No Need to Reinvent the Wheel

Lisa S. Rotenstein MD MBA
Founder and CEO, CareZooming
Internal Medicine Physician, Brigham and Women’s Hospital + Harvard Medical School
MIPS Score
Four categories, one composite score and report

- Quality
- Resource Use
- Clinical Practice Improvement Activities
- Advancing Care Information (MU)

MIPS Composite Performance Score

Healthcare Trends
Doctors as Leaders
Physician Wellness
Takeaways:

Organization-directed interventions associated with higher treatment effects than physician-directed interventions.

Interventions delivered in primary care and to experienced physicians showed a trend towards greater effectiveness.
## Workload- or schedule-focused changes

- Quality improvement and communication skills focused

| Organization-directed (focused on workload or schedule):  
  Two intensivist staffing schedules were compared: continuous and interrupted (rotations every 2 wk) for 14 mo.  
  Physician-directed: A 2-mo mindfulness-based stress reduction program that involved a weekly Powerpoint presentation of stressful topics related to the medical profession (eg, healing with suffering), a weekly 45-min mindfulness exercise, and a weekly 60-min group reflection about the weekly topic, and the mindfulness exercise  
  Physician-directed: 2 mo (8 sessions of 2.5 h/wk plus a 1-d session of 8 h) of contemplation-meditation exercises such as mindfulness meditation, in which participants focus on the present-moment experience and contemplate nonjudgmentally bodily sensations, breathing, sounds, and thoughts  
  Physician-directed: a 30-h communication skills training and a 10-h stress management skills training in small groups (57 participants) | Physician-directed: 1 weekly 4-6 h workshop for a total of 12 wk. Interactive teaching intervention aiming to impart the knowledge, attitudes, and skills needed for adapting to the task of a physician in a busy community clinic  
  Physician-directed: 2.5-h self-care workshops coordinated by mental health professionals, who addressed aspects of burnout syndrome such as identification of risk factors, coping behaviors, preventive behaviors, and self-care  
  Physician-directed: 45-min stress reduction intervention in which one reflects on the background of the situation that may have generated stress professionally, examines one’s affect, analyzes the most troublesome aspects of the situation, reflects on how one handled the situation, and provides oneself empathy (supportive comments)  
  Organization-directed (focused on workload or schedule): Residents in 2 university-affiliated ICUs were randomly assigned (in 2-mo rotation blocks from January to June 2009) to in-house overnight schedules of 12 h.  
  Organization-directed (focused on workload or schedule): 18 1-h bimonthly groups who met regularly with trained discussion group leaders to discuss topics related to stress, balance, and job satisfaction  
  Organization-directed (focused on workload or schedule): a 5-h period of protected time in which interns were expected to sleep (12.30 am to 5:30 am) for 4 wk |  

## Protected time for physician-directed interventions

- Physician-directed: 1.5-d intensive face-to-face workshop with 3-6 participants incorporating presentation of principles, a DVD modeling ideal behavior, and role play practice, followed by 4 1.5-h videoconferences at monthly intervals incorporating role play of physician-generated scenarios  
  Physician-directed: A 7-9-h interactive face-to-face workshop training with a follow-up telephone call 1 mo later. The elements of the training workshop were evidence based and used accepted adult learning principles.  
  Organization-directed (focused on workload): shift work staffing in which there was 24/7 intensivist presence. The same pool of intensivists supplied day shift and night shift coverage. In any given week, a single intensivist was responsible for all 7 day shifts (8 am-5:30 pm, 8 am-3 pm on weekends), whereas 2 different intensivists alternated the 7 night shifts.  
  Physician-directed: 3 1-h debriefing sessions and a focus group that explored themes around work-related stressors, coping mechanisms, and potential strategies to improve junior medical officer well-being  
  Organization-directed (focused on communication, teamwork, and quality improvement): targeted quality improvement projects, improved communication, and changes in workflow  
  Organization-directed (focused on workload or schedule): assignment to random sequences of 2-wk shift rotations  
  Organization-directed (components from physician-directed interventions): 19 biweekly facilitated discussion groups incorporating elements of mindfulness, reflection, shared experience, and small-group learning for 9 mo. Protected time (1 h of paid time every other week) for participants was provided by the institution.
What are you looking to improve in your practice?
What makes improvement hard?
Where do you turn for improvement information?
Healthcare teams are doing this:

