

# Trillium's TransforMED Experience

*Rapid-cycle improvement for team-based care  
to increase access to care and  
improve patient and team satisfaction*

*by*

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# Who is TransforMED?

The American Academy of Family Practice launched the TransforMED team in 2008 to help guide and support transformation for family physicians and their practices.

Over 700 primary care practices in 50 communities have been served by their efforts to develop team-based primary care homes.

# Why was Trillium interested and why did we invest?

One component of Transformation, and one of our CCO metrics, relates to serving OHP members in Patient Centered Primary Care Homes (PCPCH).

The state established criteria and adopted a model of care for a Patient Centered Primary Care Home (PCPCH).

Even a learning collaborative had been established in Lane County to develop a PCPCH team-based model of care, but a jump start was needed.

# Our first step

Trillium, with a commitment to participate by 14 primary care clinics, engaged TransforMED to intensely survey the clinics comparing current practice with an NCQA Tier 3 PCPCH.

The results of the survey were then shared with each clinic, including a “readiness to change” component. Most significant were the gaps identified where clinics could begin to focus developing stronger team-based care delivery.

# Context

During the time of this survey, fall of 2013 through winter of 2014, Trillium's membership expanded from approximately 55,000 members (December 2013) to 80,000 (March 2014). Due to lack of primary care providers the health plan closed to new membership.

Over 10,000 members need PCP assignment. In April 2014, Trillium launched a "Four-Point Plan" to increase primary care capacity.

# Four-Point Plan

- An additional \$10 PMPM was provided to PCPs willing to take additional patients
- Four Expansion Grants (\$500,000) were awarded to Clinics to expand capacity
- In partnership with Lane County a new Community Health Center (FQHC) was funded.
- Our TransforMED Phase II project was funded to assist 8 Phase I clinics develop more robust models of team-based care and increase access capacity.

# Our Approach

## *Rapid Cycle Workforce Optimization*

- Monthly Practice Visits
- Learning Collaborative Sessions
- Just-In-Time Coaching Support
- Weekly Team Calls

# TransforMED will...

## *Rapid Cycle Practice Workflow Optimization*

- Each practice will receive **six months of direct assistance** on workflow evaluation, implementation, and optimization
- **Practice visits to occur on a monthly basis** to develop and support improvement projects based on but not limited to the pre-identified measures
- **Conduct Best Practice Learning Collaborative sessions** to occur monthly as a means facilitate group learning and also provide a forum for practices to report out on their successes and challenges
- Practices will **receive technical assistance** on site and through conference calls, which will include workflow observation and development as well as data analysis. They will have access to support tools such as Delta Exchange and TransforMED's Learning Management System

# Engagement Period

## *Six Months*

- Determine level of interest and commitment
- Identify the team(s)
- Schedule conference call with TransforMED
- All practice meeting to discuss project, align goals of practice with goals of project.
- Develop individual practice transformation plan.
- Project sponsor goals and outcomes confirmed.
- ***Capture baseline data on relevant measures at the practice level***

# Objectives

1. Establish foundation of ***continuous quality improvement***. Engage key Primary Care Providers (PCPs), nursing staff, medical assistants, and health system leadership in collaborative sessions to increase learning and foster change as foundation work to the re-design of patient care around roles and responsibilities.
2. Identify and develop ***standard protocols*** to optimize use of all resources within the primary care setting. Identify high volume workflows that impact care team efficiencies which might lend themselves to protocol or guideline development.
3. Review ***roles of the staff*** in the practice to understand if training, education and licensure are being optimized for each role.

# Return on Effort

## Investment/Effort

- Weekly leadership meeting 30 min  
(physician, practice manager, clinical lead, front office lead)
- QI team – 4-6 people, one hour per week
- PDSA – baseline measure
- Pilot small cycles of change
- Scale and spread the change

## Benefit/Gain

- Measureable reduction in provider WAC
- 10% increase in access capacity
- 10% growth in panel size (provider level or practice level)
- 3<sup>rd</sup> next available
- Reduce no shows

# Project Timeline

- January 29: Welcome webinar to conduct the project orientation
- Practice visits: Third full week of every month
  - Week of February 16
  - Week of March 16
  - Week of April 20
  - Week of May 18
  - Week of June 15
  - Week of July 20
- Best Practice Learning Collaborative Sessions: 90 minutes engagements to coincide the Monday evening of the practice visits

