
Innovations in Planned Care

Cherokee Nation AMO Salina Clinic



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AMO Salina Clinic



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Cherokee Nation Health System

- 8 outpatient clinics
- 54,346 patients with at least 1 visit in past year
- 376,542 visits in past year

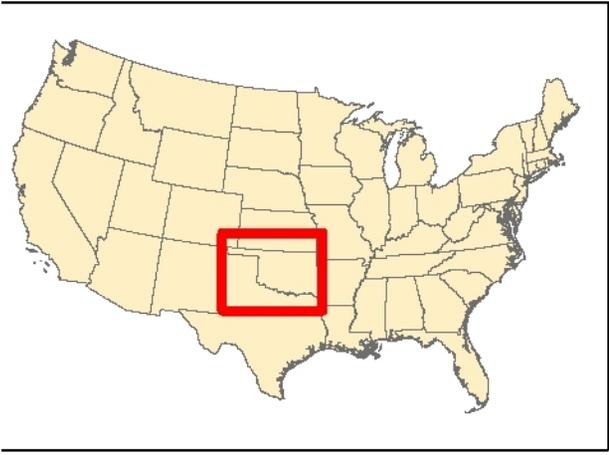


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Cherokee Nation Jurisdictional Boundary

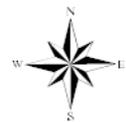


Note: Cherokee Nation Jurisdictional area is 6949.55 sq. miles.



Legend

-  CN Boundary
-  CN Clinics
-  Oklahoma Counties



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Cherokee Nation Pilot Site: AMO Salina Clinic

- **7,779 patients with a visit in last year**
- **46,137 visits in last year**
- **5.4 primary care providers**



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AIM STATEMENT

Cherokee Nation seeks to transform its healthcare system into a system in which health care teams partner with patients and families to meet their health care needs and goals. We are committed to providing care that is appropriate, safe, and evidence-based, in a timely, cost-efficient, collaborative manner. Our goal is to improve the health and reduce the burden of chronic disease on Cherokee citizens, families, and communities, as reflected in the Cherokee Nation Health Services mission statement: “We are dedicated to working with our communities, families, and individuals to promote and improve their health.”



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Pilot Project Microsystem

- **Brett Gray, MD, Medical Director**
- **Rae Ann Meisenheimer, RN**
- **Shannon Backwater, LPN**
- **Heather Zimmerman, ARNP,
Diabetes Program Nurse Practitioner**
- **Kimberley Bobb, Medical Assistant**
- **Dr. Gray's panel of 750 patients**



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Other Members of IPC Core Planning Team

- **Gloria Grim, MD, FAAFP, Cherokee Nation
Medical Director**
- **Charles Smith, MPH, C.H.E., Salina Clinic
Administrator**
- **Rhonda Stanley, RN, BSN, Cherokee Nation Quality
Improvement Director & Nursing Adviser**
- **Teresa Chaudoin, MPH, MA, Cherokee Nation
Diabetes Program Director**



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Empanelment Process

- **Diabetes patients already formally empanelled**
- **Other patients empanelled on informal basis, i.e., usually saw same provider for routine healthcare**
- **RPMS queried for list of patients seen at least 3 times by Dr. Gray in past 18 months**
- **Dr. Gray reviewed list & identified patients to be added to his panel**
- **Dr. Gray & his care team continued to add patients to his panel as they presented for appointments**



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Empanelment Process (cont'd)

- Queried RPMS for patients without a DP with at least one visit in past 12 months
- Sorted out patients seen only for optometry, radiology, WIC, patients receiving most of their care at other Cherokee Nation clinics, and patients with only 1 visit through walk-in
- Mailed approximately 3,000 letters asking patients to choose from the list of PCPs at Salina & return their response in SASE
- Patients are being empanelled as we receive their responses



Dear Patient,

We are working to improve health care at AMO Salina Health Center. One way to improve care is for you to have a Primary Care Provider (PCP) for your routine health care needs. You will get to know your Provider better, and your Provider Care Team will become familiar with your health history and health care goals.

