New Patient Telephonic Visits

Deborah Satterfield  
*Providence Medical Group*

Min Stearns  
*Providence Medical Group Practice Efficiency*

Rachel Blackburn  
*Providence St. Joseph Health*

Elizabeth Fox  
*Providence St. Joseph Health*

Erin Bryant  
*Providence St. Joseph Health*

*See next page for additional authors*

Follow this and additional works at: https://digitalcommons.psjhealth.org/publications

Part of the Nursing Commons

**Recommended Citation**  
Satterfield, Deborah; Stearns, Min; Blackburn, Rachel; Fox, Elizabeth; Bryant, Erin; Wilson, Catie; Berning, Susan; Koellermeyer, Ericka; Santiesteban, Mini; Rametes, Lisa; Kelsch, Emily; and Phillips, Sarah, "New Patient Telephonic Visits" (2019). *Articles, Abstracts, and Reports*. 2616.  
https://digitalcommons.psjhealth.org/publications/2616

This Presentation is brought to you for free and open access by Providence St. Joseph Health Digital Commons. It has been accepted for inclusion in Articles, Abstracts, and Reports by an authorized administrator of Providence St. Joseph Health Digital Commons. For more information, please contact digitalcommons@providence.org.
RN New Patient Telephonic Onboarding

Phase 1 pilot clinics: PMG Newberg, Progress Ridge, North Portland

Introduction

PMG Oregon currently schedules approximately 60,000 New Patient visits each year. New patients are often seen at their first visit, with very little, and/or, without most up-to-date medical information transferred to their new care team. The delay or lack of information results in challenges to our clinic teams to provide the best care for our new patients. It also results in providers' care teams spending additional time entering clinical data either during the new patient appointment, after the appointment, and often additional appointments are needed to address patient problems that could be completed in the initial visit.

Success Measures:

- Panel size growth rate
- NPC visit lag time
- Appropriate follow-up scheduling with agenda setting by RN prior to visit
- Appropriate wrap-around care coordinated prior to patient visit

Why does it matter?

Patient examples

- Incarcerated patient was able to onboard and have a plan of care for after their release.
- Patient with schizophrenia who was rationing their medication so they wouldn't run out prior to establishing. Able to get same day med refill and urgent referral to psychiatry.
- Multiple patients with major depression and active suicidality loomed in same-day with BHI.
- Pediatric patient with significant family trauma and social determinant needs able to be seen sooner with wrap-around support from BHI and case management.

RN New Patient Telephonic Onboarding

Pre-work

Ease the provider burden associated with New Patient visits by telephone with an RN. This allows for additional new patients being scheduled; thus more rapidly increasing panel sizes, providing enhanced access for patients and ensuring there is a comprehensive chart prior to being seen in office by a provider.

Clinic

- Provider buy-in necessary
- NQS trained on standard process, based on pilot clinic learnings, then trains clinic RN
- Why an RN?

- Process appropriate for clinics with clinic RN bandwidth and the need to establish patients quickly due to provider boarding or issues with access
  - Resource to add to "RN Menu of Services".
  - Recommend minimum of 3 per week per RN to maintain competency and must of 6 per day per RN - limit determined by NQS and Clinic Manager.

- Standard dot phrase as starting point for progress note, with room for individualization based on clinic preference. Encourage clinic-wide standard process
  - Crucial to have provider buy-in regarding what information is gathered in the intake call.

- Complete vital signs are outside the MA/PRR scope
  - Medication reconciliation.
  - Problem list reconciliation/overview.
  - Triage for future appointment scheduling needs/necessary warm hand-offs.

Equipment

- EPIC configuration necessary

- NPC visit type added to RN template
  - Started out by scheduling OVO (telephonic visit). Moved to NPC visit type for VT limit tracking purposes.

