

RIQI/RI-PTN TCPI Exemplary Story: Hypertension and Nephrology, Inc.



At Hypertension and Nephrology, our motto is: *Treat the patient as if he or she was your father or mother.* This ‘human approach’ to medicine and focus on treating patients as ‘part of the family’ has led to strong rapport and excellence in care at our practice

Members of our Hypertension and Nephrology team: (starting on the left): Brook Tavares, Billing Specialist, Lori Cord, Practice Administrator, Isabel Forsythe, Lead Medical Assistant, Amanda Gambuto, CMA, Julie McHale, Med. Secretary and Gail Croke, Med. Secretary.

Hypertension and Nephrology is a three site practice (with two additional satellite locations) serving over 10,000 patients per year in the Rhode Island area. Our care is focused on patients needing targeted specialty care for hypertension and chronic kidney disease. At our offices, we have five clinicians who work closely with our clinical staff to provide optimal care for this complex and high risk population. Our Practice Administrator, Lori Cord, shares that the motto at Hypertension and Nephrology is “to treat the patient as if he or she was your mother or your father: treat them how you would want your own family treated.” Given this focus at our practice, a great deal of emphasis is placed on patient engagement and an enhanced patient experience. Through this perspective, Hypertension and Nephrology demonstrates excellence in areas of Patient and Family Engagement, Care Coordination and overall Practice Transformation as defined by the TCPI program.

Caring for and Engaging Patients: the Cornerstone of the Hypertension and Nephrology Approach

Our staff truly prides ourselves on our patient-centric approach. Often, members of our team do things that go *above and beyond* patients’ expectations. For example, sometimes patients from Skilled Nursing Facilities have arrived for appointments with no shoes or sweaters when it’s cold outside. Our staff has provided these individuals with warm, fuzzy socks and clothes. On a regular basis, physicians and staff at Hypertension and Nephrology bring in clothing to have available to give to patients who are homeless or having difficulties. We have also worked together to provide targeted support to individual patients in need, such as when one of our clinicians delivered Christmas gifts (purchased by our team) to the home of a dialysis patient. For patients without insurance or for those who have financial challenges, we accommodate them by providing our services on a sliding scale.

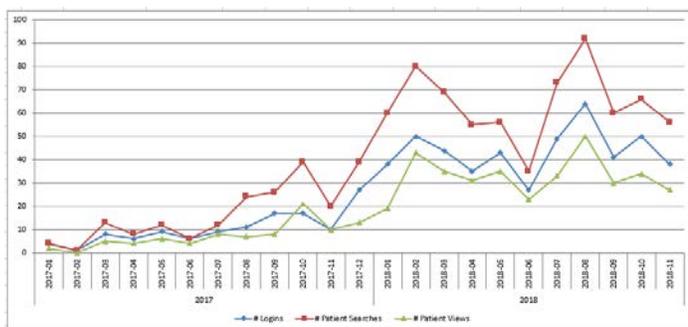
In line with this humanistic approach, we have expanded to provide more formal opportunities for patient and family engagement, as well. We recently scheduled our first Patient and Family Advisory Council (PFAC) meeting which was open for all patients to come in and give feedback to our staff and clinicians. Prior to this meeting, patient feedback has been received primarily through patient surveys, which are administered twice a year. Each time we receive feedback, our team carefully reviews the survey results so we can create an action plan to further improve our practice and care based on what our patients have shared. For example, based on recent feedback, we are currently working to enhance our processes around answering and returning phone calls. We are also in the process of updating and restoring health information materials in our waiting room area.

It is not surprising that, given how we prioritize quality in the care we provide for our patients, our Clinical Quality Measure (CQM) data, which can be seen in the adjacent table, demonstrates that our practice excels in our CQM reporting. In order to achieve this strong success in our measures, such as ensuring that *all* of our patients are screened for tobacco use (as see by our current performance of 100% for the *Tobacco Use: Screening and Cessation Intervention* measure), we have worked together to improve our Electronic Health Record (EHR) workflows and ensure that our staff are accurately documenting this important information. Lori and our clinician team meet monthly to drive positive changes and share data regarding these topics. These efforts have subsequently tied into other work being done by our team to successfully prepare and report for MIPS.