Please check the Provider you have seen in the past or would prefer to see in the future for your routine health care:

- Clinton Childs, MD (Family Practice)
- William Dieker, MD (Internal Medicine)
- Brett Gray, MD (Family Practice)
- Tom Kincade, MD (Pediatrics)
- John Krueger, MD (Family Practice)
- Terrie Henson, MSN, ARNP (Family Practice Nurse Practitioner)
- Heather Zimmerman, MSN, ARNP (Diabetes Nurse Practitioner)

If you receive your routine health care at another facility, please check below:

I no longer receive (routine) health care at AMO Salina Health Center.

Please fill in your name _____, date of birth _____, and Salina chart number _____, and **return this letter in the enclosed self-addressed, postage-paid envelope**. If you prefer not to respond and you continue to receive routine health care at Salina Health Center, then an appropriate Provider will be assigned for you. If you have any questions Please contact Kathy Smithson at (918) 434-8500.



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Focus Areas for Improvement

- **Reducing office visit cycle time**
- **Keeping current on intake screenings:
Goal: 70%**
- **Keeping current on cancer screenings:
Goal: 70%**



Reducing Cycle Time

- **Developed form for patients to record “toes-in-to-toes-out” time for their office visit**
- **Identified “lab only” visits as causing a bottleneck for patients with appointments**
- **Made a process map for “lab only” visits**
- **Worked with Lab. Nurses now enter “Dr. Appt.” in comments when scheduling labs so that Lab knows to call patients with appointments first.**

