eClinicalWorks

CASE STUDY

PAWLEYS PEDIATRICS AND ADULT MEDICINE

USING CHRONIC CARE MANAGEMENT TO
CHANGE LIVES FOR THE BETTER

improving healthcare together

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The Challenge

After learning about the Centers for Medicare & Medicaid Services Chronic Care Management (CCM) program, the providers at Pawleys Pediatrics & Adult Medicine, located in Pawleys Island, South Carolina, realized CCM could be an effective tool for caring for many of their older patients with chronic health issues, provided they had the right healthcare IT partner to implement it effectively.

The Solution

After researching the benefits of the CCM program, the providers at Pawleys proceeded to implement eClinicalWorks' CCM solution and quickly realized that the program was an effective way to quantify and measure the effectiveness of the care they were already providing.

The Results

With CCM, Pawleys providers have regularly reached out to patients with multiple chronic conditions, permitting them to more effectively detect potentially dangerous medical situations and treat them sooner, thereby improving the quality of care and controlling costs. In one case, the program detected a potentially debilitating cardiac condition in an 81-year-old Vietnam War veteran with diabetes, leading to effective treatment and enabling him to continue to lead a full and active life.

eClinicalWorks

CASE STUDY

Pawleys Pediatrics and Adult Medicine

How CCM Saved a Life

Learning About CCM

Dr. David K. Haseltine says that the first he heard of the Chronic Care Management program was in "one of these throwaway journals that everybody gets in the mail." The kind you read, find something of interest, but then set aside.

David Haseltine, M.D.

Except that Dr. Haseltine — and several of his colleagues — kept hearing about CCM, which debuted on January 1, 2015. They decided to look into it more deeply. They turned to their staff, including a nurse manager, office manager, and nurse care manager who would be overseeing the program.

"We told them that we as physicians are really interested in doing this program, so please go out, research everything that you can, and come back to us with a plan, in which we can actually begin to work with this, hopefully in a few months," Dr. Haseltine said.

In just three months, Pawleys was able to begin participating in the CCM program, which aims to improve the quality of healthcare by reimbursing providers for spending non-face-to-face time on some of their most complex patients — those with two or more chronic conditions.

Developing New Habits

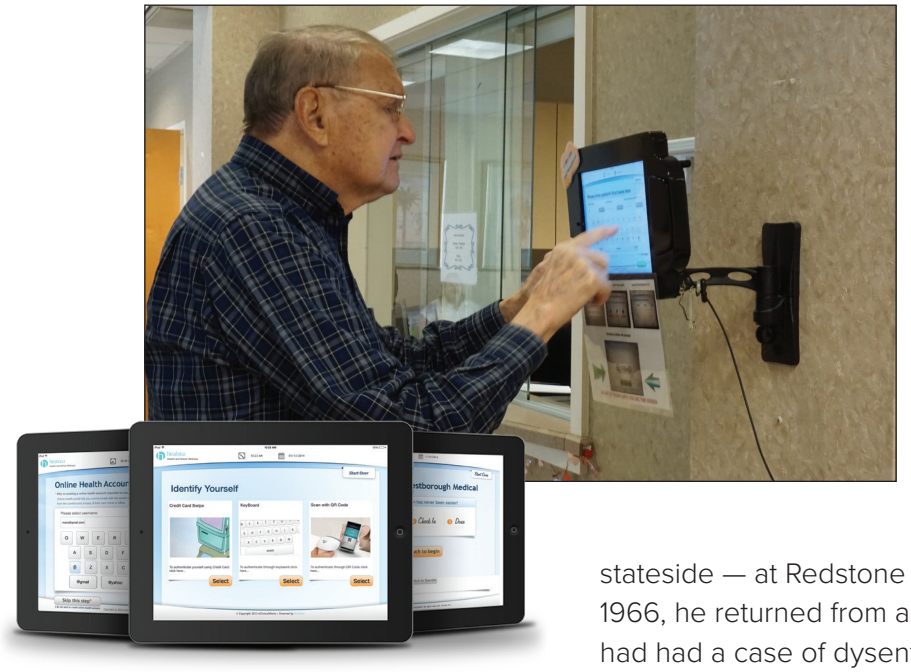
It wouldn't be accurate to say that every provider at Pawleys — or every provider across the nation — immediately embraced the CCM program. As with any innovation in healthcare, it takes time before doctors, nurses, and other medical professionals are convinced. Some folks simply want to see proof of performance before trying it for themselves.

