

Participant Questions

Care Teams

- **Can you tell us if there were common staff objections or resistance when San Mateo Medical Center began to shift from being physician-centered to being patient-centered? If so, how did the organization handle that?**

Some of the common objections San Mateo Medical Center received to rolling out care teams included:

- *If it's not broken, why fix it?*
- *I don't know how to do that right now, so I'm not going to do it.*
- *I can't do that because it's not within my scope.*
- *Our clinic doesn't work that way.*

While San Mateo Medical Center is still working through changing staff culture, they have found that **clear communication** and **setting expectations** are key. Most objections come out of the fear of the unknown or lack of understanding of what's trying to be done. You must make the "what's in it for me" clear.

- **We encounter challenges with patients getting their mammograms and coming in for other annual screenings. Any ideas or thoughts on how to address this issue through the use of care teams?**

The San Mateo Medical Center recommends proactively reaching out to patients to schedule them for an appointment.

They recommend using standard outreach protocols, consistently developing outreach lists and setting aside dedicated time for care team members to conduct outreach.

They are also experimenting with text message reminders from the electronic medical record (EMR).

- **Is there a limit to standardizing care teams because there are no standard patient populations for which these teams serve?**

The San Mateo Medical Center recognizes that there isn't a one size fits all model. As an organization, the San Mateo Medical Center has agreed that each site will be allowed to have their own plan, do study and act (PDSA) of the model and standard work adoption, but there will be some areas that are core to model and non-negotiable.

Patient Advisors

- **How does the San Francisco Health Network handle language diversity and other accessibility issues when bringing patient advisors together?**

Patient Advisory Councils (PACs) are facilitated in three languages throughout the Network depending on the patient population of the clinic. There are currently 10 English-speaking advisory councils, two Spanish-speaking councils and one Cantonese-speaking council. Staff in each of these groups facilitate in the language of the group.

When advisors are brought together in larger group settings, there is a staff person assigned who can do simultaneous translation for advisors who need interpretation.

- **How does the San Francisco Health Network communicate Patient Voice Counsel recommendations to center management and hold them accountable for changes toward improvement?**

Members of the clinic management team often rotate through the Patient Advisory Council (PAC) meetings, so they are able to hear first hand from the advisors and hear the ideas that come from the group.

If the management team member is not present, the coordinator will bring these ideas to either a monthly quality improvement (QI) meeting or a designated management meeting. At each PAC meeting, advisors are updated on the progress of proposed projects or ideas.

Telephone Visits

- **Does Riverside University Health System – Medical Center assign a specific group of physicians to make the calls? How does the organization manage this given physician shortages? Also, how long and how many phone visits are usually scheduled into a physician’s template?**

At the Riverside University Health System – Medical Center, all of their non-resident clinicians are given a one-hour phone visit time slot 3-4 days a week. During this one-hour time period, they schedule up to six telephone visits (10 minutes per visit). This equates to 2-3 times more visits than what the provider would be able to see in a traditional face-to-face visit. Patients like this format since it saves them time and gets their questions answered.

- **How are telephone visits reimbursed?**

Currently, they are not being reimbursed in the Riverside University Health System, but they are being counted as productivity.

CPT codes do exist for reimbursing telephone visits and some systems have started reimbursing for this. CPT codes include: 99441, 99442, and 99443.

Global Payment Pilot is also reimbursing telephone visits for particular populations.

- **How does Riverside University Health System – Medical Center choose which patients are to be scheduled for the telephone visits?**

At Riverside University Health System, only established patients can be scheduled for a telephone visit.

Medical Assistants and Schedulers are trained about what does and does not qualify for a telephone visit. For example, acute pain, chest pain, anything that requires a physical exam, pediatric issues, and OB issues would **not** qualify.

- **Do you use My Chart for patient touches?**

Riverside University Health System – Medical Center recently switched to EPIC and is just starting this process.

Miscellaneous

- **Given the results of the recent election, how do you think proposed changes to the Affordable Care Act might affect the reforms that are already underway around healthcare payment and new delivery models?**

Much remains unknown at this time. Early next year the California Health Care Safety Net Institute (SNI) expects to see proposals that could repeal the ACA, but it is unclear what

would be included in that legislation and how or if they will address an ACA replacement.

SNI has also heard proposals could emerge that fundamentally reform the current structure of the Medicaid program including per capita caps or block grants. These types of proposals would have a significant impact on everyone's work; however, the timing for this effort and the specific details remain unknown. Therefore, although SNI is paying close attention to what will be proposed in Washington DC, they also remain focused on making progress on the current Medicaid waiver and other priorities. SNI's effort to demonstrate value to its patients and its state and federal partners is more important than ever. SNI still needs to think about how it can be more efficient in how it provides care, so that they are aligning their health care financing with improvements in health and quality.

- **Have any of your teams identified effective strategies to engage patients in a way that positively affects show-rates?**

- ***Response from San Mateo Medical Center:***

- The San Mateo Medical Center has identified standard work for patient service assistants to call patients two days before their appointment for pre-registration. They have also implemented an automated reminder call from the EMR one day before the appointment.

- ***Response from San Francisco Health Network:***

- Access has been a high priority improvement area for the San Francisco Health Network this year. The organization has involved patients as partners at every level from identifying the areas in need for improvement through Lean improvement events to developing standard work and doing trainings for implementing the new standard work. Some of this work has lead the Network to work on reducing no-shows through doing "robust reminder calls" for patients with a history of no-shows. San Francisco Health Network has had varying levels of success with implementing this standard work and no-show rate reduction but has found having the patient voice and their stories highly encouraging in motivating change and staff seeing the importance of implementing these new processes. The Network will continue to monitor its progress over the next year and hopes to partner with its patients as it audits and coaches staff in the new standard work.