

A Nurse Practitioner Patient Centered Medical Home

The Journey to NCQA Level III

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New London, NH

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Today's Goals

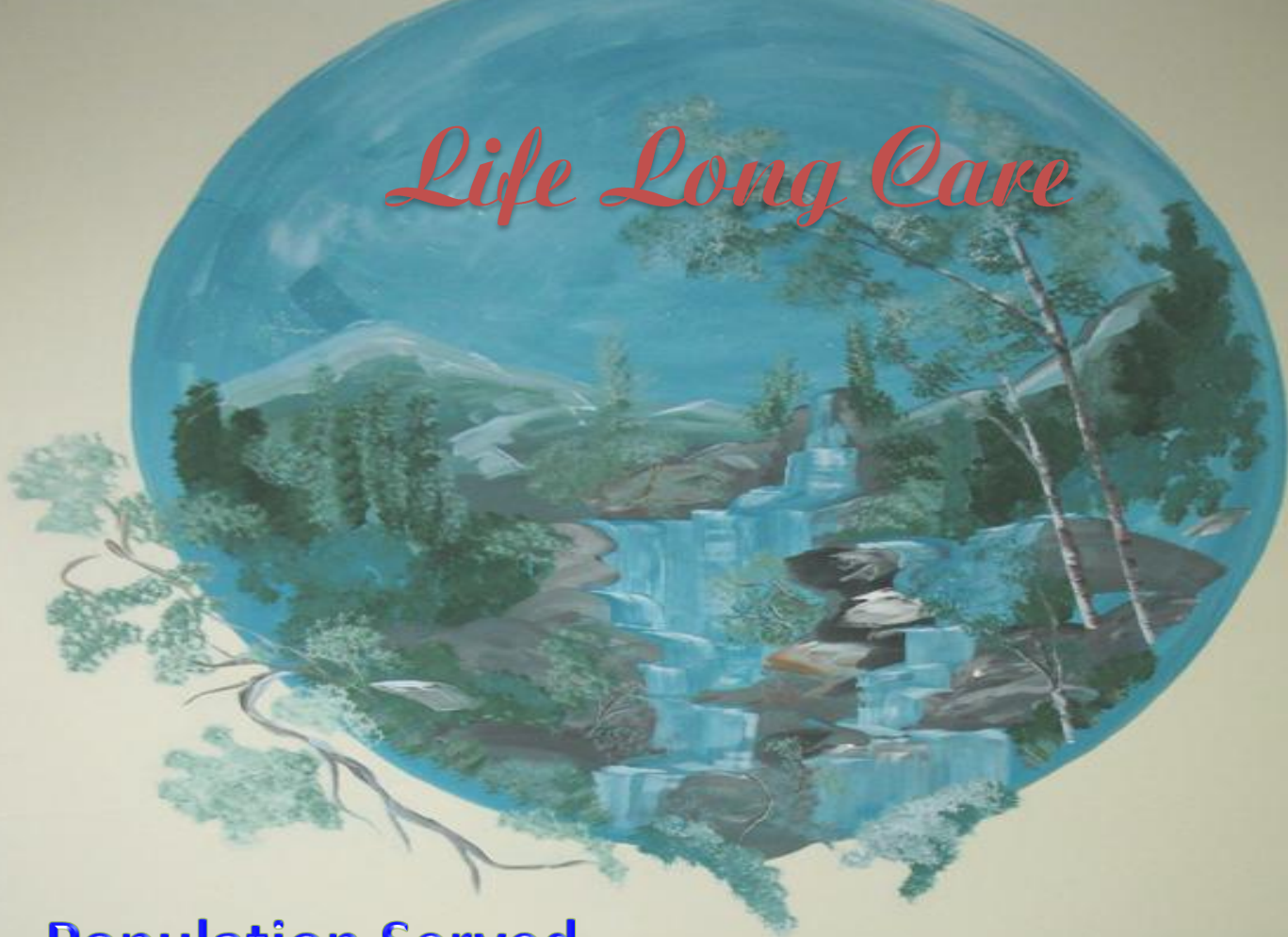
Who are we?

How did we get here?

What are our outcome?



Life Long Care



Population Served

Services Offered

Location

Home



Our Mission

To create an environment that is a safe space, that also models a healthy work place.

Our Vision

The patients we serve will experience high quality care, feeling safe and supported through evidenced-based care within a nursing model in a patient centered medical home.

Our Values

Safety : The experience.

Nursing: What we do.

Confidentiality: Honoring the gift.

Individuality : It's about people.

Time : Moments of quality as individuals
and as employees.

