

TOMORROW
STARTS
TODAY.

PACER: A Progress Report from Advocate Health Care

Thursday, September 28th, 2017 | Dr. Jill Patton and Lauren Wemple, MPH

Advocate Primary Care Transformation Collaborative (APCTC)

Agenda

- Sponsors
- Committee Members
- APCTC Goals
- APCTC Focus
 - Faculty Development
 - Practice Transformation
 - Patient Centeredness
 - Highly Functioning Teams
 - Teaching with Quality Data
 - Other
- Discussion

APCTC Sponsors

- Advocate Lutheran General Hospital
- Advocate Physician Partners
- Advocate Medical Group
- Russell Institute for Research and Innovation

APCTC Committee Members

- Family Medicine
 - Dr. Greg Kirschner: Residency Program Director
 - Dr. Bruce Perlow: Medical Director
 - Dr. Jason Howell: Faculty
- Internal Medicine
 - Dr. Jill Patton: Residency Program Director
 - Dr. Rob Zimmanck: Medical Director
 - Dr. Thomas Holmes: Faculty
- Pediatrics
 - Dr. Joanna Lewis: Residency Program Director
 - Dr. Jeanne Lovett: Medical Director
 - Dr. Sanaa Qamar: Faculty

APCTC Goals

- Meet challenge of producing a better trained primary care workforce
- Create a sustainable model for faculty development
- Support interprofessional collaborative practice and education
 - Patient-centered care
 - Shared resources
 - Quality improvement
- Reduce total cost of care

APCTC Outline


- Faculty Development
- Practice Transformation
- Patient-Centeredness
- Highly Functioning Teams
- Teaching with Quality Data
- Other

Faculty Development

- Lectures
 - “Setting up Highly Functioning Interdisciplinary Teams”
 - “Interprofessional Asthma/COPD Management” (collaboration with Northwell Health)
- Collaboration with two other Advocate Family Medicine and Internal Medicine residency programs
- Electronic Faculty Development Playbook
- Podcasts



This Month



**Faculty Development
Behavioral Based
Interviewing** ...

Nov 6 • 6 min

Recruitment Interview Skills

[more...](#)

Practice Transformation

- Interdisciplinary Care Teams (IDTs)
- Asthma/COPD Chronic Disease Management Program
 - Nasset Family Medicine and Internal Medicine
 - Implemented April 2017
 - Direct patient outreach to high utilizers
 - Appointments with embedded pharmacists
 - Resident quality improvement project being developed in conjunction with the new program
 - Yacktman Pediatrics
 - One physician will block out an afternoon for “Asthma Clinic”
 - Will book patients directly to see her

Practice Transformation: IDT

- Group meetings to discuss high risk patients with chronic conditions or are frequent utilizers in need of additional support to define treatment goals, manage symptoms, and align patient goals with reasonable medical care options

Practice Transformation: IDT

IDT Members:

- PCP
- Care Manager
- Pharmacist
- RN
- CMA
- Advocate at Home
- Behavioral Health
- Social Work
- Mission and Spiritual Care
- Resident
- Medical student
- Pharmacy student

Measures of Success:

