PCC Quarterly Meeting Agenda
Wesley Woods Health Center – 5th Floor Conference Room
Wednesday, October 24, 2018, 1:00-3:00 P.M. (lunch provided)


I. Welcome and Introductions (10 minutes) (Danielle Jones, MD)

Everyone introduced themselves with their name, Emory affiliation, and primary care role at Emory.

II. Financial Reports (5 minutes)
   a. Budget Update (Luke Anderson)
   b. Sponsorship Committee Report (Miranda Moore, PhD)
   c. Grants Committee Report (Miranda Moore, PhD)

See Finance Report after the Minutes.

The most recent round of grants applications were due Sept. 15th. Our only application received a revise and resubmit with a due date of Nov. 15th. The group discussed ways to increase applications. The grants cycle will be change to 3 announcements a year with advertising through the newsletter, web resources, and other media sources.

III. Update on Activities (10 minutes)
   a. Reports from Funded Groups
      i. Primary Care Progress (TBD)

Emory’s Primary Care Progress Team held two events in October. Dr. Johnson mentioned the Woodruff Health Sciences Center has included Interprofessional Education & Collaborative Practice as a Priority Theme in their FY18-F22 Strategic Plan. Dr. Johnson encouraged the PCP Team to look to the WHSC for funding opportunities.

   b. Adjunct Faculty Position (Ted Johnson, MD, MPH)

Emory currently has approximately 120 primary care Adjunct faculty. Ted informed the group that the new PCC policy for formalizing the Adjunct Faculty appointment process was a great success. So much so that Emory SOM essentially adopted our policy at a SOM level! The PCC formed a Taskforce to investigate the differences in the new SOM policies and the PCC policies. The committee recommended, and PCC Leadership agreed, to retire the PCC policy and rely on the SOM policy. The recommendation was made to ensure that the Departments continue to require a sponsor for all Adjunct faculty. Ted, as Department of Family and
Preventive Medicine Chair, agreed the Department would do so. The group offered no objection to the recommendations.

The group discussed that the Emory School of Nursing had not adopted a similar Adjunct Faculty Appointment Process. It was agree that the PCC Leadership would approach the SON with our policy and attempt to align the procedures. The PCC Leadership also agreed to investigate the policies at the Rollins School of Public Health.

c. Primary Care Speaker Bureau (Danielle Jones, MD)

The PCC has created a new Primary Care Speaker Bureau in an effort to address duplicated efforts in bringing outside guest speakers to Emory for visits related to primary care. The new PC Speaker Bureau is expected to help in coordinating speaker visits across all primary care entities within Emory. The PC Speaker Bureau is also expected to help facilitate co-sponsorship opportunities. Leigh Partington is the point of contact for the new PC Speaker Bureau.

d. Internal Medicine Residency Ambulatory Care (Danielle Jones, MD)

See slides appear after minutes.

The recently closed Grady Primary Care Clinic was one of the continuity clinics for the Internal Medicine (IM) Residency Program. In response to the closure, there is a need for new continuity clinic slots for IM residents. As of July, 8 residents were assigned continuity clinic at TEC 1525 Clinic and 6 at the TEC Midtown IM clinic. These slots are expected to facilitate an increased access to primary care for Emory patients. Britt Marshall, MD has been named the new IM Residency Clinic Director at Midtown, and Pamela Vohra is the Clinic 1525 IM Residency Clinic Director.

The group discussed the impact of the new clinic slots. One question was who will manage the patients when IM residents are not in clinic. The 2 clinics are well staffed during time when the residents are not in attendance to handle any needs of their patients. There was discussion of the potential to use the accordion model for care for IM resident continuity clinic patient. There was also discussion of the fact the residents are seeing patients that are new to themselves, but not new to Emory Healthcare.

IV. Emory Primary Care Redesign (90 minutes) (LeShea Turner, Fred Turton, MD, MBA, and Chris Masi, MD)

See slides after the minutes.

The group discussed the downstream effects of the proposed PC Redesign efforts. There was consensus that an effort would be needed to tie these changes to improvements in quality metrics, with an idea to be able to increase Emory’s shared savings payments. A reminder was given that research has shown that areas which spend more money on primary care (versus sub-specialty care) spend less money overall and have better health outcomes.

The group discussed how issues such as risk stratification, capitated payments, and provider metrics (such as turnover, retention, quality improvement) will be affected by the redesign plan. The group also discussed
how this will tie into the Emory Healthcare Network and allow more alignment with the Emory RN Care Coordination program.