- Time
- Energy
- $$

Instead of finding & connecting with one another

Reinventing the Wheel

Image source: Health Catalyst
The CareZooming Method
The CareZooming Method
The CareZooming Method
Mental Health Counseling via Telehealth @ Texas A&M University

Overview
The Telehealth Counseling Clinic is a telehealth clinic that uses psychology doctoral students from Texas A&M University to provide free virtual therapy to underserved patients in the Brazos Valley area of Texas.

Organization Name
Telehealth Counseling Clinic at Texas A&M University

Organization Type
- Academic Hospital
- Academic Medical Center
- Community outpatient clinic
- Integrated healthcare system/network

National/Policy Context

Innovators
- Carly McCord PsyD

Editors
- Anabel Starosta, BA
- Meg Krasne, MPH

Location
College Station, TX

Talk to the Innovators

Carly McCord PsyD
Director of Clinical Services, Telehealth Counseling Clinic, Texas A&M University
Expertise: Mental Health Counseling via Telehealth @ Texas A&M University
- Research Assistant Professor, Department of Health Promotion & Community Health Sciences
- Adjunct Professor, Department of Educational Psychology
- Responsible for daily operations of clinic, coordinates three practicum programs for psychology doctoral students & graduate students in public health
- Expertise in starting and supervising successful, innovative training and supervision model for telepsychology
Training

- Texas A&M's Psychology doctoral program trains its students in telepsychology, with training including the following:
  - Telehealth 101: introduction to what telehealth is and examples of how it is implemented
  - How to handle emergencies from a distance
  - Multicultural considerations of working in rural areas
- All doctoral students who participate in TCC have received this telepsychology training.
- TCC also leads a continuing education program, which is an online program for existing professionals in telehealth counseling.

Team Members Involved

- Administrative Assistant
- Clinical Trainee or Student
- Psychologist

Workflow Steps

Daily Workflow - Steps:

- Access points are areas set up in satellite communities, such as at community resource centers or government offices. The administrative staff at the access points are members of the respective communities who advertise TCC services and help the patient complete the paperwork to register, and fax it back to the TCC hub in College Station, TX.
- Patients go to satellite clinics where they use interactive video conferencing technology to speak with their therapists who are at the TCC hub. Patients can also speak with counselors on the phone.
- Doctoral students conduct a phone screening before patients have their first counseling session to make sure they are a good fit for telehealth and can be treated as outpatients.
- The only exclusionary criteria for patients is that they do not want telehealth, preferring to see an in-person provider. In this case, patients are referred to an in-person therapist.
- Students screen for immediate crisis need to be an inpatient.
- Once therapeutic relationship is established, students provide counseling 1 x week for 45-50 minutes. Counseling can be for an individual, group, or couple.
- Number of average sessions is 9, and 20 sessions is the limit.
- PHQ9 is used weekly to track depression scores.
- Students are required to document treatment plan and termination summary in Titanium Schedule.

Carly McCord PsyD

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Budget Details

- Salary for clinic director.
- Salary for 3 paid graduate assistants who help run clinic operations.
- Doctoral students who provide services are volunteers ($0).
- Cost for running clinic outside of salaries: EMR fees, licensure fees, phone, internet, equipment like computers/monitors, office materials, and travel to counties and conferences.

