Authorizations & Improving Communication within the PACE Interdisciplinary Team

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Objectives

- Discuss the authorization process at one PACE program, with general suggestions to improve efficiency for authorizations.

- Review different forms of communication between Providers/Medical Directors and the PACE interdisciplinary team (IDT).

- Discuss different types of meetings in the PACE model and who may be best suited to attend among the IDT members.

- Review SBAR as a tool to improve the quality of information exchanged at care transitions.
Authorization Process @ HVP

- Emergency Department, Hospitalization, Subacute Rehabilitation, Medications, Tests – authorized by providers.
  - PT & OT provide input for Subacute Rehab authorizations

- DME – authorizations put in by nursing, PT, OT or home care.
  - Expensive DME like scooters or lift chairs – authorized by IDT
  - Dentures and complex dental care – authorized by IDT, with particular input from Dietary Therapy & Speech Therapy

- Behavioral counseling – authorized by Social Work.

- Hospice – IDT approved; authorizations put in by Social Work.
Authorization: Essential Parts

- Authorization date
- Organization and person giving the authorization
- Requesting diagnos(es)
- Service or thing authorized
- Rationale for service or thing requested
- Vendor
  - Date of service (if known or applicable)
- Authorization number
  - Approval status & effective dates
Improving Efficiency of Authorization

• Having specified disciplines responsible for certain types of authorizations (i.e. division of labor).

• Having an electronic medical record that generates authorization forms.

• Turning around authorizations in a timely fashion.
  – Same or next day
  – Possible exception: hospitalizations (Wait for the discharge summary!)

• Have an identified person in finance handling delinquent authorizations.
10 LEVELS OF INTIMACY IN TODAY’S COMMUNICATION

10. TALKING

9. VIDEO CHAT

8. PHONE

7. LETTER

6. IM

5. TEXT MSG

4. EMAIL

3. FACEBOOK MSG

2. FACEBOOK STATUS

1. TWITTER

From: www.geanie.com
Different Forms of Communication

- Face-to-face meetings.
- Email.
- Telephone.
- Texting/ paging.
- Other.
Face-to-Face Meetings

• Preferable when communicating with participants and family members, especially about sensitive topics or when there not be uniformity of opinions (e.g. goals of care, end-of-life).
  – Example: Family Meeting

• Preferable when communicating important information that is relevant to the whole or most of the IDT (e.g. fire drill protocol, BLS certification/recertification).
  – Example: IDT Training Meeting
• Perhaps the bulk of IDT communication.
  – Includes Outlook email and messages sent within the electronic health record (EHR).

• Best for communication that doesn’t require immediate response back.

• Management of email a challenge, especially when on vacation or out of the office.
Telephone

• More personal than email.

• Alternative to face-to-face meeting if too difficult to coordinate schedules with multiple parties involved.

• Can teleconference into a face-to-face meeting for those who are too far away to attend.
Texting/ Paging

• For short communications, usually with colleagues.

• Requires that parties be comfortable with this IT platform.
  – Often not suited for communication with participants and/or family members.

• Paging may be more secure/ HIPAA-compliant.
  – If participant information included, it needs to be de-identified and/or encrypted.
Other Forms of Communication

• Skype/ FaceTime/ Google Cloud
  – Helpful if one of the parties is long-distance.
  – Potential drawback: Concern about HIPAA compliance.
  – However, Google Cloud is HIPAA-compliant, but requires all parties have a Google account.

• Social Media
  – Examples: Facebook, Twitter, Instagram
  – Not HIPAA-compliant.
  – Not suited for communication with participants and/or family members at this time.
THE MEETING AFTER THE MEETING

NOW LET'S TEAR
APART EVERYTHING
WE TACITLY
SUPPORTED JUST
FIVE MINUTES AGO.
Different Types of IDT Meetings

- Morning IDT
- Training/ Informational Sessions
- Care Planning Meetings
  - Scheduled
  - Unscheduled
- Falls Committee Meeting
- QAPI Meeting
- Huddles
- Ethics and/or Medical Advisory Committee(s)
SEVEN TYPES OF MEETING GOALS