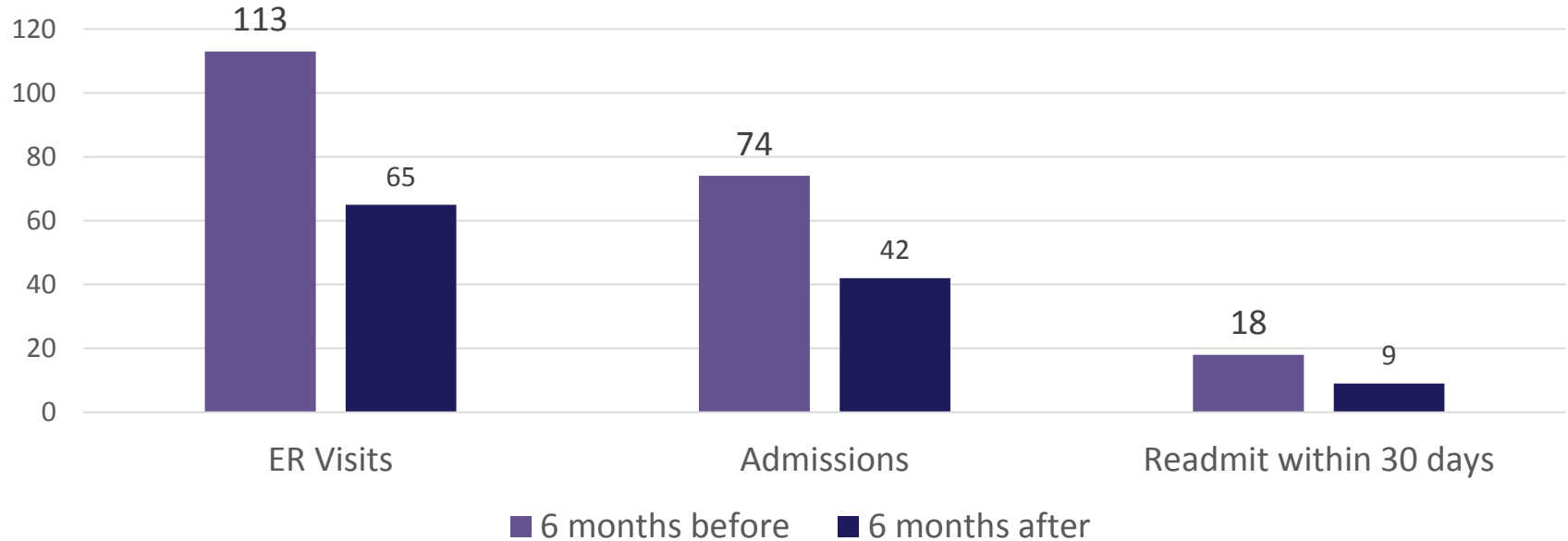
- Decreased ER visits
- Decreased admissions
- Decreased readmissions
- Decreased total cost of care
- Plan of care goals reached

Practice Transformation: IDT



Nesset Internal Medicine and Family Medicine

Comparison 6 months before start of IDT vs. 6 months after



IDT start date June 2016-August 2017

Source: AMG Finance, APP claims

57 Patients

Nesset Internal Medicine and Family Medicine

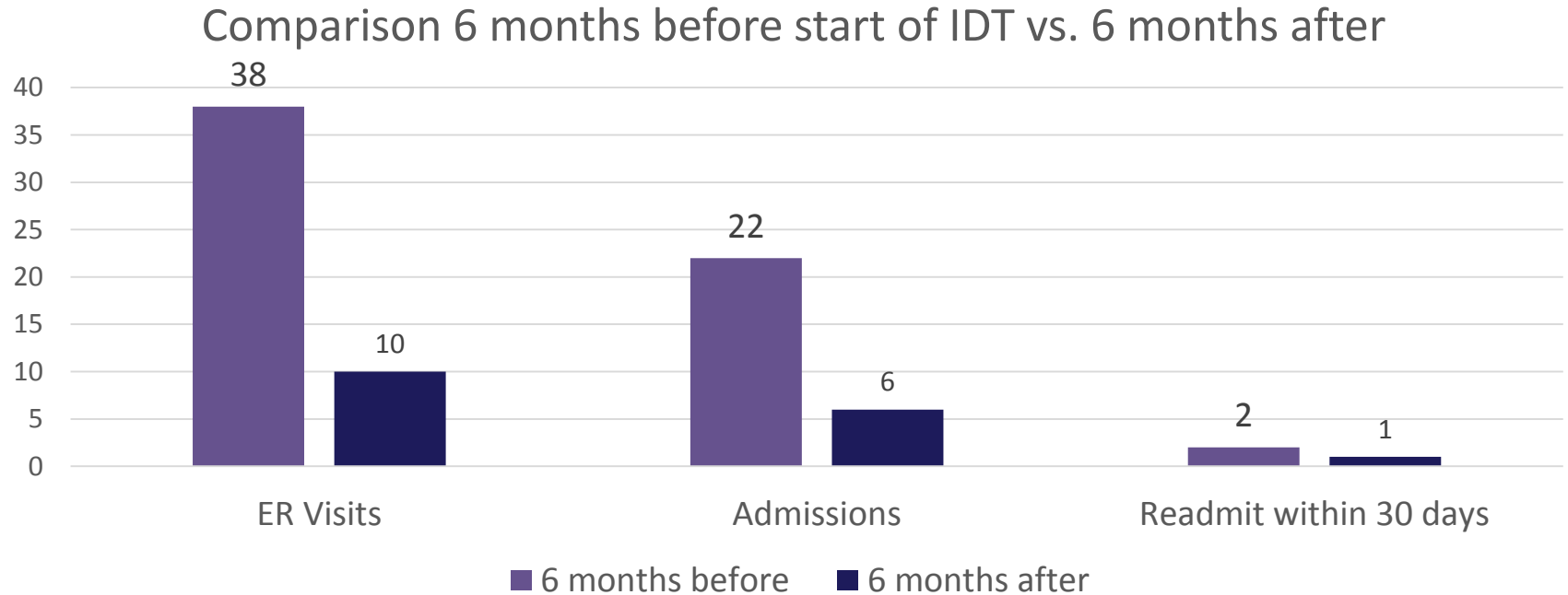
Measure	6 months before	6 months after	Savings	% Change
ER Visits	72	52	20	28%
ER Visits/1000	1,263	912	351	28%
Admissions	56	29	27	48%
Admissions/1000	982	509	473	48%
Readmits within 30 days	18	8	10	56%
Readmit rate	32%	28%	4%	13%
Total inpatient cost	\$714,022.00	\$346,796.00	\$367,226.00	51%
Total inpatient cost per patient	\$12,526.70	\$6,084.00	\$6,442.70	51%