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Outcomes
- Change in depression scores, measured with PHQ 9.
- Health-Related Quality of Life (HRQOL) measures

Includes a cover sheet prepared by the phone clinic. The following are exclusion criteria:
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How Telehealth is Used: A guide for how telehealth is used in a research clinic.
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Mallia Davis MSN, RN, ANP-C, NP
Director of Nursing Services and Clinical Team Development, Clinica Family Health
Expertise: Expanding nursing role via RN "Co-VsId" Model & Clinica Family Health
- Leading work nationally and locally on RN role expansion in primary care, including care management, nurse lead care visits, utilizing design thinking to improve health and wellness in underserved populations, and optimizing team-based care.
- She earned her master's degree in nursing at Yale School of Nursing.

Karen Funk, MD, MPP
VPA of Clinical Services, Clinica Family Health
Expertise: Expanding nursing role via RN "Co-VsId" Model @ Clinica Family Health
- Currently VP of Clinical Services at Clinica Family Health, formerly Assistant Medical Director. She received her MD from the University of Illinois and trained in family medicine at Rush Medical Center.
- She has served as a family physician at Clinica Lafayette Clinic since 2004.
- Past positions and honors include: Quality Improvement Coordinator for Planned Parenthood of Greater Chicago and Albert Schweitzer Fellow.
- Currently a national faculty member for the CMMIS TCRP Transforming Clinical Practice Initiative.

Azam Tayebi DNP
Family Nurse Practitioner, Elmhurst Wound Care Clinic
Expertise: Improving Timely Referrals via Implementation of Lower Extremity Amputation Prevention (LEAP) Tool @ Suburban Wound Care Clinic
- Doctor of Nursing Practice (DNP) @ Frontier Nursing University by KY
- Experienced in geriatric, cardiovascular, infection prevention, hospice, & Home health nursing.
- Practices and conducts training on advanced wound care nursing at the Elmhurst Wound Clinic.

Sandra Santos
Senior Project Specialist, Ambulatory Management Team, Massachusetts General Hospital/ Massachusetts General Physician Organization
Expertise: Direct Scheduling in Primary Care @ Massachusetts General Hospital
- Leads consulting engagements in outpatient areas, facilitates collaborations with physicians, administrative leaders, and staff at all levels. Focus on Patient Access.
- As an Epic Certified Trainer, she trains physicians during the Epic implementation on the clinical side but also did administrative/faculty training in Epic during the Revenue Cycle implementation.
- Previously, Sandra served as a Team Lead for the NHGRR Budget and Analytics department for 5 years.
- Received a Bachelor of Science, Business Management with a minor in Finance at UMass Boston.

Joanna D’Afflitto, MD, MPH
Medical Director for the Office-Based Addiction Treatment (OBAT) Program, Boston Medical Center
Expertise: Nurse Practitioner: Physician Primary Care Teams via "HP Ambler" @ Boston Medical Center
- Currently a PCP in the Division of General Internal Medicine at Boston Medical Center, where she served as the Associate Medical Director for Primary Care Health and Innovation.

Ashish Atreja, MD, MPH
Associate Professor and Chief Innovation Officer (CIO) for Medicine, Icahn School of Medicine at Mount Sinai
Expertise: Advancing BD’s Clinical Trial Recruitment via a Day via Digital Medicine Platform @ Mount Sinai Health System
- Dr. Atreja completed internal medicine and gastroenterology training at the Cleveland Clinic. He has formal training and experience in digital health and informatics.

Alexander Young, MD
Professor, UCLA Department of Psychiatry; Director of Health Services
Director of Health Services, VA Mental Illness Research, Education and Clinical Center in Southern California
- Currently serves as Associate Chief Medical Officer of the Los Angeles VA Medical Center.

Paul Giboney, MD
Associate Chief Medical Officer, LA Department of Health Services
Expertise: eConsults @ the LA Department of Health Services
- Currently serves as Associate Chief Medical Officer of the LA Department of Health Services.
Current Content Partners

Camden Coalition

healthcare

Review of Systems
CareZooming Reach

We have featured content from 28 Cities + 50 Organizations from across the United States to date.

