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Provider Newsletter

ILLINOIS HEALTH CONNECT™
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New YHP Medical Director

My name is Dr. Carrie Nelson and I'm the new Your Healthcare Plus™ (YHP) medical director. I look forward to meeting many of you in the coming months. Until then, I'll tell you a bit about myself.

As a Family Physician, I've practiced in the greater Chicago area since 1992, most recently as Program Director for the Rush-Copley Family Medicine Residency Program. I made the decision to return to my true passion by taking this position at YHP and look forward to partnering with you toward quality care for our patients.

In addition to my role with YHP, I continue to work with the American Academy of Family Physicians. I am learning about quality improvement successes in many different regions of our country, serving as faculty for the Practice Enhancement Forum and on the Steering Committee for the annual Practice Improvement Conference. I look forward to sharing such successes with you in our work together. I have also been a board member of the Illinois Academy of Family Physicians for several years and am now Second Vice President for IAFP.

Before joining YHP, I experienced first-hand the challenges of redesigning office processes to achieve higher levels of measurable quality through my role as Medical Director for Quality at Central DuPage Hospital within both the hospital and the employed physician group. Similarly, I enjoyed the challenges of implementing strategies for better care in both my roles as Assistant Vice President for Patient Safety at Rush-Copley Hospital and as Chair of the Coalition for Quality and Patient Safety of Chicagoland (formerly Chicago Patient Safety Forum).

I look forward to strong collaboration for improving the health of the people we both serve in my new role with Your Healthcare Plus. Thank you for all you do!

Carrie Nelson, MD, MS, FAAFP ■

So Many Patients, So Few Appointment Slots

By Carrie Nelson, MD, MS, FAAFP

Our practices all have daily appointments available for people who call the office and need to be seen for acute symptoms. But here's how things often go: The morning starts out fine and your schedule looks pretty manageable. While the phones are ringing, you're seeing your well children, general physicals, back pain and flu patients. Then your nurse approaches you at about 10:30 to say, "All of our acute appointments are gone. What should I do now with people who need to be seen?" Sending people to the emergency department (ED) is far from ideal. You know your patients; the ED doctor doesn't. What's more, after an ED visit, you will still want to see your patient.

The same-day access systems in many primary care practices don't work to either our satisfaction or that of our patients. When people call with acute symptoms, they're transferred to the clinic triage nurse, whose job is to talk with patients to see who really needs one of those precious few same-day appointments and give phone advice to those who don't. Too often, the nurse is on another call and the patient must leave a message. By the time the nurse gets to that message, the patient may already have gone to the ED. Meanwhile, several office staff have processed that call, pulled a chart, and perhaps even taken a second message. The result is a cycle of waste that I call the *Cycle of Despair*.

However, there are a few things we can do to turn this cycle into a more efficient and effective system. By changing our approach to the three most common challenges, we can create what my friend Dr. Brenda Fann calls the *Cycle Repaired*.

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So Many Patients, So Few Appointment Slots *(Continued from page 1)*

Common Challenge #1: Scheduling Guidelines

Despair:

Give your staff lots and lots of direction about how to schedule appointments. For example, you might tell them, "Don't put two pap smears back to back, I can only do three well-child visits in a half-day session, and anyone with the name Helen needs 45 minutes." Meanwhile, your partner tells them, "Don't schedule a pap smear right before the lunch break, I don't do three-fors, and Harolds should all have 45 minutes." The more complex the guidelines are, the longer it takes your staff to schedule an appointment, which creates long delays on the phones, and consequently, more ED visits.

Repaired:

Keep it simple for your staff. Come to an agreement with your colleagues about a few simple guidelines for the staff. Ideally, there should be no more than two or three appointment types (e.g., 15 minutes and 30 minutes). Ultimately, having numerous guidelines is an attempt to control the uncontrollable.

