

1. Expand Primary Care Capacity

- Goal of Project: -Expand the capacity of primary care to better accommodate the needs of the regional patient population and community, as identified by the RHP needs assessment, so that patients have enhanced access to services, allowing them to ~~ea~~ receive the right care at the right time in the right setting. Projects plans related to access to primary care services should address current challenges to the primary care system and patients seeking primary care services, including: expanded and/or enhanced system access points, barriers to transportation, and expanded or enhanced primary care services to include urgent care.
- Project Options:
 - Establish more primary care clinics
 - Expand primary care clinic space
 - Expand primary care clinic hours
 - Expand primary care clinic staffing
 - Expand primary care clinic staffing knowledge
 - Expand urgent care services
 - Expand transportation
 - Expand mobile clinics
 - Implement other evidence based project to enhance primary care capacity in an innovative manner not described above. Note, providers opting to implement an innovative project under this option must use propose relevant process metrics and report on, at minimum, all of the improvement metrics listed under ~~measure~~Milestone vii.
- Rationale: In our current system, more often than not, patients receive services in urgent and emergent care settings for conditions that could be managed in a more coordinated manner if provided in the primary care setting. This often results in more costly, less coordinated care and a lack of appropriate follow-up care. Patients may experience barriers in accessing primary care services secondary to transportation, cost, lack of assigned provider, physical disability, inability to receive appointments in a timely manner and a lack of knowledge about what types of services can be provided in the primary care setting. By enhancing access points, available appointment times, patient awareness of available services and overall primary care capacity, patients and their families will align themselves with the primary care system resulting in better health outcomes, patient satisfaction, appropriate utilization and reduced cost of services.
- Relationship to Other Projects:
 - Reduce Potentially Preventable Readmissions (Cat. 3 and 4)
 - Improve Screening Rates (Cat. 2)
 - Improve Care Management and Outcomes (Cat. 2)
 - Expand Medical Homes (Cat. 2)
 - Redesign Primary Care (Cat. 2)
 - Integrate Physical-Behavioral Health Care (Cat. 2)
 - Redesign for Cost Containment (Cat. 2)
 - Other
- Key ~~Measures~~Milestones:

Comment [M(1): Inclusion of 'other' project per CMS request on 7/19.

o **Process Measures Milestones:**

- i. **Measure Milestone:** Establish additional/expand existing/relocate primary care clinics to meet gaps identified in community needs assessment.

—Metric: Documentation of ~~Number of~~ additional ~~clinics or expanded~~ clinics, ~~expanded~~ hours and/or space. Demonstrate improvement over prior reporting period (baseline for DY2).

1.

a. Data Source: Documentation of expansion type (add, expand, relocate, time schedule)-: New primary care schedule or other Performing Provider document.

b. Rationale/Evidence: It is well known the national supply of primary care does not meet the demand for primary care services. Moreover, it is a goal of health care improvement to provide more preventive and primary care in order to keep individuals and families healthy and therefore avoid more costly ER and inpatient care. RHPs are in real need of expanding primary care capacity in order to be able to implement the kind of delivery system reforms needed to provide the right care at the right time in the right setting for all patients.

- ii. **Measure Milestone:** Implement/expand a community/school-based clinics program

1. Metric: ~~Number of~~ Documentation of additional ~~school-based~~ clinics or expanded hours or space. Demonstrate improvement over prior reporting period (baseline for DY2).

a. Data Source: Documentation of ~~New~~ expansion of services. ~~primary care schedule or other~~ School clinic visitation log or other Performing Provider document (e.g. schedule of available appointments).

b. Rationale/Evidence: Providing clinics in the community and/or in schools has been shown to be effective because the health care is located conveniently for patients, and is in a setting that is familiar and may feel 'safe'.

- iii. **Measure Milestone:** Implement/expand a mobile health clinic program

1. Metric: ~~Number~~ Documentation of ~~additional clinics or~~ implementation/expansion of mobile clinics, selection of routes to meet community needs, expanded hours or ~~space~~ of service. Demonstrate improvement over prior reporting period (baseline for DY2).

a. Documentation of expansion

b. Data Source: Documentation of expansion. New primary care schedule or other Performing Provider documents

c. Rationale/Evidence: Many RHP plans cover very large counties, including hundreds of miles. In some areas, it may take patients hours to drive to Performing Provider facilities. Therefore, a mobile clinic offers the benefits of taking the services to the patients, which will help keep them healthy proactively and better meet chronic care needs.

