NCC Pediatrics Continuity Clinic Curriculum:

Continuity and Patient Hand-off

Goals & Objectives:

Upon completion of this module, the learner should be able to:

a. List the benefits of assigning each patient a primary care manager (PCM).
b. Describe the medical home's responsibility to support patients selecting or changing their PCM.
c. Perform patient panel maintenance, including adding patients to your panel and signing over your patients to their new provider.
d. Use the IPASS communication method to transition patients between PCMs.

Pre-Meeting Preparation:

Please do the following:

- Read the pre-meeting preparation document.
- Access your patient panel directly through the Dynamic Worklist function in MHS Genesis
- Skim medical home SOP entitled Continuity in Share Drive [PRIMARY CARE --> Medical Home SOPs --> Signed SOPs -- > Continuity_05-2017]

Conference Agenda:

- Bring your Patient List to the conference this week
- If you are unable to attend, ensure you still review your list and send updates to Lisa Smith
- Departing residents should ensure appropriate handover of their identified patients.

Extra Credit:

- Log onto **milConnect** and try to change your own PCM and make an appointment with your PCM.
- **How complex is your panel? Learn about ACG IBI and RUB available here starting at slide 17.**

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WRNMMC Pediatric and Adolescent PCMH

Continuity and Patient Hand-off

Providing and coordinating medical care is one of the cornerstones of the Patient Centered Medical Home (PCMH). Each patient is assigned a designated primary care manager (PCM), and each PCM cares for a designated panel of patients. All patient appointments - including well, acute, follow-up and preventive care – are ideally completed with the patient's PCM or another provider on the PCM's team. Improved PCM continuity is associated with higher quality of care and improved patient and provider satisfaction. The goal for continuity is 70% for PCM continuity and 90% for team continuity.

Patients have the right to choose a PCM, and the PCMH has the responsibility of supporting their decision by providing information about each PCM.

Patients can change their PCM choice at any time. The easiest way for them to change PCMs is to log onto milConnect, which will bring them to the Tricare beneficiary web enrollment site. (If you have never signed onto milConnect, do so before you come to the continuity discussion!) They can also speak with any clinic staff member (in person or by phone), who will fill out the PCM change form; this form is also in every exam room drawer for providers and nurses to use during face-to-face visits. The sponsor's signature is not required! The person filling out the form must give the form or send and email to lisa.m.smith132.civ@health.mil or dha.bethesda.j-11.mbx.bds-enrollment@health.mil. Tricare will mail the family confirmation of the change in PCM.

The size of each provider's panel is based on their "full time equivalent" (FTE), or how many available appointments the PCM has in clinic. By Military Health System standards, we enroll 1100 patients per full-time provider ("1100 per FTE"). Interns have capacity for 50 patients; PGY2/3s have 99 patients. Resident may over-enroll their panels to add patients over the course of the academic year. Staff providers, depending on their clinic availability, have from 200 to 700 patients. Each of the medical home teams has approximately 2500 patients.

Assuming a patient is assigned to your panel, how does the patient actually get an appointment with you? Does the appointment booking process support the relationship between a patient and his/her PCM (i.e. support continuity)? When booking an appointment, the patient may use the MHS Genesis patient portal (check to make sure your name is on the portal), send a message to our clinic on the portal, call the Walter's Way number (301-295-8901), or call the IRMAC. They may book future appointments with their assigned PCM or a provider on the same team; they may not book future appointments with a provider on another team. For acute visits, all booking methods attempt to book patients on their medical home team, but if this is

not possible (due to reduced appointment availability on the team or patient preference), patients can be booked on other teams. Using these booking protocols, our PCM continuity is ~30%, and our team continuity is nearly 100%.

It is helpful to occasionally scrub your panel of patients to ensure: (1) that you are familiar with the complex patients assigned to you, and (2) that the patients you *think* are assigned to you are, in fact, assigned to you. You should reassign unfamiliar complex patients on your panel to a PCM who is more familiar with their medical problems; similarly, you may need to reassign patients that you *are* familiar with who are on other provider panels to your patient panel.

