



Adirondack Health Institute

Lead • Empower • Innovate

December Practice Transformation Workgroup

PRESENTED BY:

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Practice Transformation Program Manager

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ACO

December
2019



CC20 Care Plan Collaboration for Practice Transitions

CC 20 (1 Credit) Care Plan Collaboration for Practice Transitions: Collaborates with the patient/family/caregiver to develop/implement a written care plan for complex patients transitioning into/out of the practice (e.g., from pediatric care to adult care).

The practice involves the patient/family/caregiver in the development or implementation of a written care plan for young adults and adolescent patients with complex needs transitioning to adult care. The written care plan may include:

- A summary of medical information (e.g., history of hospitalizations, procedures, tests).
- A list of providers, medical equipment and medications for patients with special health care needs.
- Obstacles to transitioning to an adult care clinician.
- Special care needs.
- Information provided to the patient about the transition of care.
- Arrangements for release and transfer of medical records to the adult care clinician.
- Patient response to the transition.
- Patient transition plan.



CC20 Care Plan Collaboration for Practice Transitions

CC 20 (1 Credit) Care Plan Collaboration for Practice Transitions:
Collaborates with the patient/family/caregiver to develop/implement a written care plan for complex patients transitioning into/out of the practice (e.g., from pediatric care to adult care).

Internal medicine practices receiving patients from pediatricians are expected to request/review the transition plan provided by pediatric practices, or to develop a plan, if one is not provided, to support a smooth and safe transition.

For family medicine practices that do not transition patients from pediatric to adult care, should still educate patients and families about ways in which their care experience may change as the patient moves into adulthood. Sensitivity to privacy concerns should be incorporated into messaging.

Pediatric to Adult Health Care Transition



**AN ADIRONDACKS ACO &
CLINTON COUNTY HEALTH DEPARTMENT
QI INITIATIVE**

Spring/ Fall 2019



Project Overview



- Innovative collaborative between clinical and community health
 - Improve practice performance while simultaneously increasing patient awareness and practice of preventive health behaviors.
 - Improve health outcomes by coordinating practice level QI projects with community-based patient education.

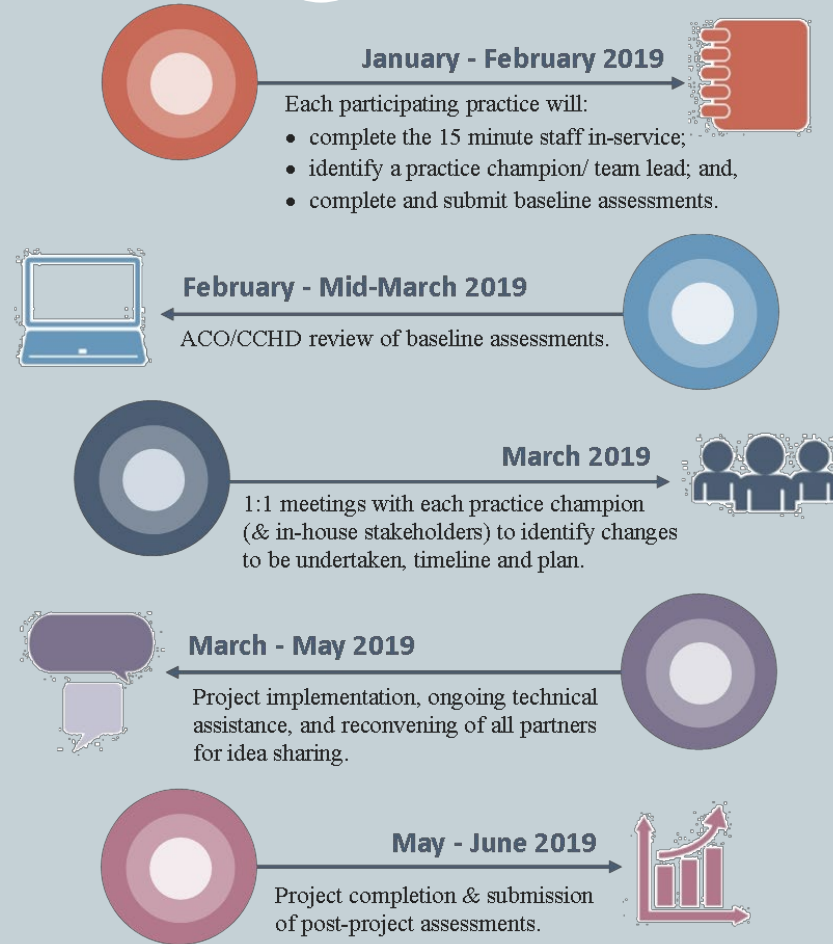
Target Performance Measure: Adult Well Visits 18-44

Target Population: Young Adults (& parents/caregivers)

Project Timeline

Coordinated Community Education Campaign

Topics will include but are not limited to: annual well visits, pediatric to adult health care transition, and self-advocacy. Approaches to be considered: shared social media messaging; tabling at school events; and educational presentations with students and/or parents.