Our Team

- 3 Advanced Practice Registered Nurses
- 1 Registered Nurse
- 1 Certified Medical Assistant
- 1 Office Manager
- 2 Receptionists



This Is What Makes Us Patient Centered

Oversized flannel gowns

Hand prints

Handmade toy box

Messages from Tonjia

Photos on the wall

Antique furniture

Lack of filing cabinets



Medical Home Getting There

Citizens Health Initiative New Hampshire Multi-Stakeholder Medical Home Pilot

**Special thanks to
Anthem Blue Cross in New Hampshire
CIGNA Health Care
Harvard Pilgrim Health Plan
MVP Health Care**

CMHI's TAPPP™ Framework

The Gap Analysis and Report

Special thanks to Jeanne McAllister, RN, and Carl Cooley, MD, at the Center for Medical Home Improvement, and Jeanne Ryer, at the New Hampshire Endowment for Health for their guidance and support.

Center for Medical Home Improvement: <http://www.medicalhomeimprovement.org/>

New Hampshire Endowment for Health: <http://endowmentforhealth.org/>

Medical Home Improvement Plan

Challenges to change

The NCQA Model

High Quality Teams

Challenges to be true to self

Documentation without conformity.

Teamwork flows from the mission, vision and values.

The lived experience: Eat lunch together!

Humor: No sacred cows!

Documentation: Put it on the server!

Consensus: Maintain it!

Organization of Clinical Information

Electronic medical records

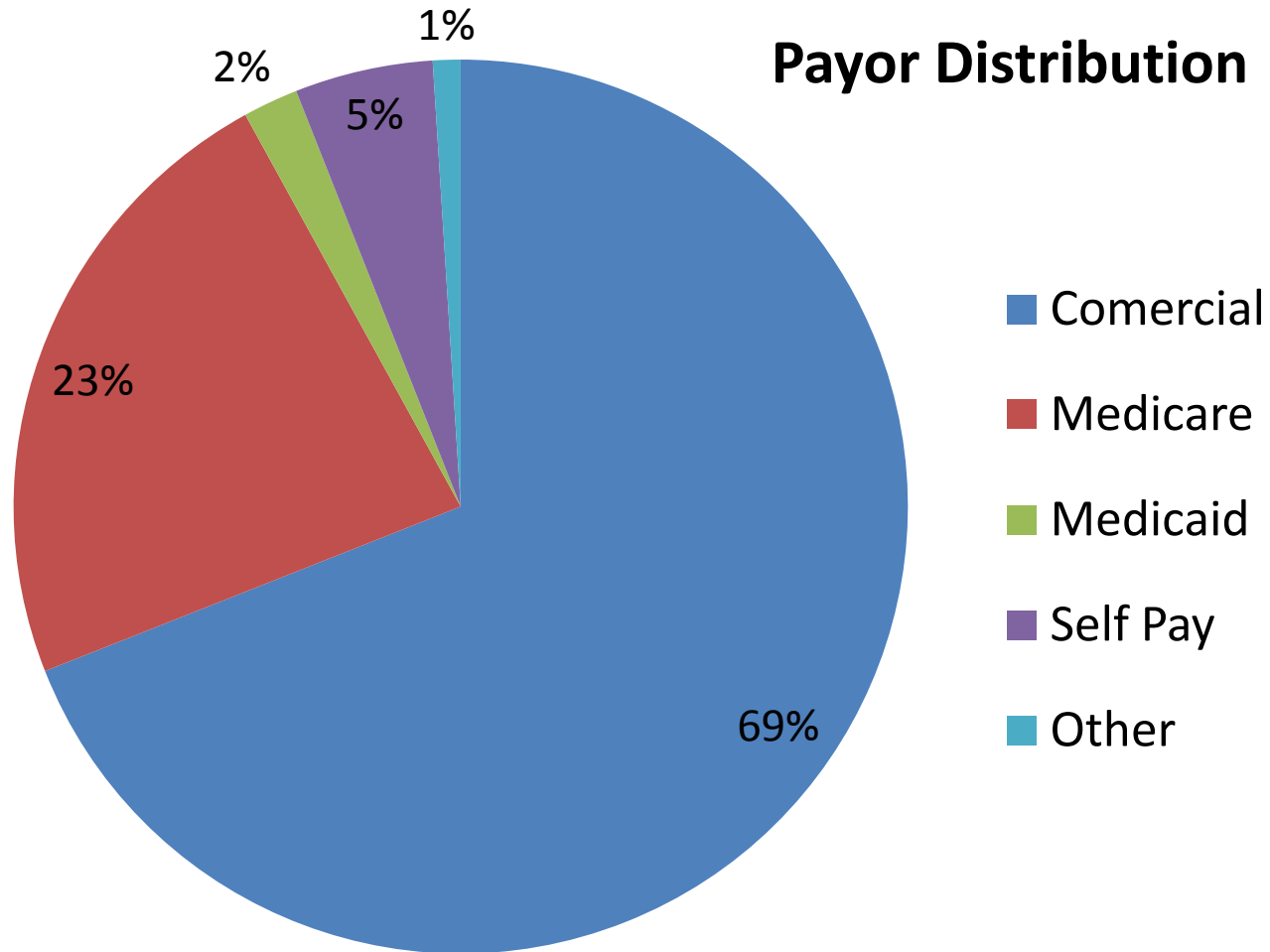
Registry: CAD, CHF, NIDDM

Electronic prescribing

Care management

Web based access

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Patient Satisfaction Surveys