Common Challenge #2: Same-Day Appointments

Despair:

Anyone who needs an acute appointment goes through the triage nurse. Her job is to make sure that the appointments are given to the people who really need them. Studies have shown that when people feel they need to see their doctor, they usually do need to see their doctor. Furthermore, if patients are told through the triage process that they don't need to be seen, they often go to the emergency room anyway. Many of these appointment types can be handled in the office fairly efficiently.

I once did my own review of the triage systems in several physician practices and learned that for about 80 percent of calls, the triage nurse was making an appointment. The other 20 percent consisted of requests for prescription refills or lab results, and questions for the doctor. Rarely was the clinic triage nurse able to give home care advice to defer an appointment. So it seems clinic triage nurses may just be functioning as very highly paid schedulers. Try gathering some data on this process in your own office.

Repaired:

Have a simple system whereby your front desk staff have the authority to offer same-day appointments. There are several ways to facilitate this less wasteful approach. For example, are there specific times in the day that you can offer a walk-in option for patients who are ill? Or try allowing just one of your front desk staff to offer same-day appointments.

YHP will be partnering with the IAFP in a program of education and facilitated improvement for practices that would like to implement strategies for efficient and effective same-day access. Look for your invitation to participate this spring.

Common Challenge #3: Capacity vs. Demand

Despair:

Your appointment capacity never matches the demand for appointments. For many practices, the daily demand for acute-care needs is rarely met. In addition, there are daily no-shows when people who scheduled their appointment weeks ago have now forgotten all about it.

Repaired:

Know what your true demand and your true capacity are, then do your best to match them up. In some cases, demand truly does outstrip capacity. But if that's the case, why go on like that? It's unhealthy for us, our staff, and our patients. It's important to measure these core operational attributes.

For example, to measure demand, have your staff track all requests for appointments by type for one week. This can be done through the use of a simple check sheet with columns for adult preventive care, new patient preventive visits, sick visits, chronic condition follow-up, etc. You may want to track requests for more than a week, depending on how typical the measurement week is.

Then measure your true capacity. Based on the number of providers you have in the office, calculate how many appointment slots are available in an average week. Then compare the numbers. If they don't match, some decisions may need to be made about whether to accept new patients, expand hours, add a provider, and/or restructure your capacity.

By addressing the most common challenges of same-day access, you can break the cycle and improve both patient and physician satisfaction. Enlist the support of clinical and non-clinical staff in devising solutions. Also, watch for the IAFP improvement program coming this spring.

If you're interested in the program or have same-day access solutions you'd like to share, please feel free to contact me directly at **carrie.nelson@mckesson.com**. ■

Illinois Health Connect Referral System Implementation Updates

To continue the ongoing efforts to "connect" Illinois Health Connect (IHC) patients with their medical home and support continuity of care, HFS and IHC have begun the implementation of Phase I of the Illinois Health Connect (IHC) Referral System by region, as provided below. The regional implementation of a practice is based on the provider's registered address with HFS.

Northwest Counties—October 1, 2009 (Implemented)
Collar Counties—December 1, 2009 (Implemented)
Cook County—February 1, 2010
Central Counties—April 1, 2010
Southern Counties—April 1, 2010

Phase I of the IHC Referral System affects IHC Primary Care Providers. Under Phase I, IHC patients are required to see their assigned Primary Care Provider (PCP) or an affiliated provider for most outpatient primary care. **PCPs seeing patients enrolled in IHC but not enrolled on their panel, or on an affiliated PCP's panel, on the date of service, must obtain a referral from the patient's PCP in order to be reimbursed by HFS for services provided.** Specialists will not require a referral in Phase I.

Referrals in Phase I must be registered with IHC. The preferred method is through the IHC Provider Portal via the secure HFS MEDI system. MEDI also allows a provider to confirm HFS patient eligibility and see who the assigned PCP is on the date of service. PCPs without internet access can submit referrals for their patients directly with IHC via fax, or by calling IHC.

