

The UCSF logo consists of the letters 'UCSF' in a bold, teal, sans-serif font. The 'U' and 'C' are connected, and the 'S' and 'F' are also connected.

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San Francisco

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SAN FRANCISCO
COMMUNITY CLINIC
CONSORTIUM



Community
Health Network
of San Francisco

San Francisco Coalition

Kaiser Permanente Specialty Care Initiative

July 23, 2012



Agenda

- **Introductions**
 - **Specialty clinic dashboards**
-
- **Overview of San Francisco coalition and current projects**
 - **Impact of the SCl grants**
 - **Where the work will go in the future and sustainability**



**SAN FRANCISCO
HEALTH PLAN™**

Here for you



**SAN FRANCISCO
COMMUNITY CLINIC
CONSORTIUM**

**10 independent
primary care clinics
87,000 primary
care patients**



**Healthy
San
Francisco**

**San Francisco
Department of Public Health**

**4 primary care clinics
30,000 primary care patients**

**>100,000 patients annually
~500,000 ambulatory visits**

**Community
Programs**

**Community
Behavioral
Health
Services**

**Community
Oriented
Primary
Care**

**12 primary care health centers
41,000 primary care patients
205,000 PC visits FY 2011-12**



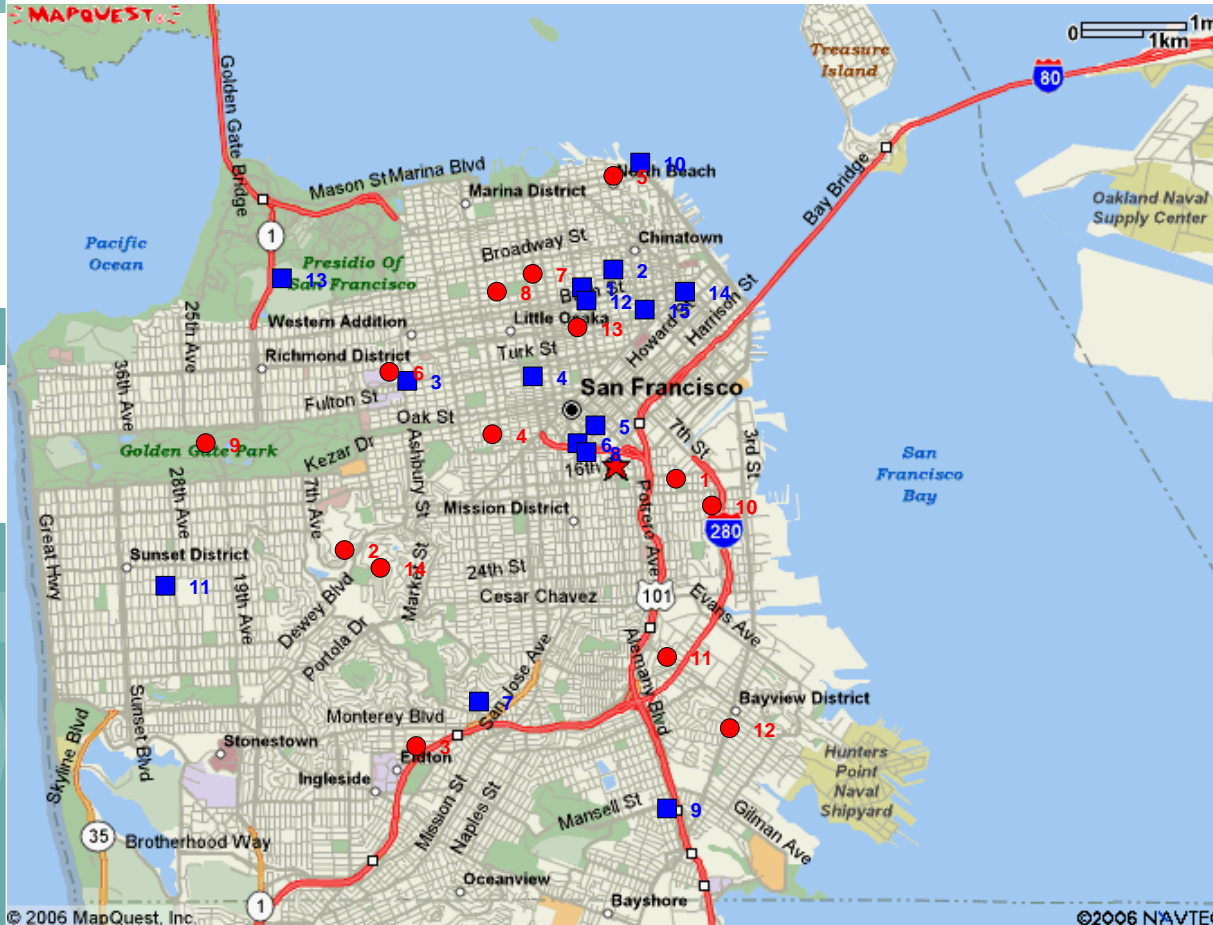
**San Francisco General Hospital
and Trauma Center**



**Jail
Health**



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SFCCC Sites

1. Curry Senior Center
2. Glide Health Services
3. Haight Asbury Free Medical Clinic
4. Lyon-Martin Women's Health Services
5. Mission Neighborhood Health Center
6. Mission Neighborhood Resource Center
7. Mission Excelsior Clinic
8. Native American Health Center
9. NEMS Bayshore
10. NEMS Chinatown
11. NEMS Taraval
12. Saint Anthony Free Medical Clinic
13. San Francisco Free Clinic
14. SMHC Senior Center
15. South of Market Health Center

SFDPH Sites

1. San Francisco General Hospital
2. Laguna Honda Hospital
3. Balboa Teen health Center
4. Castro Mission Health Center
5. Chinatown Public Health Center
6. Cole Street Youth Clinic
7. Larkin Street Youth Center
8. Maxine Hall Health Center
9. Ocean Park Health Center
10. Potrero Hill Health Center
11. Silver Avenue Family Health Center
12. Southeast Health Center
13. Tom Waddell Health Center
14. Youth Guidance Center / Special Programs for Youth



