HealthPAC
Health Program of Alameda County

Report of Alameda County HealthPAC Panel Management Assessments 2012
Patricia L. Calloway, RN, PHN
October 2012

Executive Summary

Since its inception in July 2011, over 80,000 Alameda county residents have enrolled in the Health Program of Alameda County, (HealthPAC), a health coverage program designed for people who need, but can't afford, health care and do not qualify for other State or Federal programs. Enrollees access health care services from a network of safety-net providers, including Federally Qualified Health Centers (FQHCs) and hospital-based primary care clinics.

Panel management is an organized, population-based, data driven multidisciplinary team approach, in which a primary care team jointly plans and manages the care of clients with chronic disease, using a disease registry to identify clients' unmet care needs, to gather summary information for care interventions, and to communicate with clients. The goal of a panel management program is to improve the performance of predictable interventions, minimize declining health and ensure that all tasks related to preventive and chronic care (subject to client preference) are conducted in a timely manner.

Panel management can prevent avoidable acute medical crises in individuals with chronic disease by reducing the number of clients who fall out of care and by reaching out to those clients whose chronic needs might otherwise not be systematically addressed. Panel management improves efficiency by allowing clinical providers to guide support staff as they carry out those tasks which can effectively be performed by non-licensed clinical team members.

Panel management was adopted by HealthPAC providers as a primary strategy to improve outcomes for individuals living with chronic disease. Formal standards of care for panel management were developed in 2009; participating clinic organizations have used these standards as the basis for panel management assessments. A survey tool was adapted from the MacColl Institute for Healthcare Innovation Group Health Cooperative to assess agencies' readiness to implement and progress toward panel management. For each standard, a 0-4 point value is used to determine the level of panel management activity currently provided. A score of 3 or greater indicates that the standard has been met.

Overall, most clinics are now actively using a registry to track patients with diabetes and expanding its use to include other chronic disease conditions such as hypertension, hypercholesteremia, and HIV. Development of registries to track patients with behavioral health conditions is underway as a result of the Alameda County Integrated Behavioral Health in Primary Care program grant. Some clinics have tested different approaches to panel management implementation and are identifying the model that works best for them. Clinics are engaged in pilots to address specific elements such as medication reconciliation and team huddles to improve communication. Sharing of information across medical home sites and clinic organizations continues, and staff is taking advantage of learning opportunities through HealthPAC and CHCN trainings, as well as those offered through individual agencies.

Despite the progress made with implementation, several challenges persist. Committed and continuous leadership support to sustain panel management is necessary, particularly through staff changes and with limited resources. Clinic staff needs allocated time to perform panel management activities and to participate in ongoing training. Panel management activities need to be embedded into clinic workflow and operations in order to become part of the clinic culture.

Continued implementation and sustainability of panel management services is one of three HealthPAC quality improvement goals throughout 2012-13. Two remaining goals focus on improving care transitions and integrating behavioral and physical health services. The results of this report will be used to accelerate advancement toward all 3 goals.

2012 Assessment Impressions:

Leadership

- **Alignment within and throughout health organizations (CHCN, ACMC, Alliance, HCSA) is critical** to sustain efforts already implemented. Shared goals and aims are important to express a clear message that staff can identify with, repeat at meetings, share with clients and integrate into training materials.
- **Support from senior leadership within clinic organizations is needed to continue the efforts** to implement panel management services. Panel management as part of the patient centered medical home can be included in agenda items as CHCN clinics move forward with NQCA recognition.
- **Panel management activities need to be embedded** within and throughout the staff levels of an organization to accommodate for absences and departures. Departure of a panel management "champion" within an organization (e.g. Medical Director in the case of one clinic) may lead staff to be reassigned or removed from activities that support these services.
- **Nurse managers/clinic managers can support the efforts to lead change** if given the opportunity to participate in HeathPAC panel management planning meetings to express their ideas and comments. Their participation is essential as HealthPAC seeks to spread and deepen the use of panel management.
- **Staff can be supported to "lead from the middle"** in the daily clinic flow. Non-clinician staff has taken the lead in many agencies to improve panel management efforts. Time and support for creative ideas to emerge and take hold are needed.
- **Addressing sustainability** can be become part of clinic leadership meeting agendas with staff assigned for follow-up. Suggestions include developing a business plan for sustainability with attention to the return on investment (ROI) for panel management activities.
- **Leadership support for health disparities** data analysis and intervention planning is needed. Reduction of health disparities is written into the goals and mission statements of most clinics. Access to primary care**,** including health maintenance screening, is critical in order to reduce health disparities and improve health outcomes.

System/Health Care Operation Challenges

- **Lack of financial resources** exists for upgrading and training staff on i2i and other IT systems. Costs of upgrading software and systems can be very expensive.
- **Insufficient staff** is available with clear roles to complete the implementation of panel activities. Moving activities out the primary care provider's hand and into the hands of the medical assistants is not always the solution. Focusing on team care, including the pharmacist, social workers, and health education staff is recommended.
- Increased medical provider **training time** is needed to learn more about panel services and how to lead a team.

- **Access** to appointments, specifically specialty care visits continues to be an issue.
- Emphasis on **self-management** as a mode of preventive health behavior needs support.
- **A lack of resources** to research best practices or new concepts such as diabetes centering, or making the business case for panel management exist. Staff at HealthPAC clinics are eager to explore these issues.
- **Using standing orders, conducting medication reconciliation, and analyzing population reports** remains challenging for staff that need allocated time to learn why and how to conduct these essential activities.

