Midwest Clinicians' Network

NETWORK NEWS

October 2015

What's Inside

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Transitioning for Success

Author: Chris Espersen, MSPH, Primary Health Care

Autumn has always been one of my favorite seasons. The transition from summer to winter brings bountiful harvests and beautiful colors.

But not all transitions are as lovely as those we experience this time of year.

Care coordination is one of the most important things we do in primary care, but so much of it is either a paradigm shift or just very difficult to accomplish. Care coordination is managing any transition in healthcare. Doing care coordination effectively requires not only a systems change, but many times, a culture change. We have been living in a world where, traditionally, what we do matters more than the outcome. The fact that we "told that patient to go to the cardiologist" or "told them they needed a pap, but they refused" no longer is enough for legal guidelines nor for reimbursement requirements.

There are myriad ways we transition patients. Sometimes it is from one setting to another, via referral to a specialist or exchanging information with hospitals. One thing payers are really paying attention to are transitions from primary care to hospitals back to primary care. It can also be life stage changes--transitioning from pediatric care to family practice, family practice to internal medicine, or internal med to long term care. Sometimes it seems a micro level change--change in medications or reconciling medications from other healthcare practitioners--but even these small transitions can have a big impact for patients.

I am by no means a betting woman, but I would put money on you being able to think of a loved one who has experienced an uncomfortable, inconvenient, or disastrous transition. A family member who received the wrong medicine, dose, or duplicate medication therapy due to inconsistent provider records. One who receives screening for something serious (depression, domestic violence) but no follow-up. A lab test result that never reaches you, or perhaps reaches

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Transitioning for Success *continued*

you after it is too late. A critical test that is worrisome, and you never get a call back or letter to say if it was normal or not. A referral that was unclearly communicated and you had to make multiple calls to figure out where to go, and what you should do before you arrive. A post-hospitalization visit that was nothing more than having your vital signs taken and the doctor walking in for one minute to ask you how you feel. The one I recently experienced was watching someone die a painful, undignified, and drawn out death because her advanced directive was flagrantly disregarded.

For a number of years we have been bombarded with various expectations—and to be quite honest, some of them are absolutely ridiculous and make no improvement in a patient's care. Others—when you look at the intent of the requirements around care coordination and how it affects our care, our health, and our lives—should make us pause. Care coordination requirements are actually quite aligned among health center expectations—PCMH, FTCA, Joint Commission, and even HRSA's 19 requirements all similarly outline what we should do when coordinating care. Payers are starting to come around too—either with quality incentives and shared savings, or non-reimbursement. If you are in an ACO or managed care arrangements, you are probably more aware of the cost of not appropriately following up on a hospitalization, or how much an Adverse Drug Event will eat away at shared savings.

Regardless of regulations, if you have been party to one of the ugly transitions I mentioned above, or perhaps one I didn't even highlight, you understand why we are being asked to follow up, to provide explanations, and sometimes even hold the hand of patients in these handoffs. Healthcare is extremely complex for us, for our patients who have adverse social determinants of health, they can sometimes be incomprehensible.

For those of you still struggling with care coordination, these are some helpful hints in making this important element of care easier:

Do an environmental scan. What already exists in your community to facilitate transitions? Don't duplicate services or reinvent the wheel. Use your care coordinator roles to figure out how to get your patients to already established services, and save your internal resources for those patients who for various reasons can't access that resource, or use your resources to perform other functions. It is sometimes hard to know where to begin with this. Attending local meetings or conferences and networking can help identify key "knowledge holders" in your community. Foundations or the United Way also know who does what, since they are paying for these interventions. The Department of Public Health, Quality Improvement Organizations, and other collaborative efforts are also a wealth of resources—get to know the key players and attend their meetings.

Leverage community resources for both risk and prevention. We often know the usual suspects—hospitals, specialists, Title V agencies, etc who are providing healthcare services. But there are other players outside of healthcare who can help. We were approached two days ago by an organization who wants to help our kids in low income neighborhoods with asthma, and go into their homes and make renovations up to $15,000. There is another initiative in our community providing exercise advice and coaching to obese and pre-diabetic patients.

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Promising Practices in Successfully Implementing a Patient Portal

By Tanya Larson, Director, Health Information Technology, Rachel Krause, Manager, Marketing and Public Relations, Gerry Linda, Director of Marketing — all of Erie Family Health Center, Chicago, IL

Implementing a patient portal was a priority for Erie. In addition to helping us satisfy meaningful use requirements, a patient portal would improve how we delivered services, our patients' experience and employee satisfaction.