The practice collects data on patient experience with care in the following areas:

Likert Scales used first Mondays of May, June and July

73 patient contacts: 53 surveys completed

1. Patient Access to care:

Scale	1	2	3	4	5
Score	3	0	5	4	41

2. Quality of physician communication:

Scale	1	2	3	4	5
Score	3	0	5	2	43

3. Patient/family confidence in self care

Scale	1	2	3	4	5
Score	3	0	5	0	45

4. Patient/family satisfaction with care:

Scale	1	2	3	4	5
Score	3	0	5	0	45

*Three surveys appear to be completed backwards by patients. The patients were very happy with care while responding.

*Five patients appear to have listed the threes as a means to simply complete the survey.

*Similarly the vast majority of the surveys were listed at fives without any comments.

MediNotes Report - [Diabetes]						
File Item View Data Help						
Name	Topic	Property	Data Type	Required	Conditions	Visible
Code	Codes	Code	Text	Yes	Code = '250' ...	No
LastName	Patients	LastName	Text	Yes		Yes
FirstName	Patients	FirstName	Text	Yes	Age >= 18 AN...	Yes
Age	Patients	Age	Number	Yes		Yes
Race	Patients	Race	Text	No		No
Sex	Patients	Sex	Text	No		No
BirthDate	Patients	BirthDate	Date	No		No
ChartNo	Patients	ChartNo	Text	Yes		No
Status	Patients	Status	Pat Status	Yes		Yes
Family Physician	Patients	Family Physician	Text	No		No
Primary Insurance	Patients	Primary Insurance	Text	No		No



Practice View

- Patient Flow
 - Find Patient
- Tasks
- Today's Patients
- Mail
- Incomplete Notes
- Notes Without Bi
- Practice Health M
- Audit
- Practice Alerts
- Practice ToDos
- Pending History
- Object Query
- Renewal Notificat
- Electronic Rx Sta
- Order Status
- Pending Document
- Practice Immuniz

MediNotes Report - [Diabetes]

File Item View Data Help



Name	Topic	Property	Data Type	Required	Condition
Code	Codes	Code	Text	Yes	Code =
LastName	Patients	LastName	Text	Yes	
FirstName			Text	Yes	
Age			Number	Yes	Age >=
Race			Text	No	
Sex			Text	No	
BirthDate			Date	No	
ChartNo			Text	Yes	
Status			Text	Yes	at Status
Family Physician			Text	No	
Primary Insurance			Text	No	

Edit Column

Name: BirthDate

Topic: Patients

Object:

Property: BirthDate

☐ Required☐ Visible

Filters



Available Filters: Age

Age >= 18
AND Age < 75

Report Fields

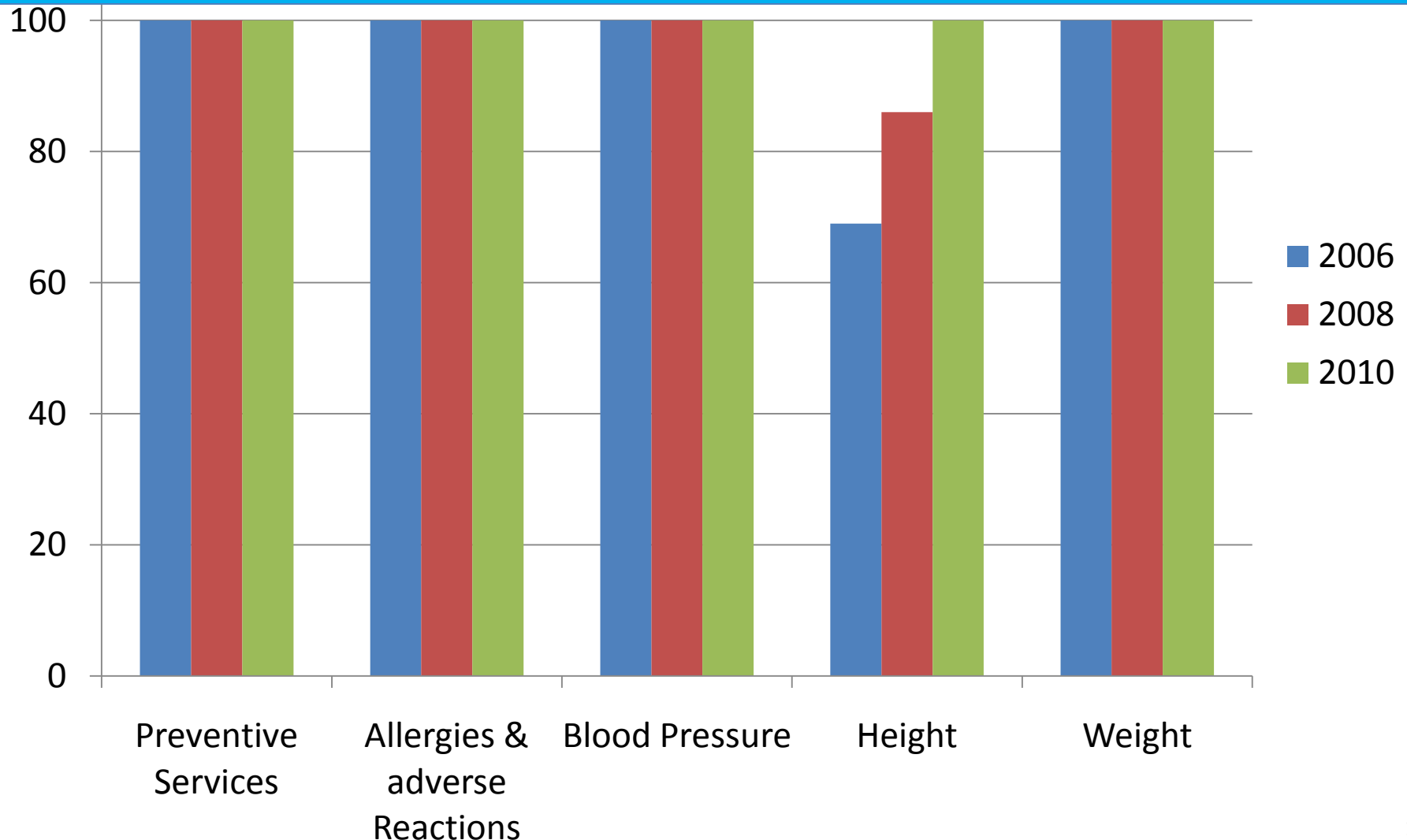
- LastName
- FirstName
- Age
- Race
- Sex
- BirthDate
- ChartNo
