

HCCI™
HOME CENTERED CARE INSTITUTE

Optimizing Efficiency in House Call Operations
(Session 3 of 4)

Crossroads of Care: Managing Serious Illness in the Home

December 6, 2023 • Schaumburg, Illinois

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Advancing home-based primary care to ensure medically complex patients have access to high-quality care in their homes

EDUCATION | CONSULTING | RESEARCH | ADVOCACY

What We Do



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HCCIntelligence™ Resource Center



Hotline

Call 630.283.9222 or email Help@HCCInstitute.org
9:00 am-5:00 pm (CST)
Monday through Friday



Webinars

HCCI hosts free and premium webinars on topics relevant to Home-Based Medical Care. Visit the HCCIntelligence™ Resource Center for upcoming dates and topics.



Tools and Tip Sheets

Downloadable tools, tip sheets, sample forms and how-to guides on a variety of Home-Based Medical Care topics.

The John A. Hartford Foundation

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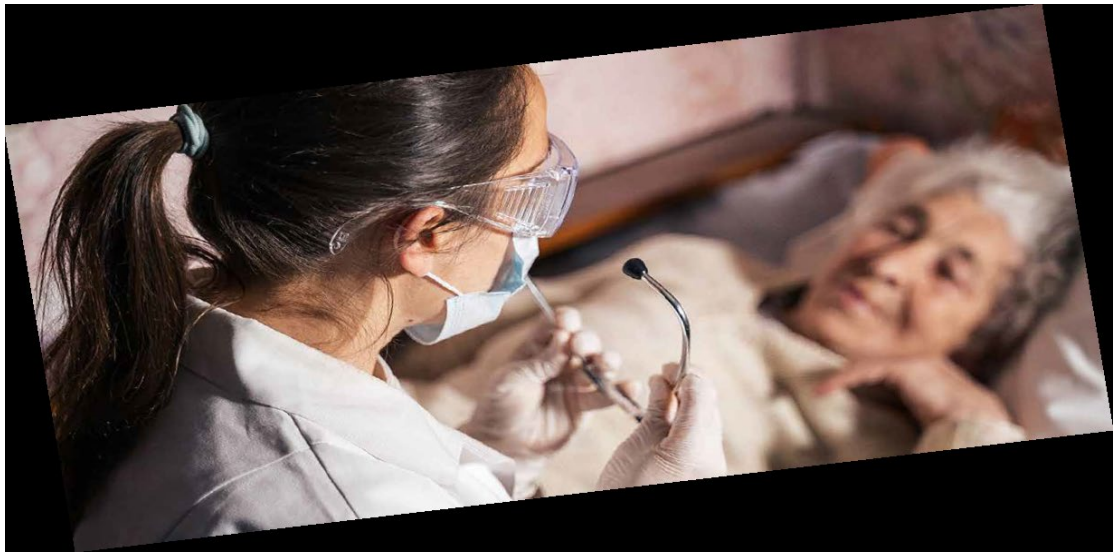


Elea Institute is dedicated to advancing care for people with serious illness.

Learn more at eleainstitute.org.

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Contracting with Payers to Demonstrate the Value of Home-Centered Care



Thursday, March 7

4:00-6:00pm

1900 E. Golf Road, 4th floor

Schaumburg

Register Here:

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Today's Objectives

- Describe the functions performed by the front office and back office within a house call program.
- Discuss the various types of professionals who perform front office and back-office functions in a house call program.
- Identify people, processes, and technologies that can improve your operational workflow and safety.

