

Maximizing the Primary Care/ Specialty Care Interface



KAISER PERMANENTE®

Richard Cutler, MD
The Permanente Medical Group
June 17, 2008

Key Elements which have helped TPMG

- Integrated Structure & Operations

- Medical Group Leadership; Performance goals & communication
- Within Primary Care Depts, & Specialty Care Depts
- Between Primary & Specialty Care Depts (local Chiefs Group)
- Across Primary & Specialty Care Depts (Regional Chiefs Groups)
- Between Primary Care & Specialties (Regional Chiefs Groups)

- Enabling IT Systems

- Health Connect (EMR)
- E-Consult
- MD Home Pages
- Secure Messaging: “email your doctor”
- Digital Imaging Capabilities: Access, Transfer, & Storage

- Culture

- Providers have responsibility for best use of members' dues. How to achieve the greatest Health outcomes for resource input. Not just in own Dept but system-wide.
- Lack of Fee for Service incentives, for either PCPs or Specialists.
 - Balanced incentives for MDs (& Leadership) on: Quality, Service/Access, Affordability, & Professional Satisfaction
- Performance Metrics & Revealing Reports; management by quantitation, not intuition; from subjective to objective; from Art to Science
- Innovation: Culture of continued operational improvements to make care more efficient, more convenient, & more effective

Specialists' easy access to member's complete EMR vastly supplements the information transfer on any Consult.

Health Connect: KP's EMR

Hyperspace - SFO-UCSE > GEARY CAMPUS - Production - HONCPRDDGGM PRODDGM

Desktop Action Patient Care Scheduling Reg/ADT CRM/CM Reports Report Mgmt Tools Admin Help

Back Forward Home Schedule In Basket Chart Enc Tel Enc Ref Enc Ancil Ord Enc Patient Lists Track Board Secure Print Log Out

Epic Home **Smith, Mary** EpicCare

Smith, Mary MRN 12006758721 Age 78 Y Sex F **Multi PCP** Gregory, Gina L. (M.D.) Allergies No Known Allergies Alert **Print** Spec Feat **Inactive** kp.org

Snapshot

Problem List

- DM W DIABETIC NON PROLIFERATIVE RETINOPATHY, MILD
- DM 2 W DIABETIC NEPHROPATHY MICROALBUMINURIA
- CHRONIC KIDNEY DISEASE
- DIVERTICULOSIS OF COLON
- HEMIPLEGIA, LATE EFFECT OF CEREBROVASCULAR DISEASE

Medications - Long-Term

- ACTOS 15 MG ORAL TAB
- LOVASTATIN 10 MG ORAL TAB
- LISINAPRIL 20 MG ORAL TAB
- HYDROCHLOROTHIAZIDE 50 MG ORAL TAB
- AMITRIPTYLINE 25 MG ORAL TAB
- ATENOLOL 25 MG ORAL TAB

Allergies *No Known Allergies*

Imm/Inj

Date	Agent	Dose	Route
11/7/2006	INFs (Influenza sp...)		Int
1/4/2005	PNUps (Pneumo...)		
5/20/1999	Td 7yrs-adult (Tet...)		

HM → overdue ⚠ due on ⚡ due soon **Hx/Details**

None

Tobacco: Not on File
Alcohol: Not on File
10 open orders
Spoken Language: English
Written Language: English
Interpreter needed? No

Specialty Report

Immunization	Date	Dose	VIS Date	Ro
INFs (Influenza split virus)	11/07/2006	00.50		Int

Specialty Comments (Editable) Limit By Specialty

Patient Messages **Family Comments** (Editable)

Epic Home **Smith, Mary** EpicCare

Smith, Mary MRN: 12006758721 Age: 78 Y Sex: F **Multi PCP** Allergies: No Known Allergies Alert: **Red** Spec Feat: **Red** Ip.org: **Inactive**

Chart Review Last refresh: 04:56 PM

Filters Test Search Refresh Select All Deselect All Review Selected Master Report Flowsheet CIPS VIS

Encounter IP/ED Enc Notes Lab Meds Imaging Card Surg Episodes Ltrs Proc Oth Ord Scans Misc