The group discussed the potential to increase patient visit volumes under the redesigned system and the impact this might have on the budget. The current projections are for an increase of approximately 20%, with coordinating budget implications. The group also discussed the impact upon non-face-2-face activities if providers see an increase in patient visits.

The group discussed the logistics and timing of the 2MA model. Additional the group discussed the challenges that will be faced in hiring additional providers (MAs, LCSWs, etc.).

One avenue that needs further exploration is how learners will be utilized in the redesign.

Tracking outcomes will be important for the project. The redesign team is interested in involving researchers to help with this.

The group discussed the need to address ‘low hanging fruit’ first; i.e. updating registries of patients with care gaps.

V. Meeting Wrap-up (5 minutes) (Danielle Jones, MD)
   a. Group Photo!!!
   b. Review any task assignments
   c. Next meeting: Jan 30, 2019
Primary Care Consortium

Financial Report

As of: 9/30/2018

Fiscal Year 2019 Budget

<table>
<thead>
<tr>
<th>FY19 Budget</th>
<th>Budget</th>
<th>Actuals (Projection)</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$164,786</td>
<td>$97,064</td>
<td>$67,722</td>
</tr>
<tr>
<td>Fringe</td>
<td>$45,316</td>
<td>$25,213</td>
<td>$20,103</td>
</tr>
<tr>
<td><strong>Salary + Fringe</strong></td>
<td><strong>$210,102</strong></td>
<td><strong>$122,277</strong></td>
<td><strong>$87,825</strong></td>
</tr>
<tr>
<td>Food &amp; Catering</td>
<td>$5,000</td>
<td>$3,915</td>
<td>$1,085</td>
</tr>
<tr>
<td>Consulting Services</td>
<td>-</td>
<td>$2,910</td>
<td>($2,910)</td>
</tr>
<tr>
<td>Travel Expenses</td>
<td>$4,000</td>
<td>$2,911</td>
<td>$1,089</td>
</tr>
<tr>
<td>PCC Development/Scholarship</td>
<td>$20,000</td>
<td>-</td>
<td>$20,000</td>
</tr>
<tr>
<td>Misc. Operating Expenses</td>
<td>$4,000</td>
<td>$374</td>
<td>$3,626</td>
</tr>
<tr>
<td><strong>Total Non-Salary Expenses</strong></td>
<td><strong>$33,000</strong></td>
<td><strong>$10,110</strong></td>
<td><strong>$22,890</strong></td>
</tr>
<tr>
<td>Total Expenses</td>
<td><strong>$243,102</strong></td>
<td><strong>$132,387</strong></td>
<td><strong>$110,715</strong></td>
</tr>
</tbody>
</table>

Funded Items

*September 1, 2018 – August 31, 2019 (to date)*

*Advocacy, Scholarship, and Education*

- Primary Care Progress Emory Chapter
  - Chapter meetings and student orientation fairs
  - Primary Care Week 10/2018
    - Dr. Graham, Dr. Stern, Dr. Rabinovitz and Dorothy Jordan DNP. "Mental health in the community"
    - Dr. Lisa Flowers. “Women’s health and screening barriers in the community”

*Learner Initiated Professional Development*

- NAPCRG Annual Conference, Eileen Dilks
Emory Clinic: The Resident Experience

GOALS:

• Increase access for primary care patients
  • New patients to the Emory system
  • Patients being seen in subspecialty clinics without PCP
• Expose IM residents to a primary care continuity experience different from Grady
• Increase long term interest in IM graduates for PC general medicine careers

• 6 IM Interns at TEC at MOT, Clinic Director Britt Marshall
• 8 IM Interns at TEC at 1525, Clinic Director Pam Vohra
• MOT clinic all day Monday; 1525 clinic all day Wednesday and Friday
• Currently intern only clinic
• On average seeing 6 patients/day with goal to increase to 10
• Aim to add a cohort of new interns annually, fully staffed by 2020
• Space crunch at MOT as resident footprint grows each year
Population Health Management
Primary Care Strategic Plan
October 24, 2018
OVERVIEW

Vision

Barriers

Solutions

Staffing & Pilot Testing
Emory Clinic: 
The Resident Experience

• 6 IM Interns at TEC at MOT, Clinic Director Britt Marshall
• 8 IM Interns at TEC at 1525, Clinic Director Pam Vohra
• MOT clinic all day Monday; 1525 clinic all day Wednesday and Friday
• Currently intern only clinic
• On average seeing 6 patients/day with goal to increase to 10
• Aim to add a cohort of new interns annually, fully staffed by 2020
• Space crunch at MOT as resident footprint grows each year
Primary care delivered by engaged providers and staff who utilize team-based care to optimize individual and population-based health outcomes.
BARRIERS

