1. **What are your challenges in implementing a team-based approach to addressing gaps in patient care?**

* Not having IPE team
* Not enough time
* No understanding by providers how to work in a team
* Unclear role of staff
* Financial incentives- not moved to value payment, still RVU based
* So many quality metrics, hard to focus your attention (overwhelming for staff)
* Efficiency niche- a lot of providers waiting for one person if person does not show
* How patients understand how to utilize team- patients reluctant to use the team, want their PCP
* What are the outcomes measures of the IPE team
* “Truth” of what is really going on with data- accuracy of data not accurate
* How to document properly do data is extractable

1. **Give an example of something you do to help meet quality measures with your patient population?**

* Huddle with providers
  + quality measures, review/highlight
* Pre-visit planning (2 weeks out)
  + Day before- order labs
* 50% open access 1 day before
* HTN: recheck BP, use second reading for documentation
* HTN: 2 week f/u if still high after second reading
  + RN visit- if still high, MD consult & possible medication
* RN outreach for DM
* Standing order for various tests/referrals
* Point of care testing for A1C
  + Hemoglobin lead testing for newborns
* IT staff dedicated to clinic- must have clinical background
* Care gap reports that automate huddle process
* Pharmacy on site- does own visits
  + Medicare wellness visits
* Use a rounding session for TOC patients
  + BH/Inpatient team/SW/PharmD

1. **What potential reimbursement opportunities could you envision flowing from your new process?**

* ACO Requirements
* On the hook for reimbursement
* Afraid of negative reimbursement by being in the red on quality measures
* Trying to figure out financial implications
* Bill better for preventative visits
* More billable visits
  + NP- shared visits
  + Pharm D- level I visits
  + Behavioral health
  + Nurse visits
  + Convert visits with medical visits
* Upcode from 3 to 4 when PharmD helps
* Transitional care management codes
* Increasing access/extended hours
* Hard to win on per visit billing