

Panel Management and Task Shifting: What HIV Can Learn from Diabetes

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Disclosure Form

Itta Aswad has no financial interest or relationships to disclose.

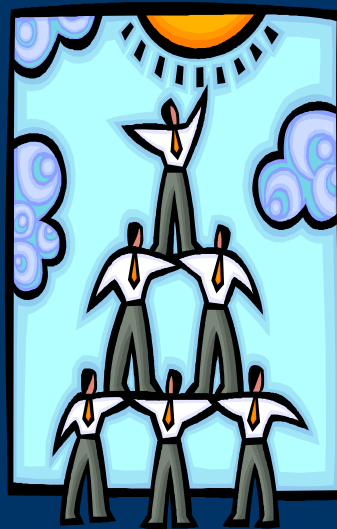
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Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

- 1. By the end of this session, participants will be able to describe the key elements of Panel Management.
- 2. By the end of this session, participants will be able to evaluate barriers and facilitators to implementing this design in their agencies.
- 3. By the end of this session, participants will debate the pros and cons of this approach in HIV care.

Who are we

HIV ACCESS is a consortium of Primary Care clinics working to provide comprehensive quality care to PLWHA



The Family Care Network is a consortium of agencies that works to provide comprehensive, services across disciplines for children, youth, women and families living with HIV

Tyranny of the Urgent

Does this look familiar?

- PCP has too many things to do at once
- Mid-levels and support staff can't get a word in edge wise
- Several missed opportunities

The reality of the 15-minute visit in primary care

- Only 37% of patients in one study were adequately informed about medications they were taking
- 50% of patients leave office visit not understanding what the doctor said
- Study of 1000 physician visits, the patient did not participate in decisions 91% of the time.

Roter and Hall. *Ann Rev Public Health* 1989;10:163. Braddock et al. *JAMA* 1999;282;2313.

Preventive care quality

- Over 4000 patient visits by 138 family physicians
- Patients were up to date on
 - 55% of routine screening tests
 - 24% of immunizations
 - 9% of health behavior counseling

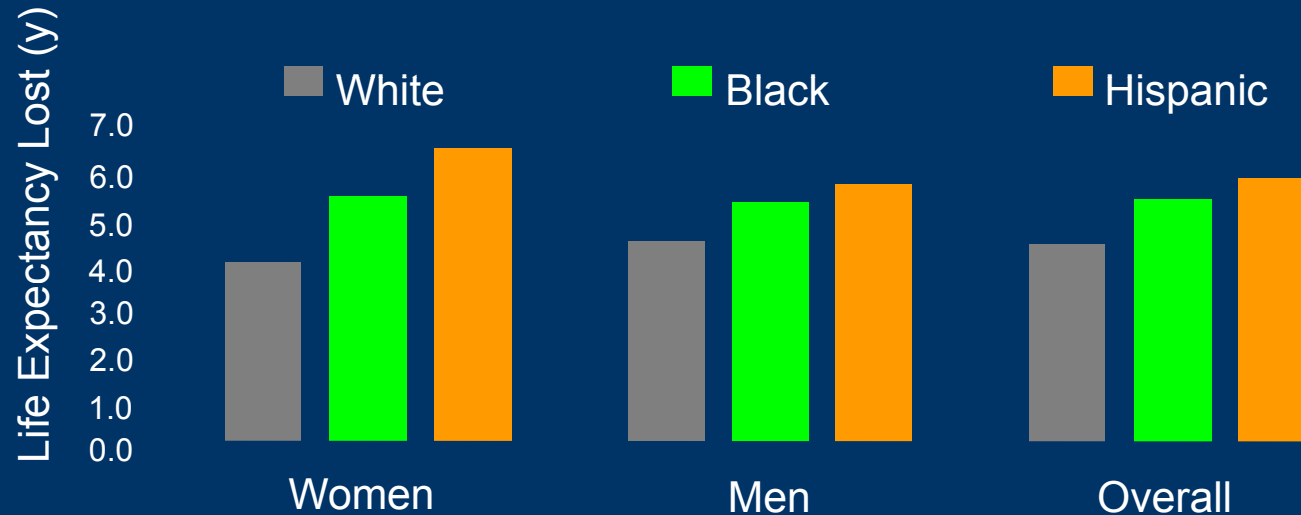
Stange et al. Prev Med 2000;31:167

How Are We Doing in HIV?