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Year	Specialty Care Initiatives	SFDPH Primary Care	SF CCC	SFHP	Health Reform
2005	eConsult in GI	CCLC – 1 st Diabetes Collaborative	Healthcare for the Homeless Ryan White Part C		
2006		Auto-assignment to PC clinic	CPCA AQICC	Funded eReferral	
2007	eReferral spread	Empanelment to PCC + PCP			HSF
		i2iTracks initiated, KP PHASE Grant I SF Safety Net Quarterly Team Meetings			
2008	KP Specialty Planning Grant			SLIM Network	
2009	KP Specialty Care Access Grant I	KP PHASE Grant II	EHR Implementation KP PHASE Grant II	Strength in Numbers	HITECH
2010		All adult clinics using i2i Tracks	Electronic HCH & HIV Audit	PIP; Patient Experience Collaborative	ACA
2011	KP Specialty Care Access Grant II	KP Grant DataWall KP PHASE GRANT III	Empanelment PCMH	SPD transition	Medicaid Waiver
		San Francisco Quality Culture Series Tides Health Home Grant			
2012	Telehealth initiatives	“Year of the Team”		CareSupport Program	HSBA
		CMMI Proposal Submitted			
2014					

KP Specialty Care San Francisco Coalition

STEERING COMMITTEE

Organization	Name	Role
SFGH	Alice Chen, MD, MPH	Project Lead, SFGH Chief Integration Officer, eReferral Director
SFCCC	David Lown, MD, MA	Medical Director
COPC	Lisa Johnson, MD	Medical Director
SFGH	Delphine Tuot, MD, MAS	Evaluation Lead
SFGH	Justin Sewell, MD, MPH	Gastroenterology Clinic
SFGH	Elizabeth Murphy, MD, DPhil	Chief, Endocrinology
SFGH CIAQ	Kiren Leeds	Project Coordinator

ENDOCRINOLOGY WORK GROUP

Role	Name	Clinic
Specialty Lead	Elizabeth Murphy, MD, DPhil	Endocrinology
Specialty Co-Lead	Jennifer Park-Sigal, MD	Endocrinology
SFCCC	Kenneth Tai, MD	North East Medical Services
COPC	Lisa Johnson, MD	Medical Director
SFGH Campus Clinics	Hali Hammer, MD	SFGH Family Health Center
Evaluation Lead	Delphine Tuot, MD, MAS	Nephrology

EREFERRAL TEAM

Role	Name
Director	Alice Chen, MD, MPH
Program Manager	Evelyn Chan, RD, MPH
SFGH Information Systems Manager	Kjeld Molvig
Programmer Analyst	Peter Cheng

SFGH: San Francisco General Hospital
 COPC: SF Department of Public Health Community Oriented Primary Care
 SFCCC: San Francisco Community Clinic Consortium

ORTHOPAEDIC SURGERY WORK GROUP

Role	Name	Clinic
Specialty Lead	Theodore Miclau, MD	Chief, Orthopaedic Surgery
Specialty Co-Lead	Harry Jergesen, MD	Orthopaedic Surgery
Specialty Co-Lead	Saam Morshed, MD	Orthopaedic Surgery
Specialist	Brenda Stengele, NP	Orthopaedic Surgery
SFCCC	David Lown, MD, MA	Medical Director/St. Anthony Medical Clinic
COPC	Trudy Singzon, MD, MPH	Maxine Hall Health Center
SFGH Campus Clinics	Margot Kushel, MD	SFGH General Medicine Clinic
SFGH Campus Clinics	Dana Nelson, RN	Nurse Manager, 3M, 4M, EKG
SFGH Campus Clinics	Juliann Fusaro, RN, MSN, CNL	Orthopaedic Surgery
SFGH Campus Clinics	Terry Dentoni, RN, MSN, CNL	Director, Perioperative/ Critical Care/ Specialty/ Emergency Nursing
Evaluation Lead	Delphine Tuot, MD, MAS	Nephrology

GI WORK GROUP

Role	Name	Clinic
Specialty Lead	Justin Sewell, MD, MPH	Gastroenterology
Specialty Co-Lead	Lukejohn Day, MD	Gastroenterology
SFCCC	Ricardo Alvarez, MD	Mission Neighborhood Health Center
COPC	Albert Yu, MD, MPH, MBA	Chinatown Public Health Center
SFGH Campus Clinics	Alice Chen, MD, MPH	SFGH General Medicine Clinic
Evaluation Lead	Delphine Tuot, MD, MAS	Nephrology

KP Specialty Care Initiative Phase II



- **Three workgroups**
 - Endocrine
 - GI
 - Orthopedics
- **Representation**
 - SFGH primary care
 - COPC primary care
 - SFCCC primary care
 - Specialty services
- **Formal venue for primary-specialty collaboration**

Goals

1. Improve primary – specialty care communication

- Availability of specialty clinic notes in LCR
- High quality specialty notes
- eReferral ratings project

2. Enhance access and co-management

- Develop and implement consensus discharge criteria and guidelines
- Develop panel management in specialty clinics



Goal 1: Improve Primary – Specialty Care Communication



Availability of specialty clinic notes in LCR

David Lown: Orthopedics dictation pilot

Goal 1: Improve Primary – Specialty Care Communication



High quality specialty notes

Justin Sewell: GI note quality project

Intervention

GI Clinic Dictations – INITIAL CONSULTATION

Dial 64187 → work type code 98

- 1) Date of service, attending physician
- 2) ***Specific reason for consultation***
- 3) HPI/PMHx/Rx/SocHx/FamHx/ROS/physical exam/labs and studies
- 4) ***Impression with detailed diagnostic and therapeutic plan***
- 5) ***Recommendations listed by number***
 - a) ***What diagnostics and therapeutics will GI be responsible for?***
 - b) ***What diagnostics and therapeutics will PCP be responsible for, and within what time frame?***
 - c) ***When will the patient follow up in GI clinic, or are they being discharged from clinic?***



Quality Indicators



Assessment Domain

- Reason for consultation clearly specified
- A&P focuses on reason for consultation
- Differential diagnosis provided

Plan Domain

- Rationale for diagnostic plan
- Rationale for therapeutic plan

Communication Domain

- Responsibility for labs/studies
- Responsibility for medications
- Urgency of planned procedures
- Follow-up clearly specified
- Anticipatory guidance given
- Bulleted recommendation format