Inefficient Care Model
- EMR has turned providers into clerks
- Clinical support staff is underutilized
- Patient access is impeded
- No consistent staffing models or operations

Variability in Quality Improvement
- Quality improvement efforts are not standardized
- Practices are geographically scattered
- Risk adjustment does not reflect population
- Transitions of care not widely managed
- Care coordination is incomplete

Culture at Risk
- Burn-out risk is high among providers
- Recruitment of staff and providers is difficult and expensive
- Turnover risk is high
- No standard, ongoing training of staff
SOLUTIONS

- Care Model Transformation
  - Office Workflow Redesign
  - Integrated Behavioral Health

- Improved Quality
  - Practice Quality Improvement
  - Centralized Quality Improvement
  - Coding Initiatives

- Constructive Culture
  - Engagement, Empowerment, Leadership
CARE MODEL TRANSFORMATION

Team-Based Care

- Riverside Hilton Family Practice (Newport News, Virginia)
- Cleveland Clinic
- Bellin Health (Green Bay, Wisconsin)
- APEX: University of Colorado
- American Medical Association
  - www.stepforward.org
- Metro Health, University of Michigan (Grand Rapids, MI)
  - Belsito et al.

Behavioral Health Integration

- IMPACT
  - Unutzer et al. JAMA 2002;288:2836-2845
- TEAMcare
- ACT - University of Colorado
  - Balasubramanian et al. J Am Board Fam Med 2017;30:130-139
- COMPASS
  - Rossum et al. General Hospital Psychiatry 2017;44:77-85
- Mayo Clinic
  - Dr. David Katzelnick
TEAM-BASED CARE I
SCHEDULE REDESIGN

Requirements:
- Visit time extended
- First portion of visit dedicated to MA activities with patients
- Train MAs to implement new processes for cancer screening, diabetes testing, and immunizations
- Standing orders for MAs to propose
Primary Care Consortium

TEAM-BASED CARE II
2 MA: 1 PROVIDER

- University of Colorado Model
- Benefits include:
  - Improved use of MA and provider time
  - Increased throughput & increased patient access
  - Improved care gap closure
  - Time for accurate documentation and coding
BEHAVIORAL HEALTH INTEGRATION

- Mayo Clinic Model

- RN Care Coordinator
  - Maintains registries of patients with chronic health conditions
  - Coordinates weekly Systematic Case Review meetings with PCP, LCSW and Psychiatric Consultant

- LCSW
  - Acute triage/assessment
  - Counseling
    - Behavioral activation
    - Cognitive restructuring
    - Problem solving
  - General social work
    - Transportation
    - Housing
    - Medications
    - Social services

Raney LE. Am J Psychiatry 2015;172:721-728
POINT OF CARE QUALITY IMPROVEMENT

Pre-Visit Planning & Gap Closure
- Replicate current success seen in a few practices
- Leverage Cerner tool previously piloted

Site Quality Improvement
- Driven by Process Improvement Coordinator
- Requires organized data by clinical data analyst
- Regular quality improvement meetings with providers and staff

Emory Primary Care at Midtown

21% → 69%
8 MONTHS
5 Key Health Maintenance Items
Overall Completion Rate
CENTRALIZED QUALITY IMPROVEMENT TEAM

- Centralized care coordination
- Standard data reporting
- Leveraging partnerships
- Central quality improvement meetings
- Advanced analytics
  - Risk stratification
  - Predictive modeling
- Gap closure
Primary Care Consortium

CARE MODEL TRANSFORMATION

IMPROVED QUALITY

CONSTRUCTIVE CULTURE
CONSTRUCTIVE CULTURE

• Leverage engagement survey data to identify key opportunities to improve clinic work environment
• Engage staff to design improved clinic workflows
• Achieve full MA staffing at each site
• Provide tools and resources for MAs to become more integral members of health care team
• Facilitate provider and MA communication
• Fortify APP and clinical leadership through key hires
• Recognize excellence at all levels of clinic staff
• Align provider compensation with population management success
### Variable Positions: Scenario