- iv. **Measure Milestone:** Expand the hours of a primary care clinic, including evening and/or weekend hours

1. Metric: Documentation of -increased number of hours at primary care clinic, over baseline. Demonstrate improvement over prior reporting period (baseline for DY2).
- a.
- b. a. Data Source: Documentation of expanded hours. Clinic documentation
- b. Rationale/Evidence: Expanded hours not only allow for more patients to be seen, but also provide more choice for patients to see providers at times that best meet their needs.
- v. Measure Milestone: Train/hire additional primary care providers and staff ~~and/or increase the number of primary care clinics for existing providers~~
1. Metric: Documentation of increased number of providers and staff and/or clinic sites. Demonstrate improvement over prior reporting period (baseline for DY2).
- a. Documentation of completion of all items described by the RHP plan for this measure.
- a. Data Source: Documentation of completion of all items described by the RHP plan for this measure. Hospital or other Performing Provider report, policy, contract or other documentation
- b. Rationale: Additional staff members and providers may be necessary to increase capacity to deliver care.
- vi. **Measure Milestone: Implement a nurse triage software system to assist nurses in determining the acuity of patients
1. Metric: Documentation of the availability and utilization of a nurse triage system.
- a. Documentation of vendor agreement
- a. Data Source: Documentation of vendor agreement, staff training in use of system. Vendor agreement, staff training documentation
- b. Rationale: In order to determine the appropriate setting for some urgent conditions, an automated nurse triage system is an excellent aide for clinical decision making and communication amongst providers, further facilitating follow-up care.
- vii. **Measure Milestone: Establish a nurse advice line and/or primary care patient appointment unit.
1. Metric: Documentation of nurse advice line and/or primary care patient appointment unit. Performing Provider administrative reports
- a. Data Source: Documentation of advice line and appointment unit implementation, operating hours and triage policies. Advise line system logs, triage algorithms and appointment unit operations/policies.
- b. Rationale: In many cases patients are unaware of the appropriate location and timing to seek care for urgent and chronic conditions. Implementation of a nurse advice line allows for primary care to be the first point of contact and offer clinical guidance around how to mitigate symptoms, enhance patient knowledge about certain conditions and seek timely care services.

- viii. ~~**Measure~~Milestone: Develop an automated tracking system for measuring time to next available offered appointment, ~~at Performing Provider primary care medical homes for non-urgent needs~~
1. Metric: Documentation that providers and staff are aware of next available appointment time using real time scheduling data, to ensure that patients can receive primary care services according to acuity and need.
 - a. Data Source: Documentation of Performing Provider policies for assessing and communicating time to next available appointment and response to patient care needs, reporting and communication tool.
Performing Provider administrative records from patient scheduling system
 - b. Rationale: Regular tracking and assessment of time to next available appointment by staff and providers allows for enhanced ability to identify scheduling gaps, patient needs and appropriately triage patients to receive necessary care.
- ix. Measure~~Milestone~~: Develop and implement/expand a plan for proactive management of adult medicine patient panels through a new Office of Panel Management, such that clinic and providers~~same store~~ panel capacity is increased and optimized going forward. This intervention will reopen and optimize use of available adult medicine panel capacity (must include at least one metric):
1. Metric: Documentation of implementation/expansion of Office of Panel Management. Demonstrate improvement over prior reporting period (baseline for DY2).
 - a. ~~Documentation of Office of Panel Management plan, staff assignments, policies and procedures. Documentation of the panel status (open/closed) and panel capacity at points in time.~~ Data Source: Documentation of Office of Panel Management plan, staff assignments, policies and procedures. Documentation of the panel status (open/closed) and panel capacity at points in time. Performing Provider administrative records
 - b. Rationale: This intervention will optimize the use of available adult medicine panel capacity, ensuring equality and appropriateness of panel size by provider, to best meet patient requests for providers and care needs.
 2. Metric: Documentation of increased and optimized clinic and provider panel capacity. Demonstrate improvement over prior reporting period (baseline for DY2).
 - a. ~~Documentation of panel management dynamics (counts of additions, deletions, and total paneled patients) and results of initial panel "cleaning".~~ Data Source: Documentation of panel management dynamics (counts of additions, deletions, and total paneled patients) and results of initial panel "cleaning". Performing provider administrative records.
 - a-b. Rationale: To ensure accuracy of Provider panels, regular maintenance should be conducted on the Panel Management system. This should include and will allow for enhanced tracking of patient requests for providers, variations in service utilization and outcomes.
- Measure: Expand episodic care capacity at primary care clinics.

o **Improvement Measures Milestones:**

— **Measure Milestone:** Enhance Patient access to primary care services by reducing days to third next-available appointment. Demonstrate improvement over prior reporting period (baseline for DY2).

i.