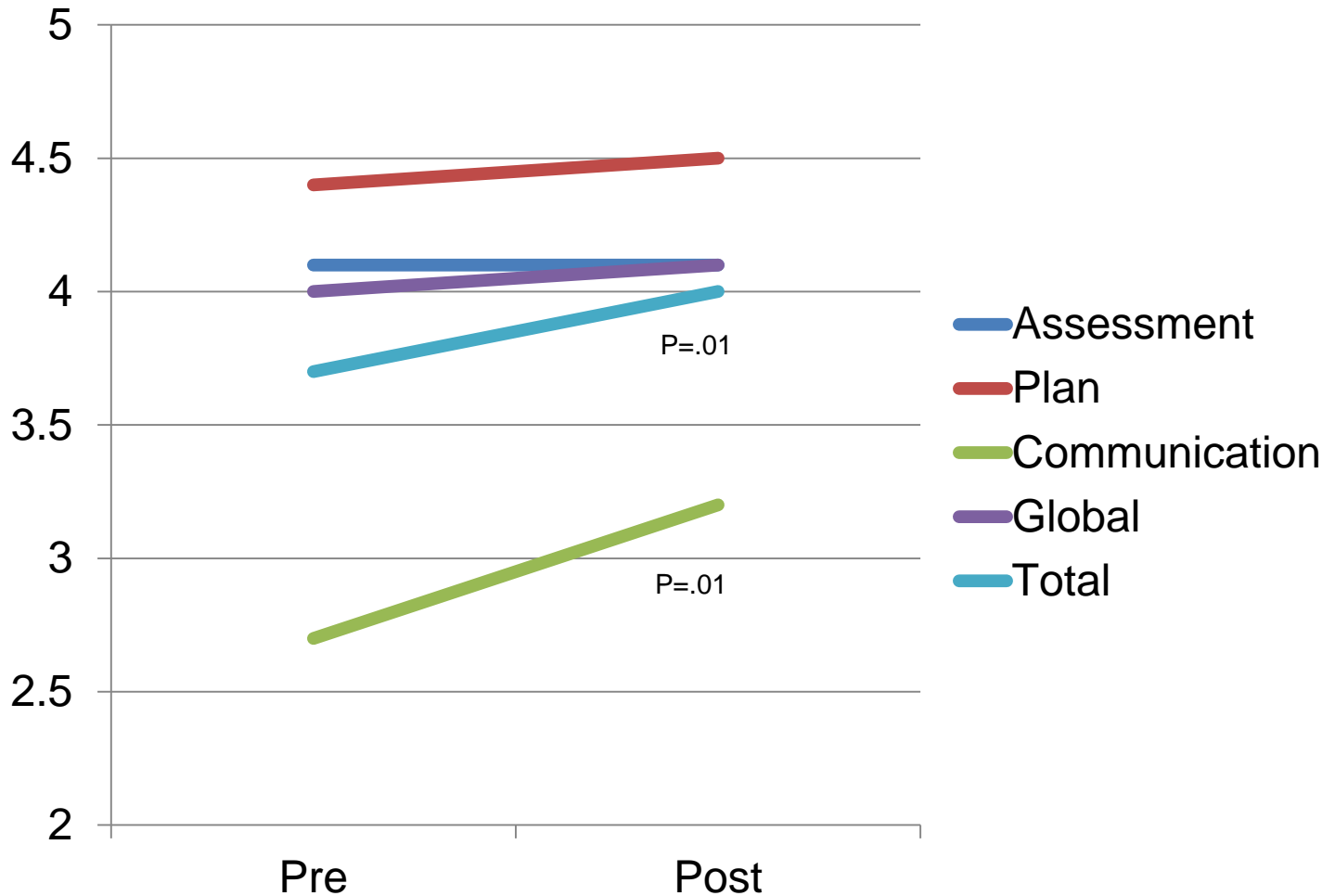
Global Quality

- “This note clearly conveys information I would want as the referring provider”
- “This is a high-quality consultation note”
- “This note was easy to read”