Use the attached instructions to view your patient panel in the Dynamic Worklist. Can you filter the panel by "ACG IBI" (Adjusted Clinical Groups Illness Burden Index)? The IBI is the most widely-used and -tested system for stratifying patients by illness severity using demographic, utilization, and pharmacy data. Ill patients have a higher IBI. Filter your panel of patients by IBI by clicking on the column header "ACG IBI" then clicking on the triangle. Your high IBI patients will appear at the top of the spreadsheet.

When combined with resource use relative to the US population, the ACG IBI can be used to calculate the ACG RUB (Resource Utilization Band). RUB is calculated on a 7-point system as follows:

- No data (patient has not been enrolled for an entire year)
- 0 = non user
- 1 = healthy
- 2 = low
- 3 = moderate
- 4 = high
- 5 = very high

As you review your patients, remember that we have new resources available in the clinic that we may not have had when you last scrubbed your panel. For example, do you have patients that might benefit short term behavioral interventions from Dr. Cowan or Dr. Small? Do you have patients with poorly controlled asthma and high RUB that might benefit from nurse education? Consider talking with the patient's new PCM about these resources and/or discussing it with the parent directly and placing a consult into MHS Genesis.

For rising PGY2/3s and staff remaining at WR for the next year: During this continuity clinic or over the next few weeks, identify high-IBI and "very high"/"high" RUB patients that you do not follow. Use the Excel spreadsheet in the Shares to indicate patient demographics and to which PCM the patient should be moved, or use the attached spreadsheet.

(This may require checking MHSG to see which provider the complex patient usually sees.) Provide this list to Dr. Carr by the end of April.

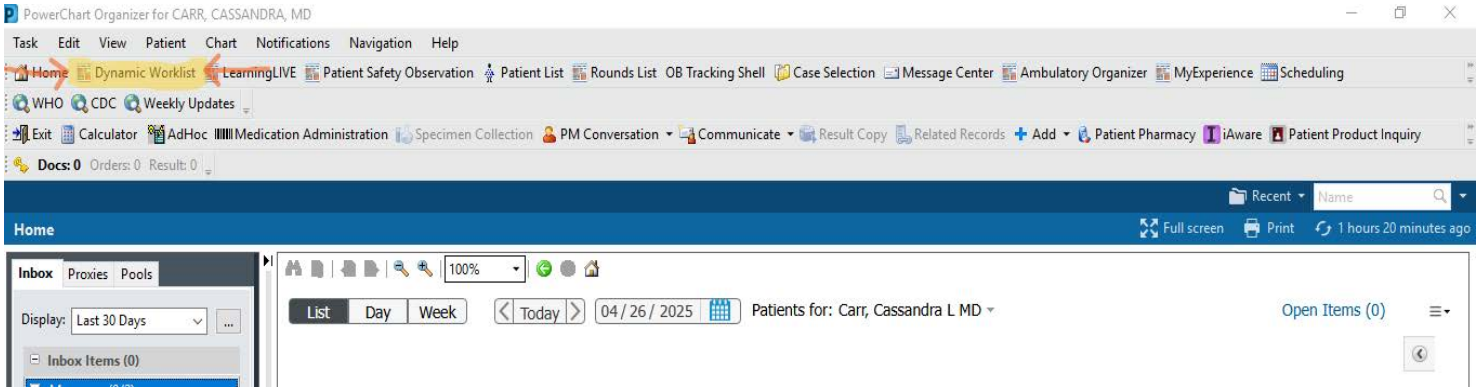
For departing providers (staff, interns, and residents): All of your patients must be reassigned to another clinic provider. For your high-IBI and "very high"/"high" RUB patients, you will complete a verbal and written turnover **before** you leave the hospital using the IPASS sheet in this module. You may also choose to hand off healthy patients that you know well. Review your downloaded panel and use the spreadsheet to indicate patient demographics and to which PCM the patient should be moved, or use the attached spreadsheet and fill out by hand. Provide this list to Cassie Carr by the week of . (Note: there is no patient approval needed – the patients will all be reassigned no matter what!)