- These data are from general primary care, not HIV-specific.
- How are we doing in HIV?
- What are we struggling to get done, especially in communities of color?

Racial Disparities in Survival

- Late initiation or early HAART discontinuation results in life-expectancy loss
- Data indicate minorities present later and have higher rates of premature discontinuation



Losina E et al. 14th CROI; 2007; Los Angeles, CA. Abstract 142.

Slide courtesy of Dr. William King

Why do we need this change?

- PLWHA are living longer
- List of disease prevention and health promotion tasks they could benefit from extended.
- Communities of color have had lower rates of receiving this kind of preventive care
- Resources are becoming more limited

Video Case Study: Tri-City Health Center



What is Panel Management?

- Use a registry to track who needs what
- Have written selection criteria to decide which patients to focus on for what
- Link criteria to standing orders for labs, immunizations, counseling referrals, etc
- Empower MA/peer teams to take over managing routine care outside of the MD/NP visit

Slide courtesy of: Barbara Ramsey, MD

What can Panel Management do for us?

- Uncouple the Dr. visit from some of the
 - Adherence counseling - Smoking cessation
 - Prevention counseling - Vaccinations
 - Mental Health and Substance abuse treatment
- Produce actionable interventions
 - phone messaging
 - med reconciliation



What does Panel Management sound like?

“ Hi Andre, I’m calling from Dr. J’s office. I see you are overdue for your labs. I have a lab slip for you, can you come in a see me tomorrow? Great, and we can get your flu shot done then too, and we’ll set you up to see Dr. J.”

“Hello Ms. R, this is Itta calling from Dr. C’s office. How are you today? We were looking over your chart and noticed that you are coming up due for your pap smear and also your ADAP needs renewal. Is it ok if I make appts for you next week to get those done?”

When in doubt, try it out!

Pilot study to investigate

- Potential changes in patient care after PM implementation
- Quality of Care
- Satisfaction with Care

La Clinica de La Raza

- Started PM in late 2007
- 1 Doctor, 1 Nurse
- 15 patients



Before PM

- CD4 test- 48%
- Retention in Care- 51%
- Pap Smear- 69%
- On HAART- 84%
- RPR- 58%
- Hep C Screening- 75%

Use the Registry Report

- How many clients in your panel?
- What information is available on each patient?
- Which patients are overdue for CD4, Viral Load, TB, Paps?
- Which patients are at goal? Which are not?
- Which patients could be prioritized for self-management support groups?