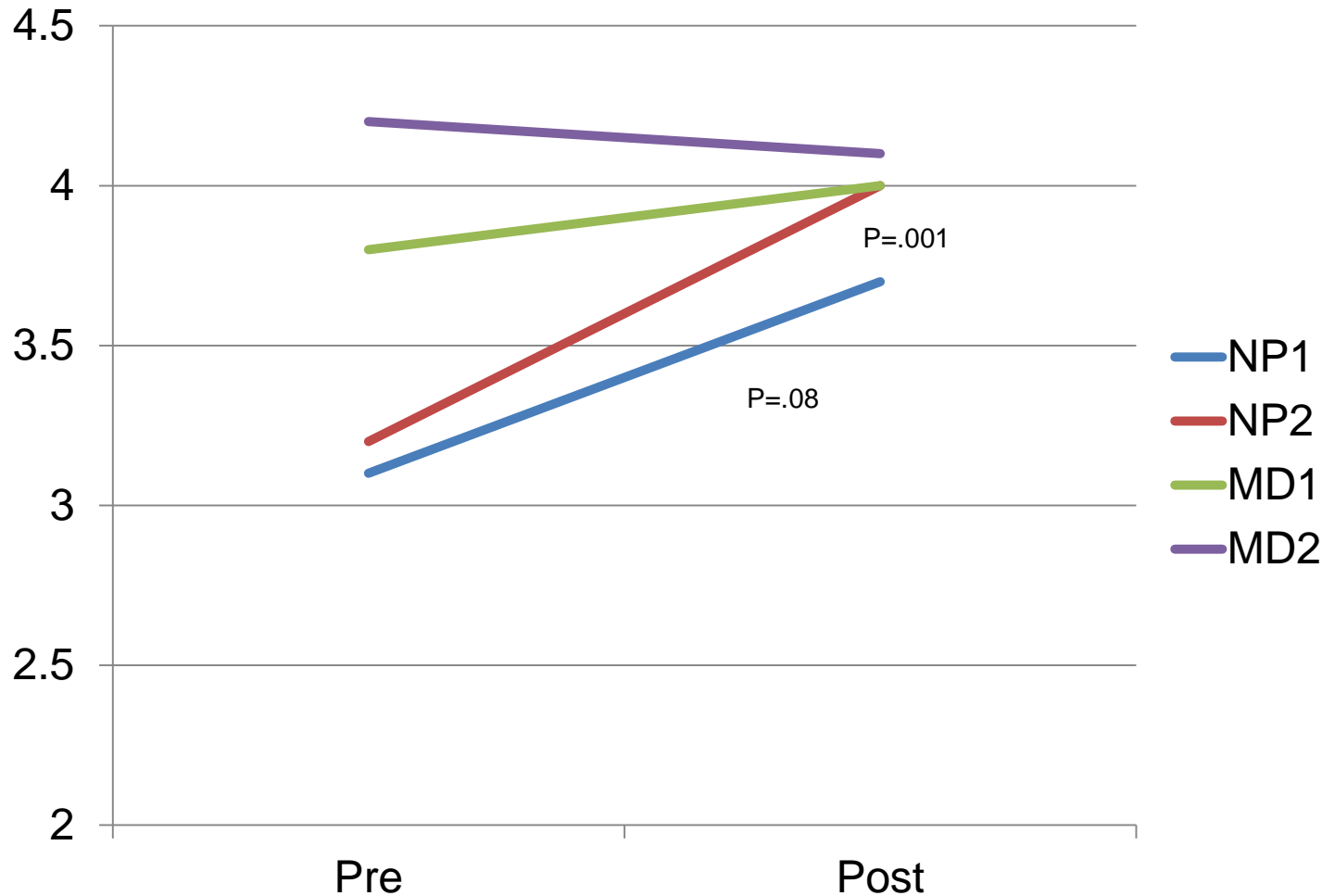
Preliminary Results – Summary



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Preliminary Results – Total Score



Next steps

- **Finish scoring notes from final data collection period**
- **Perform adjusted data analyses**
- **Intervention has been implemented for current class of new trainees**
- **Further consider implications of different findings in NPs versus MDs**
- **Assist other departments/divisions if interested in similar intervention**



Goal 1: Improve Primary – Specialty Care Communication



eReferral ratings project

Alice Chen: bidirectional ratings system

eReferral Ratings Project

The Surveys



- **From 6/13/2011 to 4/5/2012 (8 months)**
- **Specialists completed 4360 surveys**
 - Only on initial referral
 - Maximum of 30 per month per specialty
- **PCPs completed 1201 surveys**
 - For referrals not initially scheduled only
 - Clinics that don't have provider reply will be underrepresented (e.g. NEMS, Lyon Martin)
 - Still collecting data

eReferral Ratings Project

The Process



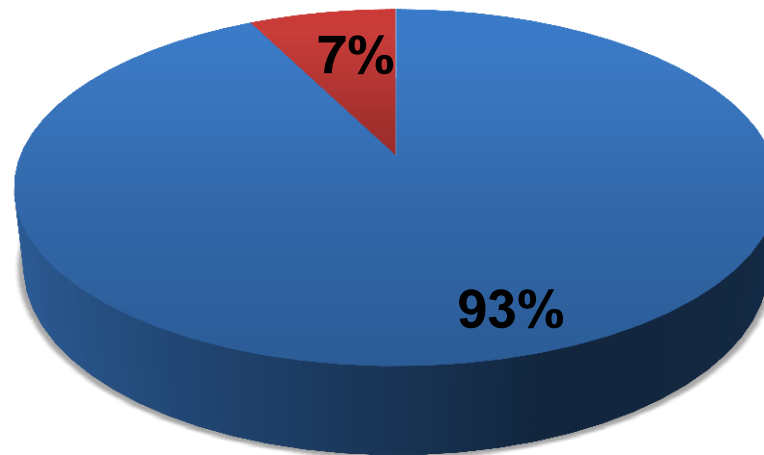
- Provide individual specialty data to the reviewers
- Meeting with eReferral team and individual reviewers/specialty clinics (23 in total)
- Summarize themes, best and worst practices, determine areas for improvement, areas for education
- Review data with specific PC clinics?

Specialist Reviewer Rating of Referrer Clarity of question

- Does this referral have a clear consultative question? (*initial*)
- Does this referral have a clear consultative reason for referral? (*reworded*)

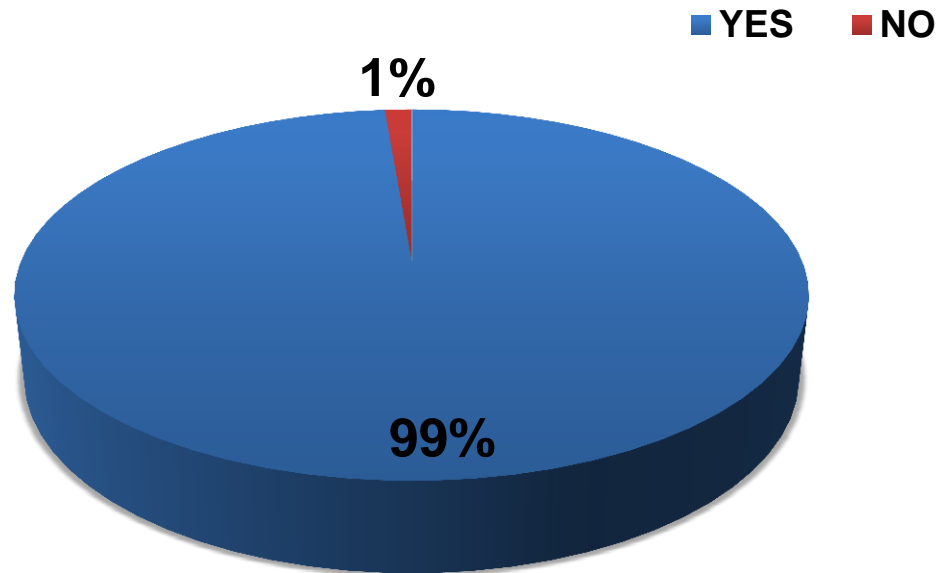


■ YES ■ NO



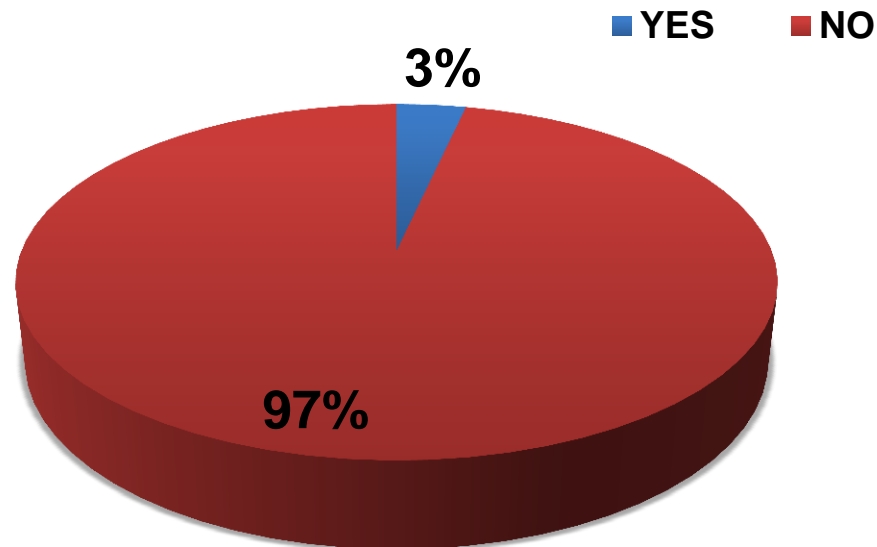
Specialist Reviewer Rating of Referrer Patient safety