Accordingly, in March 2015, we formally launched Erie's patient portal and to date have enrolled more than 10,000 patients. Key tactics included:

1. Developing an attractive, user-friendly product.
We needed our patients to both understand the portal and want to use it. To accomplish this, we modified the web interface, including re-designing the portal with fewer words and more graphics. And we added functionality to enable patients to view lab results and pre-complete forms in addition to requesting appointments and viewing their medical records. Perhaps most importantly, however, we added mobile capability. We learned that the majority of our patients accessed our web site using their phones so mobile functionality was critical. (In fact, this trend towards mobile access is unstoppable and guides much of Erie's marketing thinking. The biggest impediment to a broader usage of anyone's portal is the requirement that it be accessed via email, which is rapidly diminishing in importance to consumers vs. text messaging.)

2. Ensuring adequate IT infrastructure.
To enable its use, we needed to ensure that the portal was easy and efficient to operate. To do this, we incorporated an Automated Clinical Messenger, which allowed for automated messages to patients, as well as group messaging. In addition, we developed automated workflows for visit summaries, labs and health education materials.

3. Developed efficient workflows.
The portal changed the way patients interacted with Erie for appointments, lab results and other functions. We needed to create the "back end" processes to best respond to patients' requests. So, we initiated automated workflows such as allowing the patient to login and test accounts while they are still at the health center and we made sure that lab results would automatically populate in a patient's portal account as soon as the provider signed off on them.

4. Staff education, training and engagement.
We knew from ACA enrollment and other large initiatives that it was critical for staff to understand and promote these efforts. We accomplished this through multi-faceted efforts such as multiple training sessions, discussions of the portal at all large meetings,

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Coordinating Care to Improve Treatment of Chronic Pain

Diagnosing and Addressing Co-Morbid Conditions Can Improve Success of Pain Management

Over 25 million adults suffer from chronic pain each year in the U.S., according to a recent report by the National Institutes of Health. Patients who report chronic or severe pain have poorer health, are more likely to suffer from disability, and use healthcare more frequently than people without significant pain. Most of these patients are treated in primary care settings. Patients with chronic pain treated by a team can gain better control over their pain than those seeing a single practitioner, according to research on several models of coordinated or integrated care.

Integrated care can also be effective in treating mental health issues such as depression and anxiety that often accompany and can be exacerbated by pain. For example, more than 80 randomized controlled trials have shown that Collaborative Care, a specific type of integrated care developed at the University of Washington, consistently leads to better patient outcomes, better patient and provider satisfaction, and lower healthcare costs for a broad range of common mental health problems, depression and anxiety among them.

Several studies of other types of integrated care have shown that treating co-morbid mental health conditions, such as depression, can reduce pain. Regardless of the type of system in place, it is vital that primary care clinicians work as a team to properly evaluate patients who suffer from pain for possible co-morbid conditions, especially before deciding on treatment that may involve pain medications or sedatives.

Effective Chronic Pain Demands a Range of Treatment Options

In studies of integrated care, effective treatment for chronic pain has combined medication with non-pharmaceutical treatments, such as cognitive behavioral therapy (CBT) and training in self-management of pain. Patients in these studies also had regular contact with a care manager, which included evaluations of pain and depression that were used to modify treatments or adjust dosing levels to meet patients' needs. Evidence from these studies shows that regular check-ins can help patients stave off discouragement if treatments don't show results quickly.

Working as part of a care team can help providers manage opioid prescribing and can minimize the chance the patients will be co-prescribed pain medications and sedatives at dangerous levels. It is estimated that as many as 80% of unintentional overdose deaths related to opioids may involve benzodiazepines, a sedative commonly prescribed for depression, anxiety and sleep. According to the Centers for Disease Control and Prevention (CDC), in 2013 over 16,000 people in the US died from overdoses involving opioid pain medications and nearly 7,000 died from overdoses involving benzodiazepines.

Shared Decision-Making

Sharing decision-making between healthcare providers and patients is key to achieving successful pain care and treatment. An important aspect of shared decision-making is setting goals for treatment that address function—goals that could include restoring the ability to handle tasks at work or at home, or ability to participate in recreational activities, such as taking walks or biking.

If opioids are considered as a treatment, preliminary discussions may make it easier to discuss any required provider-patient agreements. The healthcare team should always check the prescription monitoring program in their state and consider a patient's history before recommending any decision about whether to start, stop or modify an opioid prescription.