For Residents Leaving the Program

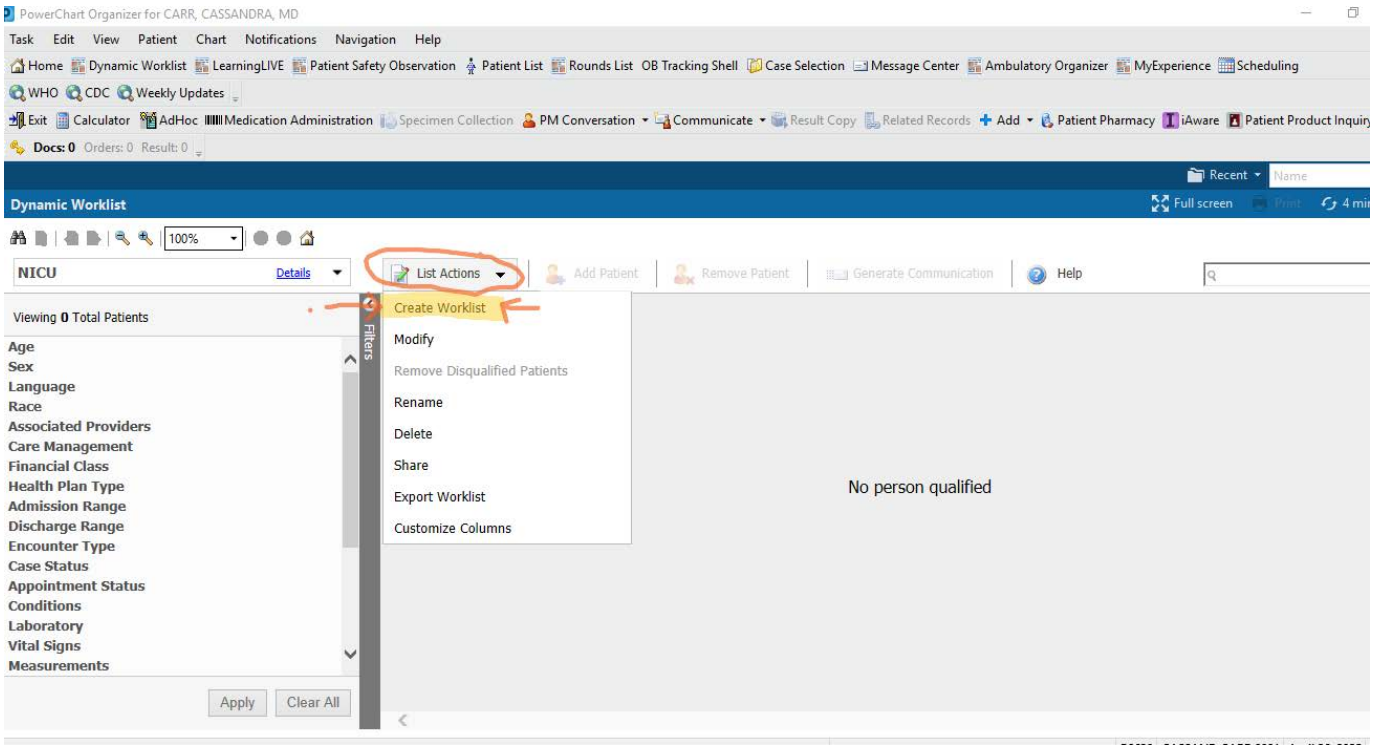
Please review your patient lists. If there are complex patients you follow who are not on your patient list, please add them. Please identify a new resident PCM for your complex patients, perform an I-PASS handover for that patient with the new PCM, and email the new assignments to cassie.carr@nccpeds.com. Patients not specified will be transferred en bloc to an incoming PGY-1.