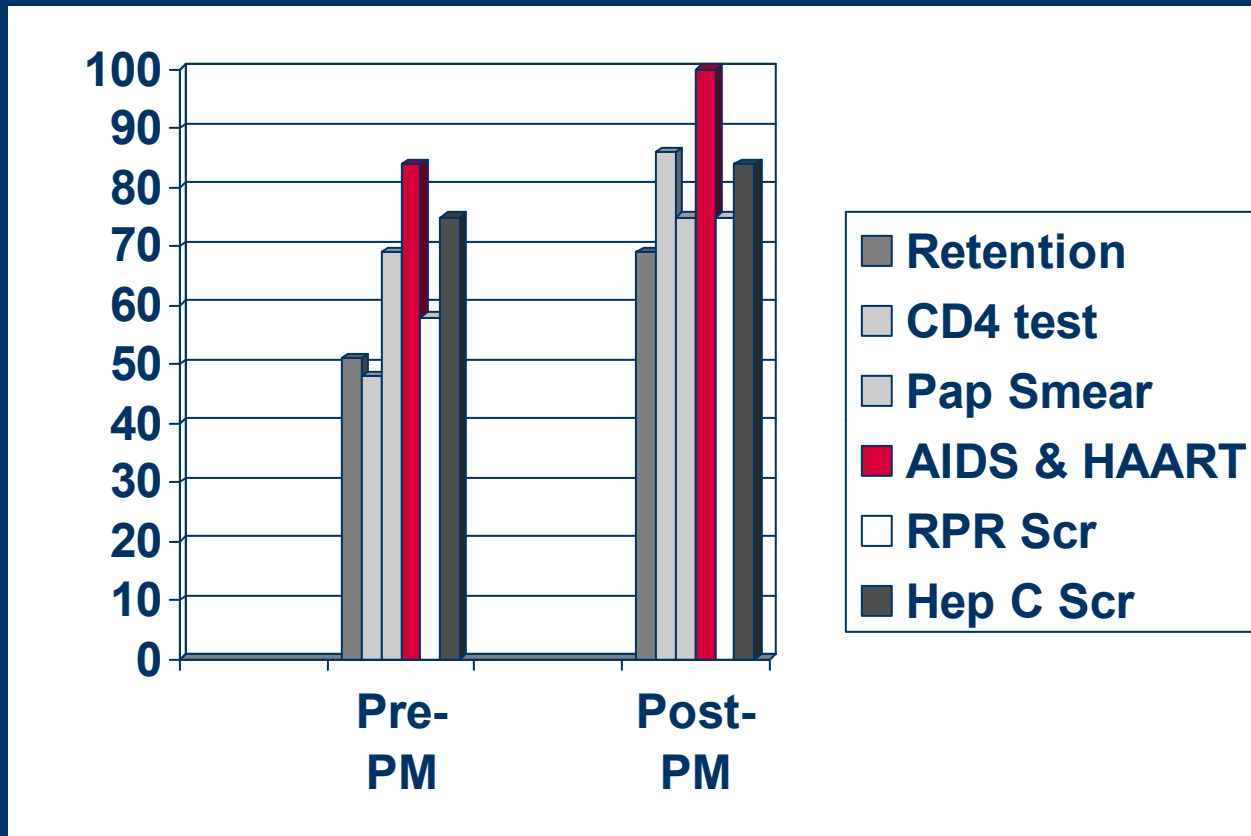
1ST QUARTER 2010									
Name									
MR#									
PROVIDER	BILBAO	BAYARD	BAYARD	BAYARD	BAYARD	BAYARD	BAYARD	BAYARD	BAYARD
GENDER	MALE	FEMALE	MALE	MALE	TRANSGENDER M TO F	FEMALE	TRANSGENDER M-F	FEMALE	FEMAL
Date VL/CD4	0222/2010	7/22/2009	2/12/2010	1/13/2010	1/19/2010	3/24/2010	1/8/2010		
VL /LOG	48 <1.68	48 1.68	<48 <1.68	356 2.55		1/4/1900	2.94 873	48 1.68	
LOG CHANGE		0	0			0:4.50 31976		0.09	
CD4 %	247 21%	631 32%	650 24%	455 19%	821 34.2 %	32 5%	947 38%	397 38%	
HART	ATRIPLA	INVIRASE	TRIZIVIR	ATRIPLA	TRUVADA- KELETRA	SEPTRA		ATRIPLA	
		TRUVADA-NORVIR			INVIRASE	ZITHROMAX			
PROPH MED/CD4 <200					NA				
APPT'S	12/18/2009	10/28/08 07/23/09	08/13/2009 11/09/09	1/7/2010	4/13/2010	3/18/10 4/13/10	4/13/2010	3/19/20	
PE /ACS	DUE	1/12/2009	8/4/2008 08/13/09	10/27/2009	8/12/2008	4/13/2010	3/30/2009		
NUTRITION REF	DUE	DUE	5/18/2009	4/13/2010	4/13/2010	4/13/2010	4/13/2010	Due	
DEPRESSION SCREENING	DUE	11/17/2008	8/13/2009	5/18/2009	DECLINED	4/13/2010	6/9/2009		
EYE EXAM Q YR	DUE	3/4/2008	2/6/2008		DECLINED	DUE	Mar-09	Due	
DENTAL Q YR	DUE	APPT ON 04/30/08	5/20/2008	12/22/2009	DECLINED	DUE	12/15/2008	Due	
PPD Q YR	DUE	07/08 PPD +	2/11/2010 NEG	4/13/2010	03/16/09 @ HOSP	4/13/2010	4/13/2010	01/31/20	
RPR Q YR	2/22/2010	7/22/2009	8/31/2009	4/14/2009	11/3/2009	3/18/2010	9/14/2009		
GC Q YR	DUE	1/16/2009	10/19/2009	8/13/2009	11/3/2009	2/4/2010	1/7/2010		
CHLAMYDIA Q YR	DUE	1/16/2009	10/19/2009	8/13/2009	11/3/2009	2/4/2010	1/7/2010		
HEP A SCREENING	DUE	10/18/2006	5/1/2000	7/13/1998		3/18/2010	8/21/2008		
HEP A VAX	DUE	IMMUNE	IMMUNE	COMPLETED	COMPLETED 02/01/07			8/20/07	
HEP B SCREENING		2/1/2006	5/1/2000	7/13/1998		3/18/2010	8/21/2008		
HEP B VAX	12/18/2009	IMMUNE	IMMUNE	COMPLETED	COMPLETED 02/01/07		IMMUNE	8/20/07	
IMMUNITY RE-CHECKED			02/27/09 react	8/13/2009	8/12/2008				
HEP C SCREENING Q 5-10YRS			12/21/2004	8/12/2009	8/12/2008	3/18/2010	8/21/2008		
PNEUMOVAX Q 5YR	12/18/2009	4/21/2009	8/13/2009	DUE 7/1/2005	8/16/2006		9/18/2008		
TD VAX Q 10YRS tdap		tdap 11/17/2008	tdap 01/15/08	Apr-10	8/6/2006		TDAP 03/30/09	04/13/20	
CHOL HAAR/>40			2/10/2010	DUE	11/3/2009				
COLONOSCOPY >50 YRS		NA	SIG 09/2004	NA	5/3/2006		NA		
STOOL OB >50 Q 2YRS			10/30/2009	NA	NA		NA		
PAP Q YR		1/16/2009	ANAL 01/25/2010	10/27/2009	11/30/2009	2/4/2010	Anal 10/7/2009		
FU ABNORMAL PAP			NA		2/22/2010				
MAMMO > 40YR		5/2/2009	NA	NA	NA		NA		
FLU VAX	12/18/2009	12/28/2009	10/13/2009	10/27/2009	11/2/2009	DUE	1/11/2010		
MENTAL HEALTH REF	11/17/2009		11/16/2009	4/13/2010	DECLINED	2/8/2010	4/13/2010		
TOBACCO OR SUBSTANCES	YES	no	FORMER 1998	no	NO	YES	NO	no	
SEAT BELTS					YES			YES	
	H1N1 11/17/2009	H1N1 12/28/2009	H1N1 11/16/2009	H1N1 1/7/2010	H1N1 11/02/09		H1N1 1/11/2010	H1N1 10	