2-Metric: Third Next-Available Appointment: The length of time in calendar days between the days a patient makes a request for an appointment with a provider/care team, and the third available appointment with that provider/care team. Typically, the rate is an average, measured periodically (weekly or monthly) as an average of the providers in a given clinic. It will be reported for the most recent month. The ultimate improvement target over time would be seven calendar days (lower is better), but depending on the Performing Provider's starting point, that may not be possible within four years.

a. The length of time in calendar days between the day a patient makes a request for an appointment with a provider/care team, and the third available appointment with that provider/care team. Typically, the rate is an average, measured periodically (weekly or monthly) as an average of the providers in a given clinic. It will be reported for the most recent month. The ultimate improvement target over time would be seven calendar days (lower is better), but depending on the Performing Provider's starting point, that may not be possible within four years.

c. Numerator: Average number of days to third next available appointment for an office visit for each clinic and/or department¹

d. Denominator: NA

b-e. Data Source: Practice management or scheduling systems

f. Rationale/Evidence: This measure is an industry standard of patients' access to care. For example, the IHI definition white paper on whole system measures cites this metric.²

ii. **Measure Milestone:** Patient satisfaction with primary care services.

1. Metric: Patient satisfaction scores: Average reported patient satisfaction scores, specific ranges and items to be determined by assessment tool scores. Demonstrate improvement over prior reporting period.

a. Numerator: Sum of all survey scores.

b. Denominator: Number of surveys completed.

c. Data Source: CG-CAHPS³ or other developed evidence based satisfaction assessment tool, available in formats and language to meet patient population.

Comment [MD2]: Suggest additional improvement measures that would show improved patient satisfaction (are providers effective in their delivery of these additional services) and tie in some type of improved outcome of care (e.g. reduction in admissions/readmissions, decreased visits, etc...).

¹ <http://www.qualitymeasures.ahrq.gov/popups/printView.aspx?id=23918>

² Martin LA, Nelson EC, Lloyd RC, Nolan TW. *Whole System Measures*. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2007. (Available on www.IHI.org).

³ http://www.ahrq.gov/cahps/clinician_group/

d. Rationale: Patient satisfaction with primary care services is largely related to utilization of primary care services. Understanding strengths, needs and receiving patient feedback allows for providers and staff to better understand how to tailor care delivery to meet their patients' needs.

2. Metric: Percentage of patients receiving survey. Specifically, the percentage of patients that are provided the opportunity to respond to the survey. Demonstrate improvement over prior reporting period.

a. Numerator: number of surveys distributed during the reporting period
Denominator: total number of primary care visits during the reporting period

b. Data Source: Performing provider documentation of survey distribution, EHR

c. Rationale: Patient satisfaction with primary care services is largely related to utilization of primary care services. Understanding strengths, needs and receiving patient feedback allows for providers and staff to better understand how to tailor care delivery to meet their patients' needs.

3. Metric: Survey response rate. Demonstrate improvement over prior reporting period (baseline for DY2).

a. Numerator: number of survey responses

b. Denominator: total number of surveys distributed.

c. Data Source: CAHPS or other developed evidence based satisfaction assessment tool; Performing provider documentation of survey distribution, EHR

d. Rationale: Patient satisfaction with primary care services is largely related to utilization of primary care services. Understanding strengths, needs and receiving patient feedback allows for providers and staff to better understand how to tailor care delivery to meet their patients' needs.

iii. Measure Milestone: Increase primary care clinic volume of visits and evidence of improved access for patients seeking services.

1. Metric: ~~Number~~ Documentation of increased number of visits, encounters or size of patient panels over baseline. Demonstrate improvement over prior reporting period (baseline for DY2).

a. Data Source: Registry, EHR, claims or other Performing Provider source

b. Rationale/Evidence: This measures the increased volume of visits and is a method to assess the ability for the Performing Provider to increase capacity to provide care.