Speakers



Alicia Bobak, FNP-C

Family Nurse Practitioner

Consultant- Physiatry, Pain Management, Palliative Care, Wound Care



Paul Chiang, MD

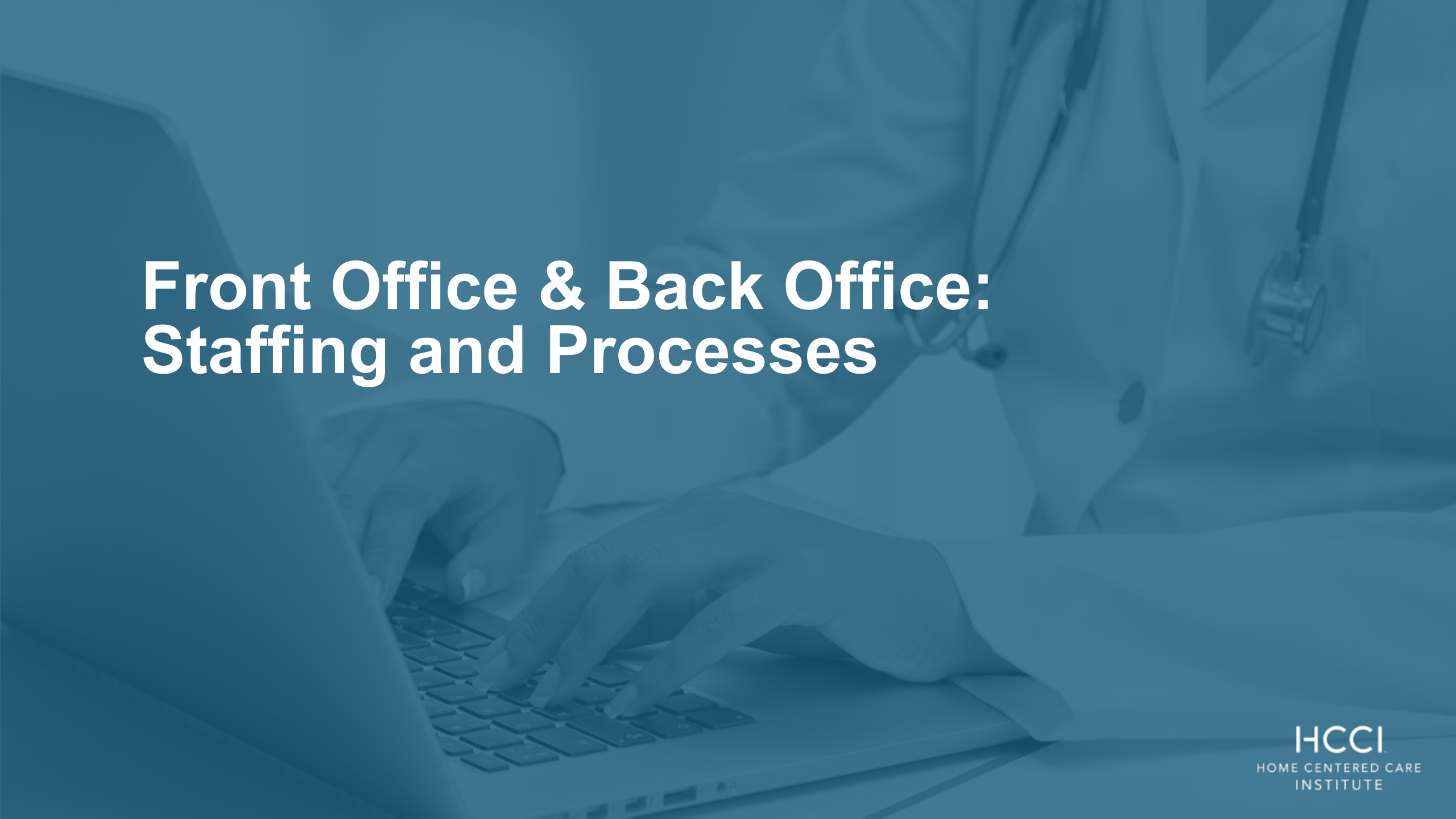
Medical Director, Northwestern Medicine, HomeCare Physicians

Senior Medical and Practice Advisor, Home Centered Care Institute

- Boarded in Internal Medicine and Hospice/Palliative Medicine
- 37,000+ house calls to more than 3,600 patients

