KAISER PERMANENTE®

2018 Psychiatry Symposium

November 2, 2018
Avenue of the Arts Hotel - Costa Mesa, CA

Efficiency Strategies

Moderator:

Nolan Thompson MD

Panelists:

Tracy Chaffee MD, Sid Kumar MD,
Rich Moldawsky MD, Pranav Shah MD

Nolan Thompson MD
Panorama City
Regional Chief of Psychiatry
Nolan.H.Thompson@kp.org

Tracy Chaffee MD
Downey-Norwalk
SCPMG Psychiatrist
Tracy.M.Chaffee@kp.org

Sid Kumar MD
Baldwin Park
Assistant Chief of Service
SCPMG Psychiatrist
Sid.X.Kumar@kp.org

Rich Moldawsky MD
Orange County
SCPMG Psychiatrist Emeritus
Richard.J.Moldawsky@kp.org

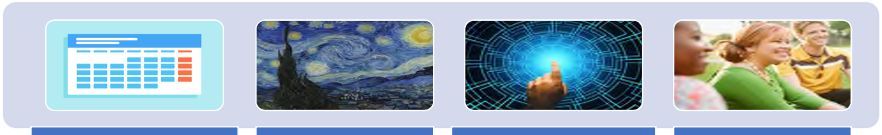
Pranav Shah MD
Orange County
Symposium Chair
SCPMG Psychiatrist
Pranav.V.Shah@kp.org

Objective

Improve practice efficiency using at least one new strategy to accommodate patient appointments based on clinical need.

Overview

Panel recommendations



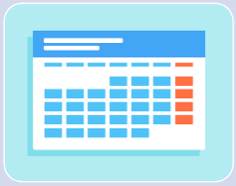
Scheduling | Clinical | Technology | Patient Education

Tabletop Discussion

Open Q&A (index cards)

Continuing the Conversation

Dr. Chaffee



Back to PCP

/

Pediatrician

/

DCM

Efficient use of email, TAV, IVV

Dedicated telemed W

Med info group

Educate pts: titrate dosing

Teach lifestyle interventions

Dr. Kumar

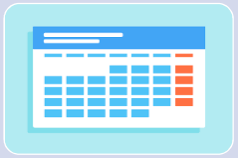
Group by Diagnosis

Avoid frequent appts/ social visits

Manage waitlist

ADHD groups with LVN support

Dr. Moldawsky



Make next appt at end of visit	High threshold for Rx Address disability early	Answer own emails

Dr. Shah




Smart Scheduling	Med Clinic Work closely w/ Case Mgrs	Use HC more efficiently	Manage patient expecta-tions

TABLETOP DISCUSSION
(~7 min)
Volunteer facilitator, scribe/reporter

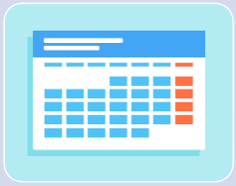
- Which of these strategies might work for you?
- What help would you need to implement it?
- One question for the panel? (or another strategy that you'd like to recommend?)

Thank you

Continue the conversation
on
Regional Psychiatry Sharepoint

APPENDIX

Dr. Chaffee



Back to PCP / Pediatrician / DCM	Efficient use of email, TAV, IVV Dedicated telemed W	Med info group Educate pts: titrate dosing Teach lifestyle interventions

Scheduling: Back to PCP/Pediatricians/DCM *(Dr. Chaffee)*

- Prepare
- Document
- Communicate
- Collaborate
- Reassign

- Pediatricians
- DCM

Scheduling: Back to PCP/Pediatricians/DCM *(Dr. Chaffee)*

PREPARE:

- At the first visit with patient, discuss the role of psychiatrist as a consultant who will, if needed, prescribe psychotropic medication(s) and stabilize patient on medications.
- Discuss possible tapering and discontinuation of psychotropic medications after a period of stability.
- Discuss possible continuation of psychotropic medications as long term maintenance medications to prevent symptom relapse and sustain gains in function.
- Discuss referral of patient to primary care doctor for long term maintenance medication management.
- Discuss ability of primary care doctor to discuss medications with psychiatrist or refer back to psychiatrist if needed.

Scheduling: Back to PCP/Pediatricians/DCM *(continued)*

DOCUMENT:

- Primary care doctors have asked for “Discharge Summaries” when patients referred back to primary care (model within Kaiser: Pain Management).
- Consider writing a detailed but concise assessment and plan in final progress note.
- Primary care doctors have asked for detailed recommendations for management of psychotropic medication(s) when taking over the prescribing (including lab tests).
- Consider titling final progress note “Discharge Summary.”
- Consider writing “Discharge Note” as chief complaint for final progress note.

