

NorthShore University HealthSystem (NorthShore) and Erie Family Health Centers (EFHC) Collaboration

Presenters:

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Goal of Project

To move NorthShore's family medicine residency outpatient training program from the Family Care Center at Glenbrook Hospital to Erie Family Health Centers Evanston/Skokie location in order to reduce expenses and improve the quality of the educational program.

Timeline

2015 (background) – NorthShore closed the Child & Adolescent Center at Evanston Hospital and transferred the patients to EFHC. Initial relationship established.
11/2017 – Academic Affairs began conversations with Family Medicine about the NorthShore 20/20 goals to reduce expenses and improve quality. Multiple FQHCs were explored. When Erie announced an expansion at the Evanston /Skokie site, discussions intensified.
5/2018 – Letter of Intent and Confidentiality Agreements signed by NorthShore and EFHC. Exploration begins, pro forma developed.
10/2018-1/2019 – Resident recruitment
11/2018 – GME Agreement signed between NorthShore and EFHC. Implementation begins.
1/2019 – ACGME approval letter received.
1/2019 – Second Look at Erie.
3/2019 – Match results reveal excellent class of residents.
3/2019 – Erie expansion ready for patients
6/2019 – NorthShore residents began training at EFHC.

NorthShore Departments Involved

Health Information Technology	Academic Affairs
Patient Access/Call Center	Senior Administration
Managed Care	Medical Group Administration
Finance	Human Resources
Marketing/Public Relations	Telecommunications
Transformation Management Office	Professional Staff Office
Family Medicine	Risk Management and Legal Affairs

Communication	<ul style="list-style-type: none"> • Patient mailings – due to search criteria, patients received multiple letters, causing confusion. Letters delayed due to excessive review by multiple parties. • Explored robocalls to patients, but did not happen. • Emails to patients from NorthShore with joint marketing materials • Business agreement with printing company to allow EFHC to mail to FCC patients without accessing the mailing list. • Notification of referring MDs of FCC closing.
Process	<ul style="list-style-type: none"> • Initial meeting between NorthShore and EFHC to develop Guiding Principles and understand the “non-negotiables” from both sides. • Multiple working groups with weekly meetings and phone calls • NorthShore and EFHC work plans (both 8 pages long) • Support from the Transformation Management Office • Faculty huddles • Resident Forum • Executive Committee formed to monitor relationship – quarterly • Core groups still meet monthly
Curriculum	<ul style="list-style-type: none"> • Implementation of 2+2 curriculum • Challenge for scheduling residents so that 1 or 2 preceptors are best utilized. Additional challenge with three residents off-cycle. • Additional changes: transfer of OB training from Highland Park to Evanston for EFHC continuity • Changes to inpatient service explored by not implemented • Decision whether to move entire program at once or in phases – all at once was the option chosen. • Ongoing conversations re: medical student training at EFHC. • Direct observation of residents for evaluation was done via videotaping at FCC. Process at Erie is still being determined.
Information Technology	<ul style="list-style-type: none"> • Data transfer denied by NorthShore Data Governance Committee • Exploration of options: Epic NorthShore Orders Link, Care Quality Network, and Direct Messaging • Development of EFHC listserv to include NorthShore physicians and residents on communications
Patient Registration at EFHC	<ul style="list-style-type: none"> • Poster and flyers in FCC lobby announcing closing and giving instructions on how to register at EFHC • Created phone in FCC with direct access to a dedicated line at EFHC • EFHC staff provided onsite registration in the FCC waiting room

Strategies to Increase Patient Volumes	<ul style="list-style-type: none"> • ED follow up referrals to EFHC • Referral of unassigned newborns to EFHC • NorthShore Immediate Care follow-up algorithm (still pending) • EFHC details marketing plan to engage community
Physician Participation at Erie	<ul style="list-style-type: none"> • Negotiation of half-day rate • Leased Physician Agreement • Continuity providers and both Evanston/Skokie and Waukegan sites • Embedding of preceptors at EFHC • Faculty attrition, partially due to uncertainty of change • Credentialing and Onboarding • Proctoring of procedures for privileging • Closing of FCC and move of providers to various locations instigated a change in the physician comp model. • Changed NorthShore web site to show EFHC location and insurance plans. Updated managed care plans as appropriate.
Operational Issues	<ul style="list-style-type: none"> • Created list of NorthShore and EFHC point people for operational areas • Scheduling and scheduling changes • Ramp-up of physicians and resident on EMR. NorthShore has Epic; EFHC has GE Centricity. • Patient transportation support options reviewed but not implemented • Transition of staff from NorthShore to EFHC – learning curve with processes and chain of command • How to refer FCC patients with insurance misaligned with EFHC – developed flow chart. • Differences in patient scheduling procedures between FCC and EFHC – compromises required. • Transfer of Reach Out and Read program
Construction of new space	<ul style="list-style-type: none"> • Precepting room • Office space for MD admin • Technology requirements
Patient Access/Managed Care	<ul style="list-style-type: none"> • Transfer of Meridian panels from NorthShore to EFHC • Weaning of patients from NorthShore Connect e-portal for physician messages and prescription refills • Developed call center scripts for referrals and new Medicaid patients • Management of geographic boundaries for EFHC patient referrals to NorthShore for specialty care. FCC patients grandfathered. New opportunity – addition of Swedish Hospital to NorthShore.

Finance and Billing	<ul style="list-style-type: none"> • Move of continuity providers to new NorthShore cost center and development of new billing workflows. • How to bill inpatient and nursing home charges for physicians providing outpatient services at EFHC – managed care contracts. Treat as hospitalists. • Developed process for NorthShore to invoice Erie for precepting and continuity time. Requires reconciliation on both sides.
Closing of FCC	<ul style="list-style-type: none"> • Relevant checklist for closing a practice not available • Staff attrition running up to close • Phone number with recorded message directing to call center for a period of time after clinic closing. • Phone call decision tree for how to refer sick/well/new patients during transition period. • Need for continued staffing after close to monitor Epic inbasket, faxes, prior authorizations, and phone messages for medical advice prescription renewals. FQHC cannot give medical advice until a patient has been seen in the clinic due to Federal malpractice requirements.