

Making Differences Matter

Redesign Ambulatory Medication Reconciliation

AMGA Annual Meeting
April 5 2014

Presenters

Thomas N. Atkins, MD MMM,FAAFP, FACPE, CPE

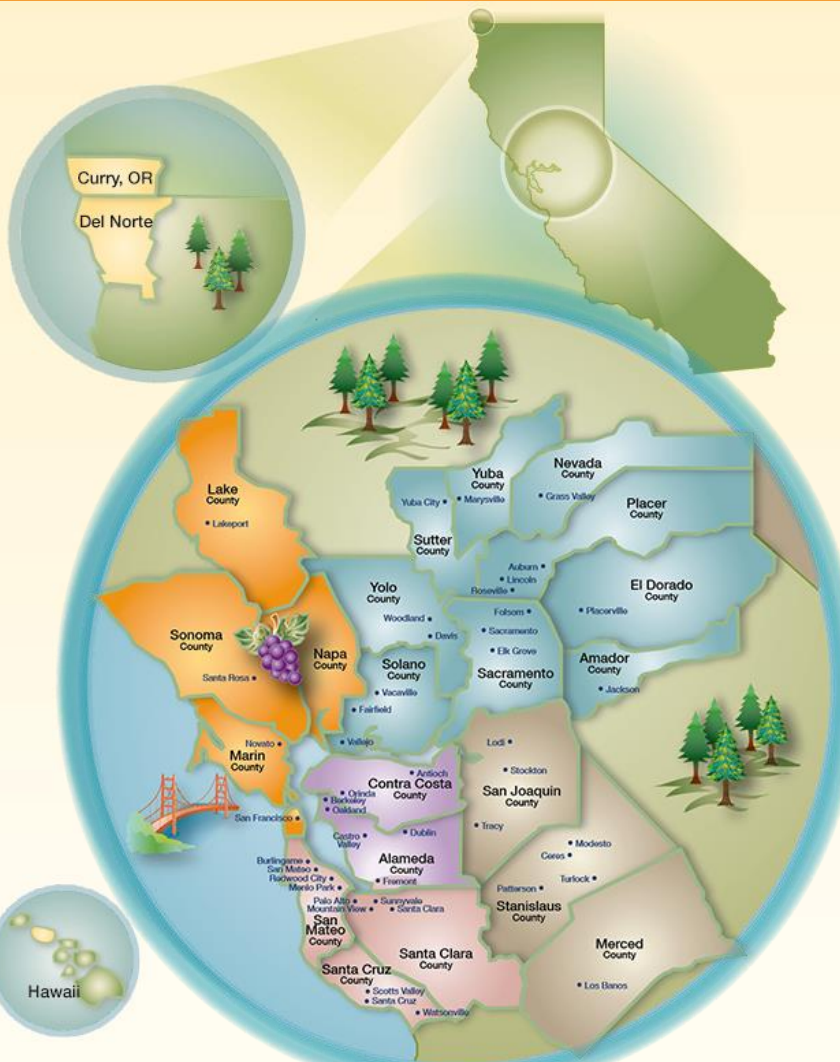
Steven A. Mitnick MD MBA

Katherine T. Manuel, Chief Operating Officer, SGMF

Angela Lin MD

Sutter Health at a Glance

Serving more than 100 communities...

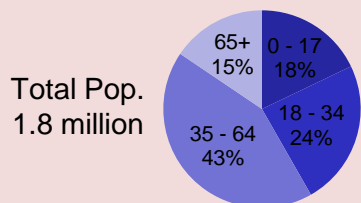


- 24 acute care hospitals
- 209,000 inpatient discharges
- 35,000 births
- 785,000 ED visits
- 3 million active patients (foundation, hospital, Sutter Care at Home)
- 5,000 physicians (Physician medical foundation model; plus 4 IPAs) part of the Sutter Medical Network
- 47,000 employees
- Self-insured plan with 85,000 beneficiaries
- Sutter Health Plus health plan
- \$9.1 billion in revenues (2011)
- 283 MOBs
- 20 ambulatory care clinics
- 13 surgery centers
- Home health & hospice, and long-term care services throughout Northern CA
- Medical research and medical education/training
- iTriage and MyChart mobile apps

Sutter Service Area Overview

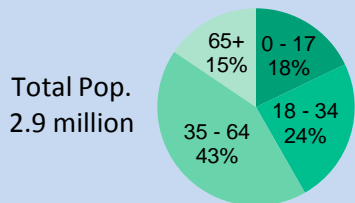
West Bay Region

Sutter Active Patients (share)	414k (23%)
Affiliated MDs (Fnd./IPA)	309 / 679
Exchange Patients (% of pop.)	197k (11%)



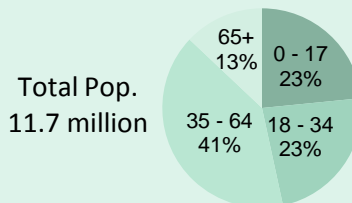
Peninsula Coastal Region

Sutter Active Patients (share)	914k (32%)
Affiliated MDs (Fnd./IPA)	792 / 339
Exchange Patients (% of pop.)	286k (10%)



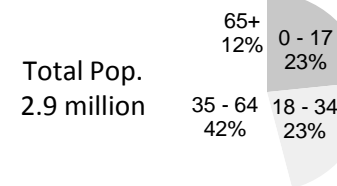
Sutter Health

Sutter Active Patients (share)	3.0m (25%)
Affiliated MDs (Fnd./IPA)	2,449 / 2,269
Exchange Patients (% of pop.)	1.2m (10%)



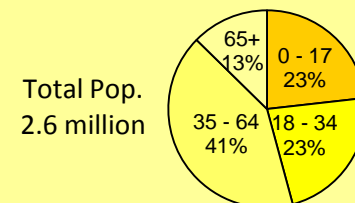
Sac Sierra Region

Sutter Active Patients (share)	890k (28%)
Affiliated MDs (Fnd./IPA)	491 / 477
Exchange Patients (% of pop.)	320k (10%)



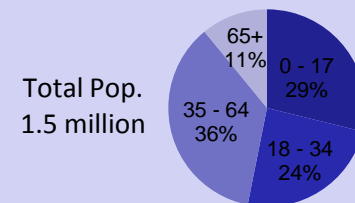
East Bay Region

Sutter Active Patients (share)	441k (17%)
Affiliated MDs (Fnd./IPA)	429 / 574
Exchange Patients (% of pop.)	260k (10%)



Central Valley Region

Sutter Active Patients (share)	360k (22%)
Affiliated MDs (Fnd./IPA)	231 / 146
Exchange Patients (% of pop.)	164k (10%)



•Sutter active patients includes foundation, hospital and homecare patients as of June 2013. It does not include the approximate 1.5M IPA patients.