# Practice Visit Schedule

Time	Activity
<b>Monday:</b> 5:30 – 7:00 p.m.	Best Practice Collaborative 1
<b>Tuesday:</b> 8:00 a.m. – 11:30 a.m.	Westmoreland Medical Clinic
1:00 p.m. – 4:30 p.m.	PHMG University District Pediatrics
<b>Wednesday:</b> 8:00 a.m. – 11:30 a.m.	Southtowne Medical Clinic
1:00 p.m. – 4:30 p.m.	Crescent Medical Clinic
<b>Thursday:</b> 8:00 a.m. – 4:30 p.m.	Lane County Community Health Centers
<b>Friday:</b> 8:00 a.m. – 11:30 a.m.	Springfield Family Physicians

# Practice Visit Agenda

Time	Activity
30 minutes	Meet with PCMH Leadership Team
90 minutes	Meet with Process Improvement Team
45 minutes	Create Current State Process Map
15 minutes	Break
60 minutes	Collect Data
30 minutes	Create Action Plan

# SBIRT Completion



**PeaceHealth Pediatrics**

University District

July 13, 2015

# Population Demographics

- What condition your improvement was directed at: Substance abuse and depression.
- Number of adolescent patients in our practice: 460
- The target group for improvements: 12-17 year old adolescents.

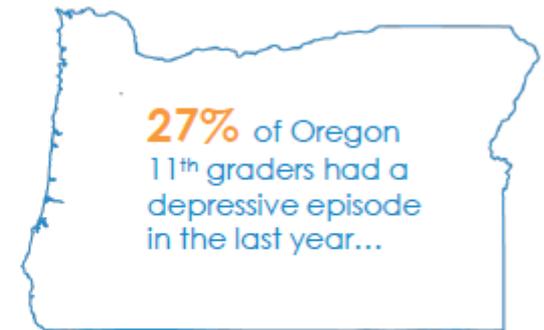
## Depression is common

Among 11<sup>th</sup> graders in Oregon  
**31% drank alcohol in the past month.**  
**21% used marijuana in the past month.**



**13%** **18%**

Percentage of 8<sup>th</sup> graders who have had a depressive episode in the last year.



...compared to **20%** nationally.



**15%** of Oregon teens had serious thoughts of suicide in the last year.

# Where We Were:

Prior to January 2015 we were not administering any routine substance or depression screening.