Finding Your Patient Panel in MHS -Genesis

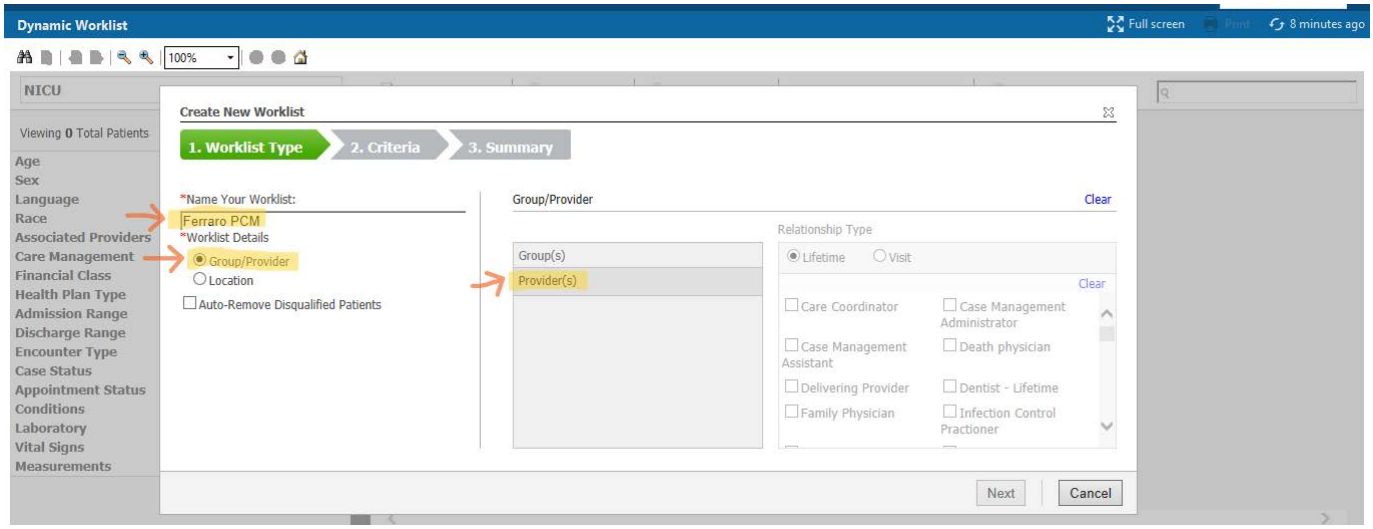
Step 1. From your **Home** screen, locate and click on **Dynamic Worklist**



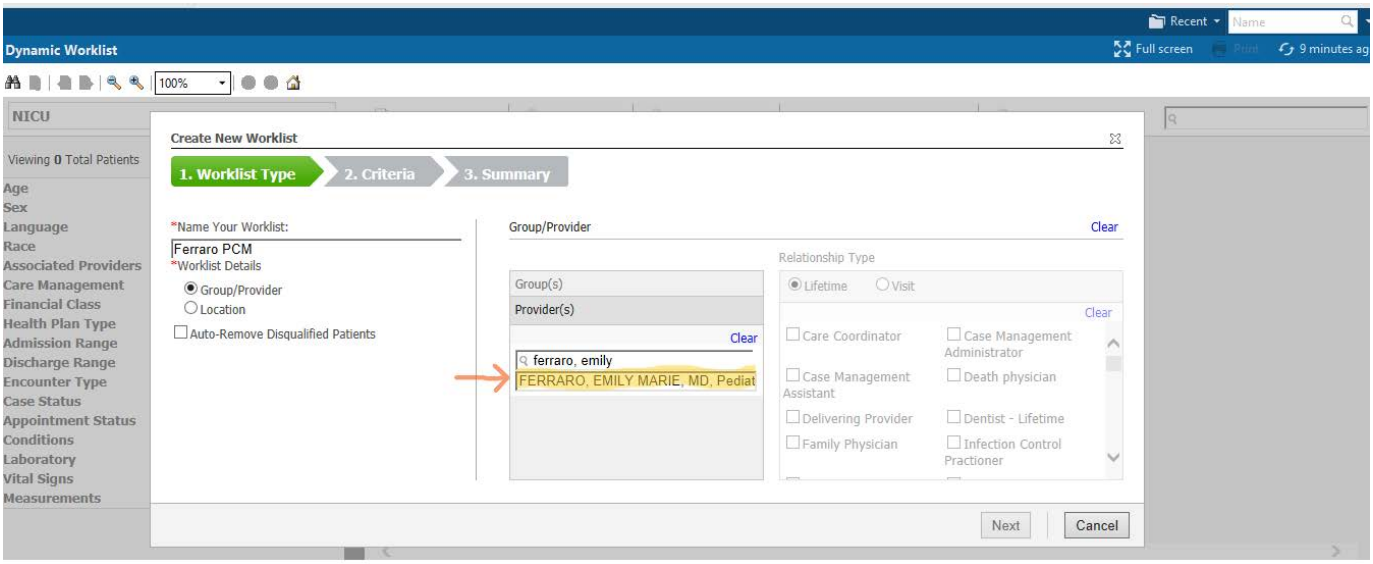
Step 2. Click **List Actions** and select **Create Worklist** from the drop down menu,