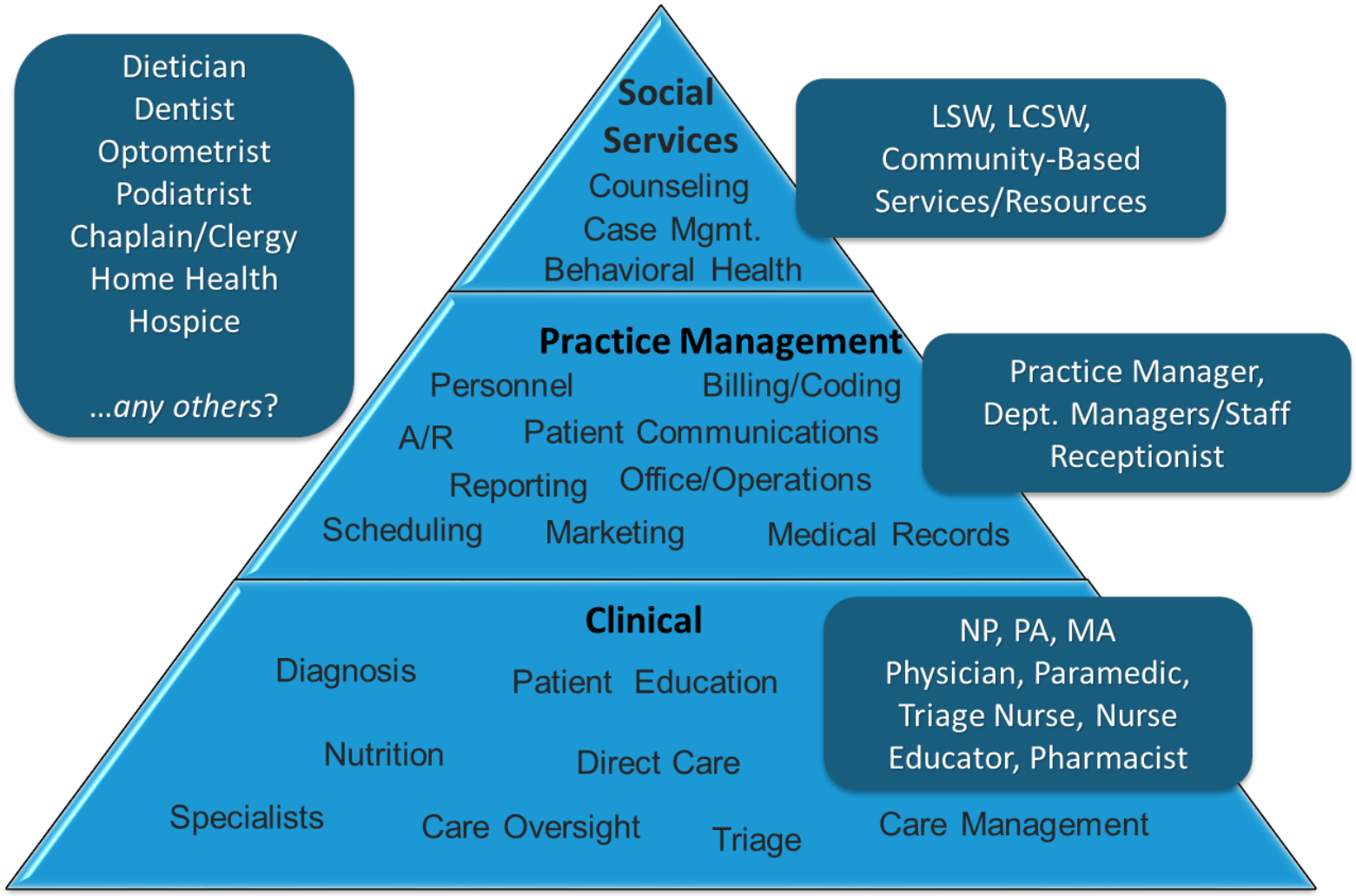
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Front Office & Back Office: Staffing and Processes



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Team Roles/Responsibilities



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Front Office

Main Roles and Responsibilities

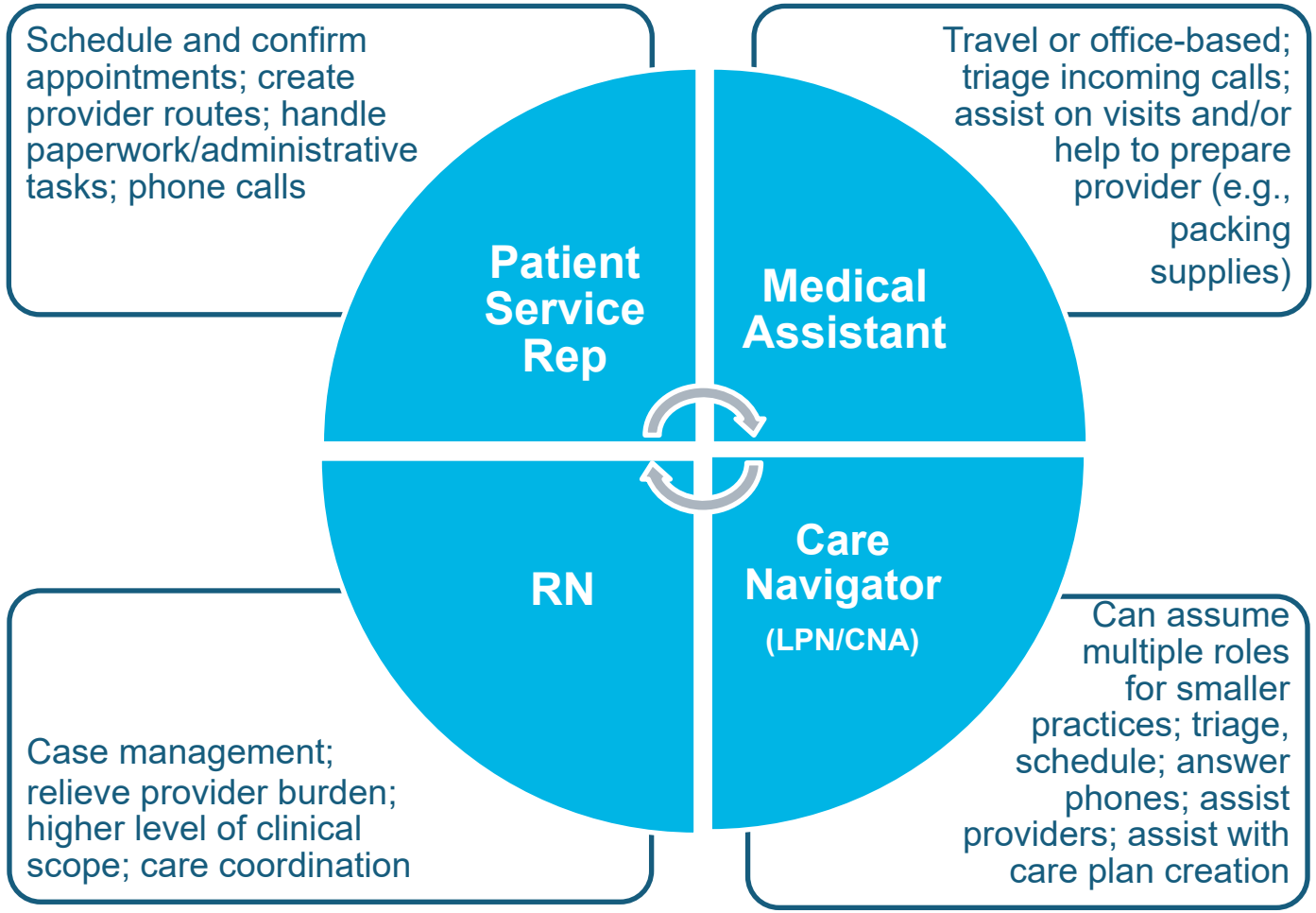
- Incoming & outgoing phone calls, initiate and route messages as appropriate
- Insurance verification
- Conduct new patient intake & process referrals
- Paperwork & form management
- Geographic scheduling
- Plan daily provider routes
- Appointment confirmation
- Medical record requests
- Assist with practice billing & coding, if applicable