- Do you think this referral would have been more appropriately managed by a page to the on-call fellow (i.e. urgent patient safety issue).



Specialist Reviewer Rating of Referrer Educational opportunity

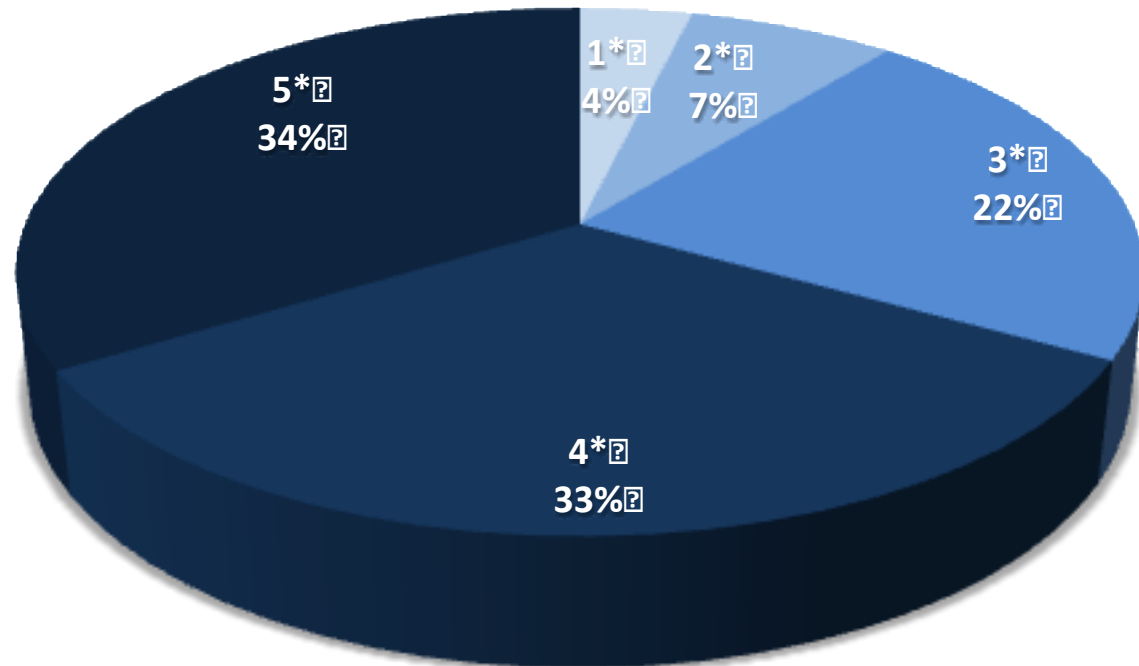
- The PCP should have been able to manage this patient without specialty guidance. (initial)
- The referring provider should have been able to manage this patient without specialty guidance. (reworded)



Specialist Reviewer Rating of Referrer Pre-referral workup

(1=very incomplete to 5=entirely complete)

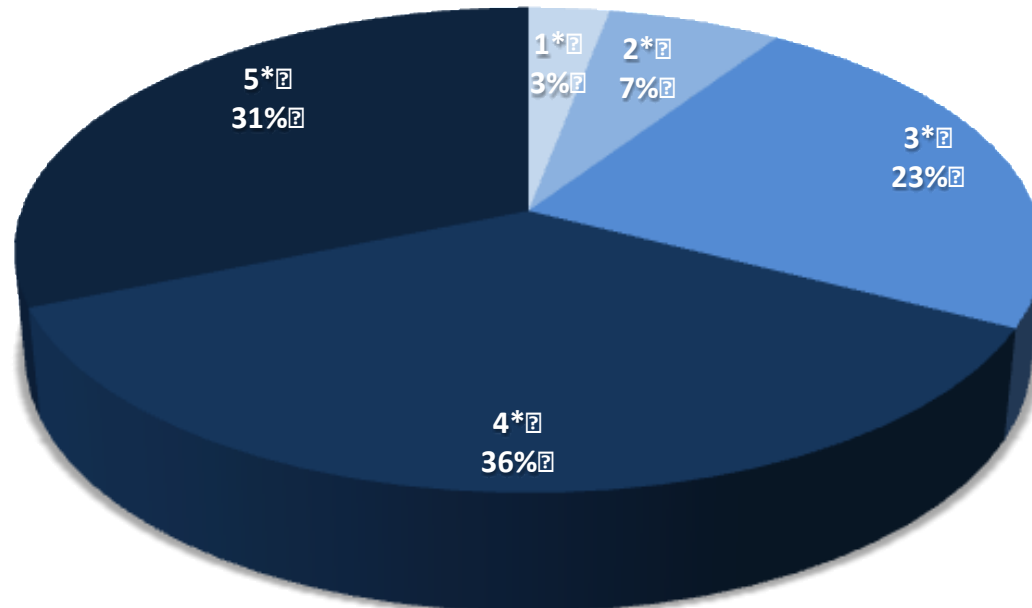
- How APPROPRIATE was the pre-referral evaluation/work-up (e.g. appropriate laboratory and radiological studies ordered)? (9/13/11 - 4/5/12)



Specialist Reviewer Rating of Referrer Quality of history

(1=very incomplete to 5=entirely complete)

- Rate the **QUALITY** of the history provided. Please consider qualities such as the sufficiency and conciseness of the information provided.



