Borgess Ambulatory Care
Shared Medical Appointments

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BORGESS HEALTH

Who We Are

Borgess Ambulatory Care

Kalamazoo, Michigan

We Are a Place People Can Call Their Medical Home

Borgess Ambulatory Care

330,000 Provider Visits Per Year
Over 650,000 Total Visits Per Year
10 Practices
16 Locations
98 Providers
- 58 Physicians
- 40 Non-Physician Providers

Predominately Primary Care
Practices Owned by Hospital System

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WHO

- 12 PHYSICIANS
- 3 NURSE PRACTITIONERS
- 4 DIVISIONS
  - INTERNAL MEDICINE
  - FAMILY PRACTICE
  - WOMEN'S HEALTH
  - PEDIATRICS
- 5 LOCATIONS
- 8000+ VISITS SINCE INCEPTION

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WHAT

- Individual medical appointments in a witnessed environment
- Services rendered are the same as a routine appointment
- Patients see their usual provider

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SHARED MEDICAL APPOINTMENTS WHY DO THEM?

BETTER ACCESS
IMPROVED SYSTEM OF CARE
MAKES BUSINESS SENSE
BETTER QUALITY

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BETTER ACCESS

3rd available appointment *before* SMA

- Physicals: 12+ weeks
- Return visits: 5 weeks

3rd available appointment *after* SMA

- Physicals: 10 days
- Return visits: 10 days

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MAKES BUSINESS SENSE

- LEVERAGE TIME OF PROVIDER
- IMPROVED THROUGHPUT
- INCREASED PRODUCTION WITHOUT ADDING PROVIDERS

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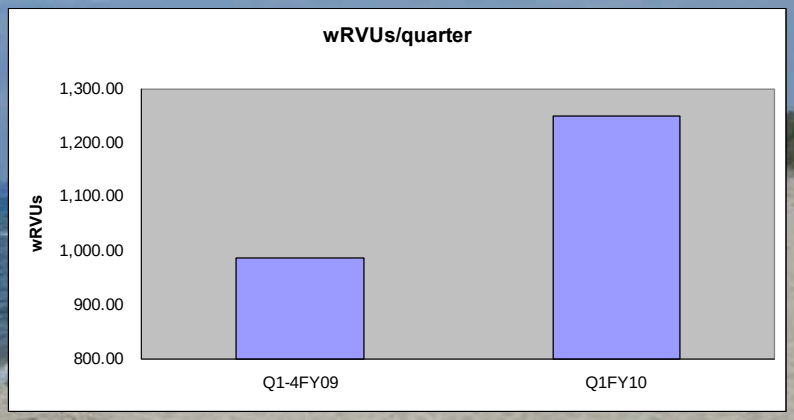
Improved Production

Diabetes Specialist



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BETTER QUALITY

- IMMUNIZATIONS
- HEALTH MAINTENANCE PARAMETERS
- IMPROVED EDUCATION
- DISEASE MANAGEMENT

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DISEASE MANAGEMENT

Diabetes *
CHF *
HTN *
Asthma *
Headache *
COPD
Pap Pelvic and Breast
Women's Wellness

Depression
Hyperlipidemia
Obesity*
Menopause
Osteoporosis

*Active Disease Management Protocols in all ProMed practices

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Avoidable Deaths and Medical Costs Due to Unexplained Variations in Care: Selected Measures and Conditions-2007

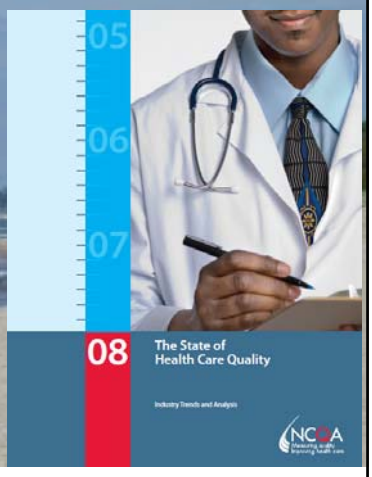
Measure	Avoidable Deaths
Beta-Blocker Treatment	200-1,600
Breast Cancer Screening	500-1900
Cervical Cancer Screening	600-800
Cholesterol Management.Control	7,000-17,000
Controlling High Blood Pressure	14,000-34,000
Diabetes Care.HbA1c Control	3,000-12,000
Prenatal Care	1,000-1,600
Smoking Cessation	7,000-11,000
Colorectal Cancer Screen	5,000-9,000
Total	38,300-88,000

Total Associated Avoidable Hospital Costs:

$1.9 Billion - $3.5 Billion

Total Associated Avoidable Hospital Costs for Diabetes:

$550 million - $1.3 billion



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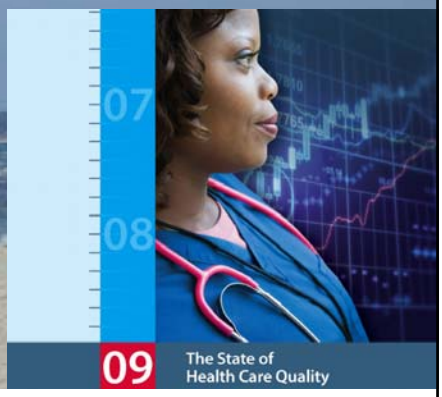
Quality Gaps Cost Up to 115,000 Lives...

