



May 2019

# NRACC Exemplary Practice Profile: TJ Regional Health-TJ Health Family Medicine Clinic



## About the Practice

TJ Health Family Medicine Clinic is part of TJ Regional Health in Glasgow, Kentucky, a city of 14,318 and the seat of Barren County. The clinic has more than 14 physicians who serve more than 8,000 patients per year. It is also host to the University of Louisville Residency Program, a three-year program that prepares residents to become family practitioners under the guidance of local physicians. The clinic offers an in-office laboratory, cardiovascular testing and minor procedures.

The facility has received Patient-Centered Medical Home recognition from the National Committee for Quality Assurance for using evidence-based, patient-centered processes that focus on highly coordinated care and long-term, participative relationships.

TJ Regional Health system is anchored by the TJ Samson Community Hospital, a 196-bed acute-care facility with 16 skilled-care beds based in Glasgow that is fully accredited by the Joint Commission, and the TJ Health Pavilion, which provides outpatient care and physician offices. The health system primarily serves Barren, Metcalfe and Hart counties in rural south-central Kentucky, along with smaller numbers of patients from several surrounding counties. Family Medicine residents have full access and admitting privileges to all areas of the hospital.

In 2016, the health system published a Community Needs Assessment and Strategic Implementation Plan. The plan identified five priority health issues — cardiovascular disease, diabetes, obesity, lung cancer, and drug abuse and addiction — and laid out a number of outreach programs and initiatives to address each issue and expand access to care.

Glasgow is 83.3% white, 7.5% African American, and 5.3% Hispanic or Latino. Barren County has a population of 43,418 and is 90.7% white, 3.9% African American, and 3.0% Hispanic or Latino.

According to the Robert Wood Johnson Foundation, Barren County ranks No. 28 out of 120 counties in Kentucky from an overall health outcomes perspective. It has an obesity rate of 33%, right around the statewide rate, with the same figure reported as being physically inactive. The rate of children living in poverty is 33%, which is higher than the statewide rate of 22%.

Barren County had 4,244 preventable hospital stays in 2019, which is lower than the state average of 6,168 but above the average of 2,765 for the nation’s top performers. Thirty-five percent of eligible residents get mammography screenings, which is lower than the statewide (38%) and national top performer (49%) rates.

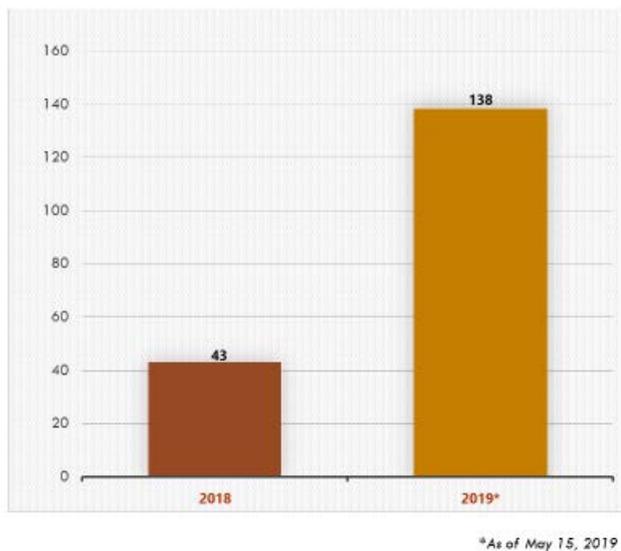
Overall, Kentucky ranks 49th among states in America’s Health Rankings by United Health, with poor marks for obesity rate, physical inactivity, smoking and mental health.

### The Transformation Process

TJ Regional Health signed a contract with the National Rural Accountable Care Consortium on March 30, 2016, and we are currently in Phase 4 of the Transforming Clinical Practice Initiative. We took advantage of two NRACC programs, attending both the Iowa Chronic Care Consortium health coach training and the Population Health Nurse training programs, as well as in-person Quality Improvement Workshops.

After struggling with staff turnover, we set a goal of increasing our rate of Annual Wellness Visits. In all of 2018, TJ recorded just 43 AWVs. As of May 15, 2019, that number had risen to 138. We attribute this to our education efforts and the heavy focus we placed on improving AWV rates.

### GROWTH IN ANNUAL WELLNESS VISITS



We are using the nurse-led model for AWWs and have embraced the NRACC recommendation to incorporate dual visits into the workflow. TJ has a form for AWWs, and we have improved the templates to ensure that all documentation is completed. Although we haven't begun reaching out to Medicare patients who have yet to undergo an AWW, we have seen good results from our providers' efforts to educate patients about the importance of AWWs, which has been the primary method of boosting rates so far. We have also found that sending reminder letters to patients is more effective than making phone calls, and we are discussing using providers as the driving force to boost AWW rates. Eventually, the plan is to have chronic care managers reach out directly to patients.