•Exchange patients is predicted 2014 new patients to enter the Northern California exchanges. Source: Optum

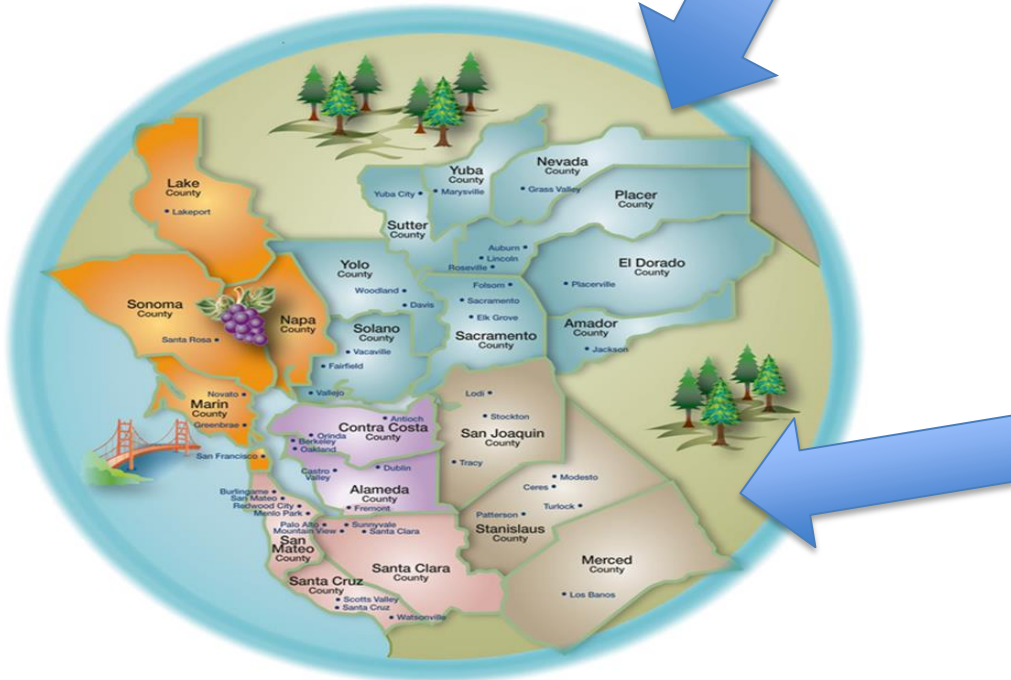
•2013 Population – Source: Claritas

•Affiliated MDs total as of December 2012 and does not include hospital based physicians.

Sutter Medical Group



Gould Medical Group/SGMF



Two Medical Groups Same Concern

- Prevent Harm



The Burning Platform

FRONTLINE

TUESDAYS at 10|9c



Medication Safety Major Patient Concern

May 31, 2011 10:22 a.m. EDT



Source: CNN



MEDICATION RECONCILIATION WORK FLOW IMPROVEMENTS

Thomas N. Atkins MD MMM
Sutter Medical Group

OUTLINE

- **BACKGROUND**
- **NEW POLICY**
- **NEW WORK FLOW**
- **ADVANTAGES**
- **REDUCING DEMAND**
- **IMPLEMENTATION**

Background

- **Inaccurate Current Medication Lists (CML) were noted to be a growing problem**
- **4% of professional liability claims**
- **Task force chartered to create work flows and expectations to address medication reconciliation.**
- **Policy passed by SMG Board and SMF**
- **New work flows implemented 2012**

Background

- **Assessment of the Current Work Flow**
 - **Work arounds are time consuming**
 - **Lengthy disclaimers**
 - **Specialist needs not met**
 - **Standard work flows implemented (a good thing !)**
- **New Function available in Epic**
- **System wide task force created new Operational Guideline and detailed work flows**
- **New Guideline and work flows reviewed and approved by SMF and SMG leadership and committees.**
- **Decision to revise SMG work flows using the new Guideline (being implemented as SMG / SMF policy) and work flows (taking advantage of new Epic function)**

New Policy

Not Really Different Than the Old One

- All Prescribing Clinicians
- At a minimum:
 - Shall be accountable for the medications they prescribe and oversee in a patient's care
 - Shall remove/discontinue medications that the patient clearly indicates they are not taking
 - Shall remove duplicate medications
 - Shall add medications that the patient indicates they are taking
 - Assume responsibility for the data entry done by the MAs they supervise
- Are strongly encouraged
 - to inform the prescribing clinician of any changes in the medication list
 - to correct sig mismatches based on reliable data and accepted workflows
 - when patients have questions about medications they have not personally prescribed, to refer that patient back to the prescribing clinician and, as a courtesy, inform the prescribing clinician of the question the patient raised
 - to make changes to the CML whenever additional information is received (consultation letters, discharge summaries, etc.)
- All communication between a clinician and a MA regarding medications will be performed and documented in a consistent manner as detailed in the linked workflows.
- There should be documentation of the current medication usage in most clinical encounters

Policy



- Medical Assistants (MA)
- Medical Assistants will follow the collaborative workflow for medication reconciliation. This includes:
 - “Flag” medications for discontinuation by clinician based on their review of the CML with the patient.
 - Document patient reported medications into the CML with as much information as is available and clinically relevant
 - Identify and/or update current medications with the current dose and sig for review and approval by clinician
 - Mark all other medications as “taking”.
 - Pend orders for requested medication renewal for review and approval by clinician
 - Reporting any discrepancies to the clinician for resolution

Work Flow

Med Doc Review - Lots to See !!!

NEW

BP: P: T: T Src: Resp: W: H:

Best Practice Alerts
BestPractice

Charting
Chief Complaint
Vitals
MyChart Sign-up
Pain
Tobacco Hx
Allergies
Med. Document
Injury Data
Problem List
Meds & Orders
Care Team Notes
Verify Rx Benefits
Reconcile Dispens...
Historic/Ext Results
Disclaimer
Progress Notes

Orders
Dx and Orders

Discharge
Pt. Instructions
Follow-up
Questionnaires
LOS
Letter Prep
Comm Mgt

Med Documentation: *NOTE: No retroactive Allergy/Interaction checking is performed by entering historical meds here. Alerts will only appear with future interacting med orders!

Please verify the patient's list of medications and add new medications as reported.

Add Medication + Add

Sort by: **Alphabetical** ☒ show detail

Check Interactions Informants

Mark Unselected Today Mark Unselected Yesterday

Alphabetical

	Last Dose	Taking?
Atorvastatin Calcium (LIPITOR PO) Take by mouth, Informant: FRIEND	Today Yesterday Past Week <input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
lisinopril (PRINIVIL, ZESTRIL) 5mg Tab Take 5 mg by mouth daily. Note written 9/17/2013 08:41: Patient takes 1/2 tab in the am and 1/2 tab in th... (Edit Note)	Today Yesterday Past Week <input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
metFORMIN (GLUCOPHAGE) 500mg Tab Take 1 Tab by mouth twice daily with breakfast and dinner. • Disp-180 Tab, R-3 Refills: 3 ordered Pharmacy: SMF TEST SACTO SCHRIEVER AVE	Today Yesterday Past Week <input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
propranolol 24Hr-CR (INDERAL LA) 80mg Take 80 mg by mouth daily. Note written 9/20/2013 0904: Historical entered 9/20/2013 (Edit Note)	Today Yesterday Past Week <input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
rizatriptan (MAXALT) 10mg Tab Take 10 mg by mouth once as needed. May repeat in 2 hours if needed	Today Yesterday Past Week <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Flagged for Removal		
Cetirizine HCl (ZYRTEC ALLERGY) 10 MG CAPS Take 10 mg by mouth daily as needed. Informant: PATIENT	Today Yesterday Past Week <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☒ Mark as Reviewed Last Reviewed by Ambulatory, Physician, MD on 9/20/2013 at 9:13 AM (History)

Restore Close F9

Previous F7 Next F8

Can d/c

VS. OLD

Med Activity Review

Medications									
Filters	Clear Filters	Med Notes	New Rx	Change Rx	Reorder Rx	Discontinue	Reviewed	Mark All	Legend
As of Now History									
Prescription Summary for This Visit (9/17/2013) (7 listed)									
		Medication	DAW	Sig	Supply	Refills	Start Date	End Date	Last D
		AMOXICILLIN PO		Take by			9/21/2013	9/27/2013	
		propranolol 24Hr-CR (INDERAL LA) 80mg		Take 80 mg					
		metFORMIN (GLUCOPHAGE) 500mg Tab		Take 1 Tab by mouth twice daily with breakfast and	180 Tab	3 ordered	9/20/2013	9/20/2014	
		lisinopril (PRINIVIL, ZESTRIL) 5mg Tab		Take 5 mg by mouth daily.					
		Atorvastatin Calcium (LIPITOR PO)		Take by mouth.					
		Cetirizine HCl (ZYRTEC ALLERGY) 10 MG CAPS		Take 10 mg by mouth daily as needed.					
		rizatriptan (MAXALT) 10mg Tab		Take 10 mg by mouth once as needed. May repeat in 2 hours if needed			9/17/2013	9/30/2014	