Project Tools & Resources



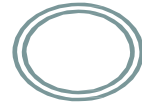
Project will utilize developed resources and validated tools from *Got Transition* (National Alliance to Advance Adolescent Health)



www.gottransition.org

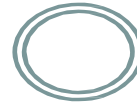
Direct Links:

- [Provider Resources](#)
- [Family Resources](#)
- [Evaluation Tools](#)



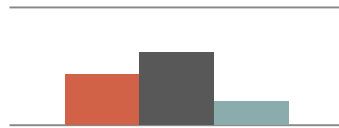
Practice Based Outcomes

Pediatric to Adult Health Care Transition QI Initiative Pre-intervention Summary



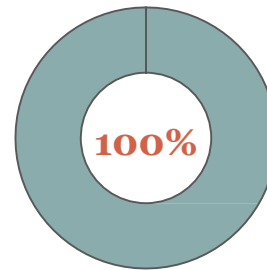
General Stats (as of 3/28/19)

- **n=11** Targeted practices
- **10/11** Accepted introductory visits
- **8/11** Practices completed & submitted the pre-assessment evaluations



12.1

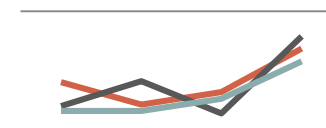
Average
Pre-Assessment Score
n=8
(max score= 100)



All projects include activities that will
formalize transition policies

Additional activities included integrating use of:

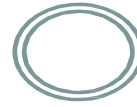
- Readiness assessments
- Transition checklists
- Patient experience feedback
- “Welcome” letters
- Transfer of care summaries
- Patient/ parent education materials



+20

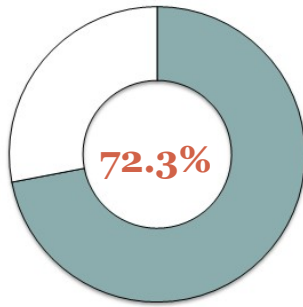
Average Potential
Score Increase
from planned project
activities
(minimal estimate)

Pediatric to Adult Health Care Transition QI Initiative Post-intervention Summary

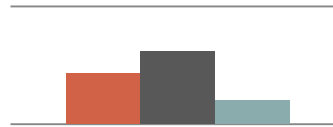


General Stats (as of 9/13/19)

- **n=11** Targeted practices
- **8/11** Participated
- **4/8** Engaged or made system/ process changes



Recruited practices
participated in the project
process.

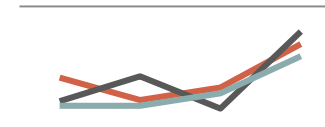


34.1

Average
Post-Assessment
Score (n=8)
(max score= 100)

50.5

Average
Post-Assessment
Score (n=4)
(max score= 100)



+22

Average Score
Increase (n=8)

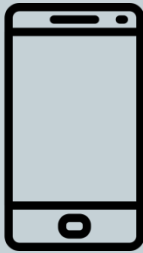
+43.5

Average Score
Increase (n=4)



Community Campaign Outcomes

Community Campaign Outcomes



Social media messages

- 14 messages for social media developed
- Shared 34 times across 3 platforms (Facebook, Twitter, and Instagram)
- Spaced over a 4 month period
- Messages viewed 12,506 times



Blog

- #Adulting blog viewed 681 times



Public service announcements (PSAs)

- 8 PSAs distributed to 14 regional radio stations

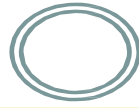
Social Media Post Examples



Read this
<https://bit.ly/2M7HcA4>
and #adult successfully.

#healthcaretransition
#adolescenthealth

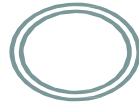
Social Media Post Examples



Read our blog
<https://bit.ly/2M7HcA4>
so you can successfully
#adult.

#healthcaretransition
#adolescenthealth

Social Media Post Examples



**WHEN
YOU'RE
18 OR
OLDER...**

**and your mom won't leave
you alone during your
doctor's appointment**

Parents: It may be time to let go. To understand what turning 18 means for your child's health, visit <https://bit.ly/2M7HcA4>.