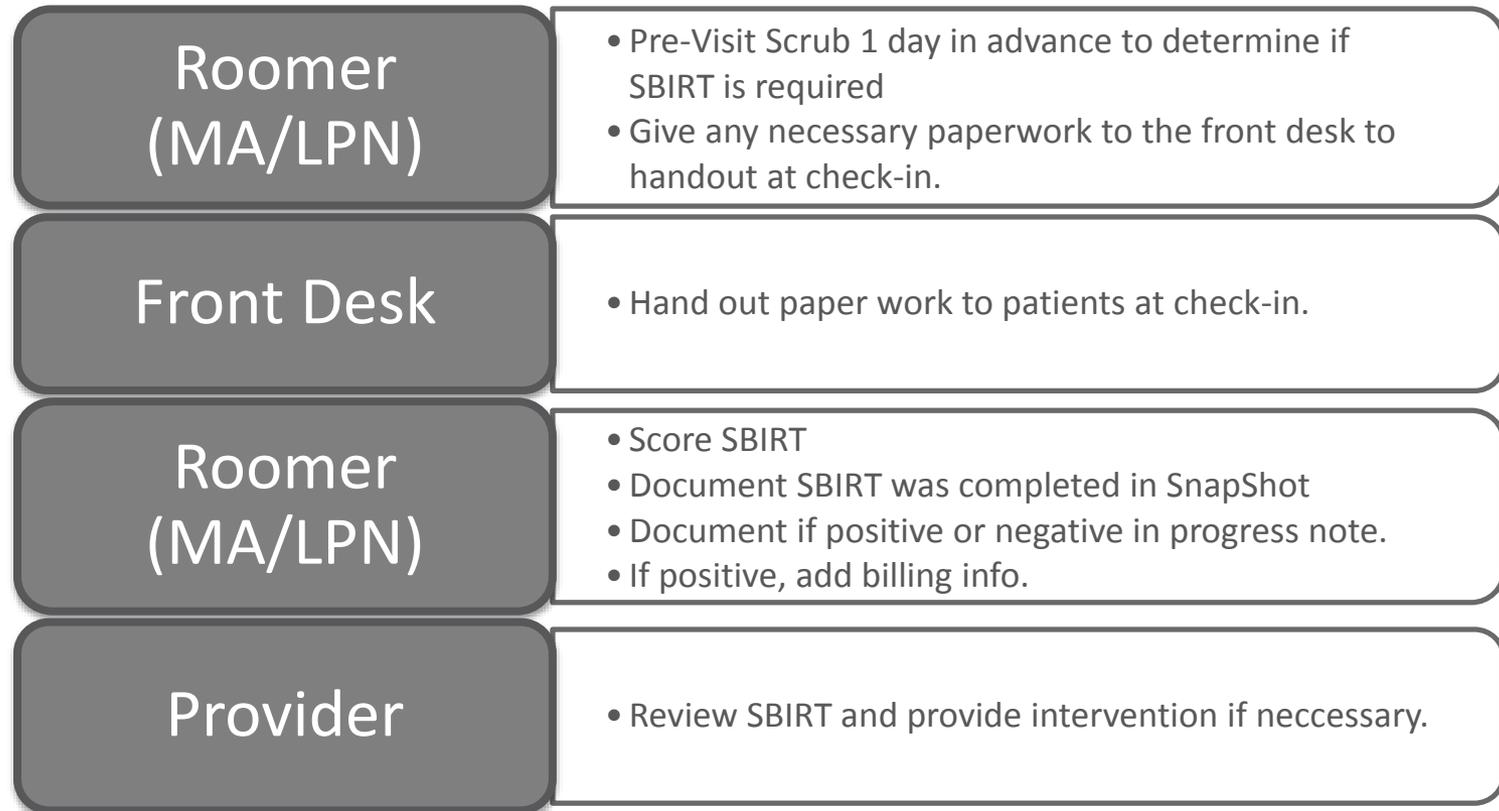


# Getting Started:

- Gathered all rooming staff together for three 1 hour meetings to discuss implementation of SBIRT screening and worked together to determine the best process.
- We implemented a scrub/huddle process at the same time.



# Process Flow Chart:



# Documentation

The screenshot displays the Epic EMR interface for a patient named Fuerrth. The top navigation bar includes 'Pacific - Hyperspace - BARG PEDIATRICS - PeaceHealth Production Environment - TAMMY M.' and various tool icons. The main area is divided into a 'Schedule' section on the left and a 'Patient' details section on the right. The 'Schedule' section shows a calendar for June 2015 and a table of appointments. The 'Patient' details section includes sections for Allergies, Problem List, Medications, and Specialty Comments. A green circle highlights the 'Specialty Comments' section, which contains the text 'Sbirt completed 06/25/2015'. A green arrow points from a legend box on the right to the '0' in the 'Checked In' column of the schedule table.

Slots	Time	Pri?	Checked In	Patient	Age/Sex	Notes	DOB
0	10:30 A		10:19 AM	[Redacted]	5 y.o. / F	NP/ 5YR WC...	[Redacted]
0	11:00 A		11:00 AM	[Redacted]	15 y.o. / F	15 year wee...	[Redacted]
0	11:30 A		11:21 AM	[Redacted]	2 wk.o. / M	2 week wce/...	[Redacted]
0	1:30 P		1:24 PM	[Redacted]	13 y.o. / F	13 year wce	[Redacted]
0	2:00 P		1:49 PM	[Redacted]	4 m.o. / F	4 month wce	[Redacted]
0	2:30 P			[Redacted]	2 v.o. / F	2 vr ox/mom...	[Redacted]

-  Scrub complete/no further action
-  SBIRT only required
-  Full vitals & SBIRT required
-  Clinic order entered
-  Full vitals only

Box would be blank if SBIRT had never been done, therefore due.