IDT start date June 2016-August 2017

Source: AMG Finance, APP claims

57 Patients

Yacktman Pediatrics



IDT start date June 2016-August 2017

Source: AMG Finance, APP claims

40 patients

Yacktman Pediatrics

Measure	6 months before	6 months after	Savings	% Change
ER Visits	38	10	28	74%
ER Visits/1000	950	250	700	74%
Admissions	22	6	16	73%
Admissions/1000	550	150	400	73%
Readmits within 30 days	2	1	1	50%
Readmit rate	9%	17%	(8%)	89%
Total inpatient cost	\$685,612.00	\$48,627.00	\$636,985.00	93%
Total inpatient cost per patient	\$17,140.30	\$1,215.68	\$15,924.62	93%

IDT start date June 2016-August 2017

Source: AMG Finance, APP claims

40 patients

Patient-Centeredness

- Nasset Family Medicine Patient Advisory Council
 - 4 meetings per year
 - Topics discussed include: continuity of care, communication with physicians, resident practice, patient portal, team-based care, etc.

Teaching with Quality Data

- Clinical Outcomes Report Card for each resident monthly
- APCTC is active participant and/or partner in resident Quality Improvement projects

Advocate Health Care

LGH INTERNAL MEDICINE RESIDENCY | OCTOBER 2016

CLINICAL OUTCOMES REPORT CARD

Resident: [REDACTED]

	Oct 15	Oct 16	Female	Oct 16
Number of patients of Attributed Patients with >= or = to 2 visits	108		52.78%	47.22%
	92		30.54%	
DIABETES PATIENTS	12			
Number of patients with eye exam	10			
Number of patients with foot exam	11			
Number of patients with micro albumin	11			
Number of patients with HgA1c performed	11			
Number of patients with HgA1c < 8	10			
Number of patients with LDL performed	12			
Number of patients with LDL < 100	11			
Number of patients with BP < 140/90	12			
Number of patients with pneumo vaccine	7			
Number of patients on a Statin	8			
HEART FAILURE PATIENTS	4			
Number of patients on beta blocker	3			
Number of patients on ACE/ARB	3			
WELLNESS REPORT				
Number of patients > 65	25			
Number of patients of female patients 21-64	41			
Number of patients of female patients 50-74	21			
Number of patients > 13 years old	108			
Number of patients > 2 years old	108			
CAD PATIENTS	11			
Number of patients on anti-platelets	11			
Number of patients with BMI < 30	6			
Number of patients with LDL performed	8			
Number of patients with LDL < 100	5			
Number of patients with BP < 140/90	11			
Number of patients on a Statin	10			
HYPERTENSION PATIENTS	39			
Number of patients with BP < 140/90	37			
COPD PATIENTS	4			
Number of patients with spirometry performed	1			
ASTHMA PATIENTS	7			
Number of patients with asthma action plan	3			
Number with asthma control test score	3			
Number of patients of Patients with falls screening	11			
Number of patients with cervical cancer screening	23			
Number of patients with breast cancer screening	15			
Number of patients who currently smoke	20			
Number of patients counseled to quit	11			
Number of documented influenza vaccine	55			

Other

- Resident engagement
- Participating in Advocate Value Transformation initiatives
- Presentation at PCMH Congress Fall 2016
- Presentation at Society of Teachers of Family Medicine conference Fall 2017
- Participating in development of patient-centric chronic condition management care model



Discussion

- Questions?