Home Visits

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Healthy Outreach

PMG Bridgeport

A Team's Focus on Innovative Quality

Method for Identifying patients:
SlicerDicer in Epic for:
• No office visit in past year
• High number of BPA items due

Team Referral as beneficial for patient

Care Gaps that could be closed at Home Visit:
• Blood Pressure
• Depression Screening
• SBIRT
• Vaccines
• Microalbumin
• Hga1C
• Hepatitis C Screening
• Diabetic Foot Exam
• Advance Directive
• HCC Coding
• Colon Cancer Screen (FIT Kit)

Conclusions:
Offering home visits gives another option of care to our patients and providers, allowing us to close gaps in those previously unable or unwilling to come in.

Introduction
Patients have limited time to come into clinic for services. This is a complaint that we hear regularly, especially from our patients with chronic conditions that require frequent monitoring. When patients can’t come in for monitoring or education, it can cause detrimental outcomes to their overall health and wellness.

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Clinical Value Improvement Team

Create alternative visit options for those with limited abilities to be seen in clinic

Option to increase rVU outside of office hours

Better connection with patients

Change of pace/something different

Address items unable to be addressed without being seen

Meet patients in their space/support system

Increase in Patient Satisfaction

Increase in Caregiver Satisfaction

Improvement of 5% in HP/BPA of population by 6 mo after project’s initiation

Decrease Healthy Planet/Best Practice Advisories showing as due or out of range