Hypertension and Nephrology Performance Chart			
Quality Measure	Performance Target	Current Performance	National MIPS Benchmark
Prevention			
Tobacco Use: Screening and Cessation Intervention	98%	100%	83%
Body Mass Index (BMI) Screening and Follow-up Plan	76%	99%	45%
Screening for Clinical Depression and Follow-Up Plan	81%	95%	28%

As can be seen from the Clinical Quality Measure data included in above table, Hypertension and Nephrology has made strong efforts to ensure we have workflows in place to consistently provide important clinical interventions for our patients. **The majority of our performance results exceed Target and National MIPS Benchmarks**

While we leverage data we track to help identify health issues that need targeting or overall trends in our population and care delivery, at Hypertension and Nephrology, patients are never seen as ‘just a number.’ Lori explains, when our patients come to an office visit, “We try to make them feel like they are our *only* patient.” Proactively obtaining all related medical records, health insurance and referral information is all part of working towards achieving this experience for our patients. To achieve this, on a weekly basis, our staff schedule is created to align Medical Assistants (MAs) with clinicians so pre-appointment preparations can be completed. Every day, our staff request and review records that are received from referring providers. We also



*Our staff at Hypertension and Nephrology regularly log-in and view records in the **CurrentCare Viewer**. The chart above shows this staff activity on the Viewer. Accessing RI’s Health Information Exchange data helps us ensure we have the information we need for best patient care.*

gather additional, key data through accessing healthcare portal systems and the CurrentCare Viewer (the RI Health Information Exchange- HIE). Before patients arrive for their appointments, medication lists, lab, x-ray and ultrasound results are acquired and reviewed. Through following this process and using CurrentCare, we are able to find information about the patient’s care team (for care coordination) and avoid unnecessary testing and

procedures. In describing our approach, Lori notes, “when we get a new patient, we try to obtain the most accurate and up-to-date information so that we can provide the best care.” This is in line with our priority of *treating our patients like family*.



Photo ID badges provided to staff at Hypertension and Nephrology fostered a sense of pride and teamwork

Ongoing Transformation and Improvement: A TCPI Success

At Hypertension and Nephrology, not only do we constantly work to provide optimal patient care, but we also strive to promote joy in our workplace. We do this through our strong team approach along with other tools and resources that have been put in place to create less burden for our staff. For example, recent staff engagement and educational trainings sessions have included: staff leadership, communication, Motivational Interviewing, HIPPA compliance, and a HIPPA security and risk assessment. Additionally, Our RI-PTN Senior Practice Facilitator, Suzette Santos, worked with our practice to create and provide staff photo ID badges, as seen in the included example. The backside of our badges contain positive quotes regarding teamwork. Examples include, “Alone we can do so little, together we can do so much,” and “the nicest thing about teamwork is that you always have others on your side.” Our team had a very positive response to the badges and we are proud to wear them. Some stated that it made them feel

more “professional” and “important.”

Hypertension and Nephrology continuously makes strides in implementing new processes improvements within our practice, such as our recent upgrade to our Front Desk workflow. With our new redesign, our very busy check-in desk is now better able to focus on providing more personalized service to the patient at the window. For each patient, front desk staff check for insurance and co-pay information and make sure check-in is done properly. The individual at the check-out window assists with answering phone calls while primarily handling the needs of patients who have completed their appointments. The individual at the third window processes faxes and manages the clinician outbox of items that need to be scanned and filed. This is the primary phone person who handles the clinicians’ messaging. Also, the staff person who covers the third window serves as back-up for both the in and out windows. Our staff who work these positions all *rotate* among the roles (three months at a time) so that no one is ‘stuck’ in one spot and they all learn each position. This helps our team to build trust and appreciate each other’s work. It also helps to prevent individuals from getting burned out. Additionally, MAs at our practice will sometimes rotate into the Front Desk workflow. Having them learn the associated tasks helps them understand all of the related processes in the office and fosters a team mentality when things get missed. If someone is out sick, another person can jump in and the practice will never be ‘down.’ Overall, our staff are happier with the improved system, which was developed through a team effort and a series of Plan Do Study Act (PDSA) cycles. Creating the new processes has helped better define our teams’ individual roles and set clear expectations for what everyone needs to accomplish each day. While our workflow is much improved, the staff at Hypertension and Nephrology are continuing to implement further enhancements to our processes and demonstrate effective team efforts on a regular basis.

Conclusion

At Hypertension and Nephrology, we work together to truly *embrace* change when we have the opportunity to enhance the quality of our patient care and our efficiency. We agree it is better for everyone- staff, patients and providers- if we work *together* to improve. While we can already demonstrate many examples of Transformation, excellent Clinical Quality and Patient and Family Engagement, we continue to work towards positive change at Hypertension and Nephrology. We continuously strive to improve the patient care we deliver and provide support for the betterment of our patients’ lives. One comment from referring physician speaks to this excellence: he has not received one single bad word from any patients that he has referred to Hypertension and Nephrology. He always receives a consult note and feedback from patients has been extremely positive. For a specialist that focuses on the treatment of complex care patients, this level of coordination and care is critical in the ultimate success of a practice.