2. Metric: Documentation of increased number of unique patients, or size of patient panels. Demonstrate improvement over prior reporting period (baseline for DY2).

a. Data Source: Registry, EHR, claims or other Performing Provider source

b. Rationale/Evidence: This measures the increased volume of visits and is a method to assess the ability for the Performing Provider to increase capacity to provide care.

Comment [C3]: Important to explicitly tie this measure back to improved access – increasing volume alone should not be a goal – only if that is accompanied by improved access. I think monitoring volume is important, but not sure it should be a stand-alone improvement metric.
HHSC: Specified increased number of visits and included additional metric (2) of number of unique patients.

iv. Measure Milestone: Enhanced capacity to provide urgent care services in the primary care setting.

1. Metric: Percent patients receiving urgent care appointment in the primary care clinic (instead of having to go to the ED or an urgent care clinic) within ~~2~~ calendar days of request. Demonstrate improvement over baseline rates

a. Numerator: number of patients receiving urgent care appointment within 2 days of request

b. Denominator: number of patients requesting urgent care appointment.

c. Data source: Registry, EHR, claims or other Performing Provider scheduling source

d. Rationale: Identifying patient flow as it relates to urgent care needs allow Performing Providers to tailor staffing, triage protocols and service hours to best address patient needs and increase capacity to accommodate both urgent and non-urgent appointments.

Comment [C4]: Suggest that this goal be 2 days or less
HHSC: changed

~~Measure Milestone: Achieve a call abandonment rate for the nurse advice line and patient scheduling unit. Increase the number of patients served and questions addressed on the nurse advice line and patient scheduling unit. Demonstrate improvement over prior reporting period (baseline for DY2).~~

iii.v.

1. Metric: Automated data on call abandonment rate. Number of patients served by the nurse advice line. Demonstrate improvement over baseline rates.

e. Numerator: number of unique records created from calls received to the nurse advice line.

f. Denominator: total number of calls placed to the nurse advice line (distinct from number of calls answered).

g. Data Source: Automated data from call center

h. Rationale: This measure will indicate how many calls are addressed successfully as well as an overall call abandonment rate. Abandonment rate is the percentage of calls coming into a telephone system that are terminated by the person originating the call before being answered by a staff person. It is related to the management of emergency calls. This metric speaks to the capacity of the nurse advice line.

2. Metric: Number of patients served by the patient scheduling line. Demonstrate improvement over baseline rates.

a. Numerator: total number of appointments made as a result of calls received to the patient scheduling line.

b. Denominator: total number of calls placed to the patient scheduling line (distinct from number of calls answered).

c. Data Source: Automated data from call center

d. Rationale: This measure will indicate how many calls are addressed as well as a call abandonment rate. Abandonment rate is the percentage of calls coming into a telephone system that are terminated by the person originating the call before being answered by a staff person. This metric speaks to the capacity of the patient scheduling line as well as a proxy for patient access using the patient scheduling line.

- vi. Measure Milestone: Increase access to primary care capacity using innovative project option. ****Note, must report on all of the metrics listed below for this project option.**
1. Metric: Increase percentage of target population reached.
 - a. Numerator: Number of individuals of target population reached by the innovative project.
 - b. Denominator: Number of individuals in the target population.
 - c. Data Source: Documentation of target population reached, as designated in the project plan.
 - d. Rationale/Evidence: This metric speaks to the efficacy of the innovative project in reaching it targeted population.
 2. Metric: Increased number of primary care visits.
 - a. Numerator: Total number of visits for reporting period
 - b. Denominator: NA
 - c. Data Source: Registry, EHR, claims or other Performing Provider source
 - d. Rationale/Evidence: This measures the increased volume of visits and is a method to assess the ability for the Performing Provider to increase capacity to provide care.
 3. Metric: Documentation of increased number of unique patients, or size of patient panels. Demonstrate improvement over prior reporting period (baseline for DY2).
 - a. Numerator: Total number of unique patients encountered in the clinic for reporting period.
 - b. Denominator: NA
 - c. Data Source: Registry, EHR, claims or other Performing Provider source
 - d. Rationale/Evidence: This measures the increased volume of visits and is a method to assess the ability for the Performing Provider to increase capacity to provide care.

Comment [M(5): Measures specific for innovative project option.