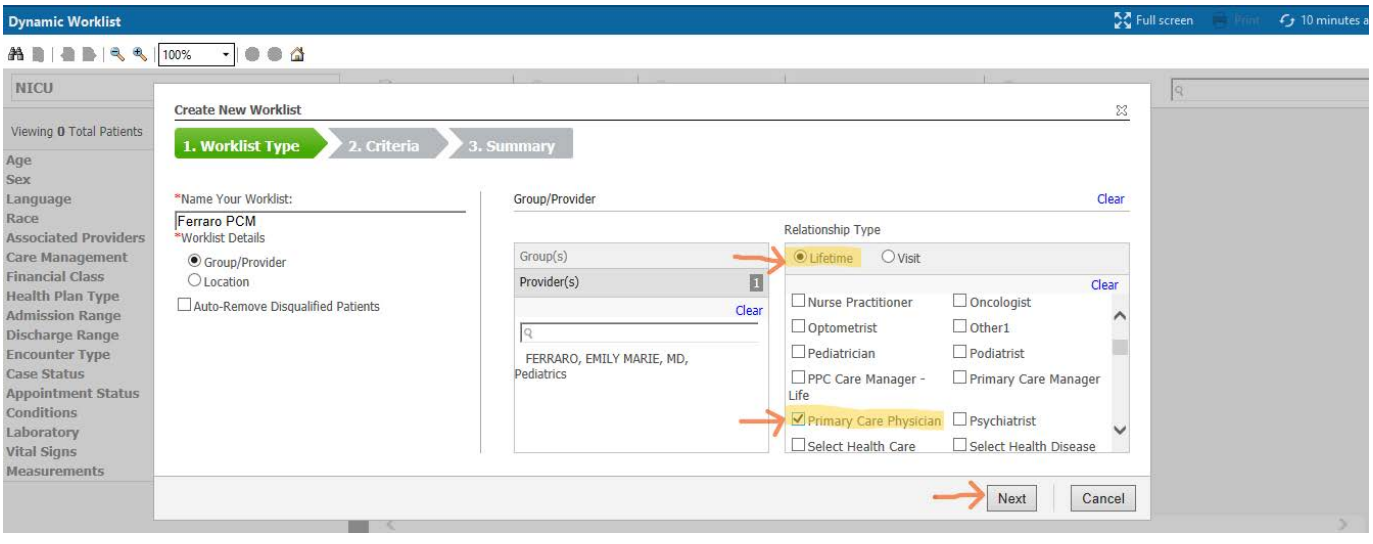
Step 3. Give your worklist a name and click **Group/Provider**. Under Group/Provider, choose **Provider.**