MEASURE	AVOIDABLE DEATHS
Breast Cancer Screening	500 – 1,400
Cervical Cancer Screening	700 – 900
Cholesterol Management	12,000 – 26,000
Colorectal Cancer Screening	6,000 – 11,000
Controlling High Blood Pressure	18,000 – 49,000
Diabetes Care – HbA1c Control	*4,000 – 13,000*
Persistent Beta--Blocker Treatment	200 – 1,400
Prenatal Care	1,000 – 1,600
Smoking Cessation	7,000 – 11,000
TOTAL	49,400 – 115,300



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PILOT STUDY

60 patients seen by 8 providers in SMAs were compared with 60 patients seen by the same providers with the same frequency who have never been to a SMA.

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	(n=60) SMA	(n=60) NONSMA	P
Urinary Microalbumin	95%	69%	<.001
Influenza Vaccination	71%	37%	<.001
Pneumococcal Vaccination	93%	50%	<.001
Foot Exam	88%	53%	<.001
Eye Exam	84%	64%	0.0125
BP<130/80	33%	24%	0.274
HgA1C< 7%	57%	60%	0.739
Total Cholesterol at target	67%	60%	0.426
LDL < 100	52%	44%	0.38
HDL >45M, >55F	52%	39%	0.153
Triglycerides < 150	51%	40%	0.226

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These data suggest the model of care improved measurable outcomes

- Same physicians in both groups
- The only statistically significant differences were in the outcomes connected with the work of the shared medical appointment specialist.

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- 200 patients with type 2 diabetes who had never been to a shared medical appointment were compared with 50 patients who had been seen at least once in a shared medical appointment. It should be noted that every outcome trends positively in SMAs, many of them with statistical significance

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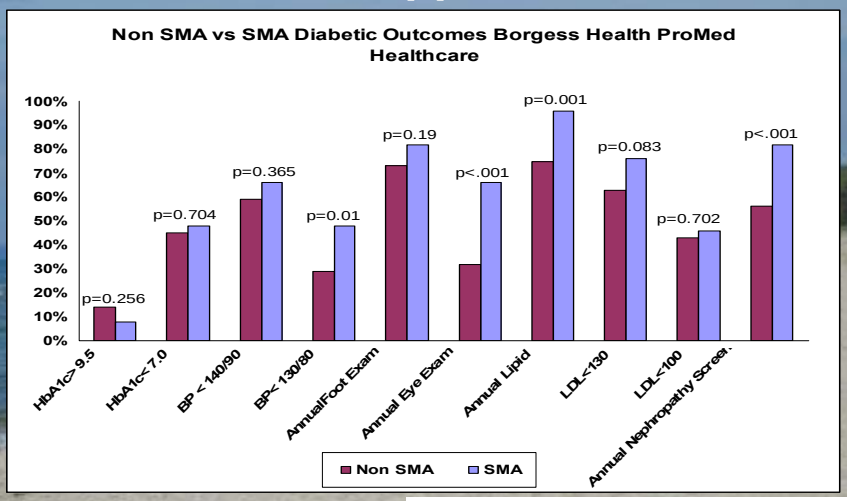

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What did we learn?

SMAs forced us to think about a new model of care.

The model was better

We can "export" what we learned to the remainder of the practices (we did and are on an interesting and exciting journey

"You don't have to do SMAs to get improvement"……but they sure are a pleasure to do!

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BILLING & CODING

DIGMAs & Physicals SMAs

- Treated like standard office visit
- Billed according to services rendered
- Coding reviewed as any other visit
- Patients are informed of billing policy in mail communication and in fliers/marketing materials

CHCCs

- 99499?
- 99078?
- Low level E & M?

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MEDICARE BILLING & CODING

”….is Medicare payment for CPT code 99213, or other similar evaluation and management codes, dependent upon the service being provided in a private exam room or can these codes be billed if the identical service is provided in front of other patients in the course of a shared medical appointment?"

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MEDICARE BILLING & CODING

"...under existing CPT codes and Medicare rules, a physician could furnish a medically necessary face-to-face E & M visit (CPT code 99213 or similar code depending on level of complexity) to a patient that is observed by other patients. From a payment perspective, there is no prohibition on group members observing while a physician provides a service to another beneficiary."

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BILLING & CODING

99212-99214 Existing patients

- Typical mix
- Use 97 guidelines
- Only need "2 out of 3" to correctly code

99202-99204 New patients

- Not common
- Exam component limiting

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BILLING & CODING

99078 Physician educational services rendered to patients in a group setting (prenatal, obesity, or diabetic instructions)

99051 Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service.

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BILLING & CODING

G0247 Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following, if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails

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DO NOT USE COUNSELING TIME TO DETERMINE LEVEL OF VISIT

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SATISFACTION

- Satisfaction is high : 95.6% of surveyed patients would refer family or friend to a SMA
- Typical patient response to invitation
  - 1/3 immediately say yes
  - 1/3 immediately say no
  - 1/3 not sure
- Once attended almost all say they would come back or refer friend or family to a SMA

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SMA Benefits

"One Stop Shopping!"

- Update Immunizations
- Update Routine Health Screenings
- Disease Management Education
- More time with Provider
- Easy access
- Informative
- A Relaxed Environment with a lot of FUN!!

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At Family Practice a session with Dr. Janet Millermaier was so enjoyable that the laughter was heard across the hall in the next suite.

They really are fun!!!!!

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At Internal Medicine during one Physical session all the women enjoyed it so much that they agreed to all return the next year for a session together

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MAKING IT HAPPEN

- **VISION**
- **WILL**
- **RESOURCES**

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FUTURE IDEAS FOR SMAs

- Chronic Pain
- Med Refill and update
- "Hyperlipodiabesity"
  - Cardiac Risk
- Snow bird
- Weight Loss/Bariatric

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QUESTIONS?