

CPC+PracticeSpotlight10

Comprehensive Primary Care Plus is an initiative of the Center for Medicare and Medicaid Innovation

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Practice Snapshot

Hospital-owned small practice; 4 physicians, 3 NPs, a Pharm D, a Social Worker, and an RN Care Manager; Track 2; EHR: Cerner

Population Snapshot

Rural Montana population; 5,643 patients; 36.5% of patients have Medicaid and 35.7% have Medicare

CPC+ Change Concept

1.1.B

Access and Continuity

Ensure timely access to care

For more information about CPC+, visit:

<https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

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Situation: CPG Family Medicine and Obstetrics (CPG) serves a patient population that often has trouble coming into the office for visits due to distance (some patients travel up to six hours), hazardous weather conditions, and transportation or mobility issues. To improve access and continuity of care for these patients and others in need of routine follow-ups, CPG proposed several alternative care strategies to its Patient and Family Advisory Council (PFAC), which recommended implementing phone visits. CPG subsequently phased in phone visits, starting with one practitioner in summer 2017 and the rest of its practitioners and clinicians by fall 2017.

Purpose: Phone visits are appropriate for providing a wide range of care, if a physical exam or visual aid is not required, and the patient has been previously seen (i.e., no new patient phone visits). CPG offers patients the opportunity to engage with multiple members of the care team via phone visits. For example:

- **Practitioners:** Review medication changes, asthma action plan adherence, or treatment options before scheduling a procedure or after getting lab results
- **Pharmacist:** Provides comprehensive medication management (CMM) for patients with hypertension, diabetes, and asthma, and those working on smoking cessation
- **Social Worker:** Addresses social and caregiver needs, and supports advance care planning
- **RN Care Manager:** Provides longitudinal care management

Process: CPG's protocol for phone visits consists of four main components:

1. **Scheduling:** Practitioners are encouraged to schedule at least two phone visits daily. Patients can request phone visits and will soon be able to schedule them on a new mobile app. When weather makes office visits difficult, CPG's receptionists call patients to change their appointments to phone visits, as appropriate, to reduce cancellations and no-shows. They also offer patients the opportunity to schedule phone visits when they are overdue for routine follow-up. CPG marks phone visits as such in its schedule in 15- to 30-minute slots and tracks them like other visits.
2. **Preparation:** Before phone visits, patients mail in, drop off, or upload required information to the portal (e.g., blood sugar, blood pressure). They may also upload photos to the portal, if necessary. Nurses ensure the required information is in the patient's medical record before the phone visit occurs, calling the patient for updates as needed. On the morning of or evening before the appointment, practitioners meet with their nurse or medical assistant (MA) to discuss the patient, along with the rest of the day's patients. Receptionists make reminder calls to patients one or two days before their scheduled visit.
3. **Conducting the visit:** At the time of the phone visit, the receptionist checks the patient in. Then the nurse calls the patient, asks any applicable screening questions, updates the patient's chart, and discusses medications and any visits to other health care practitioners. The nurse then transfers the patient to the practitioner, who discusses the reason for the visit, reviews the patient's symptoms and diagnostics, develops and reviews the treatment plan with the patient, and determines any follow-up needs. During phone visits, practitioners send instant messages to staff on Cisco Jabber® to arrange for follow-up orders. For patients who do not answer the phone for scheduled visits, CPG follows its regular no-show protocol. If a practitioner is running late, the nurse asks the patient if he or she prefers to hold, receive a call back once the practitioner is ready, or reschedule.
4. **Post-visit:** Once the phone visit concludes, the practitioner completes the patient's treatment plan and sends it to him or her via the portal or by mail, pursuant to the patient's preference.

Impact: Since summer 2017, CPG has conducted 235 phone visits, with each practitioner conducting an average of 22 phone visits in Q1 2018. Since implementing phone visits, CPG has seen its scores for two Consumer Assessment of Healthcare Providers & Systems (CAHPS) Survey quality measures rise as shown in the chart at right.

"Most providers find phone visits more focused. The set agenda also helps keep providers on track and on time." – **Dr. Janice Gomersall, CPG Physician**

Reimbursement for Phone Visits

CPG doesn't charge patients for phone visits; instead, it uses its quarterly Track 2 Comprehensive Primary Care Payments (CPCPs) to cover phone visit costs. In its first year, CPG chose to receive its CPCPs as 25% of its hybrid payment and in the second year increased that to 35%. Since CPG pays its practitioners using Relative Value Units (RVUs), it developed "dummy codes" in its EHR to account for the patient phone visits.

