Utilizing Data to Drive Care and Care Teams



Audience: All staff members within each practice (min. 75% staff participation).

Focus: Value-based Care: Utilizing Data to Drive Care

Objective: Following this session, I will understand:

Why is data important in value-based care models?
 What are some of the ways we measure success?

3. What role do I play in utilizing data?

SECTION I: Data—A Core Component of Value-based Care

Value-based care (VBC) is a new way of delivering and paying for health care. Simply speaking, it is a different payment structure—instead of paying health care providers "a fee for a service," it pays providers a "fee for a patient" and then holds providers accountable for providing high-quality and cost-effective care.

Data is a core component of value-based care. Data helps us identify problems in our systems and opportunities for improving costs and the quality of care for our patients. Clinical practices that are part of value-based care contracts use data in their everyday work to drive better clinical outcomes, better experiences for patients, and better cost efficiency. We can only do this kind of care if we are collecting the data and looking at it on a regular basis.

Key Takeaways:

- Why is data important in value-based care models?
- How does data impact our patient care?

Talking Points:

Data is important in value-based care for several reasons, including:

1. It helps improve quality of care and decreases duplication of tests and services. This is done by using data to know who is due for screenings, vaccines and disease-specific follow-up visits.

- It helps reduce costs. Data helps with early detection, regular care for chronic conditions, and to optimize medication usage (including the use of generic medications when appropriate).
- It helps improve the patient experience. Data can be used to help prevent diseases, decrease duplication of services thus reducing cost and identify the highest quality providers at the most cost-effective rate.
- 4. It helps with provider and care team satisfaction.

 Data can help the creative processes to find ways to deliver high-quality care.

Why should I care?

- All practices that are part of the ACO are engaged in alternative care models. Insurance companies partner with ACOs through valuebased care contracts.
- Your practice is accountable for reporting metrics that show patients are receiving highquality, cost-effective care.

Pause for discussion.

Discussion guide questions:

- 1. How does participating in value-based care models positively affect the care of our patients?
- 2. Can you think of an example of a patient whose care was impacted by proactive outreach?



SECTION II: How Do We Measure Success?

Value-based health care models focus on patient outcomes and data helps tell the story. There are five key, outcome-based metrics that help focus our efforts.

Key Takeaways:

- What are the key measurables in value-based care models?
- How does improving on the key measurables affect cost?

Talking Points:

Five key, outcome-based metrics that help focus efforts:

- Measuring effectiveness and efficiency in receiving care: Ordering correct tests, other treatments to consider, monitoring effectiveness, if patient is following treatment plan.
- Measuring timeliness: Are preventative screenings happening at the correct intervals, how do patients perceive their health care experience.
- 3. Measuring safety: Medication errors, completing Annual Wellness Visits, follow-up on positive cancer screenings.
- 4. Measuring patient-focused care: Providing holistic care.
- 5. Measuring health care equity: Providing the right care by considering patient individuality.

Practice transformation and data.

Data plays an important role in transforming the way we organize teams and deliver care. Data helps measure success and helps us to do this by:

- Optimizing resources (using practice transformation).
- Improving processes.
- Reducing frustration (better definition of roles and processes).
- Improving patient care (most important measurement in VBC).

Why should I care?

- Data helps measure success in value-based care models.
- Patient outcomes are the most important measurements in value-based care.
- All roles make important contributions to value-based care data metrics.
- Practice transformation is how we optimize roles.

Pause for discussion.

Discussion guide questions:

- 3. What are the advantages of using data to help guide care?
- 4. Are there any efficiencies that we are working to improve?





SECTION III: What Tools Should We Use?

Value-based care requires us to think creatively about caring for populations by optimizing the care for the patients that are in front of us as well as patients who are not being seen.

Key Takeaways:

- What are the tools used to organize care in value-based care models?
- How does data help us to proactively plan care?

Talking Points:

What are the tools?

How do we use data to help us better organize care?

- 1. Pre-charting: Note any missing records or medications not included.
- 2. Huddles: What do we know about the patients we will see today.
- 3. Transition of care: Who was discharged from an ED, hospital or post-acute facility.
- 4. Care management: Disease progression, hospitalization or not filling prescriptions.
- 5. Registries: Do we know who has chronic conditions? Should we outreach for care?
- 6. Health data: Are our patients getting the "right" care?