  - Dot phrase customized to clinic and shared with RN

Other Departments

- Work with NPCC to map out clinic plan

- Open to PHP patients only (NPC visit type)
- List of participating providers, corresponding RN schedule and clinic visit type limit preferences to NPCC
  - Ex: Onboarding for Drs. Hawthorne and Gualer on Newberg FM RN schedule. Limit 6 per day. No same day scheduling.
- Same day scheduling
  - Because of the function of generic scheduling template, same day scheduling was not successful. As the RN completes a visit and pulls it off of the generic template, a false opening is created on the generic template, which led to double booking and missed appointments.

Process, Learnings and PDSA Cycles

- Process appropriate for clinics with clinic RN bandwidth and the need to establish patients quickly due to provider boarding or issues with access

- Resource to add to "RN Menu of Services".
- Recommend minimum of 3 per week per RN to maintain competency and must of 6 per day per RN - limit determined by NQS and Clinic Manager.

- Standard dot phrase as starting point for progress note, with room for individualization based on clinic preference. Encourage clinic-wide standard process
  - Crucial to have provider buy-in regarding what information is gathered in the intake call.

- Complete vital signs are outside the MA/PRR scope
  - Medication reconciliation.
  - Problem list reconciliation/overview.
  - Triage for future appointment scheduling needs/necessary warm hand-offs.

- NPC visit type added to RN template
  - Started out by scheduling OVO (telephonic visit). Moved to NPC visit type for VT limit tracking purposes.

  - Dot phrase customized to clinic and shared with RN

- Open to PHP patients only (NPC visit type)
- List of participating providers, corresponding RN schedule and clinic visit type limit preferences to NPCC
  - Ex: Onboarding for Drs. Hawthorne and Gualer on Newberg FM RN schedule. Limit 6 per day. No same day scheduling.
- Same day scheduling
  - Because of the function of generic scheduling template, same day scheduling was not successful. As the RN completes a visit and pulls it off of the generic template, a false opening is created on the generic template, which led to double booking and missed appointments.

Conclusions:

April 2019 data from pilot clinics:

Began process in October 2018
June 2019: Presented process and data to Model of Care
August 2019-present: Phase 2 pilot in process with additional clinics.

Participating clinics:
- Newberg FM
- Newberg IM
- Progress Ridge
- North Portland
- Happy Valley
- Sunset FM
- West Hills PC

August-November 2019: Sherwood FM trialed similar processes for their Clinical Value Improvement project

Acknowledgments:

Dr. Deborah Satterfield, MD, East AMD Min Stearns project manager Rachel Blackburn, RN
practice manager Elizabeth Fox, NPCC NQS
Erin Bryant, Newberg/Progress Ridge
Catie Wilson, Newberg/Progress Ridge
Susan Berning, North Portland Clinic RNs
Ericka Koellermeier, Newberg
Mimi Santiesteban, Newberg
Lisa Ranetes, Newberg
Emily Kelsch, Progress Ridge
Sarah Phillips, North Portland

Table:

<table>
<thead>
<tr>
<th>Clinic Schedule</th>
<th>PMG Newberg</th>
<th>PMG Progress Ridge</th>
<th>PMG North Portland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>88</td>
<td>61</td>
<td>13</td>
</tr>
<tr>
<td>Cancelled</td>
<td>11</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>No Show</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>105</td>
<td>72</td>
<td>17</td>
</tr>
<tr>
<td>No Show %</td>
<td>13.4%</td>
<td>9.1%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Total Completed</td>
<td>12 (14%)</td>
<td>15 (37.5%)</td>
<td>1745</td>
</tr>
<tr>
<td>Total Completed (in hours)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
<tr>
<td>Total Completed (in weeks)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
<tr>
<td>Total Completed (in months)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
<tr>
<td>Total Completed (in years)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
<tr>
<td>Total Completed (in days)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
<tr>
<td>Total Completed (in minutes)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
<tr>
<td>Total Completed (in seconds)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
<tr>
<td>Total Completed (in milliseconds)</td>
<td>(9.1 hours)</td>
<td>(13.5 hours)</td>
<td>(29.1 hours)</td>
</tr>
</tbody>
</table>