- Status
- Family Physician
- Primary Insurance

OK

Cancel

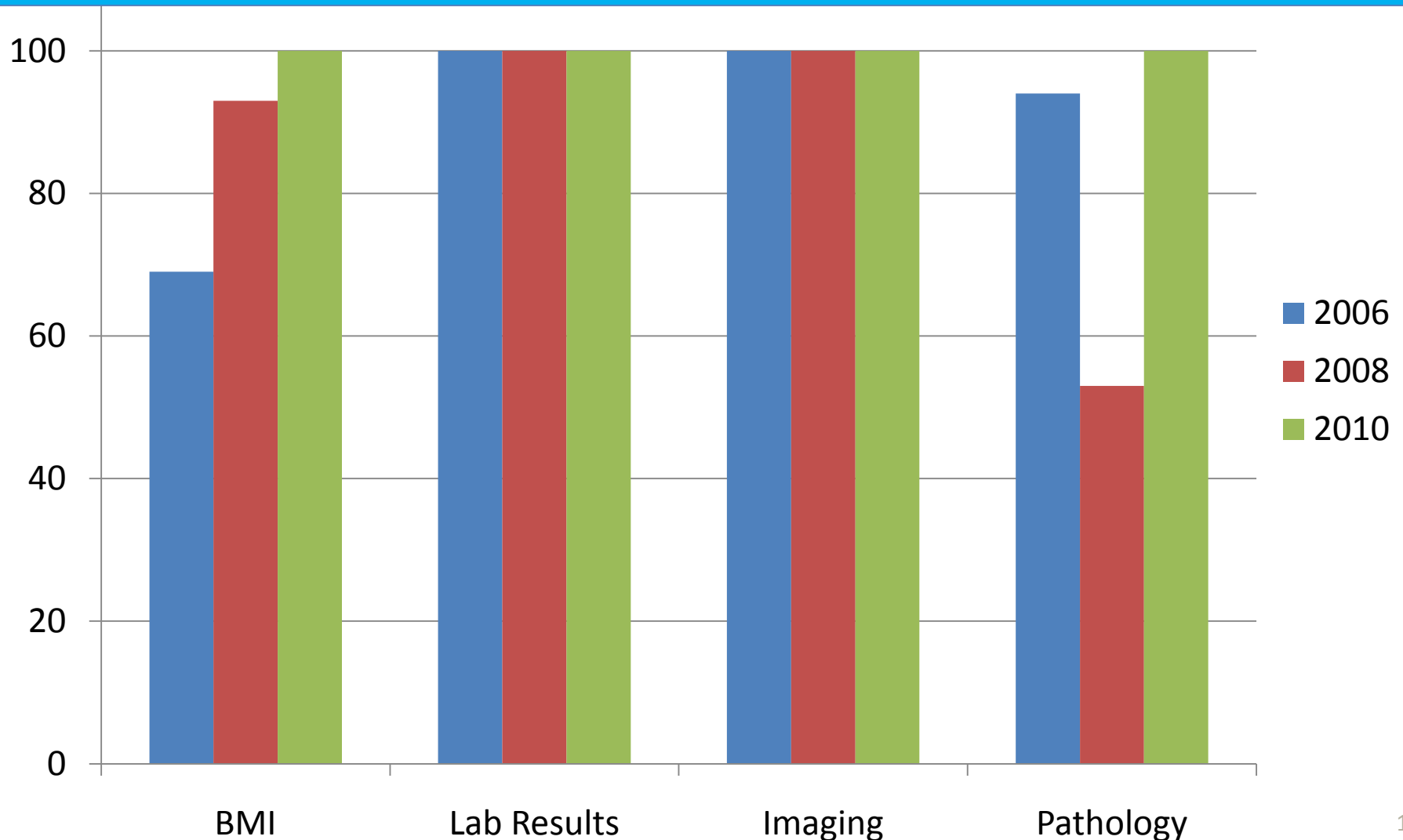
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Documentations of Percentage of patients reaching NCQA Goals