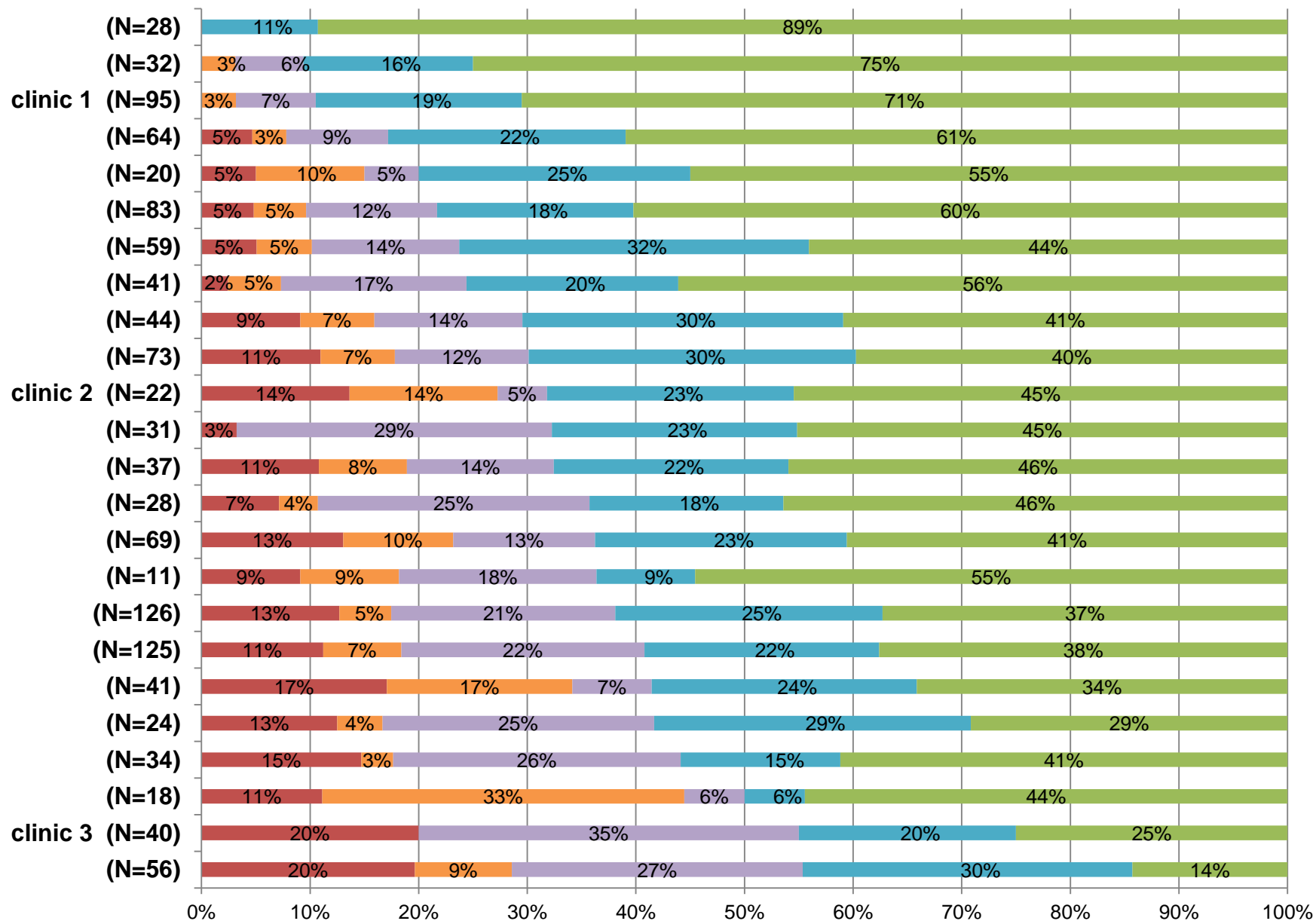
Referrer Rating of Specialist Reviewer



- **Q1: How HELPFUL was this response in guiding the evaluation or ongoing management of the patient? (1=not at all helpful to 5=extremely helpful)**
- **Q2: Rate the EDUCATIONAL VALUE of the specialist reviewer's response? (1=no education value to 5=high educational value)**
- **Q3: Do you agree with the specialist reviewer's decision to NOT SCHEDULE an appointment at this time? (1=completely disagree to 5=completely agree)**

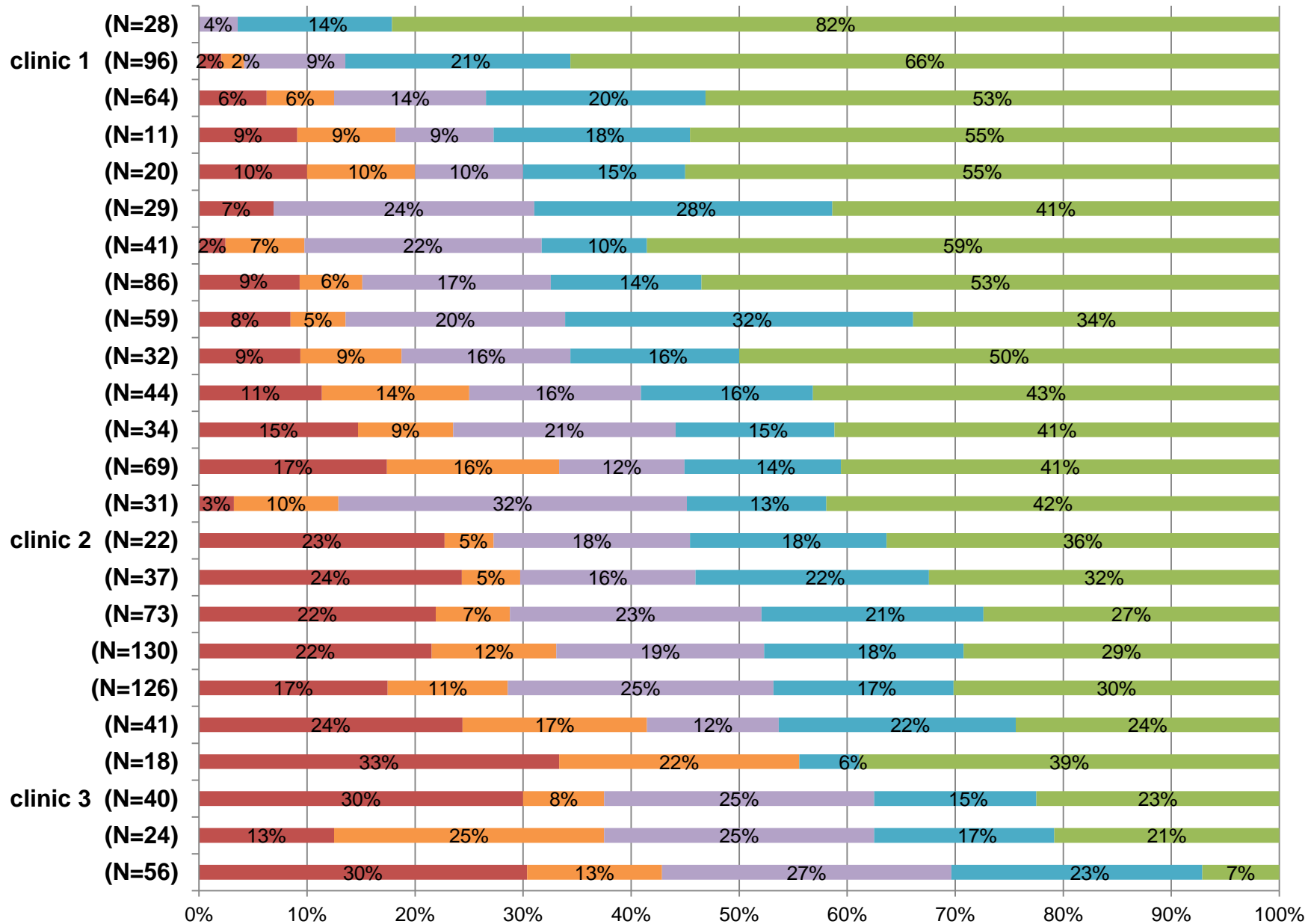
Helpfulness (1=not at all helpful to 5=extremely helpful)