#healthcaretransition
#adolescenthealth
#adulthood

Social Media Post Examples



**How you see
your child.**



**How everyone else
sees your child.**

PARENTS: They'll always be YOUR baby, but it may be time to give your child some health care independence. Read our blog <https://bit.ly/2M7HcA4> to find out how.

#healthcaretransition

#adolescenthealth #adulthood

Social Media Post Examples



Being an adult can be hard,
but taking charge of your
health doesn't have to be.
Read our blog to learn more
<https://bit.ly/2M7HcA4>.

#healthcaretransition
#adolescenthealth #adulthood

Social Media Post Examples

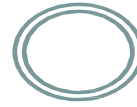


**Heading
to a new
lily pad?**

Are you heading off on new adventures this fall? Are you ready to #adult when it comes to your health? Read our blog <https://bit.ly/2M7HcA4> to be sure you're ready.

#healthcaretransition
#adolescenthealth

Objectives



Timeframe	Objective	Outcome
By July 2019	100% of targeted health provider practices will have completed a pediatric to adult health care transition QI project.	72.7%
	At least 80% of targeted practices will demonstrate progress in meeting the <i>Six Core Elements of Health Care Transition</i> . (result if calculated using “participating” practices)	36.4% (62.5%)
	100% of Clinton County school districts will participate in the community education campaign.	In progress
	90% of targeted partner organizations will share community campaign messages through their own social media platforms.	In progress
By December 2019	There will be a 5% increase in compliance with the wellness visit across all payers.	TBD
By December 2020	Compliance with the wellness visit will reach the 90 th percentile for all payers.	TBD

Thoughts for next time...



- Maintain a collaborative approach and use of evaluation components
- Continue to identify target measures using available health system data
- Shorter practice level project periods; engage fewer offices at one time
- Define “community campaign” for consistency
- Establish process with community campaign partners



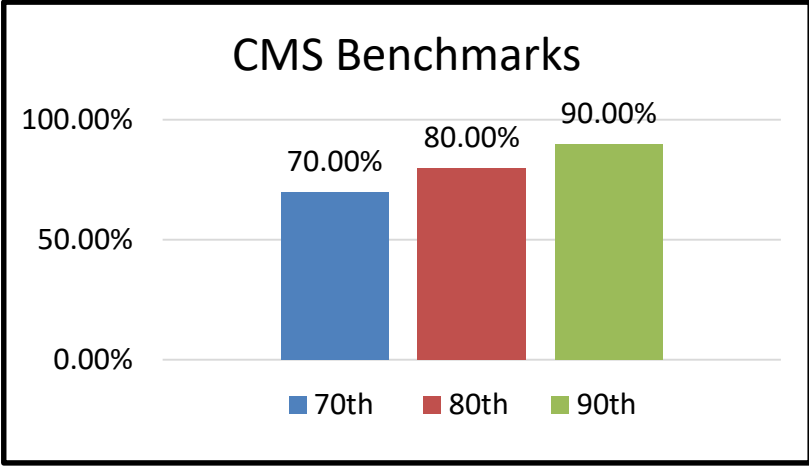
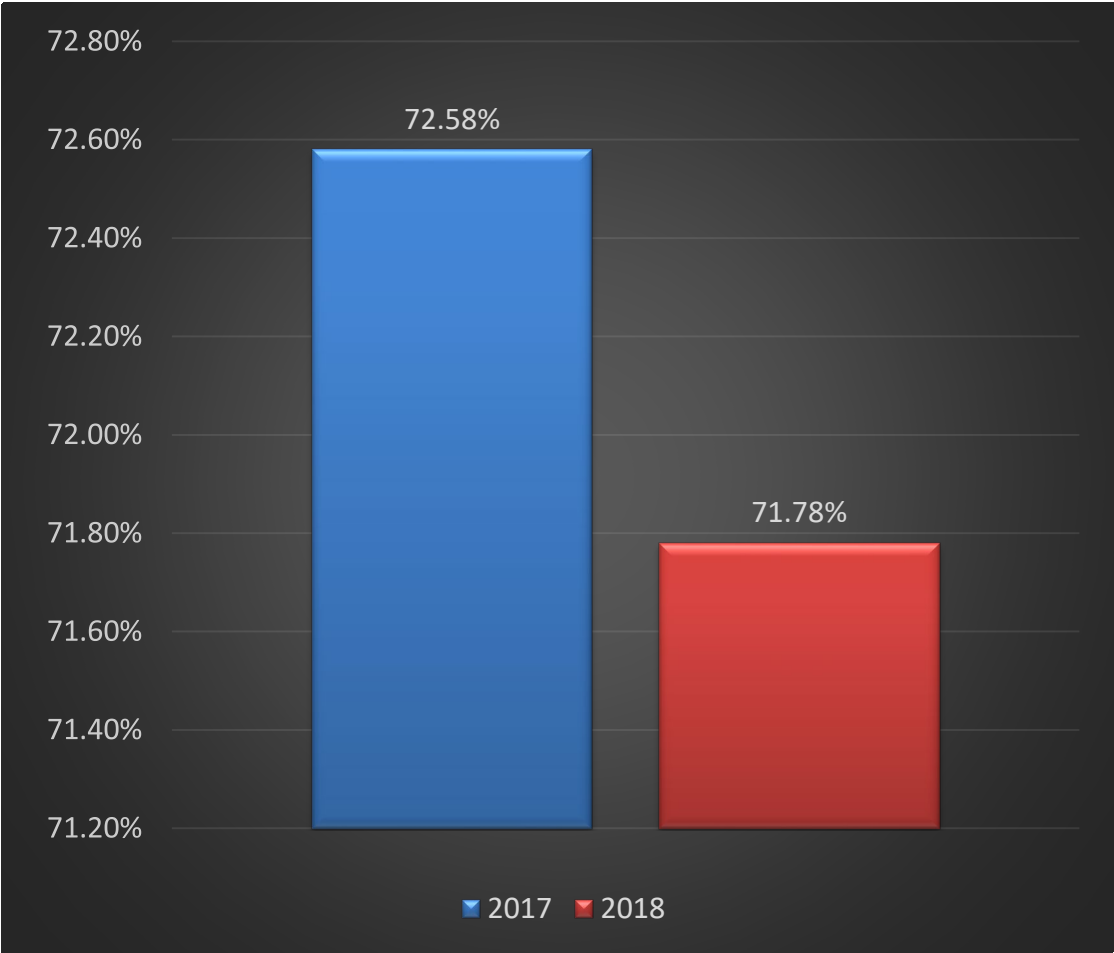