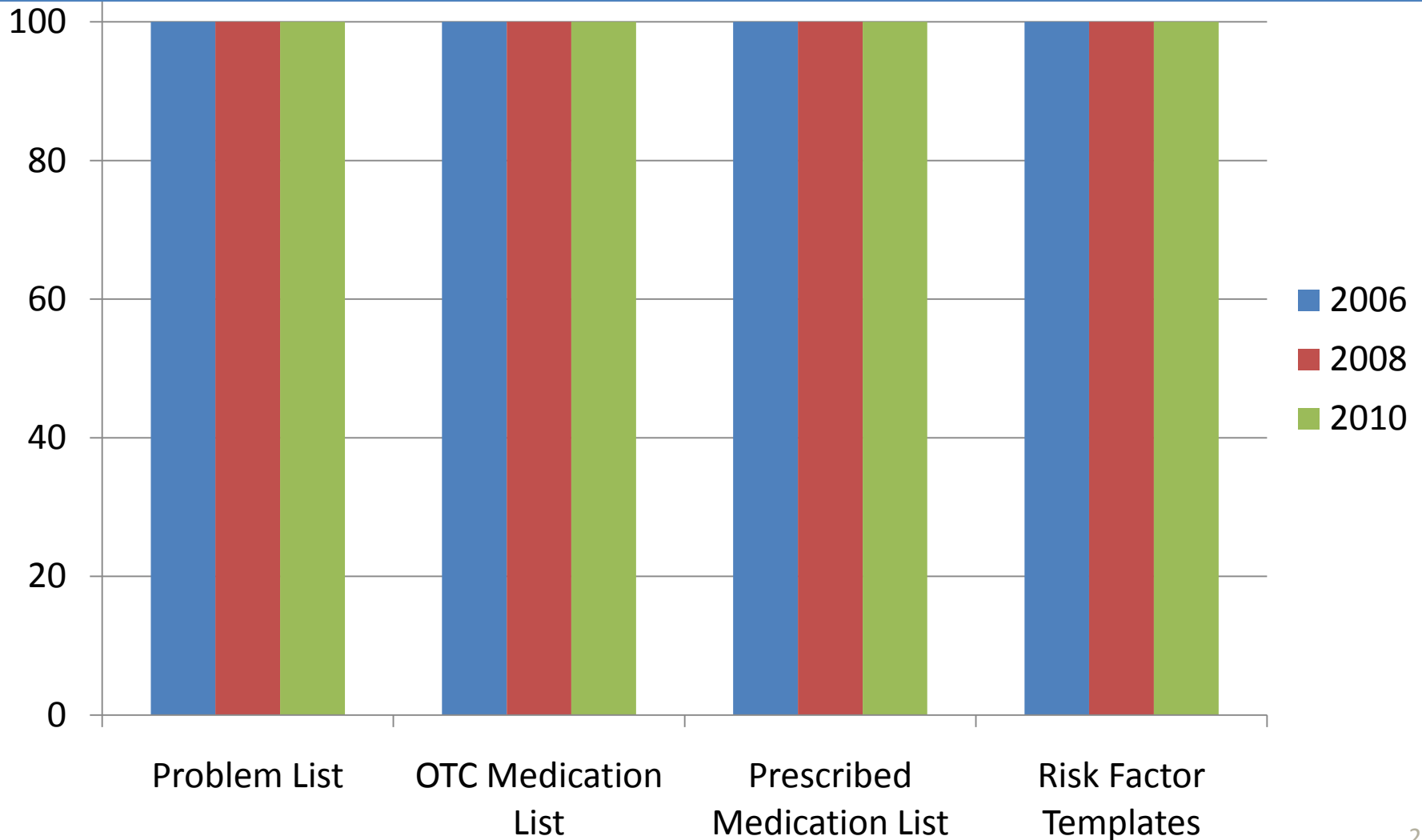
Life Long Care

Documentations of Percentage of patients reaching NCQA Goals



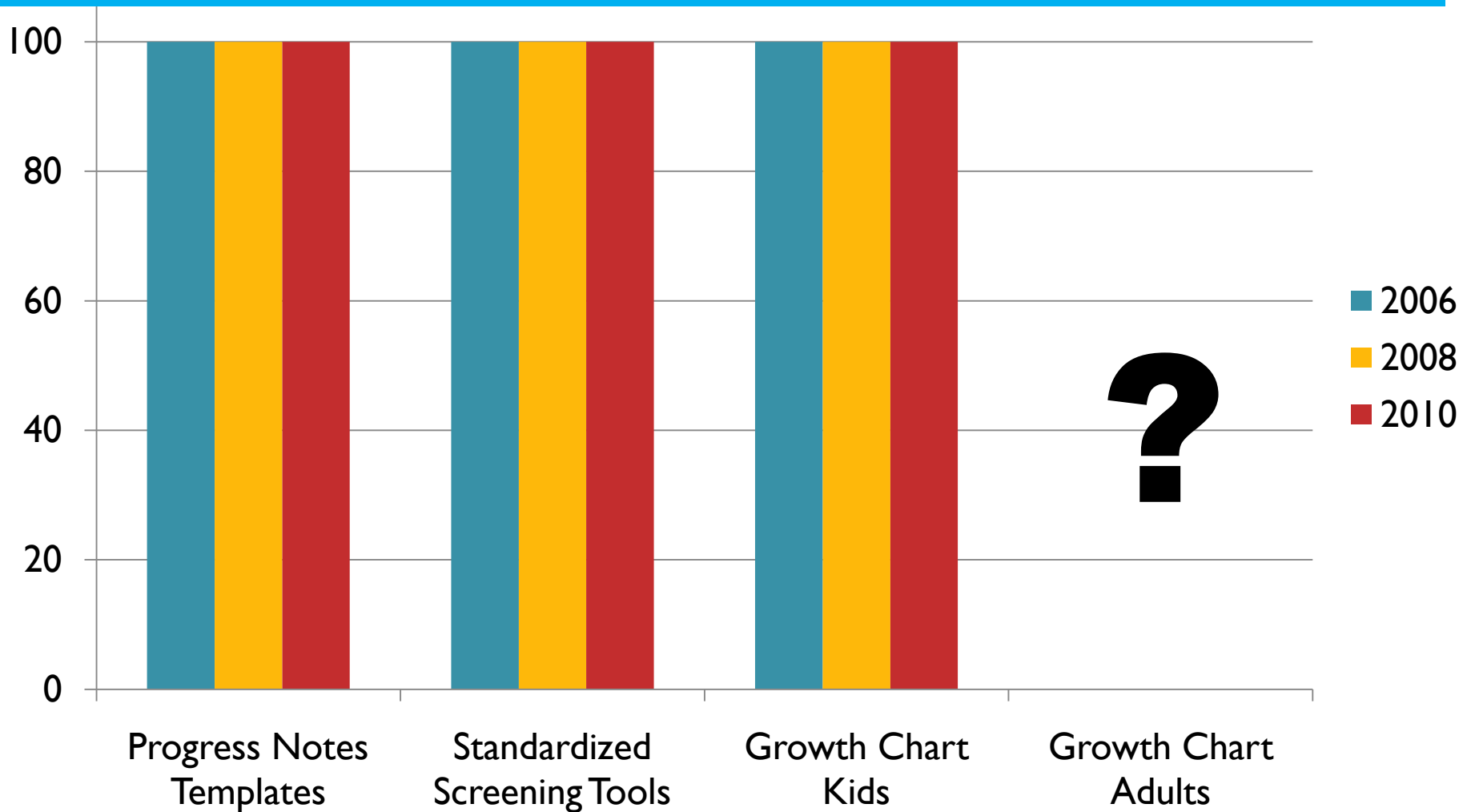
Life Long Care

Documentations of Percentage of patients reaching NCQA Goals



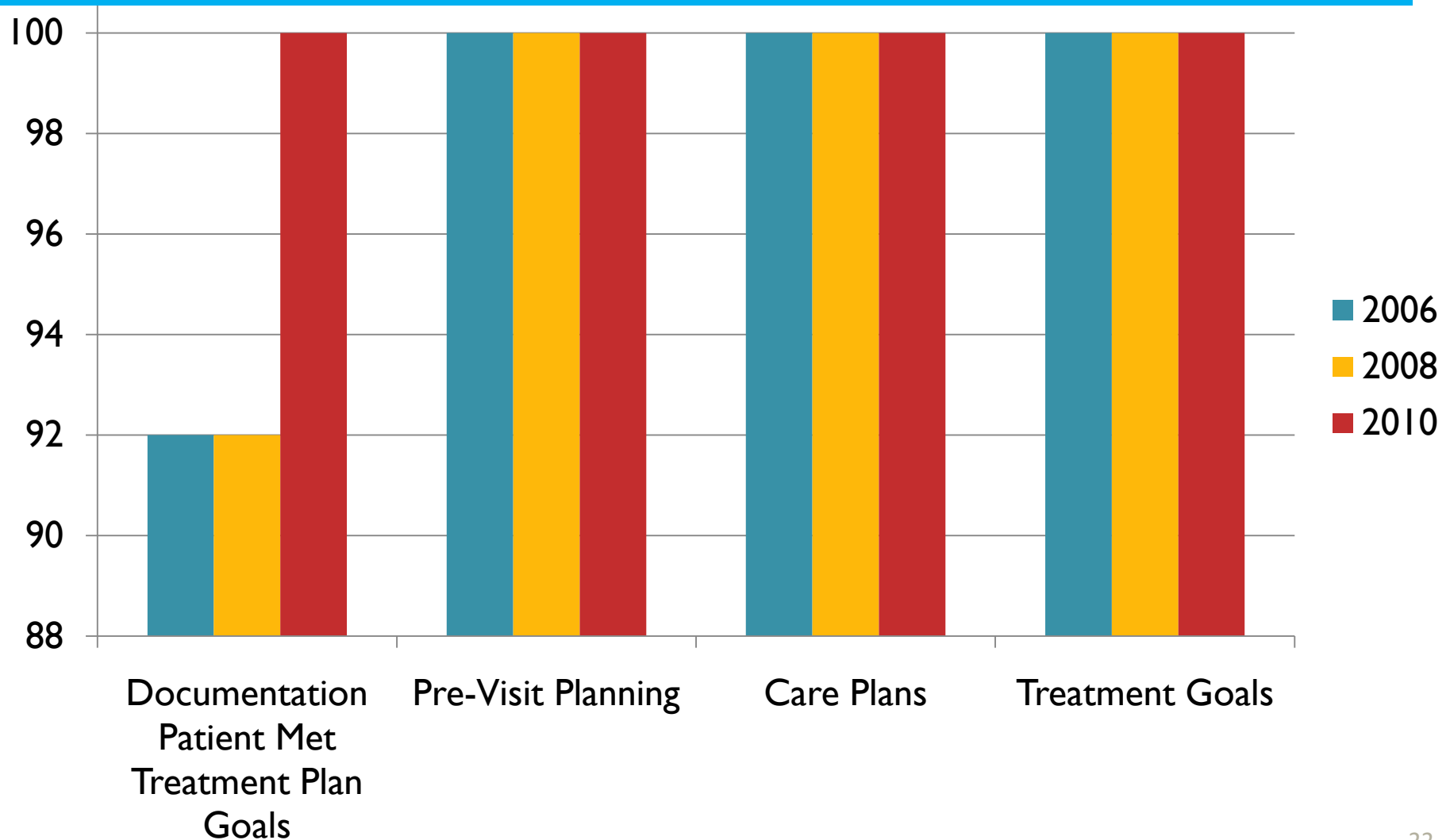
Life Long Care

Documentations of Percentage of patients reaching NCQA Goals



Life Long Care

Documentations of Percentage of patients reaching NCQA Goals



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Documentations of Percentage of patients reaching NCQA Goals

CAD

- Treated with ACE-I or ARB
- 73%

CHF

- Treated with ACE-I or ARB
- 100%

Tetanus

- Age 18-24 Td documented
- 60%

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Documentations of Percentage of patients reaching NCQA Goals