# Downfall:

## Adolescent annual questionnaire

We ask all our adolescent patients to complete this form at least once a year, because substance use and mood can affect your health. Please ask your doctor if you have any questions.

Your answers on this form will remain confidential.

Patient name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

### Substance use (CRAFTT):

In the last 12 months, did you:

	No		Yes	
Drink any alcohol (more than a few sips)?	<input type="checkbox"/>	If you answered No to all three questions, answer #1 below.	<input type="checkbox"/>	If you answered Yes to any questions, answer questions #1-6 below.
Smoke any marijuana or hashish?	<input type="checkbox"/>		<input type="checkbox"/>	
Use anything else to get high?	<input type="checkbox"/>		<input type="checkbox"/>	

	No	Yes
1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever forget things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into trouble while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

### Mood (PHQ-2):

	No	Yes	
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	If you answered Yes to either question, answer all questions on back.
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	

## SBIRT Oregon version

No		Yes	
<input type="checkbox"/>	If you answered No to all three questions, answer #1 below.	<input type="checkbox"/>	If you answered Yes to any questions, answer questions #1-6 below.
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

If you answered Yes to either question, answer all questions on back.



# Simplified Version:

(SBIRT)



## Adolescent Health Questionnaire

We ask all our adolescent patients to complete this form at least once a year, because substance use and mood can affect your health. Please ask your doctor if you have any questions.

Your answers on this form will remain confidential.

LABEL

Patient name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

We broke up the pre-screen and full screen to prevent adolescents from answering unnecessary questions.

### (Substance use)

In the last 12 months, did you:

Yes

No

Drink any alcohol (more than a few sips)?

Smoke any marijuana or hashish?

Use anything else to get high?

Have you ever ridden in a car driven by someone (including yourself) that was "high" or had been using alcohol or drugs?

### (Mood)

Yes

No

During the past two weeks, have you been bothered by little interest or pleasure in doing things?

During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?

### For Clinic Use Only:

If any yes's to substance use questions, administer CRAFFT.

If any yes's to mood questions, administer PHQ-A

### For Clinic Use Only:

If any yes's to substance use questions, administer CRAFFT.

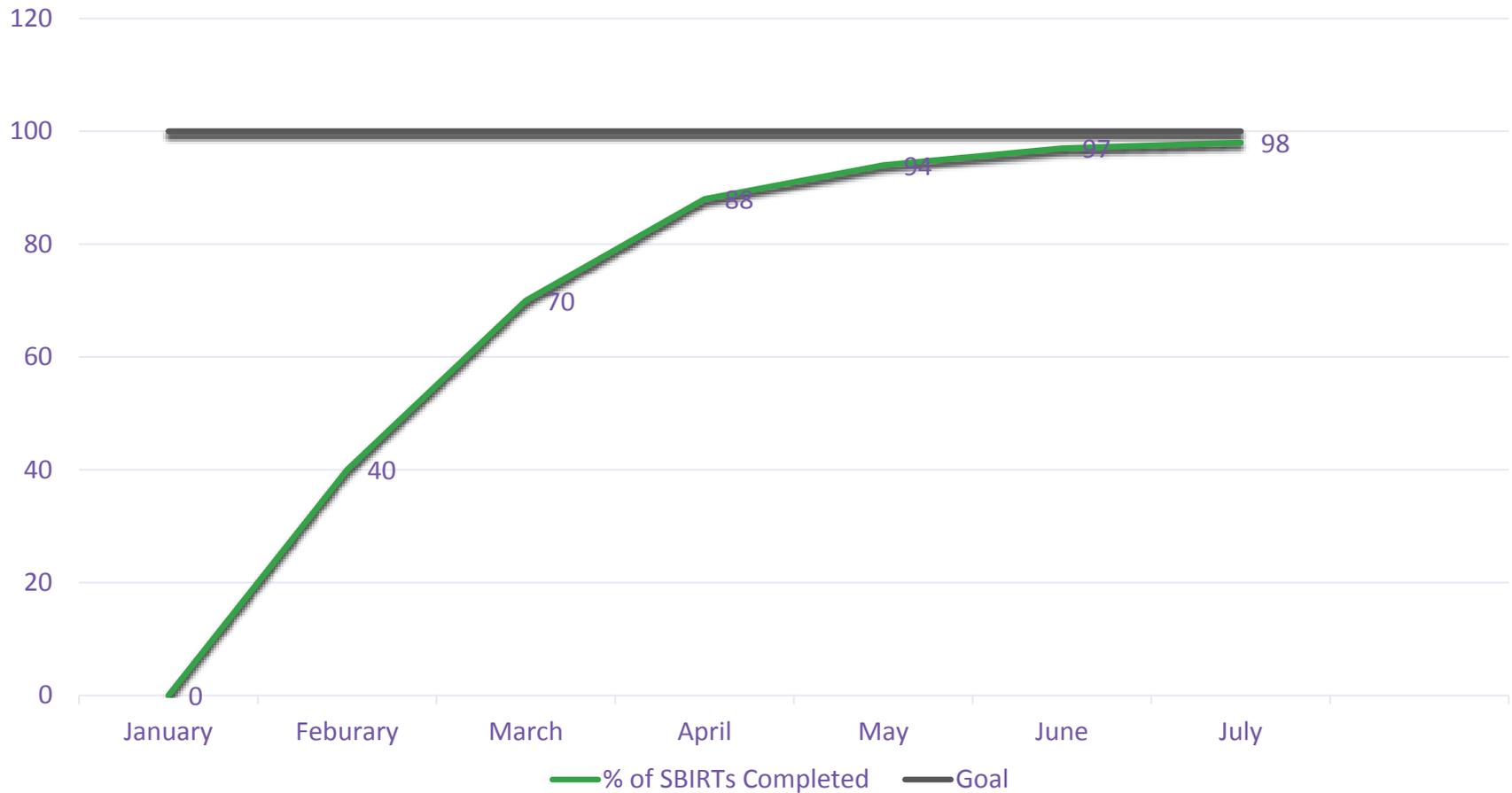
If any yes's to mood questions, administer PHQ-A