Have to click to see any other details

Have to Scroll to see the other columns



**BUT THE WORK FLOW HAS
CHANGED !!!**

Detail of Information

The screenshot displays a medical documentation interface. On the left is a sidebar menu with categories: Best Practice Alerts, Charting, Orders, and Discharge. The 'Med. Document' option under Charting is highlighted with a red arrow. The main content area is titled 'Med Documentation: *NOTE: No retroactive Allergy/Interaction checking is performed with future interacting med orders!'. Below this is a yellow instruction bar: 'Please verify the patient's list of medications and add new medications as reported'. An 'Add Medication' button with a green plus icon is present. A 'Sort by' dropdown menu is set to 'Alphabetical' and is circled in red. The medication list is titled 'Alphabetical' and includes: AMOXICILLIN PO (circled in red), Atorvastatin Calcium (LIPITOR PO) (circled in red), Lisinopril (PRINIVIL, ZESTRIL) 5mg Tab (circled in red), MetFORMIN (GLUCOPHAGE) 500mg Tab (circled in red), propranolol 20mg CR (INDERAL LA) 80mg (circled in red), rizatriptan (MAXALT) 10mg Tab (circled in red), and Cetirizine HCl (ZYRTEC ALLERGY) 10 MG CAPS. A note for Lisinopril states: 'Note written 9/17/2013 08:14: Patient takes 1/2 tab in the am and 1/2 tab in the th.' (circled in red). A note for propranolol states: 'Note written 9/20/2013 09:14: Historical entered 9/20/2013 (Edit note)' (circled in red). A section titled 'Flagged for Removal' (circled in red) is also visible. At the bottom, a 'Mark as Reviewed' button (circled in red) and a timestamp 'Last Reviewed by Ambulatory, Physician, MD on 9/20/2013' are shown. The Sutter Health logo is in the bottom right corner.

Best Practice Alerts
BestPractice

Charting
Chief Complaint
Vitals
MyChart Sign-up
Pain
Tobacco Hx
Allergies
Med. Document
Injury Data
Problem List
Meds & Orders
Care Team Notes
Verify Rx Benefits
Reconcile Dispens...
Historic/Ext Results
Disclaimer
Progress Notes

Orders
Dx and Orders

Discharge
Pt. Instructions
Follow-up
Questionnaires
LOS
Letter Prep
Comm Mgt

Med Documentation: *NOTE: No retroactive Allergy/Interaction checking is performed with future interacting med orders!

Please verify the patient's list of medications and add new medications as reported

Add Medication

Sort by: Alphabetical Show detail

Alphabetical

AMOXICILLIN PO
Take by mouth. Indications: Sinus Pain, Last Dose: Past Week

Atorvastatin Calcium (LIPITOR PO)
Take by mouth. Informant: FRIEND, Last Dose: 9/20/2013

Lisinopril (PRINIVIL, ZESTRIL) 5mg Tab
Take 5 mg by mouth daily.
Note written 9/17/2013 08:14: Patient takes 1/2 tab in the am and 1/2 tab in the th. (Edit note)

MetFORMIN (GLUCOPHAGE) 500mg Tab
Take 1 Tab by mouth twice daily with breakfast and dinner. • Disp-180 Tab, R-3
Refills: 3 ordered Pharmacy: SMF TEST SACTO SCHRIEVER AVE

propranolol 20mg CR (INDERAL LA) 80mg
Take 80 mg by mouth daily.
Note written 9/20/2013 09:14: Historical entered 9/20/2013 (Edit note)

rizatriptan (MAXALT) 10mg Tab
Take 10 mg by mouth once as needed. May repeat in 2 hours if needed

Flagged for Removal

Cetirizine HCl (ZYRTEC ALLERGY) 10 MG CAPS
Take 10 mg by mouth daily as needed., Informant: PATIENT

Mark as Reviewed Last Reviewed by Ambulatory, Physician, MD on 9/20/2013

Sutter Health
We Plus You

Detail








<u>Last Dose</u>		<u>Taking?</u>			
Week	Past Week	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Week	9/20/2013	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Week		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Week		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Week		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Means there is a note		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Week		<input type="checkbox"/>		<input checked="" type="checkbox"/>	

Workflow

The Documentation is Accurate

OLD (Yucky!!)

Medication Report ? Close

← Back     

ATORVASTATIN CALCIUM 10 MG PO TABS (Order# 213389728) Order Date: 9/21/2013 7:36 PM
Documented By: Physician Ambulatory, MD
Department: Sssa Famlymed Elk Grove

Patient Demographics

Patient Name Zztestcentral, Teenager	Sex M	DOB 11/16/1996	Address 1122 Testing Street SACRAMENTO CA 95833	Phone 916-555-1236 (Home)
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Provider Information

Authorizing Provider Atkins, Thomas N, MD	Encounter Provider Atkins, Thomas N, MD
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Medication Detail

atorvastatin (LIPITOR) 10mg Tab Sig: Dose and sig unknown Class: Historical	Refills 0	Start 9/21/2013
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Pharmacy

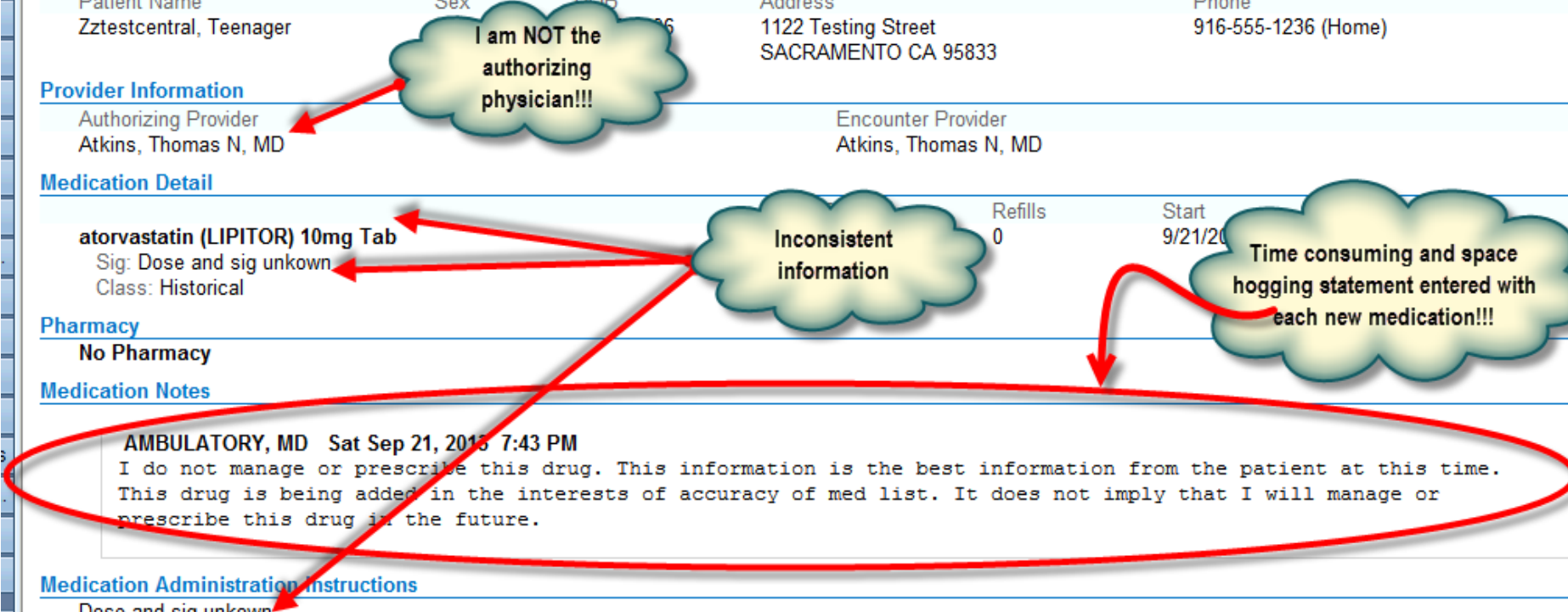
No Pharmacy

Medication Notes

AMBULATORY, MD Sat Sep 21, 2013 7:43 PM
I do not manage or prescribe this drug. This information is the best information from the patient at this time. This drug is being added in the interests of accuracy of med list. It does not imply that I will manage or prescribe this drug in the future.