In fact, an April 2016 report in HealthcareIT News cited a study showing that only 13% of providers surveyed had filed a claim for the CCM program in the previous year.[1]

Dr. Haseltine says that even at Pawleys, he and one of his colleagues were the most enthusiastic about the program, while the other five physicians were not as interested. That soon changed as the program was implemented.

What Dr. Haseltine and others grasped was that, with an estimated 36 million Medicare patients nationwide having two or more chronic conditions, CCM represents an enormous opportunity for providers to make a real difference in the lives of their patients.

While initially reluctant to join the CCM program, Robert Grove is an enthusiastic advocate after it helped save him from a potentially debilitating heart attack.



Kiosk makes check-in easy, and helps Pawleys confirm patients' insurance data and capture any demographic changes.

Robert Grove's Story

To illustrate his point, Dr. Haseltine cites the case of Robert Grove, a Vietnam War veteran who retired to South Carolina and became his patient.

A native of Pennsylvania, Grove had served in the Army both in Germany and stateside — at Redstone Arsenal in Huntsville, Alabama. In 1966, he returned from a tour of duty in Vietnam, where he had had a case of dysentery that destroyed his pancreas.

Grove's Army career was productive and eventful. He enjoyed his technical work, obtained a master's degree in chemical engineering,

1 http://www.healthcareitnews.com/news/chronic-care-management-50-billion-market-more-hype-reality

Robert Grove hasn't let diabetes — or cardiac surgery — keep him from pursuing an active life of travel and fitness.

and made the rank of full colonel before he was declared medically unfit for service because of his diabetes and was released. He and his wife bought property in South Carolina in 1994 and, following her death in 2002, Grove continued to live there, remaining as active as possible, and obtaining his medical care from Dr. Haseltine.

Staff Preparation and Gentle Persistence

Early in 2015, the staff at Pawleys reached out to Grove about enrolling in the CCM program. Much like all those skeptical doctors mentioned above, Grove was skeptical at first. After all, he had always led an active life, and although he had recently passed his 80th birthday, he felt great.

Grove finally agreed to participate in CCM, and nurse Catherine Byrd, RN, soon began calling him each Monday to check on his health. Later, the calls were reduced to once a month. Grove was doing fine.

The staff at Pawleys knew that with Grove, as with so many patients, gentle persistence and helping them see the advantages of the CCM program would eventually pay off.

Dr. Haseltine notes that staff start the enrollment process well before patients come in for their office visits, by mailing them an overview of what to expect and how a nurse manager will work with them. Then, when they do come in for their appointments, medical assistants meet with them to go into greater detail about CCM.

"Some of our certified MAs are excellent at this," Dr. Haseltine says.

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Dr. Haseltine notes that many activities that practices are already performing can qualify under the CCM program. Those 20 minutes of non-face-to-face care each month might include phone consultations with patients, refilling medications, going over lab results, or even discussing difficult cases with colleagues.

Intervention Changes a Life

But then, in the fall of 2015, Grove began having slight chest pain and shortness of breath, which went on for a couple of weeks.

"I wanted to yawn to get a deep breath," he said, "and was generally unsatisfied. The chest pains were very mild, and I wasn't going to say anything about it, because I thought it was muscles or something."

During their call on December 7, 2015, Grove mentioned the discomfort he was having to Byrd. She peppered him with questions and decided there was enough concern to warrant a referral to a cardiologist. Grove had a catheterization three days later which revealed three blockages on his heart. Five days later, he underwent surgery.