Continuing Education Opportunities

The University of Washington's COPE for Chronic Pain CME Program offers evidence-based clinical knowledge and training on how best to treat patients experiencing chronic pain. COPE CME helps clinicians assess patients and monitor their progress, mitigate risk, and focus on restoring function and quality of life. It provides guidance on when and how to start, stop, or modify opioid therapies. COPE's online course includes case-based video vignettes that model interactions between providers and patients, helping to improve communications that promote trust. Live and web-based CME is available. Learn more at: www.COPEREMS.org.

Information on the Collaborative Care model of integrated care is available from the University of Washington AIMS (Advancing Integrated Mental Health Solutions) Center at aims.uw.edu.

Kris Freeman
COPE for Chronic Pain CME
University of Washington

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We also had a visit yesterday from an organization who can take our riskiest patients whose health is deteriorating, and provide intense, in home services until they are healthy enough to come back to primary care. Sometimes to provide the best care, you have to let go.

Know your worth. And tell others. As community health centers, we have done many coordination activities for years because it is the right thing. And we should continue to do so. But it is time for others to ante up, especially those benefiting from our efforts. Grants are good-but they are not sustainable. Some suggestions of who to approach for ongoing funding are hospitals, managed care organizations or other payers, and as always, your legislators.

Establish and nurture relationships. This one is a no-brainer, but we are all so busy we sometimes forget to make time for this. Some of the suggestions above, and many of the other programs we participate in have come from our community partners—people respecting who we are and what we do. Make broad yet deep connections with your community. You should also use your EMR as a resource in this. Look at your top referrals and meet with those organizations. What is working well? What frustrations does each party have, and how can you work together to make processes smoother?

View requirements as a guide, not a burden. Ask why. Don't just tell people that someone says we have to. Explain what it means for them and for the patient. One of the things we started doing in our New Employee Orientation is having others share positive or negative experiences that they have had with the healthcare system. Instead of having me drone on about the different standards, we connect those stories back to the medical home principles. Not surprisingly, most of them have to do with care coordination.

Advocate. Don't expect others to know what your patients go through. Tell their stories, and share your successes.

Data. Data truly are your friend, and help facilitate all of the categories above. They also are necessary to track and improve your coordination efforts. If you are not convinced, let's chat.

How MWCN can help. You receive a survey asking about topics you need help with- if care coordination is something you could use extra guidance in, we can set up a webinar, and connect you with other resources. We also have one of the eminent LISTSERV® email lists in the country—ask your colleagues to help out with specific elements. We are in this fight together!

I hope you enjoy the autumn and the transition to the holiday season. Thank you for all that you do for your patients!

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identifying and emphasizing the benefits to staff such as less stress on the call center and providing scripts and other tools to help staff promote the portal. We also incentivized staff based on the number of patients they enrolled. Each of Erie's 13 sites also had a site medical and administrative "champion," who shared information, served as the local expert and promoted portal use among staff.

5. Patient education, training and motivation.
Patients needed to understand and feel comfortable with the portal in order to use it. This was particularly challenging given that research told us that Erie's patient population was not the typical user of this type of technology. To address this we conducted focus groups with our patients and with Board's Patient Services Committee to determine what would motivate the use of a portal.

One of the best decisions we made was to never use the word "portal" with patients. It has no inherent meaning for them, always needs to be defined and explained and actually impedes communications. Instead we always referred to "Erie online services" or directly to a "myeriehealth.com account."

Of course, we also engaged patients on our website, via digital/social media, via a series of email blasts, in the health center with posters, flyers, brochures and information cards shaped like a cellphone). Our call center featured a new on-hold message and operators were trained. In addition, frontline staff wore buttons, "Ask me about myeriehealth.com," and we also raffled off an iPad for patients who enrolled early into the portal. This integrated communication campaign was phased over time and continues today.

6. Engaging in ongoing tracking, monitoring and quality improvement.
The work was not finished once the portal was implemented. Erie continues to monitor key information such as patients enrolled by site, e-mail collection rates and messages sent by staff member and Care Team. This will help us with meaningful use requirements as well as to target our improvement efforts.

As the first phase of portal implementation is completed, we are focused on making it an even more useful tool for patients and staff. Next steps will include enabling patients to schedule and pay on-line and use their mobile phone to generate referrals. We also look forward to leveraging the portal to provide population-based messaging for vaccinations, school physicals, etc. and automated health education. And we continue to encourage our staff to enroll new patients and have incorporated this process into on-site patient intake.