# Goal:

- Our goal is to screen 100% of adolescents once per year, regardless of the reason for their visit.

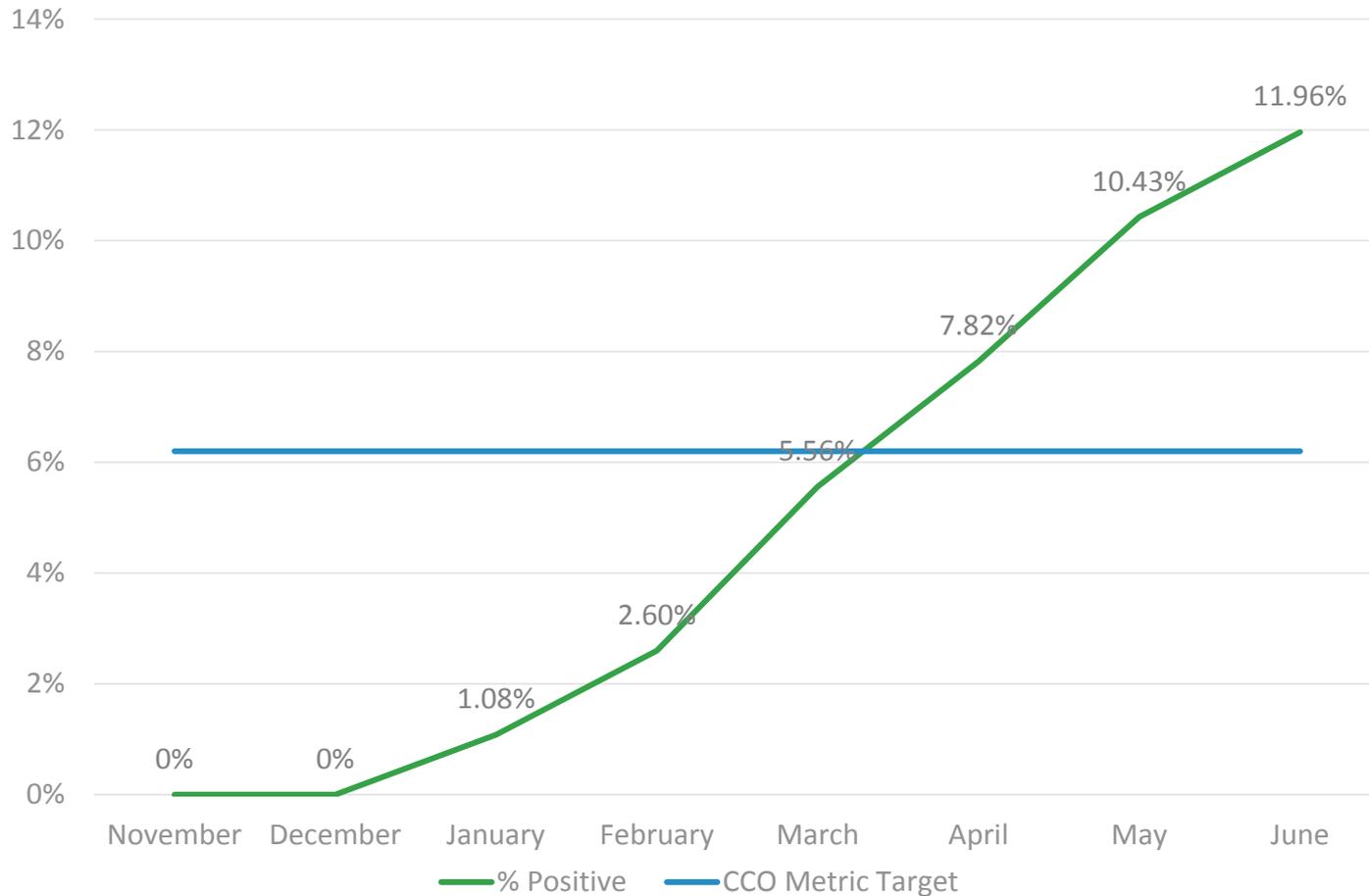


# Completion Rate:



# Trillium CCO Metric

➤ 6.2% of Trillium adolescents with a positive screen.



# How do we know that the change was an improvement?

- Anything is an improvement from 0%
- According to documentation we are now screening 98% of adolescents that come into the office.
- In screening almost all of our adolescent patients we are exceeding the Trillium CCO Metric.
- There have been multiple instances where previously undiagnosed patients were found to have significant depression. With these findings, we were able provide basic mental health intervention and refer them to a specialist.

# Lessons Learned

- The importance of measuring data to confirm improvement and sustainability.
- Monitor accomplishments and needs of improvement closely and provider immediate feedback.
- Be sure to include end-users in implementing any new processes.

# Spread and Sustainability

- The project was simultaneously rolled out to all three of our pediatric clinics.
- We were monitoring completion rate monthly (January - June) but will now begin quarterly monitoring to ensure sustainability.