Medication Administration Instructions

Dose and sig unknown



VS NEW (Accurate!!)

Medication Report

← Back [Icons]

AMOXIL PO (Order# 213520312) Order Date: 10/30/2013 8:02 PM
Documented By: Ma Smartsetss Ambulatory
Department: SsyO Obgynclin Vacaville

Patient Demographics

Patient Name	Sex	DOB	Address	Phone
Zztestsmfc, Carlos	Male	11/11/1961	1000 COURT VACAVILLE, CA 95608	916-000-0327 (Home) 916-000-0247 (Mobile)

Provider Information

Authorizing Provider	Attending Provider
Unknown, Um Provider	Ma Smartsetss Ambulatory, Physician, MD

Medication Detail

Amoxicillin (AMOXIL PO)	Refills
Sig - Route: Take by mouth. Indications: M	
Class: Patient reported	

Current med list reviewed by:

User	Date and Time
AMBULATORY, MA SMARTSETSS [AMBMASS]	10/30/2013 8:03 PM

The actual or unknown authorizing physicians!!

MA Attribution for data entry!!!

If unknown, dose and sig ARE NOT listed!!!

Mark as Reviewed indicates reviewer

No need for the disclaimer!!!

How Some Things Work



- The YELLOW message disappears if the med is prescribed – Will stick until prescribed
- “Doseless” meds can’t be reordered – tip that the Rx is not yours to fill.
- Pended discontinued meds listed (if multiple meds to discontinue Med Activity is most efficient).
- All added meds will show who entered (The MA or nurse, not the doctor)

Advantages

Allows MA to:

- **Enter meds on list without physician signature or dx assoc.**
- **Display who entered the information in the chart.**
- **Indicate the source of information (patient etc)**
- **Enter medications where the dose or sig is unknown.
(Doseless meds Ex: Inderal PO)**
- **Enter the true authorizing physician, even if unknown.**
- **Note information specific to a medication for clinician to easily identify what medications have an issue.**
- **“pend” meds for discontinuation.**
- **“pend” meds for refill.**

Allows reporting to monitor reconciliation activity

Reducing Demand



- Prescribe all chronic meds in 90 day supplies and 3 refills. (pharmacies will adjust if 90 days supply not a benefit)
- Use the calculator to do this quickly (Caution: it enters an End Date)
- Put End Dates on meds that are not chronic
- Develop work flows where the MA “tees up” all refills coming due in an office encounter to avoid the refill request.
- Avoid the use of “0” refills:
 - Bypasses RN refill
 - Results in frequent unnecessary requests
 - Try using other methods for appointment compliance

Implementation

- Detailed work flows and tip sheets posted
 - Staff and physician mentors trained
 - Will train physicians and staff in the care center
 - Do before the holidays during the “lull”
 - Increase satisfaction of patients, physicians and staff.
-
- **A MORE ACCURATE MEDICATION LIST FOR PATIENT SAFETY !!**



Steven A Mitnick MD MBA

Angela Lin MD

Gould Medical Group

MAKING DIFFERENCES MATTER

A LEADERSHIP CONVERSATION

Medication Reconciliation is Everybody's Problem

- Accurate medication lists are fundamental for patient safety and high quality care. We knew in 2011 that the medication lists in our Epic EHR did not accurately reflect what the patient was taking.
- The primary care departments had medication reconciliation accuracy rates of 88% in Internal Medicine, 70% in Family Practice and 50% in Pediatrics.
- Specialty departments had medication reconciliation accuracy rates of 78% in medical specialties, 73% in OB/GYN and 50% in surgical specialties. Data showed that only 14% of Gould specialists had consistently reviewed patient medications.

Incentivize Improvements Reward Transparency

- Professional Standards Committee (2009)
- GMG Individual Performance Bonus (2010)
- 25% Patient Satisfaction
- 25% Quality Metric
- 25% Meeting Attendance
- 25% Department/Section Improvement Project
- Total bonus potential: \$10,000

Group-wide 2013 Quality Project: Medication Reconciliation

- Recommended by Prof Standards Committee and approved by GMG Board
- All specialties will participate
- Performance bonus will be paid based on performance of each specialty section
- Performance thresholds:
 - 90% reconciliation accuracy for primary care
 - 80% reconciliation accuracy for specialties
- Reconciliation percentage defined as all verified meds divided by all listed meds for all patients seen

