

WESTMED Medical Group: Improving Transitions in Care

In October 2015, WESTMED Medical Group was named an honoree of the 2015 Acclaim Award, presented through the AMGA Foundation, for its initiative, “The Future of Health Care Today.” This article describes two key initiatives in their strategy.





COMMIT TO PATIENT SAFETY

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Stand Up for Patient Safety

An organizational membership that provides tools, resources, and education to support health care facilities – inpatient and ambulatory – in launching and sustaining robust patient safety programs.

ASPPS American Society of
Professionals in Patient Safety
at the National Patient Safety Foundation

American Society of Professionals in Patient Safety

The society is dedicated to advancing patient safety and building an engaged community of individuals committed to accelerating the delivery of safe patient care.

The National Patient Safety Foundation has been a central voice for patient safety since 1997. Today, NPSF offers programs that support the health care community, patients and families, and key stakeholders in the ongoing work to advance patient safety and health care workforce safety.

Membership for organizations in Stand Up for Patient Safety and for individuals in ASPPS and are just two of our offerings. Find out more about these and other programs and resources at npsf.org.

 **NPSF**
National Patient Safety Foundation®

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TABLE 1
Readmission Rates

Year	Total Admissions	Total Readmissions	Readmission Rate
2012	2826	354	12.53%
2013	2486	283	11.38%
2014	2373	262	11.04%

TABLE 2
Gap Closures

Measure	Nov. 12	Jun. 13	Jan. 14	Oct. 14	Improvement
Mammography	66%	70%	73%	75%	9%
Pneumovax	62%	69%	77%	81%	19%
Diabetic Eye Exam	35%	42%	47%	51%	16%
Diabetic Nephropathy Assessment	58%	67%	70%	73%	15%
Diabetic LDL Assessment	81%	83%	85%	88%	7%
Diabetic A1C Measurement	82%	86%	88%	91%	9%

FIGURE 1
Discharge Note Example

most common SNF rehab facilities; and now have 10 SNFists, eight physicians, and two nurse practitioners (NPs). They have implemented the same process for SNF rehab as the one listed above, and have dedicated a CM for transitions in care. The data on SNFs show decreased length of stay (LOS), cost, and readmissions. For SNF short-term rehab, they have seen a decrease from 2013 to 2014 in total admissions (494 total admissions in 2013 to 484 in 2014) and readmissions (from 94 in 2013 to just 50 in 2014), which represents a reduction from 19% to 10.4% and a cost savings of \$1.1 million dollars for Medicare.

It wasn't all smooth sailing to achieve positive results. Along the way, WESTMED discovered that hospitalists did not always complete a medication reconciliation note in a timely fashion. Since this is the initial trigger for the entire process, any delay in completing the note means that they can't succeed in achieving their goal. This was corrected by instituting a 24-hour rule for completion, which WESTMED used as a quality metric for the hospitalists. Additionally, they required all internal medicine providers to reserve at least two appointments daily for post-discharge follow-ups or same-day access to ensure appointment availability for follow-up in less than seven days.

WESTMED learned that health care often suffers from a lack of systems and processes. They often rely on individual, piecemeal care. The system/process to automate and monitor the fragile time of transition in care

FIGURE 2
Monthly Completion Rate Data

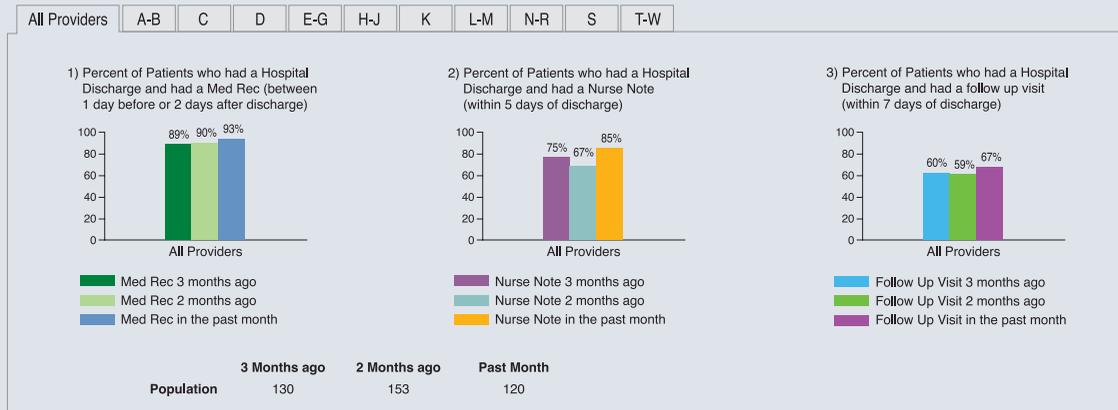


FIGURE 3
Clinical Task Manager



WESTMED Medical Group team accepting the 2015 Honoree Award (from left to right) Front row: Donald W. Fisher, Ph.D., AMGA President and CEO; Steven Meixler, M.D., Medical Director and Vice President; Maureen Adams, R.N., M.B.A., Senior Director of Nursing; Simeon Schwartz, M.D., President; Barney Newman, M.D., Medical Director Emeritus; Patricia Calayag, M.D., Associate Medical Director (OB/ GYN), WESTMED Medical Group; and Jerry Penso, M.D., M.B.A., AMGA Chief Medical and Quality Officer. Back row: Anthony Viceroy, C.P.A., C.G.M.A., M.B.A., President and Chief Financial Officer, Arthur Forni, M.D., M.M.M., Chief Medical Officer, WESTMED Practice Partners; and Richard Morel, M.D., M.M.M., Medical Director & Vice President, WESTMED Medical Group

has led to better outcomes and lower cost—what WESTMED would characterize as a win-win for everyone.