Why should I care?

Your practice has voluntarily joined an accountable care organization (ACO) that participates in value-based care agreements. The ACO compiles and provides your clinic with data to show areas of opportunity:

- All roles make important contributions to value-based care data metrics.
- Data helps us identify opportunities for improvement.

Pause for discussion.

Discussion guide questions:

- 5. What tools are we using well?
- 6. What tools could we be using better?

SECTION IV: Data Discrepancies

Quality data in health care can directly affect patient outcomes, physician decision-making and more. Improving health care data is an ongoing process that requires the effort of everyone that is involved in patient care. When a patient is described accurately at the beginning of care and in subsequent interactions, then higher-quality care is provided.

Key Takeaways:

- Where is health care data gathered from?
- What causes data to be imperfect and what can we do to improve the quality of data?





Talking Points:

Where does the data come from?

Data is gathered from every aspect of patient care including:

- Electronic health record (EHR) demographics, clinical data and administrative data (including claims).
- 2. Imaging data—mammograms, MRIs, X-rays and other scans.
- 3. Wearables—Fitbits, heart monitors.

Why is our data imperfect?

- 1. Data format discrepancies: multiple sources, inconsistent formats.
- 2. Complex workflows.
- 3. Multiple data sources.
- 4. High variability: many people inputting data, human error, variations in workflow.

How do we improve our data?

Managing data is a complicated and ongoing process. Below are some of the things your practice might work on to improve data:

- Documenting in a centralized location (medical records).
- · Standardizing workflows.
- Trainings and tip sheets.
- Templates and forms to standardize documentation.
- Automating workflows (e.g., dropdowns and pick lists).
- Limiting free text notes.
- Using discrete fields to document values (e.g., height and weight).
- Limiting the number of people who can edit data
- Using tools to assist with data input (e.g., Dragon).
- · Chart audits.

Why should I care?

- It takes a lot of effort to maintain high-quality data.
- · High-quality data leads to high-quality care.

Pause for discussion.

Discussion guide questions:

- 7. What are some challenges my practice has experienced with data?
- 8. How does my practice identify and resolve data discrepancies?



SECTION V: How Do Care Teams Impact Data?

Data is the backbone of value-based care and provides a way to measure "good care." When data is collected correctly and input into the medical record in the right location, it serves as a valuable communication tool. Each member of the care team brings value to the care experience.

Key Takeaways:

- · How does my role impact data?
- How do I use data in my role?

Role of the care team and data.

Data provides a way to measure "good care." Each member of the care team plays a role, including the front desk staff, medical assistant (MA) and registered nurse (RN), and the provider.





Using Data to Drive Care

Front desk:

The front office staff are often the first and last person to interact with the patient. An interaction with someone answering the phone or standing in front of you can result in a lasting impression and could impact the patient's decision to make a return appointment.

Highlights:

- Often the person that outreaches the patient for scheduling or answers the phone.
- Sets the tone for the patient's experience.
- Responsible for the accurate capture of patient demographics, insurance information and care team providers, including the patient's PCP.

How the front desk staff contributes:

- Pre-visit planning and scheduling contributes to the patient experience as well as setting the stage for safe and effective care. The front desk staff:
 - Can assist with proactively outreaching patients who are due for care.
 - Can be tasked with moving patients to earlier appointments in the schedule as appointment access changes.
 - Can help with appointment outreach and set up the current visit:
 - Verify the patient is due for care and know what type of appointment they are due for (e.g., Annual Wellness Visit).

- Set the patient's expectations for the visit:
 - Introduce the visit.
 - Talk about what the visit includes and does not include.
 - · Confirm the length of the appointment.
 - Provide any paperwork.
- Schedule any follow-up care.
- 2. All roles contribute to the patient's experience. A patient's experience matters! Remember:
 - It could determine if someone choses to continue their care or make a next appointment.
 - Builds trust between the patient and the care teams.
 - Increased focus on patient experience is part of a move toward patient-centered care.
 - Patient experience is often measured through a Consumer Assessment of Healthcare Providers and Systems survey, also known as CAHPS:
 - CAHPS survey evaluates patient experience along with other components (such as effectiveness and safety of care) to help give a complete picture of quality of care.
 - CAHPS survey asks a set of carefully crafted questions to a sample of patients.
 - CAHPS surveys do not ask patients how satisfied they were with their care; rather, they ask patients to report on the aspects of their experiences that are important to them.