Lean Leader's Role: Align & Balance Efforts

Role

Impact

***MUST PROVIDE VISION
AND INCENTIVE***

**SENIOR
MANAGEMENT**

Likes the results

***MUST LEAD THE ACTUAL
OPERATIONAL CHANGE***

**MIDDLE
MANAGEMENT**

***Left with changed,
uncertain role***

MUST DO

FRONT LINES

***Likes
the involvement***

**Senior levels must create stability
and provide resources**



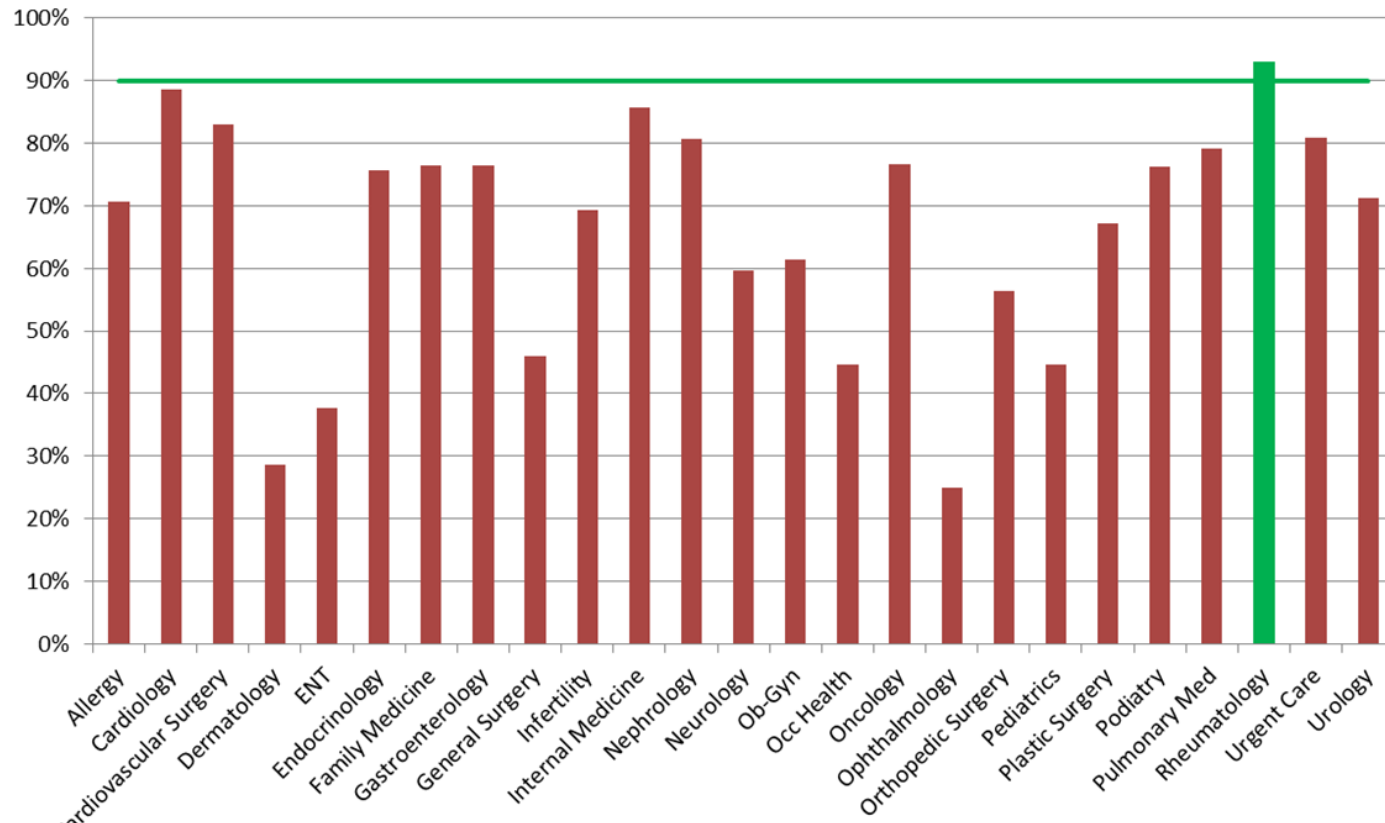
The Power of Analytics



The Art of Persuasion

Baseline Data by Department

Current Med List Review: Baseline 2011

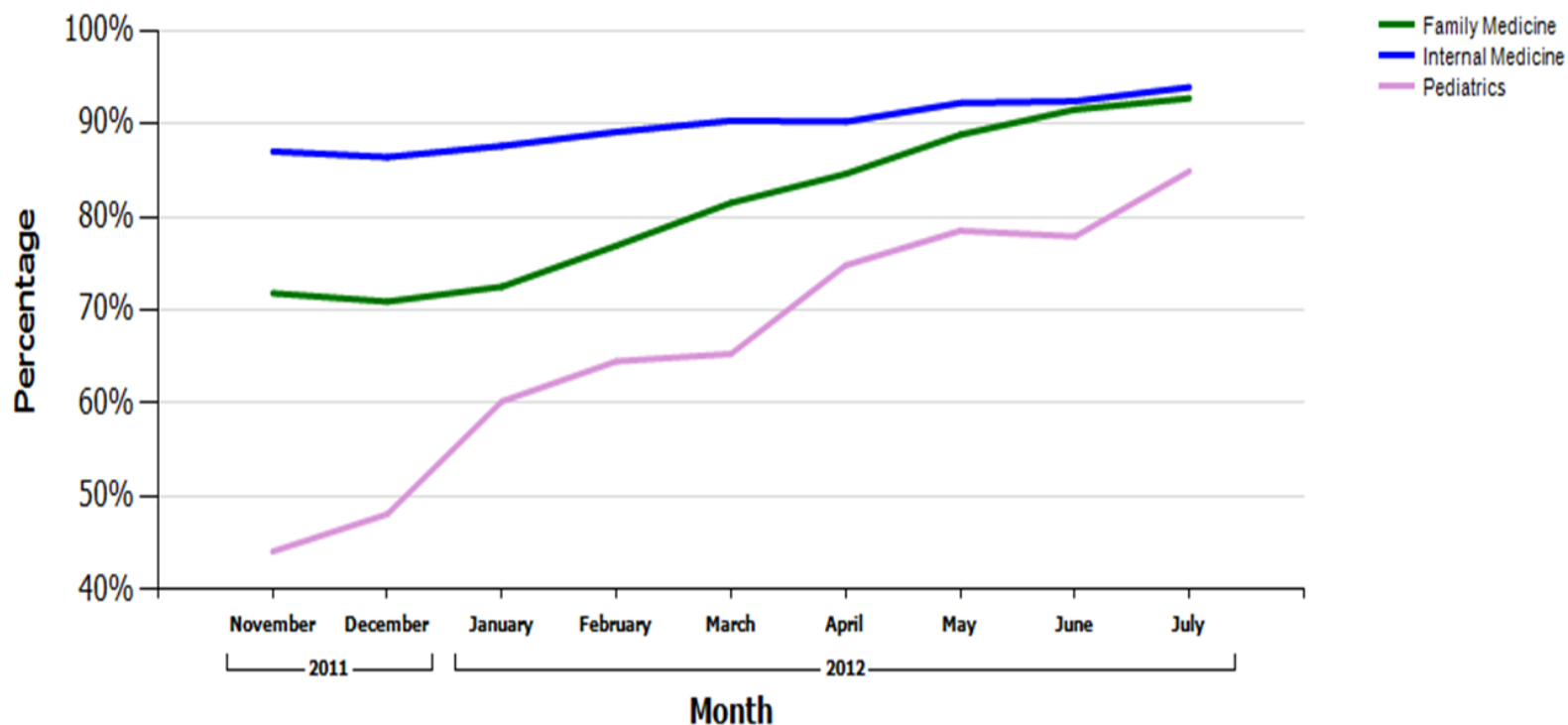


Stage 1 Deployment

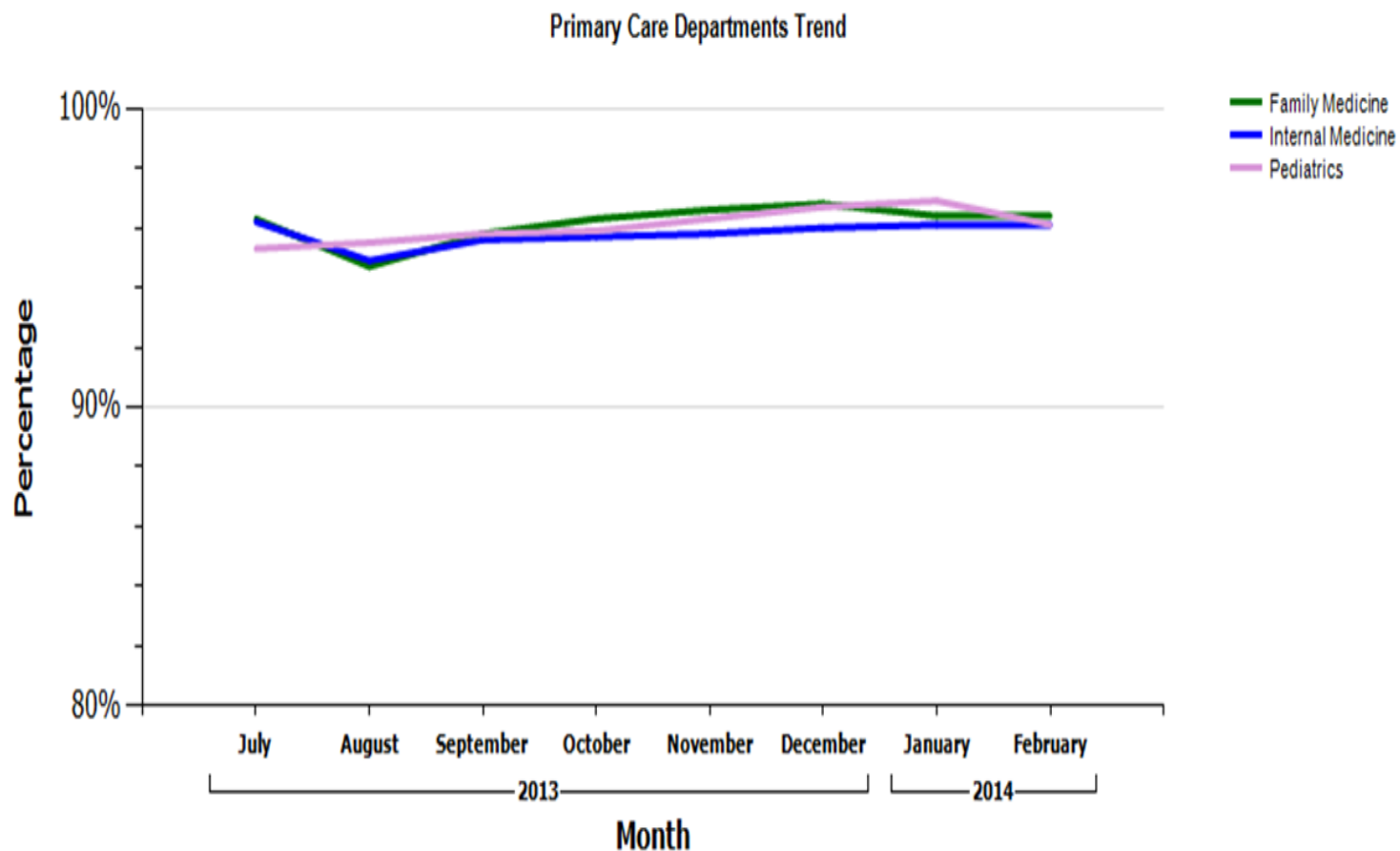
Primary Care

2011-2012

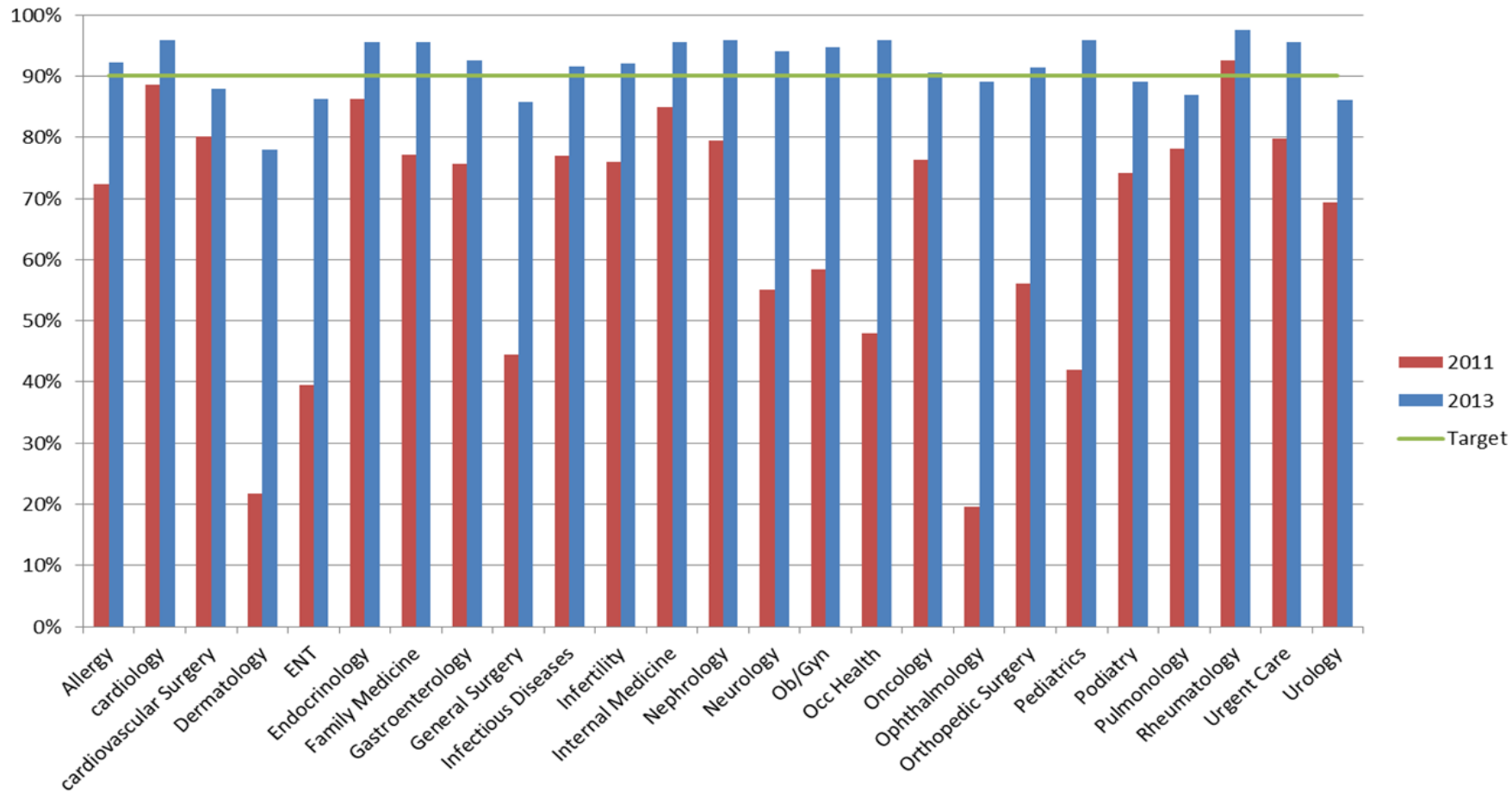
Primary Care Departments Trend



Primary Care Sustain the Good Work 2013-2014



Recent Results



Patient Safety is Everyone's Job!

SGMF Operation Directors to Frontline Managers

 <p>Med Rec Care Team Homepage This report captures the % of medications reviewed by care team on all arrived office visits for the month or week. Click on the monthly or weekly link to view the report Click here to view care teams under target</p>								
Specialty	Department	Section Report Links	Director	Director Report Links	Manager	Manager Report Links	Supervisor	Supervisor Report Links
Endocrinology	GMMS ENDOCRIN 2505 W HAMMER	Monthly Weekly	Carol A. Turner	Monthly Weekly	Anirudha Sharma	Monthly Weekly	Trudy Tomlinson	Monthly Weekly
Endocrinology	GMMS ENDOCRIN 600 COFFEE	Monthly Weekly	Carol A. Turner	Monthly Weekly	Anirudha Sharma	Monthly Weekly	Lori Welborn	Monthly Weekly
Family Medicine	GMPC FAMLYMED 1015 E MAIN	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Lalita Guinard-Mariscal	Monthly Weekly