1 Star 2 Stars 3 Stars 4 Stars 5 Stars



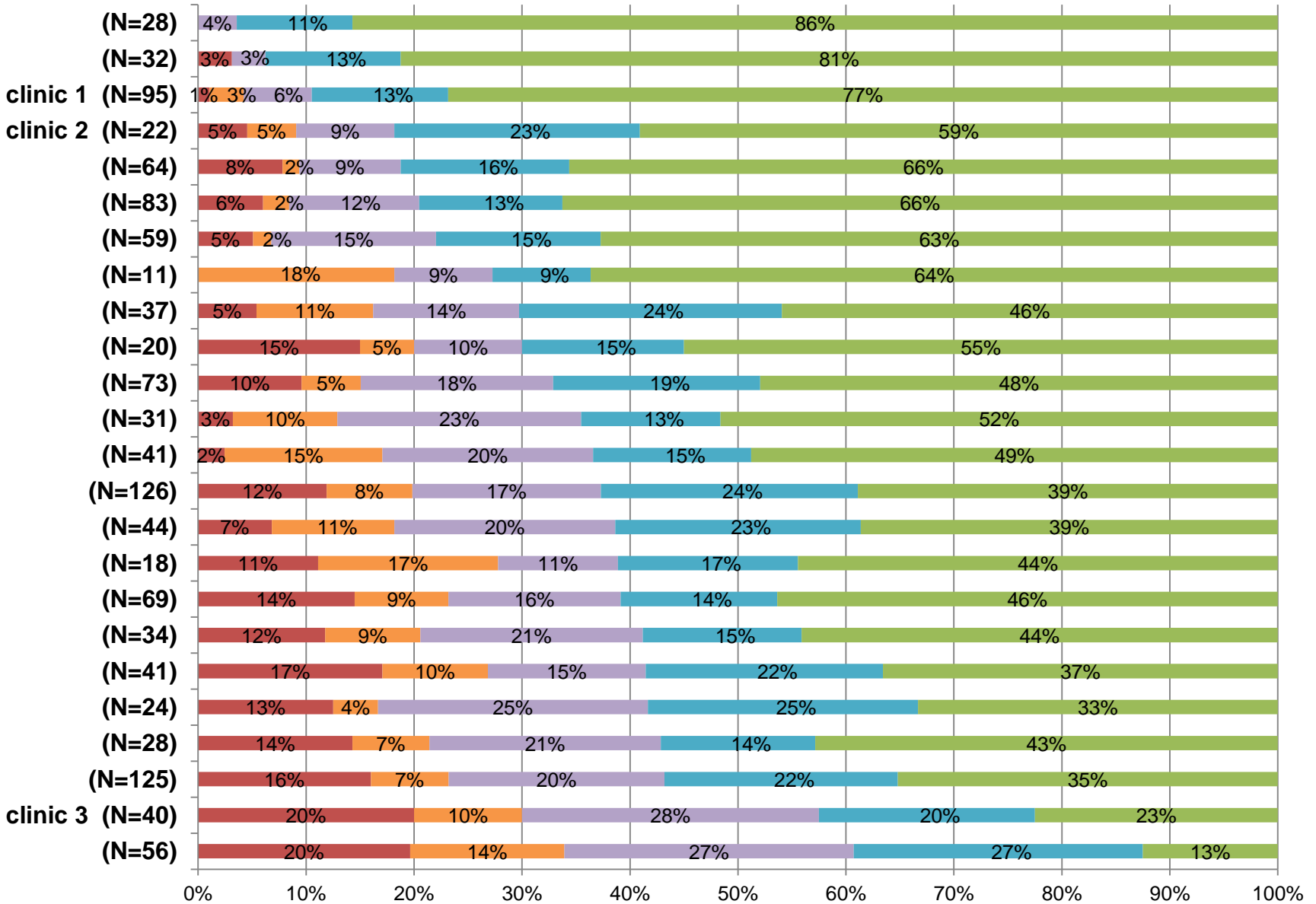
Educational Value (1=no value to 5=high value)

■ 1 Star ■ 2 Stars ■ 3 Stars ■ 4 Stars ■ 5 Stars



Agree with No Schedule (1=disagree to 5=agree)