See "10 Tips for Improved Patient Experience" on page 11.



Using Data to Drive Care

Front desk

Medical assistant and clinic nurse

Provider

Medical assistant and clinic nurse:

The medical assistant and nurse can play an integral role in recording data in the medical record. When data is documented in discrete fields (not written in the note), it is visible to all members of the care team to see, including providers that might interact with the patient in other settings. It is important to ensure we are following best practices in collecting data and putting it correctly into the chart. The nurse also has an important role in planning care.

Highlights:

- Document point-of-care testing results.
- · Update the chart with outside records.
- Source for ordering screenings and tests.
- Experts in coordinating care.
- Often the conduit between patient and provider.
- Backbone for a successful visit and affects the patient's experience.

How medical assistants and clinic nurses contribute:

- Learn the correct location to document health data in the medical record. Data builds the medical record and helps to guide care. Where and how you document matters! Remember:
 - Document data in a "discrete" field whenever possible (e.g., blood pressure in vitals location):
 - A discrete field is a standardized location where all similar data is recorded.
 - Helps to look for trends.



- Serves as a method of communication to all care team members that work with the patient.
- Data that is documented in a discrete field can be pulled in a report.
- When inputting records, record data in the appropriate location.
- All point-of-care testing should be documented in the correct location.
- When data is documented in a note, it gets lost:
 - It takes lots of time to dig back into notes looking for data.
 - Cannot be pulled into a report.
 - Does not display in the patient's plan of care
 - Communication between care team members is lost.



Using Data to Drive Care

Front desk

Medical assistant and clinic nurse

Provider

- Follow practice workflows to make sure you are documenting the correct patient information (e.g., when documenting blood pressure, also make sure to include patient position).
- Correct documentation contributes to keeping patients' safe:
 - Know which medications patients are taking.
 - Know what care they are due for.
 - Watch for any out-of-range results.
- Manage appointment access and alignment, which contributes to timely and patient-focused care:
 - Could be tasked with moving patients to earlier appointments in the schedule as appointment access changes.
 - Could be tasked with moving patients that are scheduled with another provider to the patient's primary care provider. Care is more effective when a patient can see their primary care provider.
- 3. Patient registries play a vital role in ensuring that patients are receiving safe and timely care:
 - Helps track the care of patients with certain medical conditions (e.g., diabetes).
 - · Helps to know which patients have care gaps.
 - Provides a list of patients who are due for follow-up care and need an appointment.
 - Nurses can assist with medication reconciliation and Medicare Annual Wellness Visits.

- 4. Team huddles assist with coordinating care, communicating needs and concerns, and promote working together as a team to meet patient needs and prevent adverse events:
 - Huddles are short meetings that occur at the beginning of a daily schedule or care session.
 - Help with delivering safe, reliable care every time, to every patient.
 - Structured agendas help streamline conversations and keep the discussion on track.
 - Best accomplished when a designated team reviews the schedule together and plans the patient's care for the day.
 - Opportunity to share knowledge about the patient—each member of the care team might know the patient in a different way.
 - Utilizing clear communication to discuss a patient's care promotes safe and effective care.
 - Discussing opportunities to close patient care gaps improves quality of care. Ask "which care gaps can I close today?"
 - Review the care of patients with complex medical conditions or social needs:
 - Discuss community resources that might benefit the patient.
 - Consider patients who would benefit from care that extends outside the clinic, such as referrals to a care manager.



Using Data to Drive Care

Front desk

Medical assistant and clinic nurse

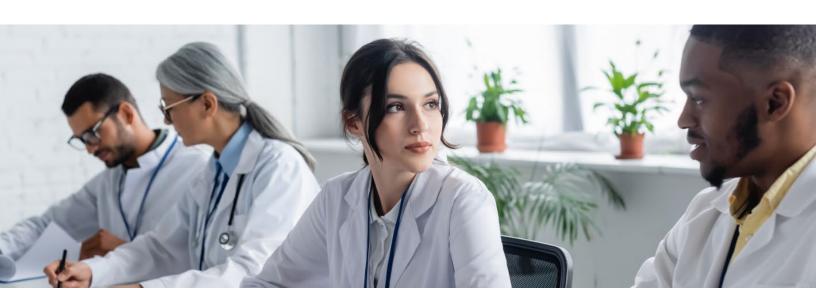
Provider

- 5. All roles contribute to the patient's experience. A patient's experience matters! Remember:
 - It could determine if someone chooses to continue their care or make a next appointment.
 - Builds trust between that patient and the care teams.
 - Increased focus on patient experience is part of a move toward patient-centered care.
 - Patient experience is often measured through a Consumer Assessment of Healthcare Providers and Systems survey, also known as CAHPS:
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Using Data to Drive Care