Family Medicine	GMPC FAMLYMED 1300 W LODI AVE	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Starr Gogliano	Monthly Weekly
Family Medicine	GMPC FAMLYMED 1335 S FAIRMONT	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Starr Gogliano	Monthly Weekly
Family Medicine	GMPC FAMLYMED 2151 W GRANTLINE	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Tina Shahani	Monthly Weekly
Family Medicine	GMPC FAMLYMED 2505 W HAMMER	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Kristie Bender, Starr Gogliano	Monthly Weekly
Family Medicine	GMPC FAMLYMED 2516 WHITMORE	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Nicole Martin	Monthly Weekly
Family Medicine	GMPC FAMLYMED 3612 DALE	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Dale Vadeboncoeur	Monthly Weekly
Family Medicine	GMPC FAMLYMED 801 E STREET	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Nicole Martin	Monthly Weekly
Internal Medicine	GMPC INTRNLMD 1015 E MAIN	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Lalita Guinard-Mariscal	Monthly Weekly
Internal Medicine	GMPC INTRNLMD 2151 W GRANTLINE	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Tina Shahani	Monthly Weekly
Internal Medicine	GMPC INTRNLMD 2505 W HAMMER	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Paul Sohn	Monthly Weekly	Judy Newell	Monthly Weekly
Internal Medicine	GMPC INTRNLMD 502 WASHINGTON	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Lee Breshears	Monthly Weekly	Lalita Guinard-Mariscal	Monthly Weekly
Internal Medicine	GMPC INTRNLMD 600 COFFEE	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	None	Monthly Weekly	None	Monthly Weekly
Internal Medicine	GMPC INTRNLMD 600 COFFEE	Monthly Weekly	Asaad Abdelmalek	Monthly Weekly	Paul Sohn	Monthly Weekly	Delia Christian, DeMaris Young	Monthly Weekly