<table>
<thead>
<tr>
<th>Process Improvement Coordinator</th>
<th>RN Care Coordinators</th>
<th>Education Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ESA Avalon</td>
<td>• TEC Peachtree Hills</td>
<td>• ESA Avalon</td>
</tr>
<tr>
<td>• ESA Cumming</td>
<td>• TEC Old Fourth Ward</td>
<td>• ESA Cumming</td>
</tr>
<tr>
<td>• ESA Roswell</td>
<td>• ESA Avalon</td>
<td>• ESA Roswell</td>
</tr>
<tr>
<td>• ESA Buford</td>
<td>• ESA Buford</td>
<td>• ESA Peachtree City</td>
</tr>
<tr>
<td>• ESA Acworth</td>
<td>• ESA ESIPC</td>
<td>• ESA Rosewell</td>
</tr>
<tr>
<td>• ESA Brookhaven</td>
<td>• ESA Cumming</td>
<td>• ESA Peachtree City</td>
</tr>
<tr>
<td>• ESA Decatur</td>
<td>• ESA Roswell</td>
<td>• ESA Sharpsburg</td>
</tr>
<tr>
<td>• ESA Eagles Landing</td>
<td>• ESA Peachtree City</td>
<td>• ESA Stockbridge</td>
</tr>
<tr>
<td>• ESA IM LaGrange</td>
<td>• ESA McDonough</td>
<td>• ESA Brookhaven</td>
</tr>
<tr>
<td>• ESA Holcomb Bridge</td>
<td>• ESA Sharpsburg</td>
<td>• ESA Holcomb Bridge</td>
</tr>
<tr>
<td>• ESA Tucker</td>
<td>• ESA Stockbridge</td>
<td>• ESA Smyrna</td>
</tr>
<tr>
<td>• ESA Smyrna</td>
<td>• ESA Brookhaven</td>
<td>• ESA Belmont</td>
</tr>
<tr>
<td>• ESA IMN</td>
<td>• ESA Holcomb Bridge</td>
<td>• ESA Belmont</td>
</tr>
<tr>
<td>• ESA Belmont</td>
<td>• TEC Peachtree Hills</td>
<td>• ESA Belmont</td>
</tr>
<tr>
<td>• ESA Fam Med LaGrange</td>
<td>• TEC Decatur</td>
<td>• TEC MOT</td>
</tr>
<tr>
<td>• TEC Dunwoody</td>
<td>• TEC 1525</td>
<td>• TEC St. Joseph’s</td>
</tr>
<tr>
<td>• TEC Decatur</td>
<td>• TEC 1365</td>
<td>• TEC East Cobb</td>
</tr>
<tr>
<td>• TEC Lithonia</td>
<td>• TEC Peachtree Hills</td>
<td></td>
</tr>
<tr>
<td>• TEC MOT</td>
<td>• TEC Old Fourth Ward</td>
<td></td>
</tr>
<tr>
<td>• TEC 1525</td>
<td>• TEC 1365</td>
<td></td>
</tr>
<tr>
<td>• TEC Peachtree Hills</td>
<td>• TEC Peachtree Hills</td>
<td></td>
</tr>
<tr>
<td>• TEC St. Joseph’s</td>
<td>• TEC Decatur</td>
<td></td>
</tr>
<tr>
<td>• TEC East Cobb</td>
<td>• TEC MOT</td>
<td></td>
</tr>
</tbody>
</table>

**Provider FTEs:**
- PI: 100
- RN: 34
- ED: 65

**Patient Panel/Covered Lives:** 154,746
Pilot Variable Positions: Scenario

Behavioral Health (LCSWs)
- 6 FTEs
  - Year 1: ESA Acworth (Provider FTEs: 22, Staff FTEs: 72)
  - Year 2: ESA Decatur (Provider FTEs: 22, Staff FTEs: 72)
  - TEC 1525
  - TEC Peachtree Hills

2 MA: 1 Provider
- 15 FTEs
  - Year 1: TEC 1525 Provider FTEs: 16
  - Year 2: ESA Eagles Landing Provider FTEs: 18
  - TEC MOT
  - TEC 1565

Gap Closure MAAs
- 7 FTEs
  - Year 1: ESA IM LaGrange Provider FTEs: 7
  - Year 2: ESA Acworth Provider FTEs: 28
  - TEC MOT
  - TEC Peachtree Hills
  - TEC St. Joseph’s

Social Work (MSW)
- 3 FTEs
  - Year 1: ESA Eagles Landing Provider FTEs: 19
  - Year 2: TEC Dunwoody Provider FTEs: 29
  - ESA Tucker

Patient Panel/Covered Lives: 131,729
SUMMARY

What
- Integrated
- Growing
- Standardized
- Coordinated
- Continuous
- Team-based
- Comprehensive
- Accessible
- Data-driven practices

How
- Care Team Transformation
- Improved Quality
- Constructive Culture

Why
- Quality outcomes
- People
- Competition
- Policy changes
- Payment models