TJ has not yet begun a Chronic Care Management program, but we have put in place a Transitional Care Management program, hiring a coordinator who receives notifications from the case management team at TJ Samson Community Hospital. The case management team identifies who should receive TCM services using a LACE score (which takes into account length of hospital stay, acuity of admission, comorbidities and number of emergency department visits in the past six months) to determine the complexity level of individual patients' situations. We plan to eventually build out our CCM capabilities from this program and hire a coordinator, based on NRACC recommendations. We believe having a CCM and TCM program should help us address high rates of hospital readmissions.

We believe we have established a good process to make referrals and close referral loops, with staff in place to make appointments for patients and perform follow-up calls. The health system is also now allowing secure messaging between patients and clinic staff via an online portal, which is proving helpful to us.

TJ has established a Patient Family Advisory Council, and we employ a Physician Advisory Council that is involving all departments in quality improvement efforts, helping to incorporate them into the health system's culture. In addition, TJ Regional Health has been working on becoming a certified Patient-Centered Medical Home since joining NRACC and is now a Level 2 PCMH.

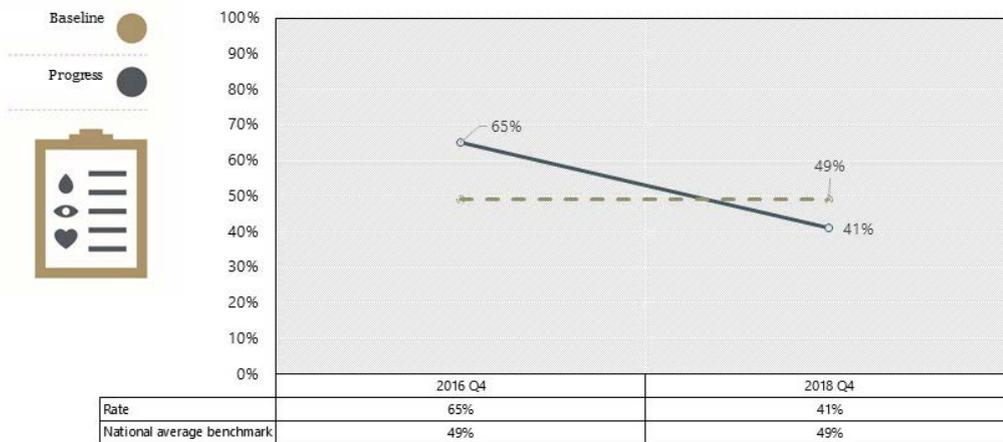
NRACC's educational outreach also helped us improve measures that lie outside the NRACC program focus, such as breast cancer screenings. By closely inspecting our process, we were able to improve our workflow and standardize documentation, which raised our numbers after we realized that information wasn't being documented in a way that ensured it was being reported, even though screening rates were fairly good. As a result, we are now able to identify patients who haven't yet had a mammogram screening and work to get them scheduled for one.

### **Providing Patient-Centered Care**

TJ Regional Health showed improvement on seven measures. We saw rates of poor control of Hemoglobin A1c drop by 24 percentage points, from 65% to 41%, resulting in savings of more than \$1.7 million through the fourth quarter of 2018. We reported an improvement of 6 points in Controlling High Blood Pressure, from 50.7% to 56.7%, saving \$304,076.

# TJ REGIONAL HEALTH

## Hemoglobin A1c poor control since baseline



Improvements in other measures were as follows:

- Documentation of current medications up 1 percentage point, from 98% to 99%
- Improved colorectal cancer screenings, from 28.6% to 46.2% (more on that below)
- A 19-point improvement in pneumonia vaccinations, from 26.5% to 45.4%
- A 7-point increase in tobacco screenings, from 91.4% to 98.3%
- A 19-point increase in fall screenings, from 75.0% to 94.3%

TJ was among the participating practices found to be performing unnecessary high-cost screenings, so NRACC engaged us in a program focusing on CT scans. The data show that we were able to avoid 179 CT scans during our time in the TCPI program. We engaged in educational efforts on this issue throughout 2018 and were convinced to reconfigure our electronic health record to broaden treatment options and empower our technicians to question doctors' orders if they thought they didn't look right or were unnecessary. We came to realize that we were out of line with the national average on CT scan rates.

We also set a goal of increasing performance on colorectal cancer screenings from 23% to 25% by July 2018 and set a plan to measure progress quarterly. We focused our efforts on educating physicians and organized lunch-and-learn events with Cologuard as a way to encourage more widespread adoption of the at-home colon cancer test. As a result, colorectal screenings rose to 46.2% in the fourth quarter of 2018, doubling our performance in six months. We want to see the screening rate increase further, and we have a goal of exceeding the benchmark for the Healthcare Effectiveness Data and Information Set.