Back Office

Main Roles and Responsibilities

- Triage patient care and calls
- Coordinate Durable Medical Equipment (DME)
- Prior authorizations
- Place orders and referrals
- Prescription refills
- Liaison between community services and provider
- Inventory management
- Care coordination
- Obtain and document medical history
- Call patients with results and medical advice

Sample Positions



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Process Development

- Intake (Define eligibility & discharge protocols)
- Patient Dismissal & No-show Policy
- Geographic Scheduling Process
- Triage Protocols
- Urgent Visit Protocols
- Inventory Management Protocols
- Bed-Bugs and Infection Control
- Emergency Preparedness & Safety Plans
- Audit Policies & Documentation Standards
- Patient Collections & Financial Assistance Policy
- Compliance Program & Plan

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Intake

Creating an effective intake process is crucial to maintaining a solid revenue cycle.

- Create intake screens within your EHR that must be completed prior to moving on or that will create an alert that can be followed up on, if the patient/caregiver does not have the information at that time.
  - Insurance information is a must.
  - Insurance must be verified prior to the first visit.
- Create a screening tool for staff to assess for appropriate patients.
  - This will eliminate unnecessary visits for your providers.

Information to Collect In Advance

When was the last time you saw a primary care provider?

Are there any specific needs or concerns you want addressed during your visit?

Have you been to the ER or hospital in the past month, if so when/what location?

Are there other family members or caregivers who are involved in your care and how would you like us to communicate with them?

Do you have a healthcare power of attorney?

Do you have any other in-home providers such as home health or hospice?

Primary contact and confirmed number for appointments and follow up needs

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Develop Triage Protocols

- Creating triage protocols for your practice can relieve the burden on your providers, which in turn allows them to focus on seeing patient.
- Triage protocols must be based on the level of personnel employed by your practice and must ensure providers and staff:
  - are allowed to perform at the top of their scope; and
  - understand each protocol and are comfortable implementing them.

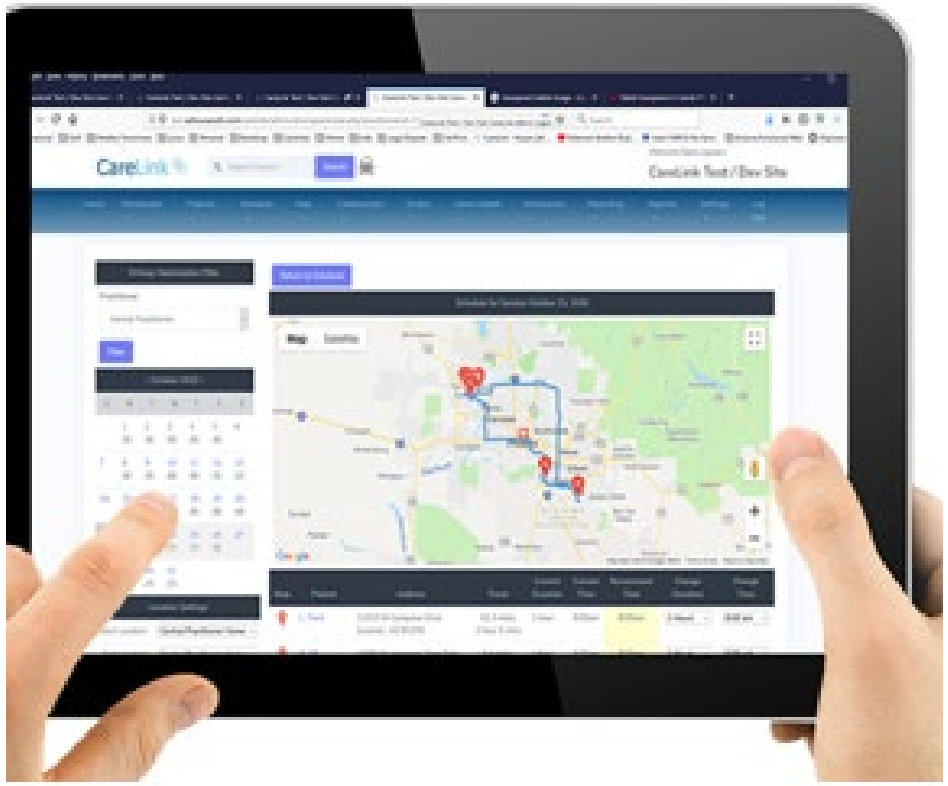
Example Common Protocols:

- Urinary Symptoms
- PT/OT/Speech Therapy Requests
- Home Health Services Continuations or Follow-up Orders
- Medication Refills
- Wound Care

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Geographic Scheduling Considerations

- Define provider territory zones across your team within proximity
- Develop a scheduling guide for each provider to assist with grouping future appointments
- Designate task responsibility and define your documented process
- Maintain patient lists from your facilities (ALFs, Group Homes, SNFs)
- Monitor and review effectiveness



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Route Planning

- Account for start and end locations
- It's recommended to provide a time window for appointment times:
  - 2-hour time frame window for each patient (e.g., 9:00 am - 11:00 am)
  - Provide AM or PM time frames (e.g., 9:00 am - 12:00 pm or 1:00 pm - 4:00 pm)
- Consider travel time between visits
- Build in time for lunch or breaks as needed
- Schedule time to address messages throughout your day

Other Scheduling Considerations

- Review future schedules and re-group appointments, as necessary.
- Provide patients an approximate timeframe for their follow-up appointment, e.g., two months.
- Confirm with the patient and/or caregiver within 2-7 days of the scheduled visit.
- Consider how you will accommodate acute or urgent visits.
- Meet with provider staff, operations and leadership teams to understand each one's needs.
- Set productivity standards.
- Consider visit types when scheduling.
- Utilize a No-show Policy.

Technology Resources

CareLink

mymobilepracticemanager.com

RoadWarrior

roadwarrior.app.com

maptive

maptive.com

batchgeo

Batchgeo.com

bing maps

bing.com/maps

MULTIPLOTTR

multiplottr.com

MY ROUTE ONLINE

https://www.myrouteonline.com/

maps.google.com

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Team Communication: IDT Meetings

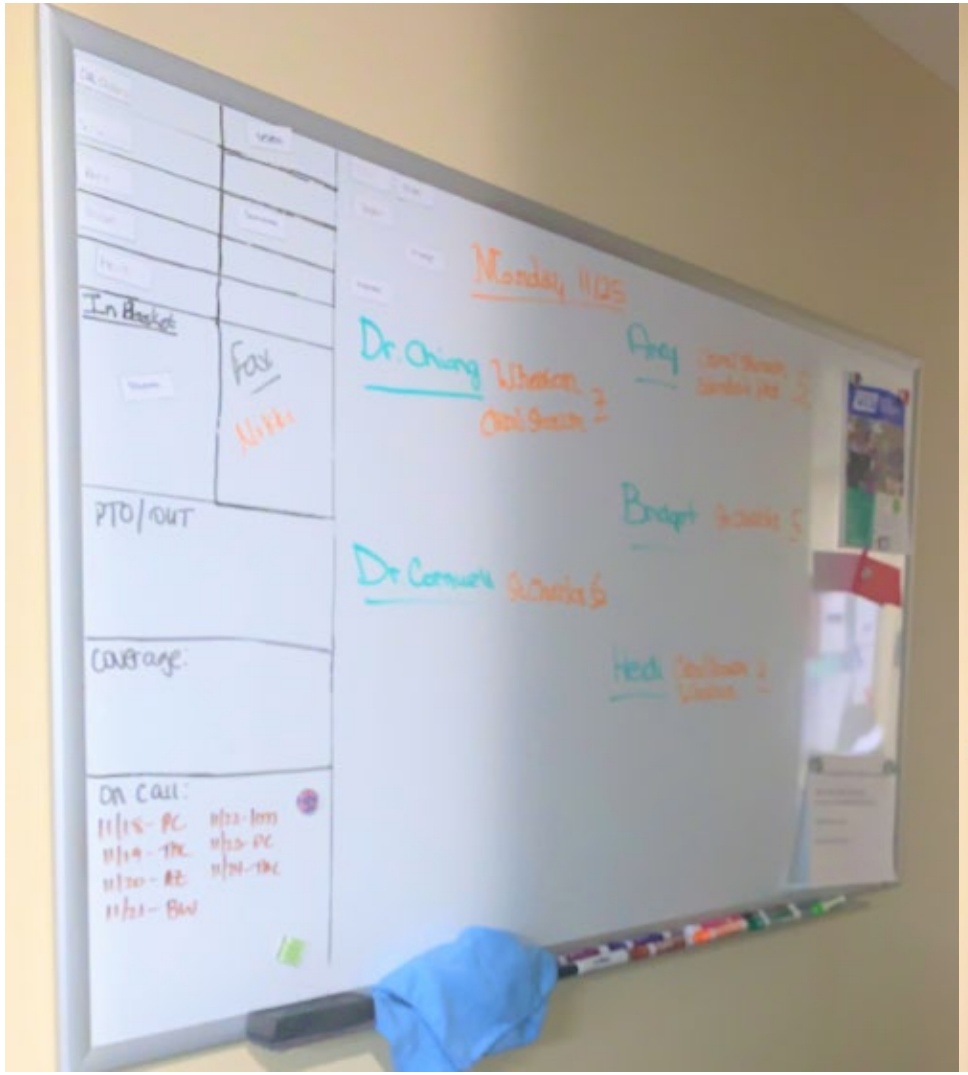
Key Metrics
Review Hospitalizations (Discuss current/past week's hospitalization including diagnosis and root cause)
Care Management (e.g., an opportunity to discuss any complex cases as team or for clinical support staff to bring forward cases for discussion)
Announcements/Updates (What does the entire team need to know?)
Waste Identification (Opportunity for process improvement or to discuss process breakdowns or duplications)
Recognition (Consider a place on a white board or a "jar" where peers can recognize peers for something that went well or celebrate a team accomplishment)