1 Star 2 Stars 3 Stars 4 Stars 5 Stars



eReferral Ratings Project

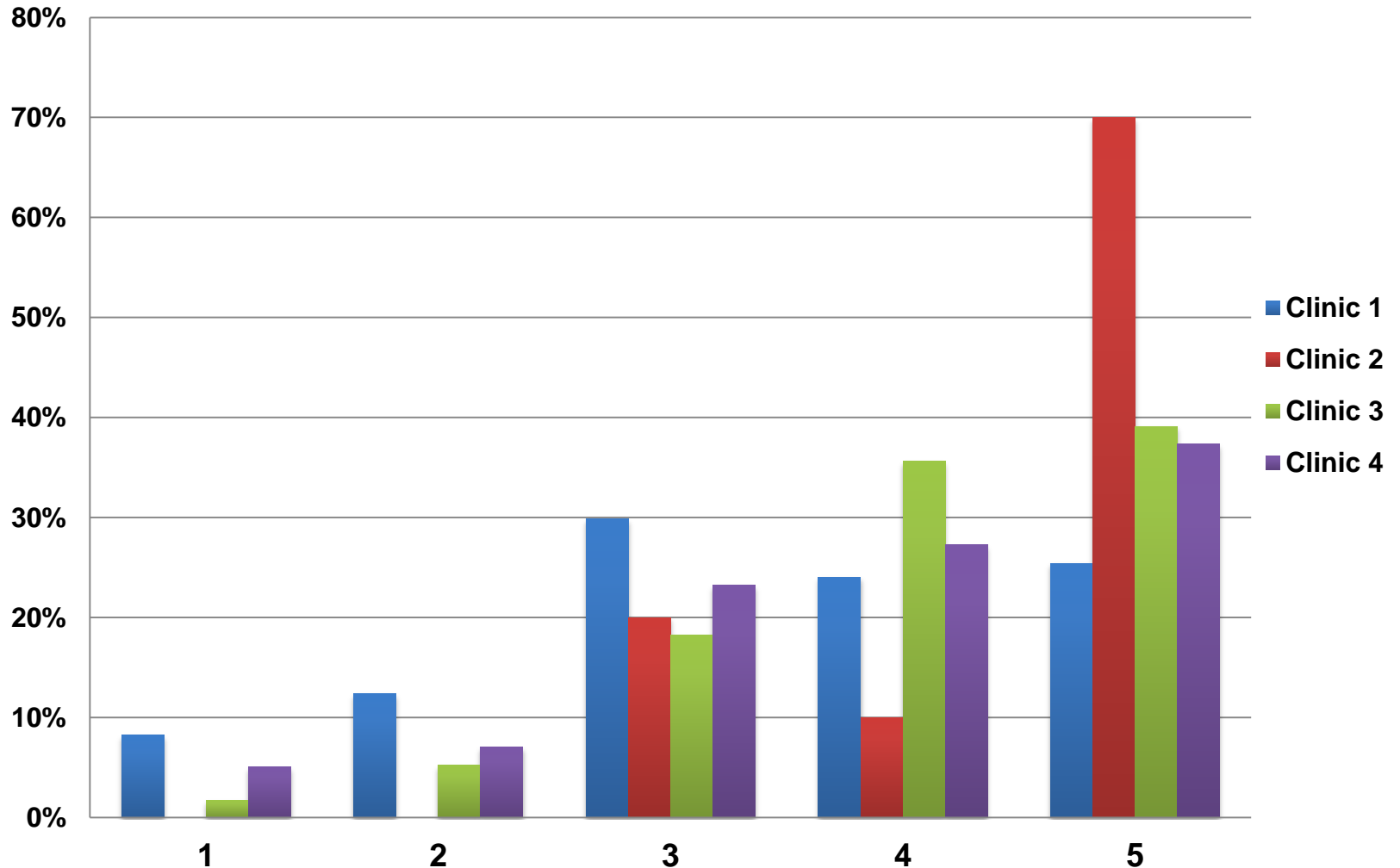
The Process



- Provide individual specialty data to the reviewers
- Meeting with eReferral team and individual reviewers/specialty clinics (23 in total)
- Summarize themes, best and worst practices, determine areas for improvement, areas for education
- Review data with specific PC clinics?

Appropriateness of work up, by referring clinic

(1 = worst, 5 = best)



Goal 2: Enhance Access and Co-management



Develop and implement consensus-based formal discharge criteria and guidelines from specialty clinics to primary care with a focus on communication and patient safety

Delphine Tuot: Endocrine and GI delphi process

Clinical Scenario 1

History for Clinical Scenario 1: Patient undergoes a colonoscopy for positive FOBT, personal history of polyps or family history of polyps/cancer. The bowel preparation is good to excellent. Any polyps identified are completely removed.

Please rate your comfort level caring for the above patient with the following endoscopic and biopsy findings, without the patient returning to GI clinic after the procedure. Assume that a GI clinician will review the patient's biopsy results, document formal recommendations in the LCR, and send a letter with results to the patient.

Not comfortable: You are not comfortable caring for this patient despite receiving formal recommendations from GI.

Very comfortable: You are very comfortable caring for this patient upon receipt of formal recommendations from GI.

Normal colonoscopy. Any biopsies taken show normal colonic mucosa.

- Not comfortable
- Mildly uncomfortable
- Ambivalent
- Somewhat comfortable
- Very comfortable

reset value

Hyperplastic polyps or a few small (< 1 cm) tubular adenomas.

- Not comfortable
- Mildly uncomfortable
- Ambivalent
- Somewhat comfortable
- Very comfortable

reset value

Advanced neoplasia (tubular adenoma > 1cm, high-grade dysplasia, villous histology), or numerous tubular adenomas.

- Not comfortable
- Mildly uncomfortable
- Ambivalent
- Somewhat comfortable



Clinical Scenario 1

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Normal colonoscopy. Any biopsies taken show normal colonic mucosa.

- Not comfortable
- Mildly uncomfortable
- Ambivalent
- Somewhat comfortable
- Very comfortable

Most common PCP response: Very comfortable (94.2%)

Most common GI response: Very comfortable (100%)

reset value

Hyperplastic polyps or a few small (< 1 cm) tubular adenomas.

- Not comfortable
- Mildly uncomfortable
- Ambivalent
- Somewhat comfortable
- Very comfortable

Most common PCP response: Very comfortable (68.6%)

Most common GI response: Very comfortable (100%)

reset value



Goal 2: Enhance Access and Co-management



Implement panel management (registries) in specialty clinics to improve the quality of care and ensure patients receive appropriate followup care.

Kiren Leeds: GI, Endocrine, Ob/Gyn, and Pulmonary registries

Discussion

- **Impact of the SCl grants**
- **Where the work will go in the future and sustainability**