HEALTHY RECIPE: *Pumpkin Breakfast Cookies*

INGREDIENTS

1/4 cup coconut oil, melted
1/4 cup honey
1 cup rolled oats
1 cup quick cooking oats
2/3 cup dried cranberries
2/3 cup pumpkin seeds
1/4 cup ground flax
1 teaspoon pumpkin pie spice
1/2 teaspoon salt
1/2 cup pumpkin puree
2 eggs, beaten

PREPARATION

1. Preheat oven to 325 F. Line a baking sheet.
2. In a small bowl warm coconut oil and honey (either microwave, inside preheating oven or on the stop top).
3. In a large bowl combine both kinds of oats, cranberries, pumpkin seeds, ground flax, pumpkin pie spice and salt. Add pumpkin puree, eggs and warmed coconut oil and honey. Stir until fully combined.
4. Drop about 1/4 cup sized scoops of the mixture onto a cookie sheet and flatten (cookies won't spread while baking). Bake for about 15-20 minutes until edges are lightly browned.
5. Let cookies cook on baking sheet before moving to an airtight storage container. Yield: 12 cookies.

Source: http://www.http://leelalicious.com/pumpkin-breakfast-cookies/

REGISTRANTS: LOOKING FORWARD TO SEEING YOU SOON!

Developing/Implementing the Health Center's Quality Improvement Program

October 21, 2015 9am - 4pm | Marriott Indianapolis North

For more information: www.midwestclinicians.org/events

Congratulations to Dr. Cindy Schaefer

Cindy Schaefer was recently awarded a doctoral degree in Philosophy and Nursing from Duquesne University, Pittsburg, PA. As a faculty member at University of Evansville, Cindy currently teaches the senior nursing students and specializes in public health and complex medical/surgical practice. Cindy has a background in different areas of nursing that include medical, surgical, oncology, radiation therapy, cardiac intensive care, clinical research and public health. As a long term member of Midwest Clinicians' Network, Cindy has played an integral part on a research committee with the University of Chicago since 1996 on various topics including most recently diabetes awareness. Join us in congratulating Cindy on receiving her PhD, as well as her successful career, many awards, and dedication to public health over the years.

JOB POSTINGS

Illinois

Various Positions

IPHCA seeks Physicians (FP, IM, PED, OB/GYN, PSY), Medical Directors, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Dentists, Dental Hygienists, LCSWs, LCPCs and Clinical Psychologists for positions in urban and rural health centers in Illinois. To take advantage of our complimentary recruitment assistance contact Ashley Colwell, acolwell@iphca.org.

Famiy Medicine Physician

Position Available Immediately: Full-Time, Out-Patient, Board Certified, Family Medicine Physician: A Federally Qualified Health Center-National Health Service Corps (NHSC) Maximum Loan Repayment Site: Our facility, Will County Community Health Center, is one of the larger FQHC's in the state with 20 Family Practice, Internal Medicine, Pediatric, OB/GYN and Dental Providers, 32 exam rooms, a fully equipped Dental Suite of 5 Operatories, Immunization Clinic, WIC Program, Clinic and Hospital based OB Program, State of Illinois Title X Family Planning Program, Laboratory, Health Department Breast Feeding, Behavioral Health, STD, Lead, TB and Environmental Programs and Walgreens Pharmacy on site. hehrman@willcountyhealth.org

Various Positions

Family Christian Health Center (FCHC) is seeking to hire motivated Nurse Practitioners and Family Practice Physicians. FCHC is a federally qualified health center with a state-of-the-art facility. FCHC offers a competitive salary and benefits package. Contact Regina Martin, HR Manager, via email rmartin@familychc.org or phone 708-589-2017 for more information.

Nurse Practitioner/PA

Eagle View Community Health System in Oquawka, Illinois is seeking a full-time Nurse Practitioner or Physician Assistant to join our health care team. Monday – Friday hours. Competitive salary and benefits package. National Health Service Corp loan repayment eligible site. Please contact Melinda Whiteman at 309-867-2734 or mwhiteman@eagleviewhealth.org

Indiana

Physician

Valley Professionals Community Health Center is looking for a physician who has a passion for serving the underserved populations in their Crawfordsville office. VPCHC provides competitive pay and benefits and is a National Health Service Corps site for loan repayment. Please contact Tiffani Martin at 765-828-1003 or tmartin@vpchc.org for more information.