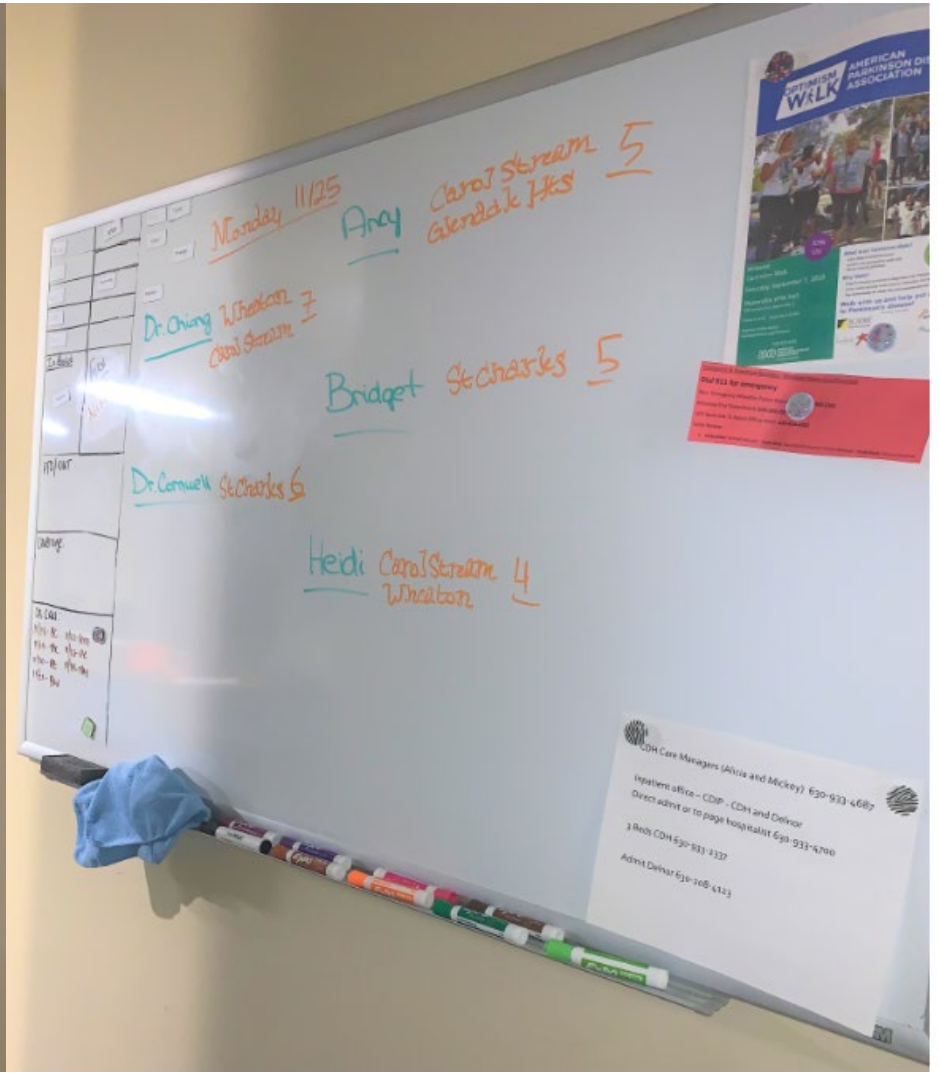
Other Strategies: Effective IDT Communication