Dr. Haseltine remembers telling Byrd and other staff to get Grove in as soon as possible.

"If he hadn't been caught by the nurse care manager, really one of two things would have happened," Dr. Haseltine says. "He would have had a massive heart attack and probably would have died from that, or been left with congestive heart failure. He could have been in and out of the hospital for the rest of his life. As it is, he is up and walking and perfectly fine. He's enjoying life, and the hospital system has the benefit of not having to do all this chronic management for the rest of his life."

"It was all very quick," Grove recalls. "I've been back twice for cardiac follow-up and had physical therapy at Georgetown Hospital for seven weeks. I'm fine now. I've got a slight scar on my chest, which is not very visible anymore."

Applying the Lessons of CCM

As one of the first practices in their area to undertake CCM, Pawleys has learned how to blend their existing workflows with the program's requirements in ways that keep providers focused on quality care.

Dr. Haseltine notes that many activities that practices are already performing can qualify under the CCM program. Initially, the CCM program provided for reimbursements of $42 per patient per month for 20 minutes of non-face-to-face care. In 2017, CMS revised the

schedules to allow for higher reimbursements for more complex patients. Non-face-to-face care might include phone consultations, refilling medications, going over lab results, or even discussing difficult cases with colleagues.

"But we wanted to take it one step further," he says. "We saw a great opportunity to improve people's care, so we hired a nurse manager for this particular endeavor, and she was able to call people on a monthly basis to say 'How are you doing? Are your blood sugars really under good control? Are you watching your diet? What can I do to help you meet those sorts of goals that we weren't able to before?'"

In addition, the office staff at Pawleys have worked hard to ensure the practice meets all the legal and technical requirements that CMS has established for the CCM program, including the need for secure electronic transmission of patient information.

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Finally, they have had to find ways to persuade patients that the $8 monthly copayment was a small investment that would yield a large return in the form of improved health and well-being.

An Active and Healthful Retirement

Grove uses the fitness center at the gym in the gated community where he lives and swims eight to 10 lengths of the 20-meter pool three times a week.

"I've always been kind of a disciplined person," he said. "I don't let things go. And I've been so busy since retirement I don't know how I got anything done before!"

In August 2016, Grove set out with friends for a month-long trip to the West, with scheduled stops at Yellowstone, in Oregon, at Lake Tahoe, and San Jose, California. He's thankful that the CCM program worked as it did, saving him from a potentially far more serious medical event, and getting him back to spending time with family and friends.