Communication

- **Communication forums** to relay, discuss, understand and approve clinical strategies for implementation and what is expected of staff members and the outcomes of panel management services should be part of the work of the Clinical Implementation Workgroup and the Quality Improvement Workgroups. Examples of topics include selection criteria, health messaging, and the use of standing orders. Members can relay information to Executive leadership and/or Medical Directors at policy meetings and workshops. Health Care Services Agency (HCSA) can also support this effort at the quarterly Safety Net Council meetings. Other communication opportunities include site visits, in a news brief, use of social media, webinars. Several staff are making YouTube videos of their activities to share with other sites.
- The arrival of the Electronic Health Record, NextGen, throughout our system opens a new and significant opportunity to improve communication between patients and providers. Clinics will be able to ensure services such as e-prescribing, client report cards, assistance with tracking and referrals, and interface with Quest laboratory data. Consideration for how panel management activities will be integrated with the EHR is important. All will assist to improve panel management services and prepare clinics for Medical Health Home certification if desired.

Training

Commitment to a learning environment for staff (clinical and non-clinical) to promote the chronic disease model, team care, integration with behavioral/physical health focused elements of panel management such as use of standing orders, team "huddles", and effective communication methods is desirable. Although some supervisors report their staff is not ready or able to understand certain activities such as care transitions, support for these HealthPAC goals and focus is crucial, particularly in preparation for health care reform.

- **Support for cross-agency training** should continue. Allotted time for staff to take "field trips" to share and show other clinic staff "how to" implement pm activities.
    - **Sharing the successes made by staff/clinics and resources** (staff, tools, IT, etc.) can assist with sustaining panel management. Coordination with staff conducting similar improvement efforts can spread the resources and messages throughout the system as building the structure for panel management takes place.
    - **Promotion of the Chronic Care Assistant Program at Peralta School District** throughout the HealthPAC provider network is encouraged. CHCN clinics have supported their staff by sending them to this 22-week chronic care assistants program. Medical assistants receive a certificate and can expand their roles in the clinics. Graduates have increased confidence and skills to implement panel management services.

- **Support for all workers, especially aging healthcare workers** to learn new electronic technologies is important. Many experienced, knowledgeable providers continue in the workforce. Technology use has exponentially increased and not all workers are comfortable handling computer tasks. As organizations adopt new technologies, strategies to train and assist health care workers at all competency levels is critical.

Staff Models

- **Various models exist for panel management services.** Some clinics have a dedicated FTE per provider while others utilize a team approach. Supervision is done by both clinical and non-clinical staff. Determining which model is most effective and can provide the most cost savings should be considered as panel management services are spread to additional clinics and private providers. Job descriptions with language that includes accountability and implementation of panel management services have been developed at most sites and copies are shared between clinics. Several sites identified a need for additional staff to perform these activities.

- **Integration of behavioral health and chronic disease assessments** is a promising endeavor. There are several models and tools to assist with this activity. Most of the clinics have LCSWs or other mental health providers to provide a "warm handoff" for care. The BHCS AIMS project will help to address this and further explore which models work best to service the population at Federally Qualified Health Centers and what type of reimbursement for services is available.

Panel management remains an effective strategy to improve health outcomes and reduce disparities for our underserved population; Alameda County HealthPAC providers continue to implement these services across our system. This assessment reveals that clinics that develop a well-defined but flexible structure for panel management services are most successful. Staff are able to see improvements in health outcomes and client involvement in care. Conducting tests of change and piloting newer services such as standing orders or team huddles are in progress and will need support from leadership, focus and time for staff to implement, and effective communication with clients and staff to sustain the positive changes. Adoption of the Electronic Health Record will make the work more efficient, but emphasis on its integration with current panel management efforts will be critical.

HealthPAC
Health Program of Alameda County

Summary of Aggregated 2012 PM Assessment Scores
2012-13 focus elements are shaded

Required Standard	Range	Average	# Meeting Standard
1. Maintains a registry	1-4	2.93	7/13 or 54% (2010) 11/13 or 85% (2012)
2. Selection criteria	1-4	3.12	10/13 or 77% (2010) 9/13 or 69% (2012)
3. Messenger activities	1-4	3.0	8/13 or 61% (2010) 7/13 or 54% (2012)
4. Tracking referrals	2-4	2.87	9/13 or 69% (2010) 8/13 or 61% (2012)
5. Staff Communications	1-4	2.59	5/13 or 38% (2010) 7/13 or 54% (2012)
6. PCP Instructions	1-4	3.14	6/13 or 46% (2010) 10/13 or 77% (2012)
7. Medication reconciliation	1-4	2.00	1/13 or 7% (2010) 1/13 or 7% (2012)
8. Written Job Description	0-4	3.57	7/13 or 54% (2010) 11/13 or 85% (2012)
9. Opportunities to learn (CCM, QI,)	2-3	3.26	8/13 or 61% (2010) 11/13 or 85% (2012)
10. Staff supervision	0-4	2.98	8/13 or 61% (2010) 8/13 or 61% (2010)
Optional Standards			
11. Access to a range of health services	2-4	3.21	7/13 or 54% (2010) 7/13 or 54% (2012)
12. Action Plans	1-4	2.69	5/13 or 38% (2010) 7/13 or 54% (2012)
13. Self-management	1.5-4	3.04	8/13 or 61% (2010) 8/13 or 61% (2012)
14. Case conference	0-4	1.46	4/13 or 31% (2010) 2/13 or 15% (2012)
15. Standing Orders	1-4	2.48	4/13 or 31% (2010) 6/13 or 46% (2012)
16. Outreach	0-3	1.57	2/13 or 15% (2010) 1/13 or 7% (2012)