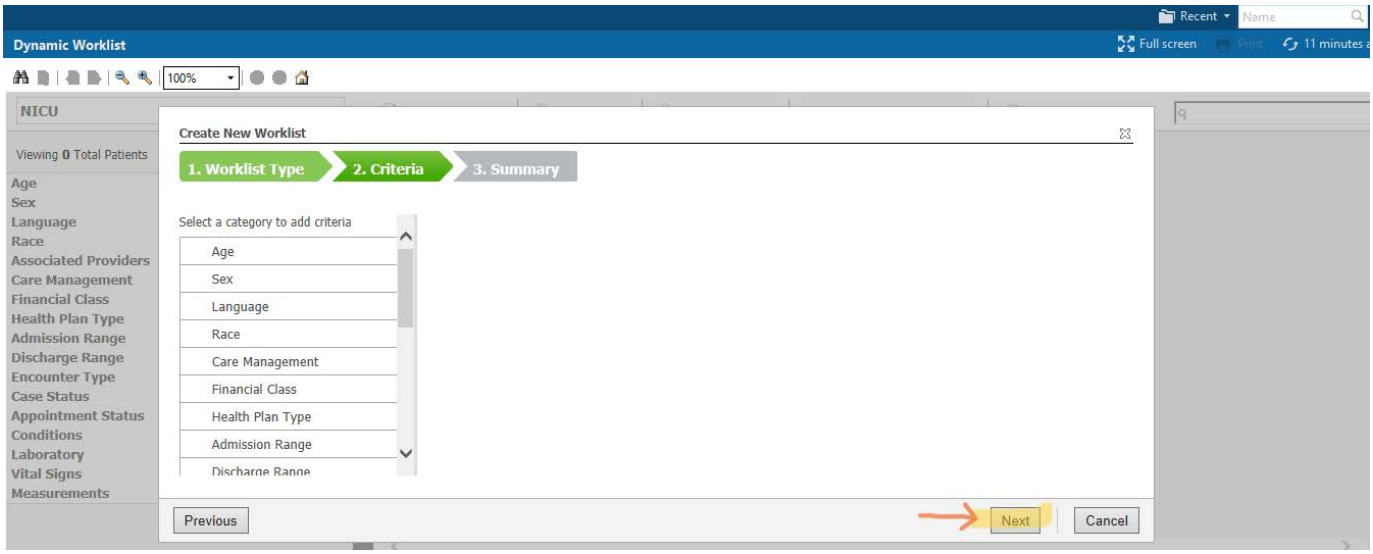
Step 4. Under **Provider**, search and select your name by **last name, first name.**



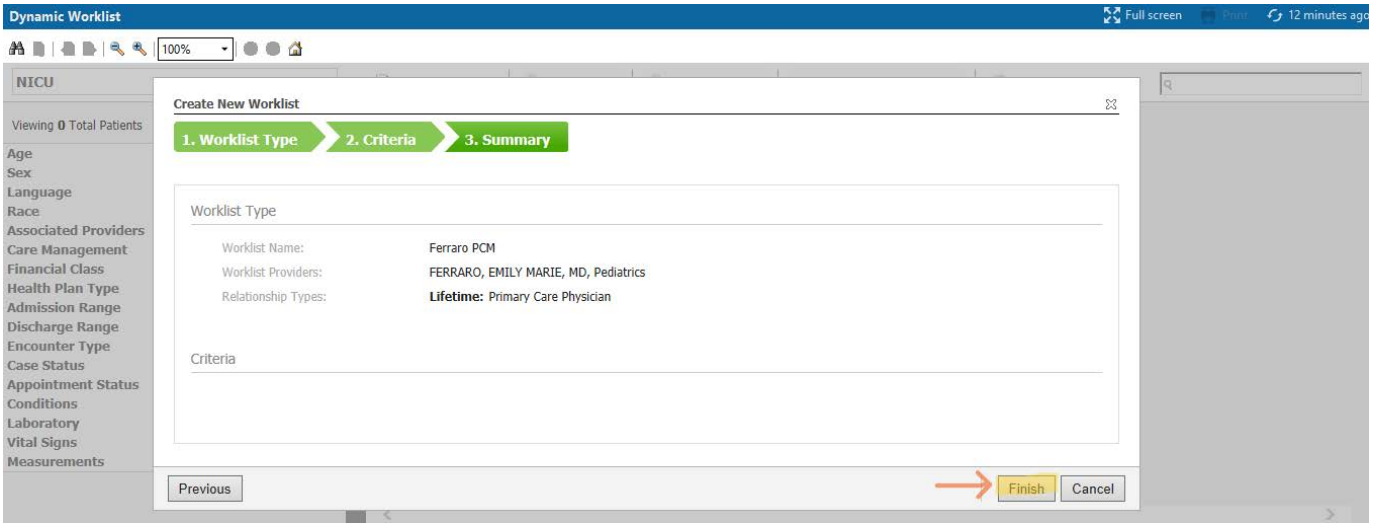
Step 5. Under **Relationship Type**, select **Lifetime** and **Primary Care Physician** (NOT PCM)