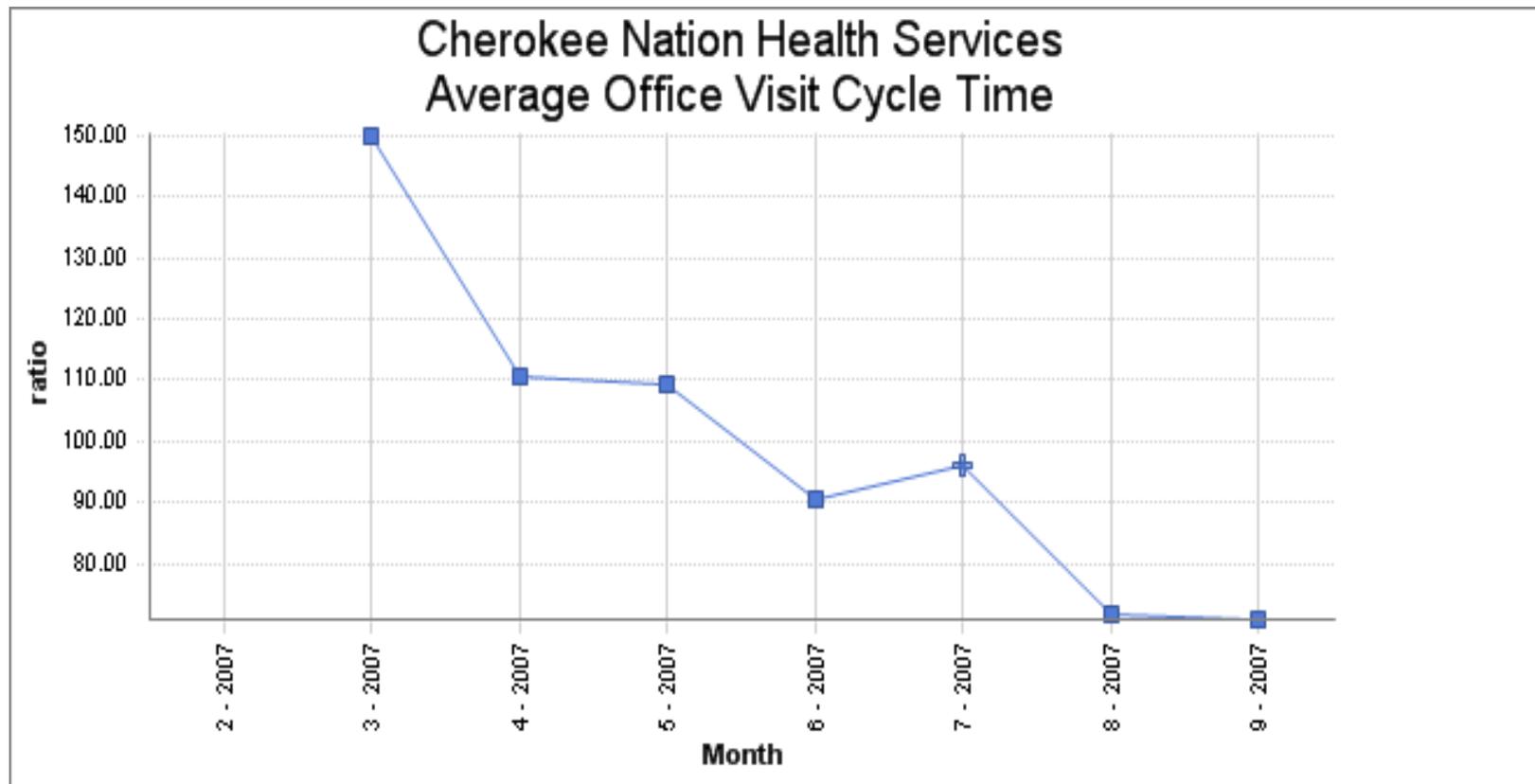


Reducing Cycle Time (cont'd)

- **Registration now has two lines for patient check-in: “Walk-in” & “Appointments”**
- **Greater efficiency by working as a “care team” -- same nurse assigned to provider**
- **Use of iCare reminders to save time “digging through charts” for pre-visit planning**



Average Office Visit Cycle Time



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Intake Screenings

Bundled measure as of September & includes:

- Alcohol screening (females ages 15 to 44)
- Depression screening (patients ages 18 and older)
- Domestic/IPV screening (females ages 15 to 40)
- Tobacco use & exposure (patients ages 5 and older)
- BMI assessed (patients ages 2 through 74)
- BP assessed (patients ages 20 and older)



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Improving Intake Screenings

- Cherokee Nation has developed a single page screening tool that screens for depression, anxiety, IPV, & alcohol
- Nurses screen patients at each visit - not just once a year
- We use a pre-printed PCC that has screening for nurses to circle
- Cherokee Nation has offered tobacco cessation classes for several years & tobacco screening is very routine



