



# Quality Improvement NEWSLETTER

## High Impact Changes for Physician Practices

(continued from Q2)

For copies of previous newsletters (including sections 1-6 of the “High Impact Changes for Physician Practices” column) please go to the REA/LEA web portal.

### 7. Open same-day appointments

Ideally, the number of same-day appointment slots required will be determined by need. This can be assessed by measuring actual supply and demand over a two-week period. If the practice is unable to conduct the measurements, employ the quick-start method.

**Quick-Start Method:** During the first week, leave two to four appointment slots open each day (evenly divided between late morning/afternoon). These slots should only be given out on the same day. Record the time of the day that they fill up. After one week, add two to four more slots if the appointments are regularly filled before 2:00 p.m.. Continue weekly adjustments based on demand. Modify the number of open slots based on days of higher (typically Monday) or lower (often Thursday) demand.

#### Resource Links:

Access Tip Sheet for Physicians and Office Staff - <http://files.constantcontact.com/084edb73201/201277a6-dc96-4c17-a568-6757c8dfc588doc?ver=1470691259000>

Weekly Demand Counter - <http://files.constantcontact.com/084edb73201/0054429e-c60d-4438-9698-782a5ab6a557.xls?ver=1470691265000>

Supply and Demand Tool - <http://files.constantcontact.com/084edb73201/bd815b95-97f4-4d85-8768-fc571624a6e9.xls?ver=1470691265000>

### 8. Implement office “huddles” to monitor and manage patient flow on a daily basis

- Get physician buy-in. Regardless of whether the physician attends the meeting, his or her support of daily huddles is critical to their success.
- Settle on a time to meet consistently. It’s important that the “huddle time” becomes part of everyone’s daily routine. It might take some experimenting to figure out what the right time should be.
- Experiment with different participants. The best huddle won’t necessarily involve everyone in the practice.
- Limit huddles to seven minutes or less. This keeps the meeting focused and prevents team members from becoming long-winded.
- Hold the huddle in a central location. For example, you might simply gather in the hallway outside the nurse’s station.

Continued on next page →

## About This Newsletter

You’ll find helpful hints and resources for providers and specialists – as well as important standards information.

## Getting to Know the QI Department Team

### Kenneth Epstein, M.D.

Medical Director QI  
Committee Chair QI & Credentialing  
Charter FAAFP, ABFP (1973-2010)  
RMG | LCH | ADOC  
Phone: 818.637.2000 (ext. 4157)  
[ken.epstein@lakesidemed.com](mailto:ken.epstein@lakesidemed.com)

### Beatrice Ortiz

Sr. Manager, Quality Management  
RMG | LCH  
Phone: 818.357.5056  
[bortiz@regalmed.com](mailto:bortiz@regalmed.com)

### Jacqueline Menendez

QI Appeals Team Lead  
QI Appeals & Grievance Trainer  
Phone: 818.637.2000 (ext. 1229)

### Department Address

8510 Balboa Blvd., Suite 190  
Northridge, CA 91325  
Fax: 818.654.3481

## Future Topics

- PAS and MTC
- More High Impact Changes
- More Appointment Availability  
Access Standards
- Enhancing the Member Experience
- Medical Record Review
- Dealing with Challenging Patients:  
Non-Compliance
- What is an Appeal?
- What is a Grievance?

- Have everyone stand the entire time. This helps keep the meeting short so you can get back to seeing patients. Two additional guidelines can be disregarded after a few weeks if everything works correctly:
  - Designate a huddle leader and put together a structured agenda. (See “Suggested Huddle Agenda.”) After a few weeks, the huddle will run itself.
  - Identify a huddle champion who can provide daily discipline. It is best if the champion is a physician or office manager. Once the huddles gain momentum, the benefits become self-evident and no extra effort is required. In the TransforMED practices, this has usually happened somewhere between two days and two weeks.

**Resource Links:**

<http://www.aafp.org/fpm/2007/0600/p27.html>  
<http://www.ih.org/>

**9. Obtain ongoing feedback from patients through a survey and provide data to physicians at least quarterly.**

**Suggested Huddle Agenda**

- Check for patients on the schedule who may require more time and assistance due to age, disability, personality or language barriers. Who can help?
- Check for back-to-back lengthy appointments, such as physicals. How can they be worked around to prevent backlog?
- Check for openings that can be filled or chronic no-shows that can be anticipated. Any special instructions for the scheduler?
- Check provider and staff schedules. Does anyone need to leave early or break for a phone call or meeting?

**Primary Care Provider (PCP) Accessibility Standards**

For previous newsletters (including additional Appointment and Availability Access Standards), visit the REA/LEA web portal.

Standard	Medi-Cal	L.A. Care Covered	Cal-MediConnect
<b>First Prenatal Visit</b> A periodic health evaluation for a member with no acute medical problem	≤ 14 calendar days of request ≤ 7 calendar days of request for Healthy Kids	≤ 14 calendar days of request	
<b>Staying Healthy Assessment</b> Initial Health Assessment and Individual Health Assessment and Individual Health Education Behavioral Health Assessment (IHEBA)	≤ 120 calendar days from when the member becomes eligible  Members < 18 years of age ≤ 60 calendar days of enrollment or with-in periodicity timelines as established by the American Academy of Pediatrics (AAP) for ages two and under, whichever is less.		≤ 90 calendar days from when the member becomes eligible

**Medi-Cal Preventive Compliance FAQs**

**Q: What if the member’s health does not indicate any urgency for IHA?**

**A:** If the PCP has access to a new Medi-Cal member’s medical records from a previous plan or other PCP, those records indicate that the member has had an IHA within the previous 12 months, and the examination provides evidence that there is no urgency for an IHA, then the visit can be waived until the next periodic visit is due.

For members whose health status does not indicate urgency, and if conducting the assessment as part of the first visit is not feasible, the PCP must contact the member within 90 days after the member’s first medical visit to schedule an initial health assessment appointment.

**Q: What tool should be used for the Health Education Behavioral Assessment for adults?**

**A:** The PCP can use the Staying Healthy Assessment tool provided by DHCS to perform this assessment. The Staying Healthy Assessment Tool comes in different languages. Please visit <http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx> for detailed information on the assessment.

**Q: What tool should be used for the Health Education Behavioral Assessment for children?**

**A:** The PCP must perform an assessment using the California Child Health and Disability Prevention (CHDP) program’s age appropriate assessment. This is due for each child at the time of enrollment during their IHA visit. Visit <http://www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx> for CHDP health assessment guidelines.

**Q: What are the immunization requirements?**

**A:** The PCP must ensure that all children receive necessary immunizations at the time of any healthcare visit. The PCP must ensure timely provision of vaccines in accordance with the most recent childhood immunization schedule and recommendations published by the Advisory Committee on Immunization Practices (ACIP). Visit [http://www2a.cdc.gov/nip/kidstuff/newscheduler\\_le/](http://www2a.cdc.gov/nip/kidstuff/newscheduler_le/) for the childhood immunization schedule.