Exercise: Using the Registry

Exercise: 5 minutes. Which clients should the Panel Manger work with first?

- 5 minutes – share results with 2 strangers sitting near you:
 - How did you prioritize the clients?
 - Why?
 - What interventions would you recommend for follow-up?

La Clinica de La Raza



- Current- 2 Doctors, 1 Nurse and 1 Panel Manager (M.A)
- 30 patients

La Clinica de La Raza

Staff feelings....

- PM is a helpful tool to monitor and track outlying patient needs
- Decided time can be difficult with influx of patients
- Works best when you have a Panel Manager
- More time consuming, but pays off

La Clinica de La Raza

Patient feelings.....

- Like being contacted between visits
- Feels that staff are communicating about their needs

Alameda County Medical Center

- 2 Doctors, 2 Nurses, 2 Panel Managers (M.A), 3 Social workers
- ~200 patients



Before PM

- CD4 test- 25%
- Retention in Care- 90%
- Pap Smear- 60%
- On HAART- 99%
- RPR- 34%
- Hep C Screening- 30%

Alameda County Medical Center

Staff feelings.....

- More work
- Communication
- Coordination
- Follow-up
- Using tools



Lessons Learned so far...

- Dedicated staff is a must
- Role Clarity
- Capacity for growth
- More work, but pays off
- Better care!



Learning from Diabetes

- Protected time
- Standards of Care
- Standing Orders
- Selection Criteria
- PM Self-Assessments
- Lots of Training!



Do we have the resources to pull this off?

4 Central PM concepts

1. Use a registry
2. A team of providers willing to align resources
3. Prioritizing criteria
4. Take care out of the PCP visit when possible

Next Steps.....

- Identify staff
- Determine PM activities
- Carve out protected time with PCP
- Celebrate successes
- Learning opportunities



Resources

- Itta Aswad, MPH- iaswad@alamedahealthconsortium.org
- William King, MD, JD- wdking37@yahoo.com
- Barbara Ramsey, MD- bramsey@chcnetwork.org
- Tom Bodenheimer- tbodenheimer@fcm.ucsf.edu

Training curriculum for health coaches

- Kaiser Permanente- Understanding Panel Management: A Comparative Study of an Emerging Approach to Population Care. The Permanente Journal/Summer 2007/Vol.11 No.3