Team Huddles

- Quick touch bases to enhance communication between staff meetings
- Typically, 5-15 minutes in length
- In-person or virtual
- Anyone on the team can lead, consider rotating schedule to engage all staff
- Follow a standard agenda or flow
- Opportunity for information sharing, problem solving, organizing, and involving ALL in knowing priorities and performance

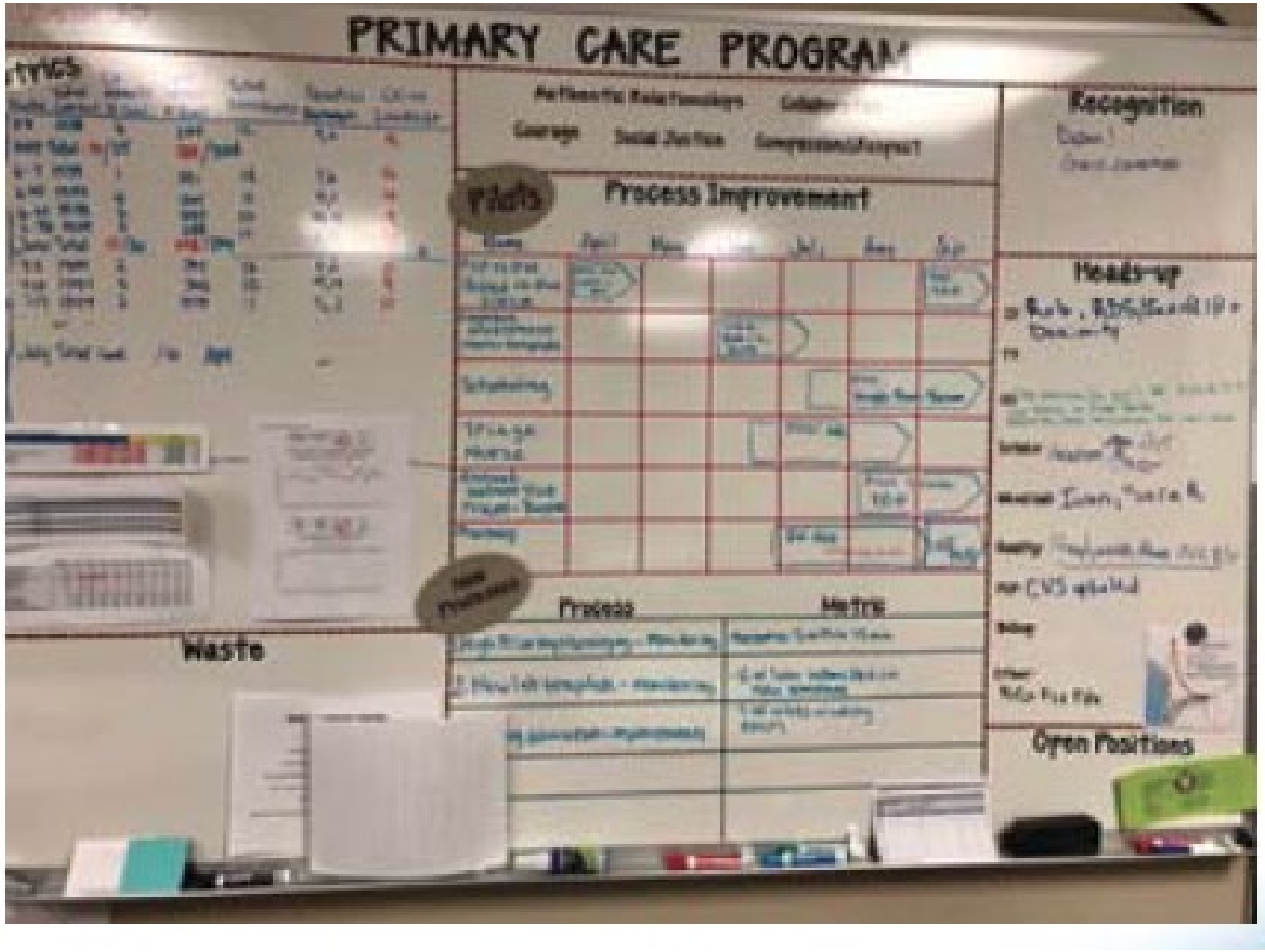
Huddle Board





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Visual Management Board Example



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Avoiding Inefficiencies

Staffing Inefficiencies:

Lack of role clarity and duplication of tasks

Workflow Inefficiencies:

Lack of referral prioritization strategy and scheduling limitations

Common Pain Points:

- Clinician burden with administrative tasks
- Ineffective intake
- Communication breakdowns
- Wait lists