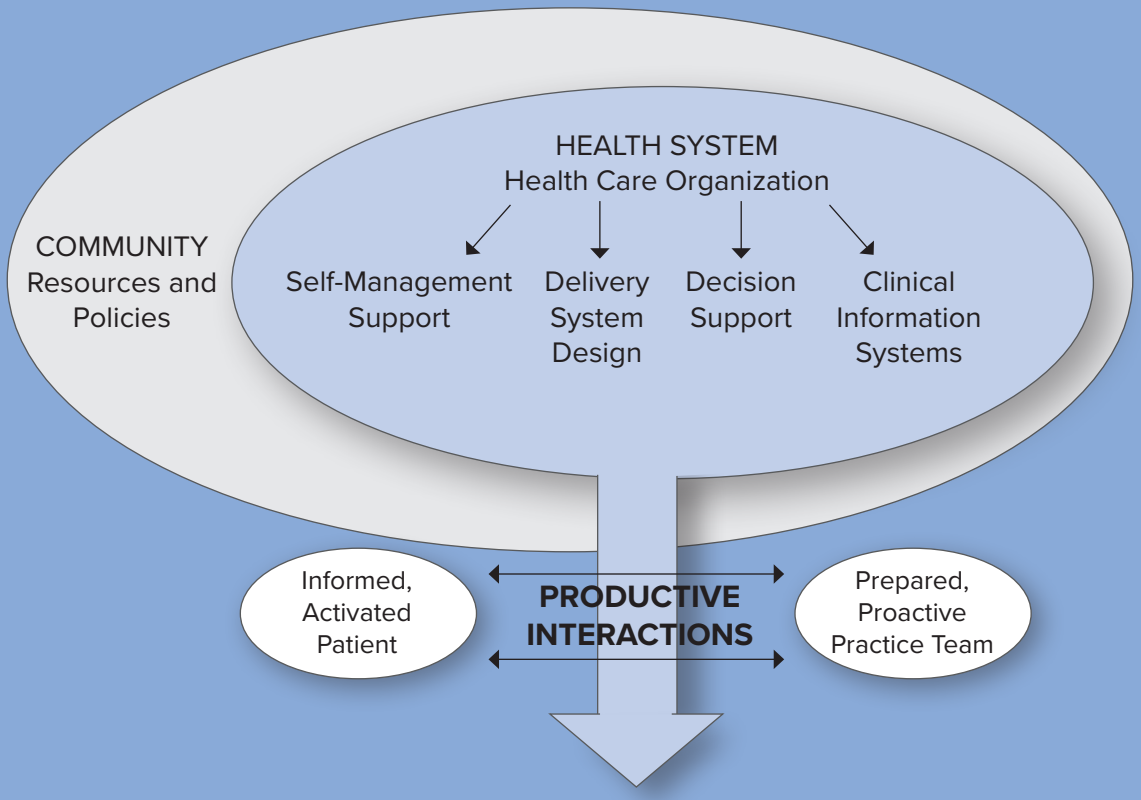
"When I turned 70," Grove said, "I decided I would not be an old man until I reached 80. And now? Well, I'm eyeing 90!"

THE Chronic Care Model

WHAT IS THE CHRONIC CARE MODEL (CCM)?

THE CHRONIC CARE MODEL (CCM) is an organizational approach to caring for people with chronic disease in a primary care setting. The system is population-based and creates practical, supportive, evidence-based interactions between an informed, activated patient and a prepared, proactive practice team.

THE CHRONIC CARE MODEL



IMPROVED OUTCOMES

The Chronic Care Model was developed in 1998 by Ed Wagner, MD, MPH, Director of the MacColl Institute for Healthcare Innovation, Group Health Cooperative of Puget Sound, and colleagues of the Improving Chronic Illness Care program with support from The Robert Wood Johnson Foundation.

Setting Achievable Goals in CCM

Ultimately, the success of the program is best measured neither in dollars and cents nor in a simple tally of how long patients live. Rather, it has to be measured in the quality of their lives.

And because CCM managers, at Pawleys and elsewhere, develop real relationships with the patients they serve, they are often able to bring about positive changes in their lives that have little to do with surgery and medication. It could be helping a patient with transportation challenges or whatever obstacles they may have to obtaining better healthcare — the many things that providers today label as Social Determinants of Health.

"Initially we have the doctors set out at least two goals that they want their patients to accomplish through the nurse care manager," Dr. Haseltine said.

Farewell Paper, Hello Future

With solid planning in place, Pawleys then implements their care plans using eClinicalWorks.

"You can imagine having to sit there with a stopwatch and click it every time, and if you try to write things down on paper, then after a while, you'd have these mounds and mounds of paper and stopwatch tickers and things like that, and it would be very difficult to figure out how to do it," Dr. Haseltine says. "Having something that's already included with the patient's chart that has just a button you can click at the end and then it automatically pulls up a list of responses that you can categorize the time that you spent — all that makes it much easier."

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Dr. Haseltine and his colleagues know that CCM is another step in the latest transformation of healthcare.

"In the 1960s, it was the onset of Medicare. In the 1990s, everybody moved to the managed care environment," he says. "Here we are now, we're shifting toward value, rather than volume. So this really is a good step in moving down that pathway. It allows you to figure out how to provide services to people on an ongoing basis, rather than just one time that they're in the office. For us, that's a necessary step in making sure that we're a viable practice and making sure we're here to serve our patients for the long term." ■