Katherine T Manuel

Chief Operating Officer

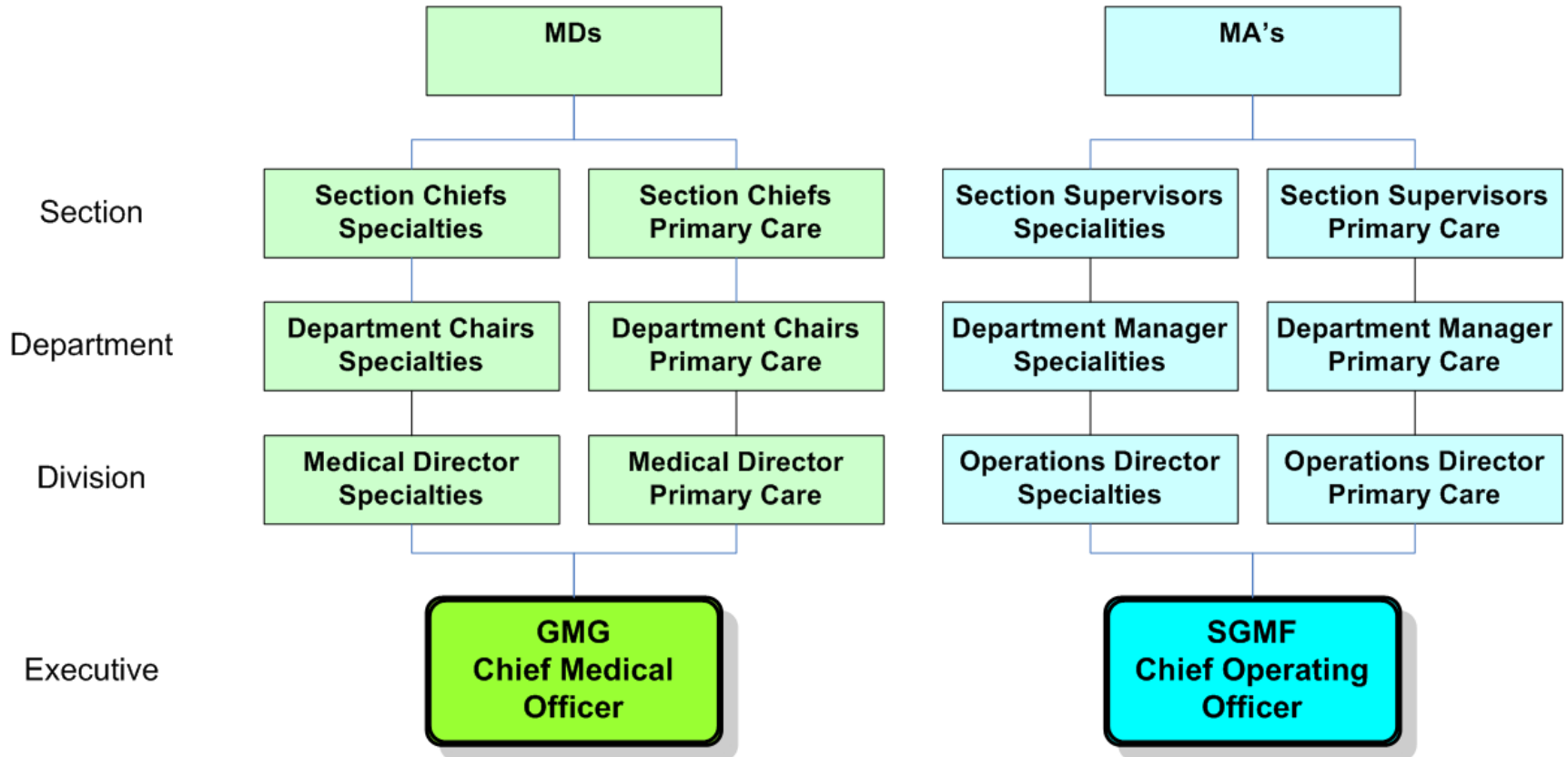
Sutter Gould Medical Foundation

Implementation

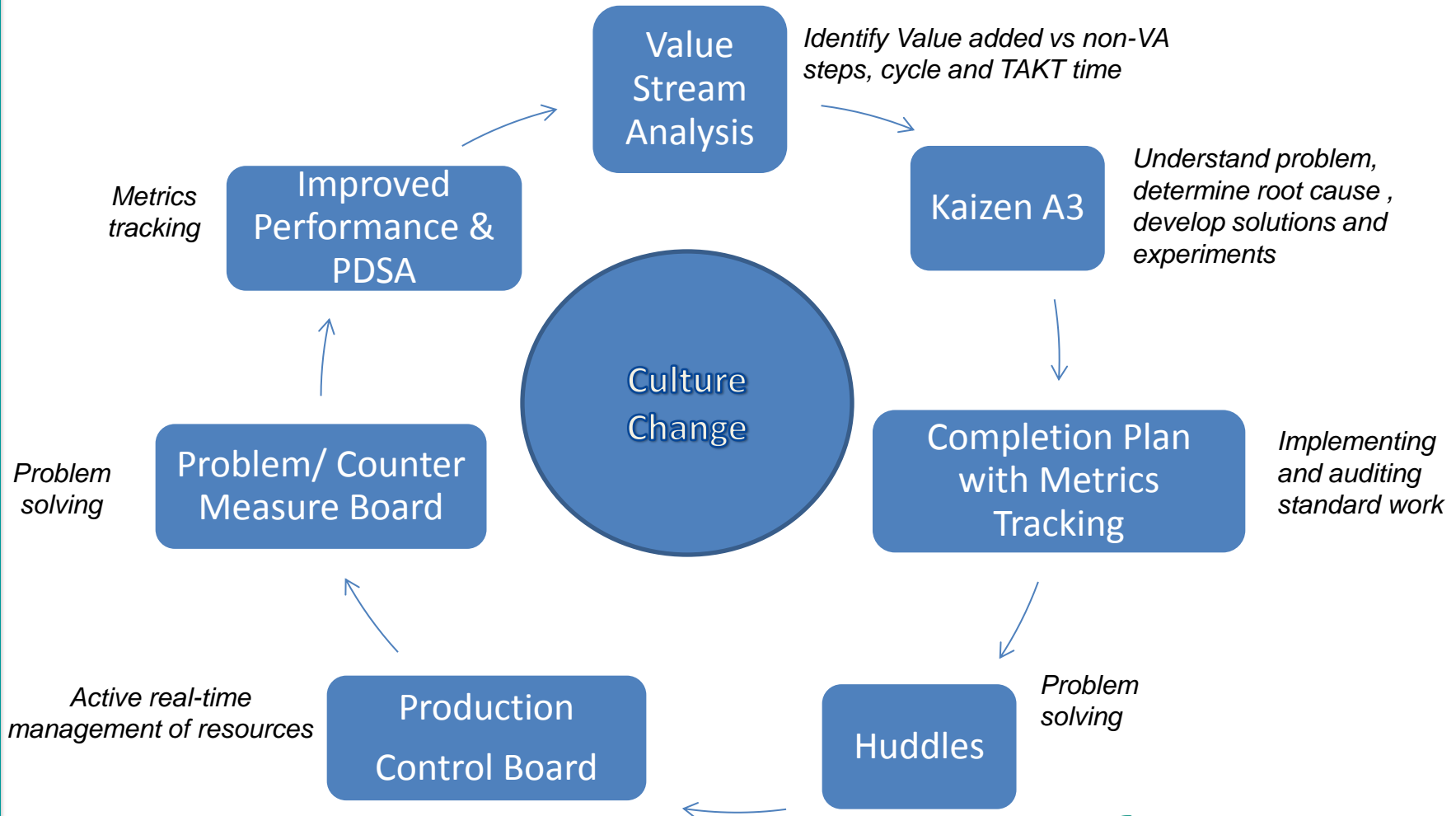
- Paired Leadership - **Who**
- Process: Management System - **How**
 - Lean
 - Standard Work and improvement of Standard Work
 - Reports
 - Daily huddles
- Alignment - **How**
 - Incentive Program