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Intake Screening Outcome

**Cherokee Nation Intake Bundled Measure
(Sept. 2007): 77.5%**

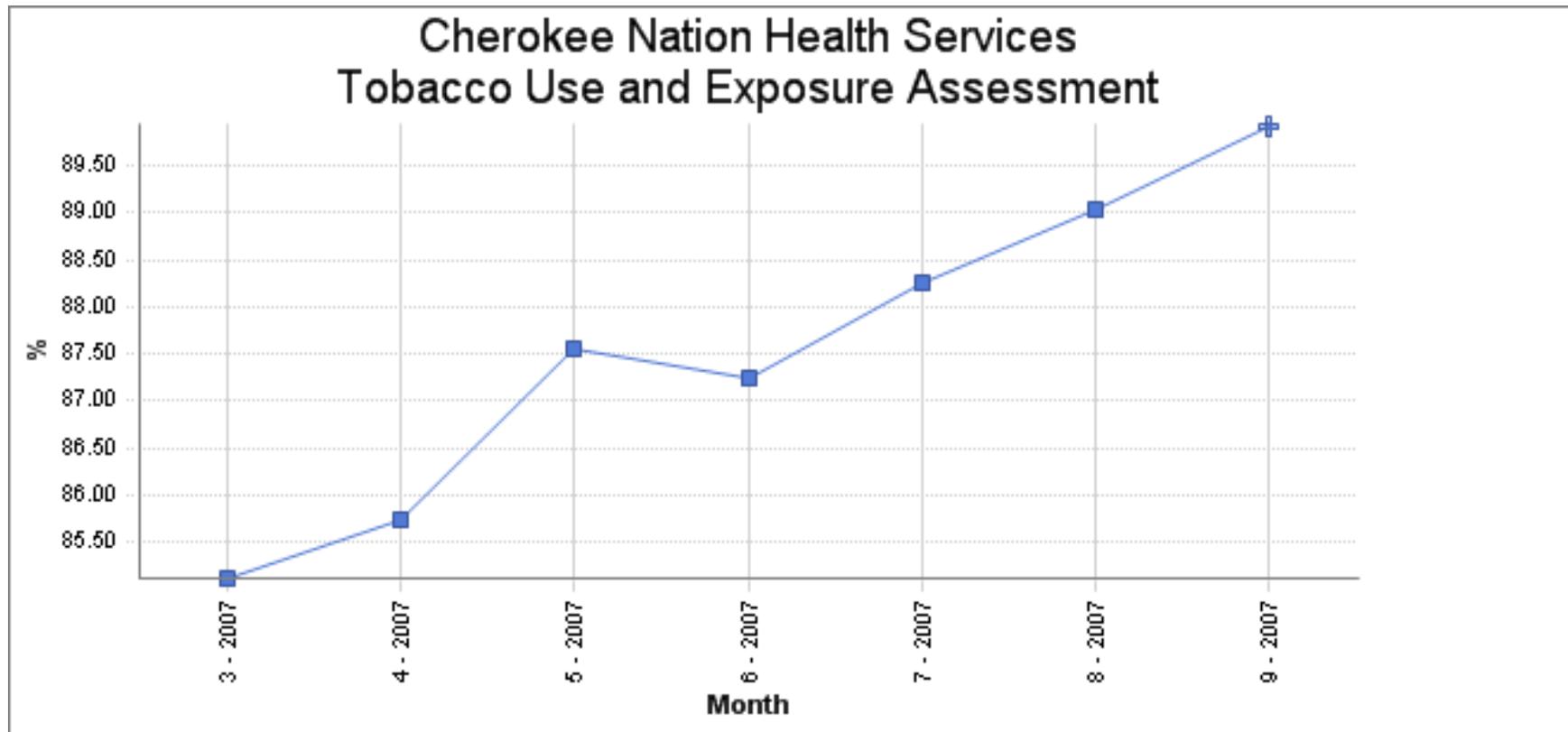
IPC Goal: 70.0%

	FAS	IPV	Depression	Tobacco	BP	BMI
<u>Num.</u>	<u>495</u>	<u>65</u>	<u>509</u>	<u>562</u>	<u>605</u>	<u>546</u>
Denom.	639	81	634	637	633	584
Percent	80.2	73.8	80.3	88.2	95.6	93.5



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Tobacco Use & Exposure



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Cancer Screening Bundle

Bundled measure as of September & includes:

- **Breast cancer screening (females ages 52 thru 64)**
- **Cervical cancer screening (females ages 21 thru 64)**
- **Colorectal cancer screening (patients ages 51-80)**



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Improving Cancer Screening

- **Nurses hand out FOBT cards and don't wait for the provider to order them**
- **Worked with coder to get historical data entered**
- **Changed our Lab Package in RPMS to enter the code for colorectal screen when FOBT cards are returned to Lab**
- **All outside paps & mammos are sent to the Cancer Grants Case Manager first & she enters them into the Women's Health Package in RPMS**