Iowa

Various Positions

FORBES ranked IOWA as the FIRST IN THE NATION FOR QUALITY OF LIFE. THRIVING Iowa Community Health Centers seek Family Medicine Physicians, Internal Medicine Physicians, Family Nurse Practitioners, Pharmacists, Psychiatric Nurse Practitioners, Dentists, and Behavioral Health Providers to join dedicated teams of mission driven providers and staff. Health Centers offer competitive salary and benefit package, eligible for loan forgiveness, and offer visa sponsorship, in their patient-centered-medical care health homes and state of the art facilities. Contact Mary Klein for more details at mklein@iowapca.org.

Kansas

Various Positions

PrairieStar Health Center (PSHC) is seeking to hire a GENERAL DENTIST for our new state of the art facility and a CHIEF FINANCIAL OFFICER for our growing practice (FQHC experience preferred but not required). PSHC offers competitive salary and benefits. Contact Bryant Anderson, CEO, by email andersonb@prairiestarhealth.org or fax 620-802-0690. See http://www.prairiestarhealth.org/jobs for more details.

Michigan

Various Positions

Community Health and Social Services Center is seeking to hire Spanish speaking License Master Social Worker (LMSW) with substance abuse certification or specialty and midlevel providers (NP/PA), in addition an Accountant to perform grant-related post-award functions, including budget and expense analysis. For more information please contact Angela Salgado, HR Director via email: asalgado@chasscenter.org

Dentists

Grace Health is seeking General Dentists in our Battle Creek and Albion locations. We offer a competitive salary, generous benefits package, and an opportunity for loan repayment. Please send cover letter and curriculum vitae to recruiting@gracehealthmi.org or fax to (269) 441-1265.

JOB POSTINGS

Minnesota

Various Positions

Community Health Service Inc. (CHSI) is seeking to hire a Family Nurse Practitioner/Physician Assistant, Registered Nurse, Clinical Assistant, and Mobile Unit Driver/Tech. To view other locations and positions available, please click here. CHSI is an EEO/ Veteran Friendly Employer.

Behavioral Health Consultant

Sawtooth Mountain Clinic is seeking a full-time Behavioral Health Consultant to assist with the integration of Behavioral Health Services into the Primary Care Clinical environment. Experience with the team based SBIRT model and electronic health records preferred. Licensure in one of the following areas is preferable: Licensed for Clinical Social Work, Licensed Psychologist, a Psychiatric Certified Nurse Practitioner or a Licensed Marriage and Family Therapist. Job Application available on SMC's website: www.sawtoothmountainclinic.org or at the clinic's front reception desk. For questions, please contact: Sue Nordman at 218-387-2330 ext. 126; or sue@sawtoothmountainclinic.org.

Missouri

Dentists

Central Ozarks Medical Center (COMC) is a FQHC seeking to hire full time Dentists due to upcoming expansion. Please send a cover letter and resume to Vicki Wagner at vwagner@rmcomc.com. COMC offers a competitive salary and benefit package. Loan repayment available.

Nebraska

Various Positions

OneWorld Community Health Centers, Inc. in Omaha, NE has the following positions available: Family Practice Physician, Physician Assistant, Nurse Practitioner, Behavioral Health Therapist, Clinical Social Worker, and Dentist. OneWorld is a federally qualified health center (FQHC) and is a Certified Level III Patient Centered Medical Home by NCQA. Out of 1,400+ Community Health Centers nationwide, we rank #12 in clinical quality. We offer a competitive salary and generous benefits. Our clinicians are eligible for student loan repayment through NHSC and NURSE Corps. Our practice is growing, and we need dedicated employees who are passionate about providing culturally respectful, quality health care with special attention to the underserved. Please apply at www.oneworldomaha.org/careers

Ohio

Various Positions

Community Health Centers of Greater Dayton in Dayton, OH has career opportunities for Family Practice physician, nurse practitioner and part-time dentist. CHCGD offers a competitive salary and benefits. Contact Sheryl Fleming at sfleming@chcgd.org, or visit our website, www.communityhealthdayton.org.

If you have a job posting you would like added to our newsletter, forward it to Renee Ricks at rricks@midwestclinicians.org

Wisconsin

Various Positions

Family Practice Physicians, Dentists, NPs, LPCs, LCSWs are invited to join Kenosha Community Health Center in doing "work that matters" delivering a full range of health care needs to Kenosha's uninsured and underinsured community. Our medical, dental, and behavioral health integrated approach to care focuses on treating the whole person. Visit our website http://www.kenoshachc.org/careers.html for more information and to apply.