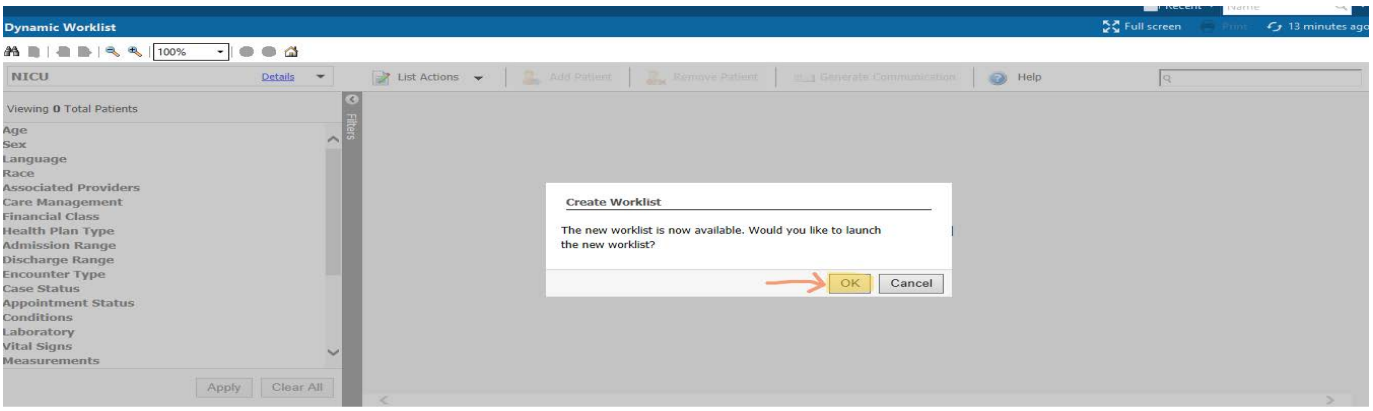
Step 6. Click **Next** and then **Next** again. You do not need to select criteria.



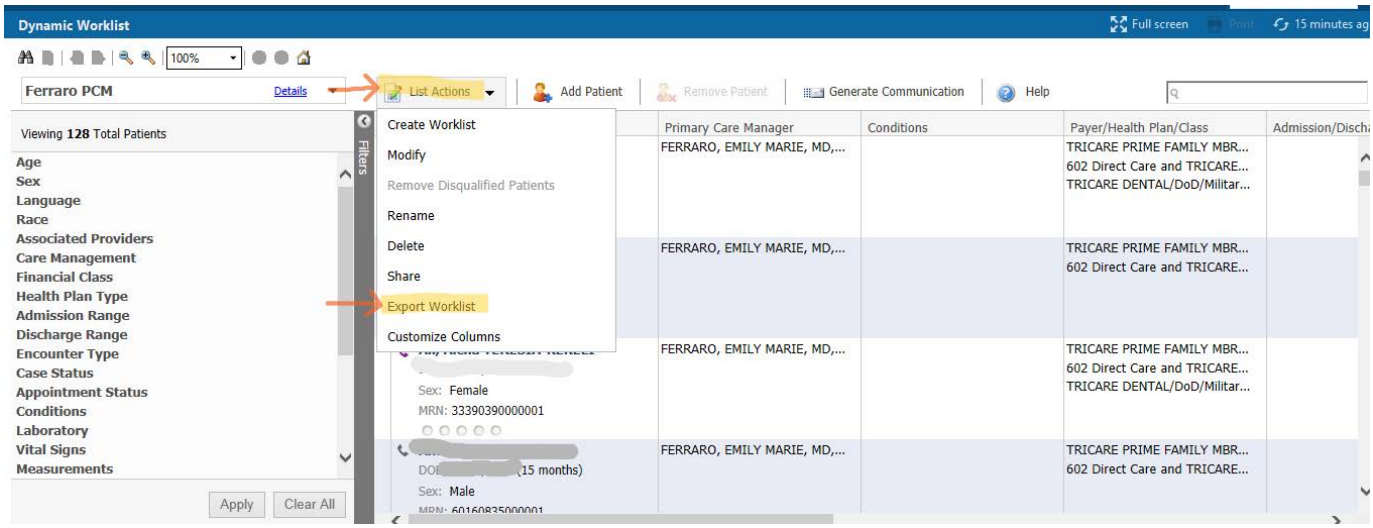
Step 7. Confirm your worklist has the correct descriptors and click **Finish.**



