- ESA Stockbridge
- ESA Sharpsburg
- ESA McDonough

Provider FTEs: 41
Clinical Staff FTEs: 61

Charge Nurses & LPNs

- ESA Buford
- ESA FPAA
- ESA Duluth

Provider FTEs: 12
Clinical Staff FTEs: 16

Lead RN Care Coordinator

- EHN Care Coordination Team Collaboration
- TEC Decatur
- TEC 1365
- TEC 1525
- TEC St. Joseph's
- **TEC Peachtree Hills**
- **ESA Avalon**
- **ESA Buford**
- ESA Sugarloaf
- ESA Eagles Landing
- **ESA ESJPC**
- ESA Acworth
- ESA IMN
- **ESA Cumming**
- **ESA Roswell**
- **ESA Peachtree City**
- **ESA McDonough**
- **ESA Sharpsburg**
- **ESA Stockbridge**
- **ESA Brookhaven**
- **ESA Holcomb Bridge**
- **ESA Smyrna**
- **ESA Belmont**
- **ESA Duluth**

Provider FTEs: 87

Clinical Data Analyst

- ESA Avalon
- ESA Cumming
- ESA Roswell
- ESA Buford
- ESA Acworth
- ESA ESJPC
- ESA Brookhaven
- ESA Decatur
- ESA Eagles Landing
- ESA IM LaGrange
- ESA Holcomb Bridge
- ESA Tucker
- ESA Smyrna
- ESA IMN
- ESA Belmont
- ESA Fam Med LaGrange
- TEC Dunwoody
- TEC Decatur
- TEC Lithonia
- TEC MOT
- TEC Old Fourth Ward
- TEC 1525
- TEC 1365
- TEC Peachtree Hills
- TEC St. Joseph's
- TEC East Cobb

Provider FTEs: 100

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Variable Positions: Scenario

Process Improvement Coordinator

- ESA Avalon
- ESA Cumming
- ESA Roswell
- ESA Buford
- ESA Acworth
- ESA ESJPC
- ESA Brookhaven
- ESA Decatur
- ESA Eagles Landing
- ESA IM LaGrange
- ESA Holcomb Bridge
- ESA Tucker
- ESA Smyrna
- ESA IMN
- ESA Belmont
- ESA Fam Med LaGrange
- TEC Dunwoody
- TEC Decatur
- TEC Lithonia
- TEC MOT
- TEC Old Fourth Ward
- TEC 1525
- TEC 1365
- TEC Peachtree Hills
- TEC St. Joseph's
- TEC East Cobb

Provider FTEs: 100

RN Care Coordinators

- TEC Peachtree Hills
- TEC Old Fourth Ward
- ESA Avalon
- ESA Buford
- ESA ESJPC
- ESA Cumming
- ESA Roswell
- ESA Peachtree City
- ESA McDonough
- ESA Sharpsburg
- ESA Stockbridge
- ESA Brookhaven
- ESA Holcomb Bridge
- ESA Smyrna
- ESA Belmont

Provider FTEs: 34

Education Trainer

- ESA Avalon
- ESA Cumming
- ESA Roswell
- ESA IM LaGrange
- ESA Brookhaven
- ESA Holcomb Bridge
- ESA Eagles Landing
- ESA Acworth
- TEC 1525
- TES 1365
- TEC Peachtree Hills
- TEC Decatur
- TEC MOT
- TEC St. Joseph's
- TEC East Cobb

Provider FTEs: 65

Patient Panel/Covered Lives: 154,746

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Pilot Variable Positions: Scenario

Behavioral Health (LCSWs)

6 FTEs

Year	Sites
Year 1 *Provider FTEs: 22* *Staff FTEs: 72*	ESA Acworth ESA Decatur TEC 1525 TEC Peachtree Hills
Year 2 *Provider FTEs: 18* *Staff FTEs: 51*	ESA ESJPC ESA Brookhaven TEC Decatur TEC Lithonia TEC MOT TEC Old Fourth Ward

Pilots Carry Forward

{ **Provider FTEs: 40** }

2 MA: 1 Provider

15 FTEs

Year	Sites
Year 1 *Provider FTEs: 16* *Staff FTEs: 51*	TEC 1525 TEC Peachtree Hills TEC MOT
Year 2 *Provider FTEs: 28* *Staff FTEs: 83*	ESA Eagles Landing ESA Acworth TEC Decatur TEC 1365

Pilots Carry Forward

{ **Provider FTEs: 44** }

Gap Closure MAs

7 FTEs

Year	Sites
Year 1 *Provider FTEs: 7* *Staff FTEs: 14*	ESA IM LaGrange ESA Brookhaven ESA Holcomb Bridge
Year 2 *Provider FTEs: 23* *Staff FTEs: 76*	ESA Avalon ESA Cumming ESA Roswell TEC 1525 TEC MOT TEC Peachtree Hills TEC St. Joseph's TEC East Cobb

Pilots Carry Forward

{ **Provider FTEs: 30** }

Social Work (MSW)

3 FTEs

Year	Sites
Year 1 *Provider FTEs: 19* *Staff FTEs: 53*	ESA Eagles Landing TEC Dunwoody ESA Tucker
Year 2 *Provider FTEs: 19* *Staff FTEs: 64*	TEC St. Joseph's TEC East Cobb ESA Smyrna ESA IMN
Year 3 *Provider FTEs: 11* *Staff FTEs: 30*	ESA IM LaGrange ESA Belmont ESA Fam Med LaGrange ESA Buford

Pilots Carry Forward

{ **Provider FTEs: 49** }

Patient Panel/Covered Lives: 131,729

SUMMARY