



Quality Improvement NEWSLETTER

Members of the Heritage Provider Network



IMPROVING THE PATIENT EXPERIENCE

High Impact Changes for Physician Practices

1. Negotiate the agenda with the patient at the start of each visit.

Elicit patient's key concerns by asking them to prioritize their goals for the visit on a written form.

- Doctor and/or MA references the form and asks, "What else would you like to focus on during today's visit?" or "What's the one thing you want to be sure happens before you leave today?"
- Share with patient the items that the clinician sees as important for the visit. For example, "I see your blood pressure is up again today. I'd like to talk about changing your medication."
- Reach a consensus about how to allocate time.

2. Make a personal connection and demonstrate empathy through eye contact and empathic statements.

Strengthen patients' sense of personal connection and trust in their doctor.



- Make eye contact and shake hands as you enter the room.
- Use welcoming words and tone of voice.
- Sit down so that you are at the same level as your patient.
- Acknowledge the reason for the visit and make a brief, personal connection.
- For example, "At your last visit, you mentioned that your family got a new puppy. How is that going?"
- Demonstrate appreciation of patient concerns with empathic statements.
- For example, "It sounds like making the diet changes we discussed has been pretty frustrating."

3. Provide closure by summarizing next steps and action plan.

Help patients understand and comply with their care plan by reiterating goals of the visit and next steps.

- Summarize and affirm agreement with plan of action.
- Discuss and clarify any follow-up with patient.
- Address the patient's priorities by asking, "What is the one thing you want to be sure happens before you leave today?"

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Getting to Know the QI Department Team

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In Our Next Issue

- More High Impact Changes
- Enhancing the Member Experience
- More Access and Availability Standards
- Medical Record Review

CARE PROVIDERS

Specialty Care Provider (SCP) Accessibility Standards	
Routine Specialty Care Physician Appointment:	Standard: Less than or equal to 15 business days of request
Urgent Care: Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	Standard: Less than or equal to 48 hours of request if NO authorization is required. Less than or equal to 96 hours if prior authorization is required.
Primary Care Provider (PCP) Accessibility Standards	
Routine Primary Care Appointment (non-urgent): Services for a patient who is symptomatic but does not require immediate diagnosis and/or treatment.	Standard: Less than or equal to 10 business days of request.
Urgent Care: Services for a non-life threatening condition that could lead to a potentially harmful outcome if not treated in a timely manner.	Standard: Less than or equal to 48 hours of request if NO authorization is required. Less than or equal to 96 hours if prior authorization is required.
Emergency Care: Services for a potentially life-threatening condition requiring immediate intervention to avoid disability or serious detriment to health.	Standard: Immediate, 24 hours a day, 7 days per week.
Preventative health examination (Routine):	Standard: Less than or equal to 10 business days of request. For Cal-MediConnect members, less than or equal to 30 days of request.
In-Office Waiting Room Time: The time after a scheduled medical appointment a patient is waiting to be taken to an exam room to be seen by the practitioner.	Standard: Within 30 minutes.
After Hours Care Standards	
After Hours Care: Physicians (the PCP, behavioral health provider and specialists, or covering physician) are required by contract to provide 24 hours a day, 7 days per week coverage to members. Physicians or their on-call coverage or triage/screening clinician must return urgent calls to member, upon request, within 30 minutes.	<ul style="list-style-type: none"> Automated systems must provide emergency 911 instructions; and Automated system or live party (office or professional exchange service) answering the phone must offer a reasonable process to connect the caller to the PCP, behavioral health provider, specialist, or covering practitioner, or offer a call-back from the PCP, behavioral health provider, specialist, covering practitioner or triage/screening clinician within 30 minutes. If the process does not enable the caller to contact the PCP, behavioral health provider, specialist or covering practitioner directly, the “live” party must have access to a practitioner or triage/screening clinician for both urgent and non-urgent calls.
Call Return Time (Practitioner’s Office): The call return time is the maximum length of time for a PCP, behavioral health provider, specialist, covering practitioner or triage/screening clinician to return a call after hours.	<ul style="list-style-type: none"> Less than or equal to 30 minutes. Clinical advice can only be provided by appropriately qualified staff (e.g., physician, physician assistant, nurse practitioner or RN).

A “Thank You” to Our Providers

Thank you to all the providers that participated in our Provider Satisfaction Survey and responded on or before 12/18/15.

Your response is very important and will assist RMG/LCH in providing you support you need to continue providing high quality medical care to your patients.

The “winners” that were selected are as followed:

\$500.00 (1st place winners)

Robert Buckingham, M.D. (RMG), Kaied Shalabi, M.D. (LCH)

\$300.00 (2nd place winners)

Boris Vaisman, M.D. (RMG), David Lavin, M.D. (LCH)

\$200.00 (3rd place winners)

Arbi Ghazarian, M.D. (RMG), Rochelle Feldman, M.D. (LCH)