Front desk

Medical assistant and clinic nurse

Provider

Provider:

Value-based care aims to hold providers more accountable for improving patient outcomes while also giving them greater flexibility to deliver the right care at the right time.

Highlights:

- · Guides patient care.
- Listens to the patient with the goal of understanding their health goals.
- Influences patient behavior to help promote patient's ideal health.

How providers contribute:

- Learn the correct location to document health data in your medical record. Data builds the medical record and helps to guide care. Where and how you document matters, so please remember:
 - Document data in a "discrete" field whenever possible (e.g., blood pressure in vitals location):
 - A discrete field is a standardized location where all similar data is recorded.
 - This allows the team to look at trends.
 - Serves as a method of communication to all care team members that work with the patient.
 - Data that is documented in a discrete field can be pulled in a report.



- 2. Team huddles assist with coordinating care, communicating needs and concerns, and to promote working together as a team to meet patient needs and prevent adverse events:
 - Huddles help with delivering safe, reliable care every time, to every patient.
 - Structured agendas help streamline conversations and keep the discussion on track.
 - Huddles are best accomplished when a designated team reviews the schedule together and plans the patient's care for the day.
 - Huddles are an opportunity to share knowledge about the patient. Each member of the care team might know the patient in a different way.



Front desk Medical assistant and clinic nurse Provider

- Utilizing clear communication to discuss a patient's care promotes safe and effective care.
- Discussing opportunities to close patient care gaps improves quality of care (e.g., patient with diabetes needs a diabetic eye exam).
- Review the care of patients with complex medical conditions or social needs. Discuss community resources that might benefit the patient.
- Consider patients who would benefit from care that extends outside the clinic to refer to a care manager.
- 3. Involving the patient in their plan of care improves patient care and their experience:
 - Better communication between patient and provider.
 - Builds trust and a more fulfilling patient experience.
 - Could result in better patient compliance with preventative measures and lifestyle changes.
- 4. Accurate HCC/ICD-10 coding is a patientcentric approach to providing equitable care. When payment aligns with health, we are starting to move towards health equity:
 - It allows us to identify patient cohorts needing more care or more specific care.
 - It helps identify patients at higher risk of getting sicker.

- It translates the medical information into the language of business of health care.
- It affects the financial resources set aside by the patient's insurance company for the care of the patient.
- Review and recapture HCC codes yearly to establish care dollars.
- 5. A patient's experience matters!
 - It could determine if someone choses to continue their care or make a next appointment.
 - Builds trust between that patient and the care teams.
 - Increased focus on patient experience is part of a move toward patient-centered care.
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Utilizing Data to Drive Care and Care Teams

10 Tips for Improved Patient Experience

- Assess operational and patient flow to maximize efficiencies to prevent delays or waiting time for the patient.
- 2. Deliver effective, caring and compassionate communication with the patient their family, focusing on empathy:
 - Say hello. Greet the patient by name.
 - Introduce yourself and your role.
 - · Apologize for their wait, if necessary.
 - Start the conversation with something non-medical.
 - Acknowledge their concerns. See the encounter through the eyes of the patient.
- 3. Sit and do not appear rushed.
- 4. Listen to the patient without interruption.
- 5. Make sure the patient understands the treatment plan.
- Educate and inform them of the time it will take to complete the evaluation or diagnostics. Overestimate this and under-promise, over-deliver.
- 7. Keep the patient informed when encountering delays.
- 8. Address the patient's comfort.
- 9. Provide thorough, clear discharge instructions and confirm the patient's knowledge of the home care plan. Include the "teach-back method."
- 10. Assess staff wellness and unit morale. Happy staff = Happy patients.

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