- HgbA1c Mean Score **2008**

HgbA1c
Total=110

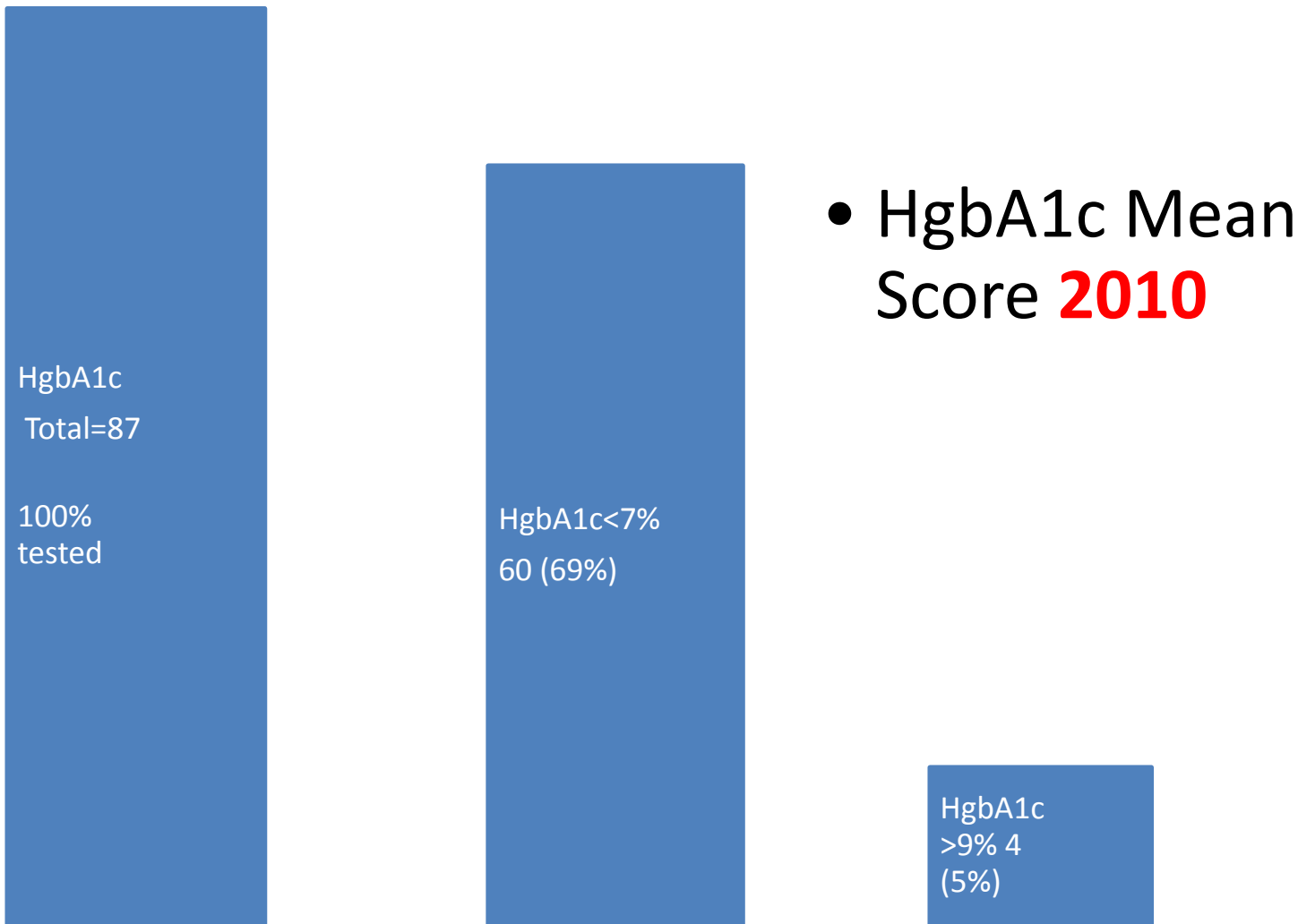
100%
tested

HgbA1c<7%
79 (72%)

HgbA1c
>9% 8
(7%)

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Documentations of Percentage of patients reaching NCQA Goals



Quality and Cost Efficiency Evaluation



Patients 18-75: with diabetes
HgbA1c c/i last 12 months

- 100 %

Patients 18-75: with diabetes
LDL cholesterol c/i last 12 months

- 100%

Quality and Cost Efficiency Evaluation



Patients (with HTN) that
had a serum creatinine
in last 12 months

- 100 %

Quality and Cost Efficiency Evaluation



Practice Cost/Episode

- \$105.26

Expected Cost/Episode

- 140.04

Lessons Learned

Teamwork demonstrate commitment to our mission.

How do we measure? We know when its happening!

Improving communication requires both internal and external process changes.

Data deficits help define system deficits.

Early assistance in the NCQA submission process reduces the potential for future difficulties.

Social Marketing is critical to help educate and change perceptions and expectations.

Data is needed which helps measure patient engagement.

Data is needed which helps measure patient experience.