Step 8. Click **OK.**



Step 9. Click **List Action** and select **Export Worklist f**rom the dropdown box. The Dynamic Worklist you have now created will remain in MHS Genesis but the export to Excel gives you additional options for managing your patient list.



PCM CHANGE REQUEST FORM

Oct 2023 Update

PT Name	PT DOD ID	CURRENT PCM	REQUESTED PCM	REQUEST DATE
Ex Doe, Jane	12345678	SMITH, DMIS 0067	JONES, DMIS 0056	2023 FEB 3

*Please note that if a patient is not enrolled in DEERS, they would need to contact DEERS, then contact Humana

At 800 444 5445 to be assigned a PCM.

*If a patient is enrolled in DEERS, but assigned to a PCM outside of the NCR, they would need to contact Humana

At 800 444 5445 to change PCMs.

*Email completed PCM Change Request to Ms. Lisa Smith at lisa.m.smith132.civ@health.mil

Walter Reed Pediatric Residency
Continuity Clinic Schedule AY24-25

PGY Year	Monday	Tuesday	Wednesday	Thursday	Friday
PGY-1	Marian-Joy (MJ) Spirnak Victoria Smith Melanie Yonko	Keegan Paulson Simal Ali Leanne Perez	Brenda Zhang Deborah Kolade Andrew Koury	Erin Scroggins Grace Manno	Keenan Caswell Jacquelin Doman
PGY-2	Anna Casey Genesis James	Rebecca Morgis Karina Kauffman Brown	Brandon Neal McKenzie Bowling	Anna Raymond Daniel Rochford	Madeleine Mascitti Kayla Sallander
PGY-3	Amy Davis Lisa Sukenaga	Samantha Hanciles	Connor Liggett	Nicole Martin Andrew Warren	Kevin Westbrook Brian Fissel

I-PASS Handoff

- **Departing residents and staff will prepare handoffs for *ALL* of their chronic/high utilization patients, and complete verbal and written handoff before leaving the hospital for a new duty station.**

I	**Patient ID & Illness Severity** (stable vs. "watcher")
P	**Patient Summary** (organize by problems or systems, with plan for each item)
A	**Action List** ("To-Do" list with timeline—consults, follow-up appts/studies/education needed)
S	**Situation Awareness & Contingency Planning** (plan for what might happen; social issues)
S	**Synthesis by Receiver** ("read-back" and questions)

If a provider has a patient that they would like to add to their panel I am happy to assist.

There are just a few caveats.

1. If the patient is not currently enrolled in DEERS or if the patient is empaneled to a provider outside of the NCR (Maryland, DC, VA), then the patient would need to contact Humana at 1 800 444 5445 for assistance.

2. If the patient is currently empaneled to another provider here at WR, then I can move them to the requested provider provided that they have eligibility.

3. If the patient is currently empaneled to another MTF say Ft Belvoir, and they now want to be seen here at WR. I can process that request also.

Also I updated the PCM Change form with some information. Please take a look and let me know your thoughts.

I hope this helps.

Thank you.

V/r,

Lisa M. Smith

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