Scheduling: Back to PCP/Pediatricians/DCM *(continued)*

DOCUMENT *(continued)*:

- Need to create diagnosis in Health Connect ("Discharge Summary from Chronic Pain Program" is a diagnosis in Health Connect).
- Copy best practices. Pain Management department at Downey lists "Discharge Summary from Chronic Pain Program" when patients have completed Pain Management program. Date of discharge summary (final progress note) is written in the note section under the diagnosis to assist primary care in finding the discharge summary.
- Consider noting that patient's medications are being managed by PCP in permanent comments. (Call center to be instructed to send message to psychiatrist or RN if patient calls for appointment).

Scheduling: Back to PCP/Pediatricians/DCM *(continued)*

COMMUNICATE:

- Route the final progress note to the primary care doctor using the "Follow-up" tab clicking "Add PCP" and the patient's primary care doctor will auto-populate the "Recipient" list.
- Consider developing a standard Smartphrase that asks the primary care doctor to continue prescribing maintenance psychotropic medications.
- Use SmartPhrase or write note in the "Comments" area of the "Follow-Up" section of progress note.
- Make sure progress note is desensitized.
- Primary care doctor will receive message as "CC" in inbasket with chart attached when "Follow-Up" "Comment" is sent by "Send Now" or when the chart is closed.

Scheduling: Back to PCP/Pediatricians/DCM *(continued)*

COLLABERATE:

- In communication with primary care doctor, make clear the process to get advice regarding this patient from psychiatry (direct staff message, PHI Outlook email, Doctor Advice, etc).
- In communication with primary care doctor, make clear the process to refer the patient back for a visit with psychiatrist. Patient should not have to call for an appointment, have a therapy intake, speak to triage, or “start over” in behavioral health.
- Discussions needed between psychiatry and primary care regarding when to refer to psychiatry and when to use Doctor Advice.

Scheduling: Back to PCP/Pediatricians/DCM *(continued)*

REASSIGN:

- Wait for confirmation from primary care doctor before reassigning prescription.
- Need to find out if psychotropic medication prescriptions can be reassigned to primary care doctor via “Reorder” medication.
- Prescriptions can be reassigned to PCP when RAR is sent to psychiatrist.
- Have LVN document that “Discharge Note” has been written when screening the chart for RAR note.

Scheduling: Back to PCP/Pediatricians/DCM *(continued)*

PEDIATRICIANS:

- Behavioral pediatricians can manage stimulant medications for ADHD.
- Discussion needed between psychiatry and pediatrics regarding maintenance prescriptions for stable pediatric patients.

DEPRESSION CARE MANAGEMENT (DCM)

- Patients can be referred from psychiatry to DCM in Downey (but there is no prescribing in Downey DCM).
- DCM programs differ between medical centers in what is offered.

Technology: Efficient use of email, TAV, IVV *(Dr. Chaffee)*

EMAILS

- Develop email preferences and instruct patient.
- Prepare patients for best use of emails.
- I have emails screened by RN, answered by RN, or turned into email encounter by RN.
- My preferences for patient emails: Use for specific questions about medication efficacy and side effects. Not for medication refills, appointments, or emergencies.

Technology: Efficient use of email, TAV, IVV *(continued)*

TAV

- Last 30 minutes of each day set up two TAVS and put on hold.
- Time can be used for TAVS for sooner return appointment after initial visit.
- Time can also be used for 30 minute return appointment if needed.
- Patient calling for late cancel can be changed to TAV

Technology: Efficient use of email, TAV, IVV *(continued)*

IVV

- Useful for follow up appointments for certain populations:
- Full time employed, home with children, recovering from surgery, in college.

Technology: Dedicated telemed W *(Dr. Chaffee)*

- Can be IVV, TAV or combination.
- Can be on hold and appointments then available for sooner return appointments.
- TAVS double return visit access.

Patient Education: Medication Information group *(Dr. Chaffee)*

- RN leads weekly medication education group.

Patient Education: Educate patients to titrate dosing *(Dr. Chaffee)*

- Write out detailed weekly titration instructions: “WEEK ONE, WEEK TWO…” in “Patient Instructions” for printed AVS. Use SmartLink .PATINSTR to have the “Patient Instructions” in the progress note plan.
- Remind patient that “Patient Instructions” can be read on KP.org.