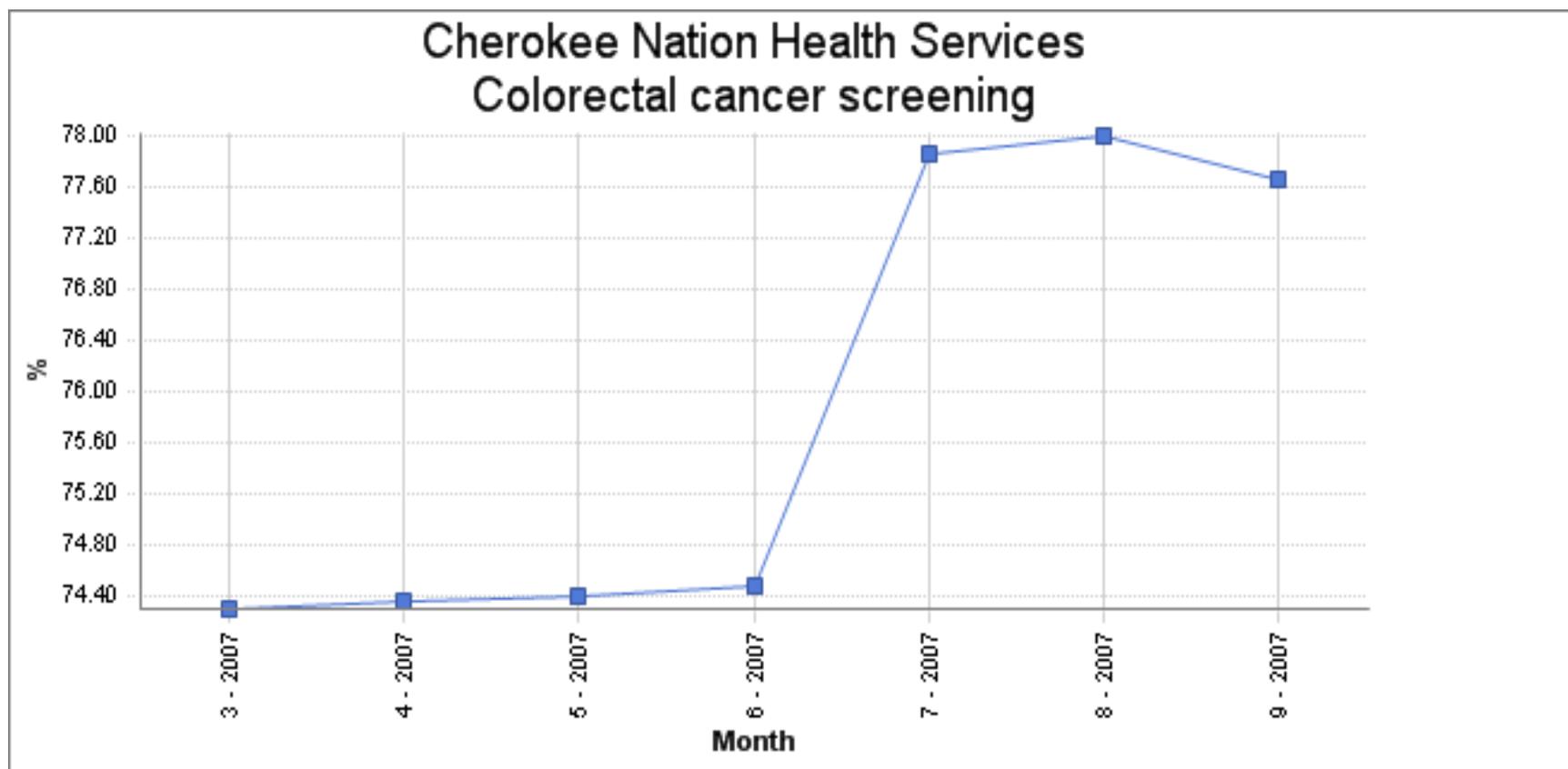
Cancer Screening Outcome

- Cherokee Nation Intake Bundled Measure (Sept. 2007): 75.96%
- IPC Goal: 70.00%

	Pap	Mammo	Colorectal
<u>Num.</u>	<u>155</u>	<u>81</u>	<u>280</u>
Denom.	187	92	362
Percent	82.9	88.0	77.3



Colorectal Cancer Screening



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Next Steps

- **Improve access by reducing backlog on third next available appointment**
- **Conduct 3 focus groups with patients in December 2007 to gain insight into what they see as their role in their health and what they want from their health system**
- **Spread model for improvement to include all providers and staff at Salina Clinic by end of FY08**
- **Empanel 50% of active patients at all other Cherokee Nation clinics by end of FY08**
- **Begin spread to Cherokee Nation clinic in Muskogee upon opening of the new Three Rivers facility by the end of 2007**