- Share Information
- Advance The Thinking
- Improve Communication
- Build Capacity
- Build Community
- Make Decisions
- Obtain Input
Morning IDT

- Most PACE organizations have this daily meeting.
- Typically last no more than 30-45 minutes.
- Occurs before most participants are at the PACE facility.
- Members present for this meeting may vary between PACE organizations.
Training/ Informational Sessions

• Can be used for important information that needs to be disseminated to the entire IDT.
• Examples:
  – Drills (e.g. Fire, Tornado, Earthquake)
  – BLS certification/ recertification
  – CMS Audit Preparation
  – CMS Entrance & Exit Conferences
  – In-services (e.g. NPA webinars)
Care Planning Meetings

• Scheduled
  – Example: 6 month and annual reassessments.

• Unscheduled
  – Example: change in status of participant such that he/she needs to transition to a different clinical pathway (i.e. from longevity to functional, from functional to comfort care).
Falls Committee Meeting

- All PACE organizations have this type of meeting.
- As PACE organizations grow, it makes sense to make this a standing meeting.
  - e.g. Weekly on Wednesday afternoons at 3:00pm.
- Typically includes the following disciplines:
  - Provider, Clinic Nurse, PT, OT, Home Care Nurse, Quality Manager/ Director, possibly Medical Records.
QAPI Meetings

• Run by the Quality Manager/ Director.
• Used to make changes in a PACE organization’s QAPI metrics.
  – Some may drop off, some may be added, some may be amended.
• Typically occurs annually.
Huddles

- Can be helpful in tracking those at high risk for ED/Hospital utilization ("5-Star participants")
- Useful to have on Friday afternoons or afternoons before long weekends/holidays.
- Typically, disciplines who attend:
  - Provider on Call, Clinic Nurse on Call, Social Work, Case Manager, Home Care Nurse
- For larger PACE organizations, a daily afternoon huddle may make sense.
Ethics/ Medical Advisory Committee(s)

- These committees have both internal and external members.
- Way for a PACE organization to get external feedback.
- Typically meet 2-4 times annually, depending on the PACE organization.
- Topics often focus on ethical dilemmas, PACE policies/protocols, particularly challenging participant and/or family situations, ways to improve communication with outside institutions at care transitions.
...AND THAT IS WHY WE LIFT ON THREE...

COMMUNICATION

From: www.pinterest.com
Communication at Care Transitions

- The greatest challenge for PACE organizations.
- Requires effective and efficient communication.
- Need to have the right IDT members present.
- Way to decrease Emergency Room/ Hospital and other health service utilization.
- Often needed for those handful of PACE participants who are most noncompliant, greatest utilizers of healthcare resources and most likely to disenroll/ be disenrolled.
COMMUNICATION

The single biggest problem in communication is the illusion that it has taken place.

Quote: George Bernard Shaw
Image from: www.linkedin.com
Top 3 Priorities in Medical Communication

1) Documentation
2) Documentation
3) Documentation

“If it isn’t documented, it didn’t happen.”
-Sohail Sangi
SBAR-AP

• Tool developed to improve communication at care transitions.
• Original mnemonic is SBAR.
• Situation: What is the problem at hand?
• *Background: What is the context for this problem?
• Assessment: What is the Dx or differential Dx?
• Recommendations: What are the next steps?
  – e.g. Diagnostic testing, send to ER.
• Action Plan: Who (specific IDT member(s)) will do or follow-up on the next steps?
The biggest communication problem is we do not listen to understand. We listen to reply.
SBAR-AP Challenges

- Sometimes, the other party does not have an accurate picture of the situation because of lack of background information.
- Follow-through requires persistence and patience.
- Different EHR’s do not communicate with one another.
  - Thus, humans have to bridge the gap!
- IDT members need to take ownership of the action plan; it belongs to ALL OF US.
- Foresight is not as good as hindsight for most.
QUESTIONS?
THANK YOU!
Improving Communication within the PACE Interdisciplinary Team

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