Adirondacks ACO

**IT IS THAT TIME OF
YEAR AGAIN!**



2017 & 2018 MSSP Performance Influenza Immunization



2017/2018 Medicaid Performance

9065 People received the Flu vaccine during this performance year



Influenza Immunization MSSP Measure Guidance

- **Description:** Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
- **Denominator:** All patients aged 6 months and older seen for a visit during the measurement year.
- **Denominator Exclusions:** None
- **Denominator Exceptions:**
 - **Documentation of medical reason** for not receiving influenza immunization (patient allergy, other medical reason)
 - **OR**
 - **Documentation of patient reason** for not receiving influenza immunization (patient declined, other patient reason)
 - **OR**
 - **Documentation of system reason** for not receiving influenza immunization (vaccine not available, other system reason)

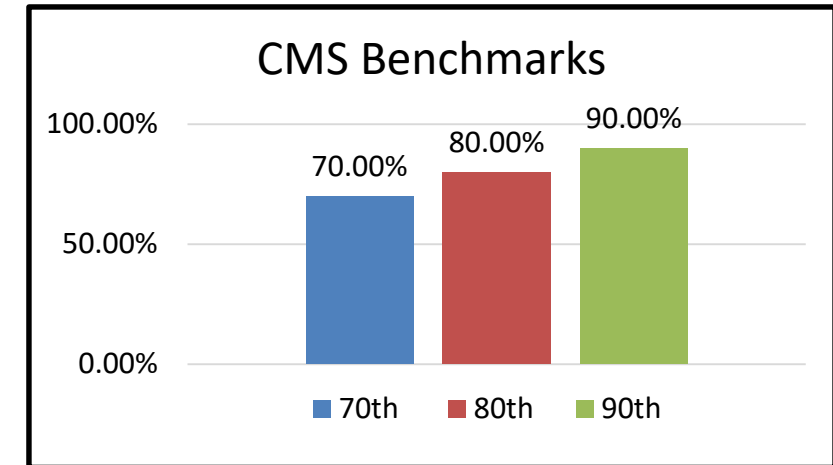
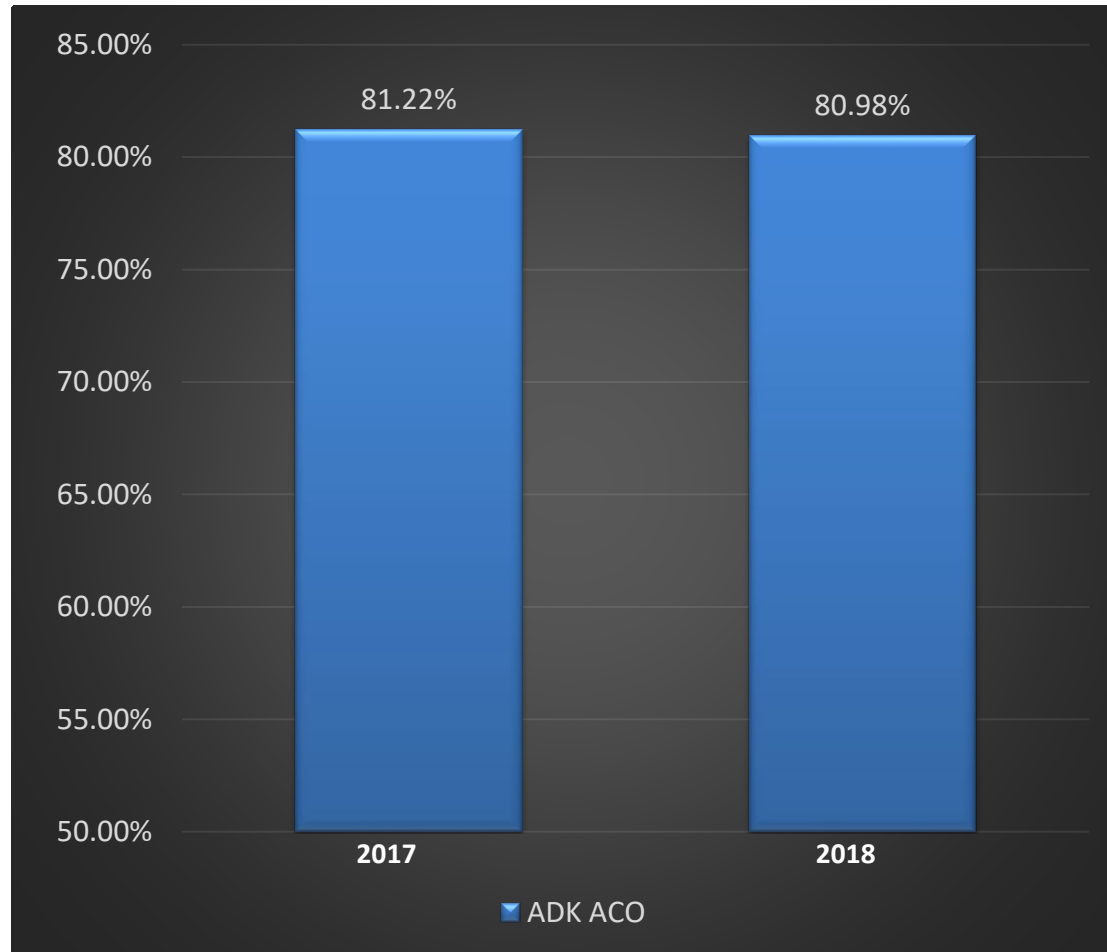


Best Practices

- **Documentation yearly of the following if exceptions are utilized:**
 - **Patient Reason:** Ensure EMR captures updated histories to include the years prior discussions of influenza vaccination if the patient declines, for audit purposes
 - **Medical Reason:** Allergy, medical condition as to why patient did not receive vaccine
 - **System Reason:** Documented system reason
- **Patient notification** through portal, mailing, etc. of the importance of flu vaccination, along with places patients may receive the vaccination
- **Collaborate with area pharmacies** to hold clinics at your practice, if your practice does not administer the vaccination. Work with the pharmacies to send direct messages of your patients receiving the immunization.
- **Utilize NYSSIIS** to capture the immunizations you are administering in your practice.



2017 & 2018 MSSP Performance Pneumococcal Immunization



2018 Medicaid Performance Pneumococcal Immunization

4860 People received the pneumococcal vaccine during this performance year





Adirondacks ACO

QUESTIONS?

Brenda Stiles, Director of Clinical Quality Improvement and Practice Transformation

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Questions:

1. Pediatric practices – what are you doing to transition patients to adult providers?
2. Adult practices – what are you doing to accept transitioning patients?
3. What do you see that is lacking in the current process?





MY5 Depression Screening

- Please check with your Medical Records Department to see if you have any outstanding requests from Cotiviti.
- As of December 16, we still need a minimum of 127 compliant records to meet our goal. Please double check what you are sending and use this as a quality improvement. This is also an ACO measure.
- To date:
 - 85 compliant
 - 118 non-compliant



January Workgroup Topics:

- Workplan tools
- ADK Wellness update
- * 2020 Meeting Topic Survey



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