# Project Results

Practice	Clinical Outcome/Process Measures	PCMH Domain	Baseline	Final	Change
Pediatrics	SBIRT	Quality	0.0%	12.0%	#DIV/0!
	Scrub-Huddle Process	PBTC	0.0%	98.0%	#DIV/0!
FQHC	Reduction in provider WAC	PBTC			
	ROS	PBTC			
	PAQ Scrubbing	PBTC			
FCHC	HTN patients at or above 140/90	Quality	54.0%	67.0%	24.1%
FM	% DM w/ A1C within 6 months	Quality	66.6%	87.3%	31.1%
	% Patients Seen Receive Recommended Preventive Care	Quality			
FM	% DM w/ A1C within 6 months	Quality	61.3%	89.5%	46.0%
FM	% DM w/ A1C within 6 months	Quality	68.5%	84.6%	23.5%
FM	Improve patient experience with self-mgt	Patient Centeredness			
	Provider 1		27.0%	89.0%	229.6%
	Provider 2		50.0%	83.0%	66.0%
	Percent of HTN patients under 140/90	Quality			
	Provider 1		69.0%	72.0%	4.3%
	Provider 2		56.0%	64.0%	14.3%

# Ten Commandments

- I. Data doesn't have to be perfect to be meaningful
- II. Reduce WAC
- III. Reduce provider tasks to vital few
- IV. Eliminate waste – everywhere you find it
- V. Whole practice engagement or it won't get done
- VI. Patient centered – provider empowered
- VII. Make data accessible to those who need it
- VIII. Keep a long term perspective but improve rapidly
- IX. Embrace failure and celebrate success
- X. Involve your patients



# Questions