Effective Team Strategies to Avoid Burnout

- Open communication
- Competency
- Defined roles and responsibilities
- Buy-in on mission of practice
- Good relationship with partners and facilities
- Support from administration
- Patience in dealing with elderly, complex patients and family
- Recognizing contributions of each individual
- Willing to change, flexibility
- Team-focused, patient oriented, collaborating spirit
- Regular team meetings
- Interpersonal skills
- Focused on efficiency (in office, or in the field)
- Spirit of learning

Pre-Visit Workflow Considerations

- Review medical records in advance & make a roadmap for visits
- Prioritize patient needs (what must be addressed during this visit)
- Consider optimal equipment/supplies
- Family/caregiver support during visits, as needed
- Remind patients/caregiver to have medications out
- Call ahead & coordinate with facilities



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Post-Visit Workflows

Prior to leaving the home

Recap	Recap any recommendations or treatment changes
Explain	Explain what, if any, follow up to expect
Arrange	If they need to arrange any testing or specialist appointments, provide clear direction on how
Plan	Provide estimated return for next follow-up visit and discuss what to do if acute needs arise
Communicate	Provide clear contact information and instructions on how and when to call

Safety Strategies for House Call Providers



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What about Staff Safety?

What do HBPC practices need to consider to promote safety at both the staff level and as part of the practice culture?



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Staff Safety – Meet Nora

Refer to Workbook



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Provider Safety Checks and Chats

- Become Sherlock Holmes: observe, observe, observe…Ask questions
- Listen to your gut…revisit concerns as often as necessary
- Create a process for your practice:
  - Who does a provider call in an emergency? Is there a code word? What is the action plan?
  - Does your practice have a dismissal process in situations where the provider is made to feel uncomfortable or unsafe?

Safety Reminders

- HBPC providers may encounter various potential hazards related to the patient's neighborhood or home. Examples may include automobile accidents, theft, weapons, and aggressive pets, patients, or family.
- **Before** the visit, schedule responsibly (e.g., during daylight hours), plan appropriately (e.g., check directions), dress appropriately (e.g., wear comfortable shoes), stay connected (e.g., check in with the office), and travel safely.
- **During** the visit, be aware of the home's surroundings and take necessary precautions against environmental hazards or confrontational personal interactions.
- **After** the visit, notify your office and report any incidents right away. Promote policies and procedures that build a culture around provider safety.

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Key Takeaways

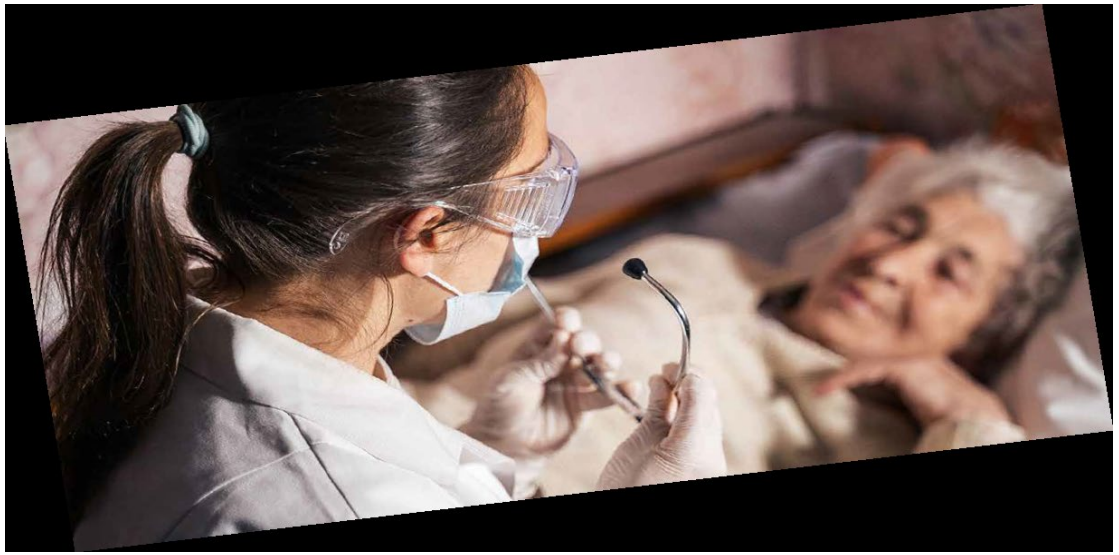
- A cross-functional IDT is critical for meeting the needs of complex patients.
- Be sure to develop a thoughtful approach to geographic scheduling and workflow design.
- Seamless team communication and efficient workflows are essential to a practice's success and team safety.

Questions?



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Our gift to you: 5 Free Online Courses + 1 Video

1. House Calls 101: Introduction to Home-Based Primary Care
2. Patient Assessment in HBPriC
3. Managing Multicomplexity in the Homebound Patient
4. The Intersection of HBPriC and HBPalC
5. Diversity, Equity, and Inclusion for Home-Based Care; plus

- The Value of Home-Based Primary Care (video)

HCCI Learning Hub™

All courses are designated for *AMA PRA Category 1 Credit*™

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