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<th>Organization</th>
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<td>Arms Acres</td>
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<td>Beth Israel Deaconess Medical Center</td>
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<td>Brookside Community Health Center</td>
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<td>Northeast Ohio Medical University</td>
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<td>Oregon Community Health Information Network</td>
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<td>People's Community Clinic</td>
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<td>PROHealth Care ACO</td>
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<td>Venice Family Health Clinic</td>
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PDSA Cycles
PDSA Cycles

Plan:
- Set improvement goals
- Predict what will happen
- Plan the cycle (who, where, what and how)
  - Decide what data to gather

Act:
- Carry out the plan
- Document any problems encountered and observations
- Gather data

Study:
- Fully analyse data
- Compare data to predictions
- Examine learning

Do:
- What changes need to be made to the next cycle?
- If no changes, roll out the improvement
PDSA Cycles
PDSA Cycles

- Driver
- Process Outcome
- Goal
**PDSA Cycles**

**Team:** John, Sally, Mark, Dave, Laura, and Beth  
**Project:** Lowering Depression Scores: Achieve a 15-point decrease in PHQ-9 scores for 50% of depressed patients by May 1.

<table>
<thead>
<tr>
<th>Driver – list the drivers you’ll be working on</th>
<th>Process Measure</th>
<th>Goal</th>
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<tbody>
<tr>
<td>1. Patient education</td>
<td>% of patients in depressed population receiving education materials before leaving office will have documented use of educational materials</td>
<td>90% of patients in depressed population will have documented use of educational materials before leaving office</td>
</tr>
<tr>
<td>2. Follow-up assessment</td>
<td>% of patients in depressed population that have a follow-up assessment within the first eight weeks of their initial diagnosis</td>
<td>75% of patients in depressed population have a follow-up assessment within the first eight weeks of their initial diagnosis</td>
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PDSA Cycles

1. Change Idea
2. Tasks
3. PDSA Idea
<table>
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<tr>
<th>Driver Number (from above)</th>
<th>Change Idea</th>
<th>Tasks to Prepare for Tests</th>
<th>PDSA</th>
<th>Person Responsible</th>
<th>Timeline (T = Test; I = Implement; S = Spread)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Provide pamphlet and link to short video at time of patient discharge</td>
<td>Need to make sure we have enough pamphlets on site; need to ensure link to video works</td>
<td>Nurse will hand materials to patient before leaving the exam room with all patients scoring high on the PHQ-9</td>
<td>Beth and Mark</td>
<td>T T</td>
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<td>2</td>
<td>Patients will come back to the office for a follow-up assessment within eight weeks of depression diagnosis</td>
<td>Need to schedule appointments within timeframe and get patients to attend follow-up appointment; need to make sure secretaries are aware of this test</td>
<td>Have secretaries write down the date and time of the follow-up appointment on the back of the clinic’s business card</td>
<td>Laura</td>
<td>T T</td>
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Let’s Practice!

• **Scribes**
  https://bit.ly/2JfzS3g

• **E-Consults**
  https://bit.ly/2VUoOhQ

• **Opioid Management**

• **Nurse + Physician Partnerships**
Let’s Practice!

1. Learn from Peers
2. Read the Recipe
Let’s Practice!

1. Learn from Peers
2. Read the Recipe
3. Think about your Context - How can you Adapt?
Let’s Practice!

- What is your Aim?
- Organization Type
- Context for Change
- Patient Population Served/Payor Information
- Background Research
- Funding
Let's Practice!

- Tools
- Tech
- Training
- Team Members
- Workflow – broad strokes
- Expected Challenges
Let’s Practice!

1. Learn from Peers
2. Read the Recipe
3. Think about your Context - How can you Adapt?
4. Plan your Outcomes + PDSAs
Let’s Practice!

• What are your drivers?
• What are your desired outcomes?
• What are your goals?
Let’s Practice!

• What is your change idea? What tests of change will you try?

• What tasks are needed?

• What will be your first PDSA test?
Thank you!

Lisa@CareZooming.com