New Patient Telephonic Visits

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**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 clinical 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 refll and urgent referral to psychiatry.
- Multiple patients with major depression and active suicidality looped 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**

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

**AIM STATEMENT**

Ease the provider burden associated with New Patient visits by onboarding patients via 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.

**PRE-WORK**

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

- **Equipment**
  - EPIC configuration necessary

- **Other Departments**
  - Work with NPCC to map out clinic plan

**PROCESS, LEARNINGS and PDSA CYCLES**

- **Clinic**
  - Process appropriate for clinics with clinic RN bandwidth and the need to establish patients quickly due to provider onboarding or issues with access
  - Resource to add to ‘RN Menu of Services’.
  - Recommend minimum of 3 per week per RN to maintain competency and max of 6 per day per RN - limit determined by NQS and Clinic Manager.
  - Standard dot phrase as starting point for progress notes, with room for individualization based on clinic preference. Encourage clinic-specific standard process
  - Crucial to have provider buy-in regarding what information is gathered in the intake call.
  - Complete vital things outside the MA/PRR scope
  - Medication reconciliation
  - Problem list reconciliation/overview.
  - Triage for future appointment scheduling needs/necessary warm hand-offs.

- **Equipment**
  - 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**
  - 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 Gualz 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

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