Patient Education: Teach lifestyle interventions *(Dr. Chaffee)*

- Center for Healthy Living
  - Healthy Balance now free, at more locations
  - Sleep workshops
  - Yoga and Stress classes at some locations
  - Wellness coaching by phone
- Mindfulness MP3 downloads on KP.org
  - ➢ Health & Wellness tab
  - ➢ Live healthy – Videos & podcasts
  - ➢ Podcasts: guided imagery

Dr. Kumar

Group by Diagnosis

Avoid frequent appts/ social visits

Manage waitlist

ADHD groups with LVN support

Scheduling: Group by Diagnosis

(Dr. Kumar)

Example: ADHD groups with LVN support

- Nurses/LVNs or MAs (we don`t have MAs) check their vitals, give them the teacher rating scale for their next visit and give them the paper with the following questions. Once parents have done the paper, the staff (RNs/LVN/MAs) transcribe the info in the patient's chart, making the visit very efficient.
- Here are the questions most of us asks anyway so if they are already done, we can move faster:

@WEIGHTCHANGE@

- Is your child doing better in school since he/she started the medication? **{Yes No:94445}**
- Is your child completing and turning in his/her homework most of the time? **{Yes No:94445}**
- Is your child sleeping well? **{Yes No:94445}**
- Is your child eating as well as he or she did before the medication was started? **{Yes No:94445}**
- Does your child have friends? **{Yes No:94445}**
- Does your child seem happy most of the time? **{Yes No:94445}**
- Is your child having any new physical complaint or symptom? **{Yes No:94445}**
- Does your child seem worried much of the time? **{Yes No:94445}**
- Does your child ever see or hear things that are not really there? **{Yes No:94445}**
- Any thoughts of self harm or thoughts of hurting others- **{Yes No:94445}**
- Do you have any other concerns that you would like to discuss with the doctor today? ***

Scheduling: Avoid frequent appts/social visits *(Dr. Kumar)*

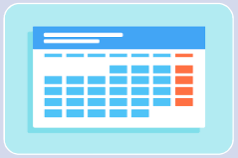
- Reflect:
  - Is this visit clinical every time?
  - Are we making an active change?
  - In a clinically stable population, could the patient issue be better solved by therapist?

Scheduling:

Manage waitlist *(Dr. Kumar)*

- Active management of waitlisting – If I see a cancellation in my schedule I let my scheduler know to call someone on waitlist to come in
- Stay in touch with waitlisted patients

Dr. Moldawsky



Make next appt at end of visit

High threshold for Rx

Address disability early

Answer own emails

Scheduling: Making next appointment at end of each visit *(Dr. Moldawsky)*

- More control over my schedule
- Great for upcoming holidays and vacations
- Better able to see the patient when clinically appropriate
- Nice way to end a session by collaborating on this
- Patients appreciate not having to do more to get the appointment
- Clerical appreciates it

Clinical: High threshold for initiating medication *(Dr. Moldawsky)*

- A past history of non-benefit from medication
- What's the likelihood meds will be helpful?
- Patient's stance towards meds
- Role of therapist or PCP
- Is there a better treatment to offer?

Clinical: Address disability issues early *(Dr. Moldawsky)*

- If I foresee a disability issue, I'll bring it up early on
- Better to identify it sooner than later
- Keeps that as part of the appointment agenda
- Patients often know it's a complicated item
- I'm in better spirits discussing it sooner
- Better than an phone or email message after they've gone

Technology:

Answer own emails *(Dr. Moldawsky)*

- Saves time going back and forth with nurses
- More personal connection with patient
- Patients appreciate hearing directly
- I can communicate some things better directly than through others
- Easier to clarify what the issue(s) are which prompt the email

Dr. Shah




Smart Scheduling	Med Clinic Work closely w/ Case Mgrs	Use HC more efficiently	Manage patient expecta-tions

Scheduling: Smart Scheduling *(Dr. Shah)*

- Current Scheduling System doesn't take into account urgency
- Routine appts – doesn't make a difference if it's in 3 months or 6 months
- Urgent appts - holding some appts for urgent patients allows for more control
- Three categories of patients (roughly)
  - Routine / Stable / Reliable
  - Unreliable / Crisis-prone
  - Urgent / New med starts

Clinical: Med Clinic *(Dr. Shah)*

- 20-Minute appointments
- Usually reserved for stable patients for a quick check-in
- Occasionally used for crisis patients

Clinical: Work closely with case managers *(Dr. Shah)*

- To better manage our most chronic and crisis-prone patients
- Ongoing discussions & regular meetings with the case manager(s) to manage these patients
- In a crisis situation, I may see the patient for 5 minutes in the case manager's office to adjust meds while the case manager does the crisis intervention

Technology: Use HC more efficiently *(Dr. Shah)*

- HC (EMR) – most of us spend about 50% of our time documenting in HC
- Pays to become efficient with this
- Many tools and shortcuts available
- Document while you see your patients
- Arrange furniture so you can document while still keeping eye contact with patient

Patient Education: Managing patient expectations *(Dr. Shah)*

- Educating patients right from the first session
  - our role in their treatment plan
  - the limitations of medications
  - the team concept
  - use of emails, phone calls
  - use of stress management tools as an alternative to meds to manage stressful situations, etc