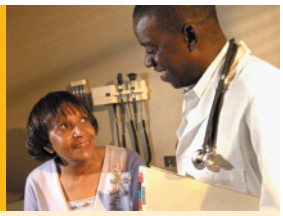
Providers who need assistance accessing the IHC Provider Portal to register referrals should contact their IHC Provider Service Representative or the IHC Provider Helpdesk at **877-912-1999**.

During Phase I, PCPs should continue to encourage patients seeking services in their office, but not enrolled on their panel or on an affiliated PCPs panel on the date of service, to see their PCP first. Reinforcement by PCPs of the medical home concept will encourage IHC enrollees to access services available with their PCP and build upon the foundation of the medical home, resulting in better coordination and continuity of care for these patients.

What Can PCPs Do To Get Ready for Phase I of the Referral System

- Review IHC enrollment information and update IHC with any changes: contact information, location of provider service, panel restrictions and affiliates.
- Confirm that IHC patients they see are on their IHC panel roster.
- Inform all non-critically ill patients that they need to see their assigned PCP or contact IHC to request a PCP switch. IHC has sample patient communication letters available for download on the IHC website under the Client Materials tab to outreach to patients that receive services from the PCP, but are not enrolled on the PCPs panel. The letters inform the clients that they can no longer be seen without a referral from their own PCP at their medical home.
- Participate in webinars demonstrating the referral entry and tracking process. Webinar dates and information are posted on the "Provider Education" tab of the IHC website **www.illinoishealthconnect.com**.
- Attend regional presentations about the IHC program and the referral entry and tracking process. The schedule is posted on the "Events Calendar" of the IHC website.
- Watch a six minute video about the IHC Referral System that is available on the IHC website under "Provider Information".
- Access through the IHC Provider Portal a report that contains an approximation of 2008 claims and the estimated dollar value of these claims, by patient, that would have rejected due to a lack of a referral and the PCP would not have received payment for had Phase I of the IHC Referral System been active. Providers are encouraged to utilize this data to outreach to these patients.
- Call the IHC Provider Help Desk, an IHC Provider Service Representative or an IHC Quality Assurance Nurse for personal assistance at **1-877-912-1999**.

Supporting Your Patients and Your Practice



Prescribing Psychotropics

You may have received information in the mail from Care Management Technologies (CMT) regarding psychopharmacy reviews for complex YHP patients. The content of this mailing is intended to be educational and informative. You may discover that others are also prescribing psychotropics for your patients.

At times, a pharmacy may not be making the correct prescriber-patient connection. **If you believe the pharmacy is incorrectly attributing a script to you, it is your responsibility to call the pharmacy to correct the information.**

If you would like a free consultation regarding prescribing for a particular patient, just complete the CMT fax back reply form making this request.

Coming Soon!

Do you care for YHP disease management patients who have been diagnosed with **depression**? If so, you may wish to make a note that two new depression measures (based on HEDIS methodology) have been added to the quarterly **patient summaries**. The next set of reports will be mailed in late February.

Want to brush up on **management of depression**? There is a free depression CME at **www.YHPlus.com**, or via MEDI.

? Did you know?

HFS has a series of **Provider Handbooks** that address a spectrum of issues from billing, coding and claims submission to laboratory standards? The handbooks can be accessed on the HFS website at **www.hfs.illinois.gov/handbooks**.

All pediatric providers are especially encouraged to check out the **Chapter 200 Healthy Kids Handbook** for information about resources for pediatric patients, as well as pediatric clinical guidelines and appropriate coding information.

Formula for Opioid Prescribing!

Well, actually there is no 'formula.' Are you interested in some tips on managing pain, especially chronic pain? If so, you are invited to a free one hour teleconference session to be hosted by an industry expert at 12 Noon CT on February 23. There will be a short presentation about opioid prescribing, followed by Q&A. The toll free conference number is: **1-877-736-0112**, participant code: **3185465526**

Visit the Your Healthcare Plus and the Illinois Health Connect web sites for information on upcoming events.

This newsletter is available on the Your Healthcare Plus and Illinois Health Connect websites:
www.yourhealthcareplusdr.com • www.illinoishealthconnect.com

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