Closing Gaps in Care/Quality Improvement

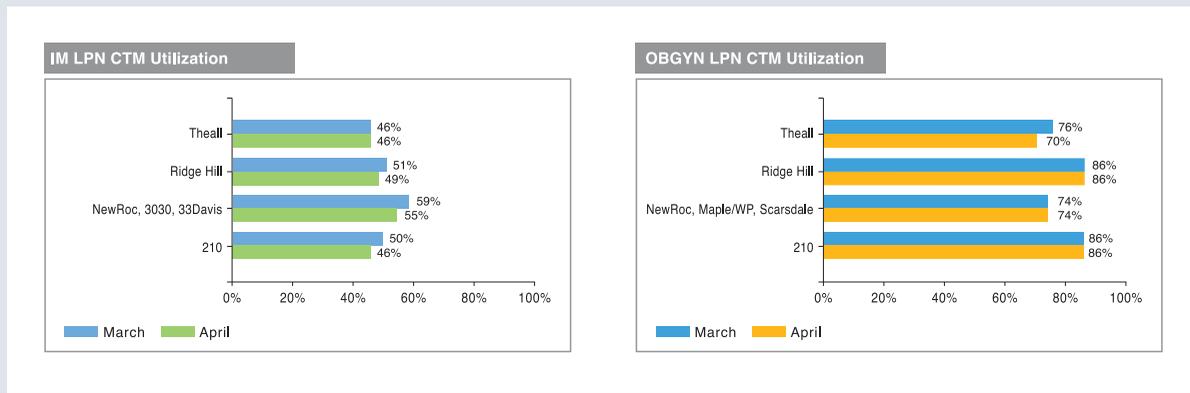
WESTMED also undertook a project to close gaps in care and improve quality of care. They based the improvement strategy for closing gaps in care on the PDSA process for healthcare change. Physicians, nursing leadership, and IT team together formed a work group to develop, implement and monitor the change plan. The group met regularly to monitor progress and implement further changes.

Prior to developing and implementing this plan, care was focused only on the patients in the office or clinic; this project marked a move toward managing a population under WESTMED's care instead of just

the patient in the exam room. A standard visit now begins four weeks before the scheduled time and continues until weeks after, with automated processes and patient contact based on desired preference of email, text, cell phone or home phone. And they now include initiatives for patients they haven't seen or haven't even scheduled to see.

One of the first—and also one of the most proactive—initiatives toward this goal has been the yearly personalized birthday letter WESTMED sends to all patients aged 50 and older outlining recommended preventive health measures and their current status. They also send targeted population health letters in the form of a diabetes mellitus (DM) reminder letter. Beginning four weeks prior to a patient visit, they run reports on

FIGURE 4
CTM Usage



patients with diabetes without an eye exam in the past year and women aged 50-75 without a mammogram in the past two years. These patients are contacted via their preselected preference and an appointment is made for either an ophthalmological exam or mammogram one hour before or after the PCP appointment is scheduled.

One week prior to their visit, reports are run on diabetics with A1C >8.0, high risk scores, GFR <30 for review of CM and pre-visit team meeting with CM, provider, and clinical staff. The visit begins with the clinical task manager (CTM) button (see Figure 3), which automatically scans the EMR for any gaps in care. The gaps that are screened for include: flu vaccine (during season); Pneumovax (for all patients aged 65 and older); mammography (for women aged 50-75 every two years); a colorectal screening (for all patients aged 50 and older); GC/chlamydia (for at-risk women); diabetic measures: ophtho exam, urine microalbuminuria, LDL, A1C all in past year; and HIV and hepatitis C screening.

Clinical staff is trained and empowered to review CTM with each patient and order any necessary testing/referrals to close any gaps in care. WESTMED deploys clinical staff dashboards that track completion rates of gaps in care and are included in yearly performance reviews. They also closely track usage of CTM (Figure 4).

To ensure compliance for recommended follow-up visits, WESTMED contacts patients by their preferred method to facilitate appointment scheduling if the recommended referral is not scheduled within two weeks from the primary visit.

WESTMED conducts additional focused outreach based on gaps-in-care reports from third-party payers and uses real-time dashboards to monitor and track all quality metrics/gaps in care. These dashboards can

be broken down by specialty, office location, and individual physician; they are transparent to all providers.

Yearly bonus compensation for physicians is based in part on performance metrics of gap closure/quality of care. They have developed an extensive set of guidelines and metrics regarding this aspect of formulating annual bonuses. Some results from the gap closures over the past two years can be seen in Table 2.

Challenges

As with all change, WESTMED faced some obstacles with the rollout and implementation of the program. Primarily, this involved initial difficulties of some physicians to develop a comfort level with turning responsibility over to support staff for ordering the closures of gaps in care. Some would prohibit the nurses from doing so, which created friction since the nurses were being held accountable. The solution was to emphatically promote the team aspect of care—which has always been a highly valued aspect of our culture and a core belief.

WESTMED learned that physicians are often fiercely independent in the management of their patients. In fact, it is ingrained in medical training that physicians hold the primary responsibility for the well-being of their patients. And in many medical education programs, physicians are not necessarily trained to work in teams—but the highest-quality medical care requires they do so. This insight has been the basis for ongoing adjustments in all of WESTMED's projects to improve quality of care for their patients.

Based on the Acclaim Award application of WESTMED Medical Group, submitted by Richard P. Morel, M.D., M.M.M., vice president and associate medical director.