Support Structure

Paired Leaders (aka Dyads)



Managing our Day-to-Day Operations



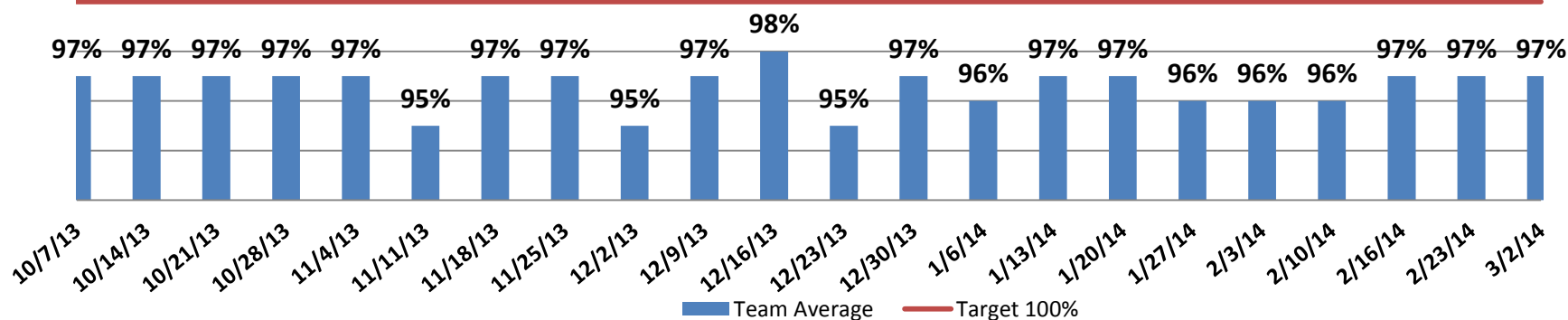
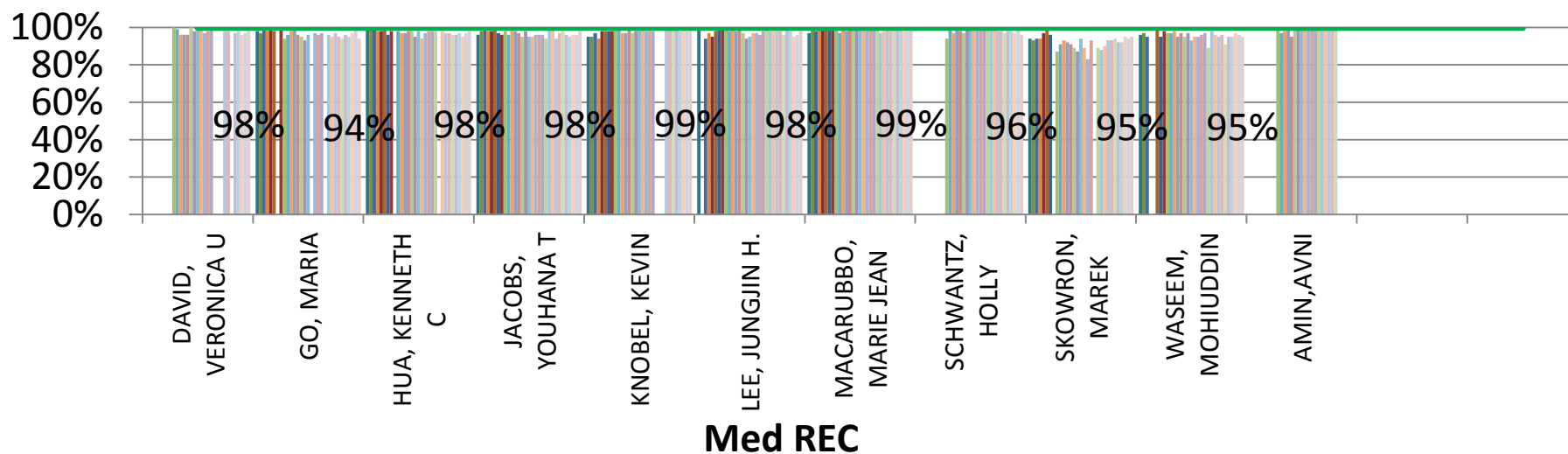
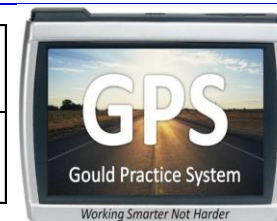
Leader Standard Work

EXPECTED BEHAVIORS FROM (LEAN) **LEADERS**

1. Coach to follow standard work
2. Coach to improve standard work, following A3/PDSA and lean solutions

Jose Bustillo, Simpler Sensei

Document Title:	IMVS - Ops Metrics Med Rec			Last Updated 3/10/2014
Updated By:	Manual	Due Date:	Every Monday	
Update	Weekly	Metric	DeMaris Young	





Employee Performance Incentive Plan 2014

PILLAR	METRIC: Section vs. Overall	PERFORMANCE	2014 Targets	
			Threshold	Full Performance
QUALITY	MED REC: Overall/Section		\$75	\$150
	Overall		85%	90%
	Primary Care Section Specific		90%	95%
	Specialty Section Specific		80%	85%
SERVICE	PATIENT SATISFACTION: Overall/Section		\$75	\$150
	Press Ganey Survey Overall		≥p65	≥p75
	Press Ganey Survey Section Specific		≥p60	≥p70
	MHOL TAT: Overall		\$75	\$150
	% Response in 1 business day		90%	95%
	ACCESS: Overall		\$75	\$150
FINANCE	% Schedulable Hours Outside 8-5 M-F		5%	7%
	PRODUCTIVITY: Overall		\$75	\$150
PEOPLE	% Work RVUs > Budget		2.5%	5.0%
	HUDDLES: Section Specific		\$75	\$150
	Audit Performance (Defined by 3/1/14)		TBD	TBD
47	TOTAL: Increase to \$1000 if all Full Perf		\$450	\$900

System-wide Initiative Pillars

- **Quality & Patient Safety**

- The most common error in patient care is a medication error.
- Can result in serious harm
- Often results in inconvenience to patients and their family
- Contributes to excessive cost of prescriptions

- **Patient Services:** Empower our patients

- Medication Adherence
- Use of tools like AVS, Medication List reports, and MHO

System-wide Initiative

■ Pillars

– Affordability

- Prescribing the wrong medication is costly
- Medication errors leading to hospitalization or additional care / tests is costly
- Paying co pays or other deductibles for medications never used is a waste of money

System-wide Initiative

■ Pillars: **Accountability**

- If no one is responsible: the probability of an accurate list is almost zero.
- Shared chart means ***shared*** accountability
- Everyone that touches the medication list is accountable for the accuracy of what they have touched
- Accountability must be within the scope of the person's role

Reconciliation is...

- Is there still an indication for the medication
- 2. Is the medication effective
- 3. Is the dosage correct
- 4. Are the directions correct and practical
- 5. Are there drug-drug interactions
- 6. Are there drug-condition interactions
- 7. Is the duration of therapy acceptable to achieve the benefit
- 8. Are there better alternatives (price, dosing, interactions)

Physicians

- At a minimum are accountable for:
- Medications they prescribe or manage
- Discontinuing medications that the patient is clearly not taking
- Highly encouraged to notify prescribing physician
- SmartPhrase .MEDDC
- Highly encouraged to provide reason for discontinuation
- Documentation of a conscious decision is always more defensible.
- Adding medications to the list that the patient is taking.
- Interaction checking
- Allergy Checking

Questions?

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