Filtered: Hide Add'l Visits Hide Add'l Visits Clear All

Date	Type	Department	Provider	Description
06/09/2008	Telephone	SFOMED	Gregory, Gina L. (M.D.)	APPOINTMENT
06/06/2008	Ancillary Orders	SFOMED	Callao, Carla E (M.D.)	
06/06/2008	Office Visit	SFOURG	Cutler, Richard Wayne (M.D.)	Hyperglycemia (Primary Dx): Onyc...
06/06/2008	Ancillary Orders	SFOMED	Tamoria, Shirley Ann (M.D.)	
06/06/2008	AACC Telephone	SFOMED	Gregory, Gina L. (M.D.)	APPOINTMENT REQUEST
06/06/2008	Ancillary Orders	SFOMED	Tamoria, Shirley Ann (M.D.)	
05/29/2008	Office Visit	SFOOPH	Park, Eun-Ha (M.D.)	Cataract (Primary Dx): DM W Diabet..
05/20/2008	Letter (Out)	SFOMED	Gregory, Gina L. (M.D.)	
05/20/2008	Letter (Out)	SFOMED	Gregory, Gina L. (M.D.)	
05/13/2008	Office Visit	SFOOPT	Chan, Richard Shing (O.D.)	Cataract (Primary Dx): Myopia
05/05/2008	Office Visit	SFOOPH	Hamilton, George Leo (M.D.)	DM W Diabetic Non Proliferative Re...
02/11/2008	AACC Telephone	SFOMED	Gregory, Gina L. (M.D.)	MEMBER INITIATED
01/18/2008	Telephone	SFOMED	Gregory, Gina L. (M.D.)	MD ADVICE
01/17/2008	AACC Telephone	SFOMED	Gregory, Gina L. (M.D.)	REFERRAL REQUEST
12/17/2007	AACC Telephone	SFOMED	Gregory, Gina L. (M.D.)	MEMBER INITIATED
11/26/2007	AACC Telephone	SFOMED	Gregory, Gina L. (M.D.)	MEMBER INITIATED
08/13/2007	Clinical Docum...	SFOMED	Gregory, Gina L. (M.D.)	Diabetes Mellitus Type 2 (Primary D...
08/03/2007	Clinical Docum...	SFOMED	Gregory, Gina L. (M.D.)	Medication Change. (Primary Dx)
07/16/2007	AACC Telephone	SFOMED	Callao, Carla E (M.D.)	MEMBER INITIATED
06/19/2007	Office Visit	SFOMED	Zandol, Antoinette (R.N.)	Case / Care Mgmt, Complex Chronic...
06/14/2007	Scheduled Tel...	SFOMED	Zandol, Antoinette (R.N.)	FOLLOW UP CALL

[Load more](#)

21 records loaded, more records to load | 21 records satisfy filters

Hotkey List Exit Workspace

Rapid and complete information transfer obviates the need for repeated requests to PCP, and facilitates: Consult Triage, and Alternatives to Face-to-Face Consults when appropriate ⁴

e-Consult: KP's vehicle to embed protocols & guidelines into PCP workflow.

- Created for **electronic Consult Transmission**; “every piece of paper is a failure of the system”
- Allows PCP to **track status of Consults**
- Starts the clock running on **Access Metric**, Initiated to Seen
- Provides **PCP Decision Support** by common Reasons for Referral
 - Dx/Rx Recommendations
 - Links to Ed materials for PCPs
 - Links to printable Ed materials for Patients
 - Referral Guidelines:
 - When to Refer (succinctly embeds the few key Utilization Points)
 - What pre-consult W/U, or Rx is needed (assures maximum value of Consult for patient & Specialist)
- **Prints needed Appt info for patient** (including prep instructions)
- **Allows PCPs to Book certain Consults Directly** (obviates the need to triage, and decompresses Specialty Support Staff)
- **Facilitates communication between Specialist & PCP**
 - Contact Sender
 - “Ask the Specialist”
- **Trends Consult Utilization by: Specialty, Reason for Referral, & by Provider**

Request Referrals Admin

To Facility: San Francisco To Specialty: Orthopedic Surgery Problem/Reason: Knee Pain/DB

This Referral is direct bookable.

MRN: 03335259 [PREVIOUS MRN](#)
Patient Name: [John Doe](#)
Gender: Male No Patient Referrals
Age: 25y No Dept Visits
Day Phone: (510) 123-4567 [NCAL Visits](#)
Evening Phone: (510) 765-4321
Temp. Phone: -

Requesting Provider: [Richard W Cutler, M.D.](#) [CHANGE PROVIDER](#)
Fac/Adm Dept: REG/ADM
Tie Line/Ext: 8 - 424 - 5711
Fax Tie Line:
PCP: Mary J Kemeny, M.D. -(SFO)MED/PED

Knee Pain

Diagnostic/Treatment Recommendations:

- Nontraumatic knee pain should be treated with exercises, activity modification, and/or NSAIDs for at least six weeks.
- Physical therapy is often helpful
- Consider cortisone injection in the older patient population.
- [Knee Osteoarthritis](#)
- [Patellofemoral Pain Syndrome](#)

Patient Handouts:

- [Osteoarthritis](#)
- [Patellofemoral Pain](#)
- [Knee Fact Sheets, Booklets and Brochures](#)
- [EMMI On-Line](#)

Referral Guidelines:

- Refer for failure of conservative treatment.
- Please obtain plain knee radiographs on all acute traumatic injuries (to r/o fracture) and weight bearing films on all other patients.
- Obtain xrays prior to ordering an MRI. An MRI is not indicated if xray findings show degenerative joint changes.
- Patients with nontraumatic anterior knee pain should not be referred without a trial of rehabilitation
- ACL injuries require rehabilitation in physical therapy.

Referral Workup:

- Does patient require an interpreter?
 Yes No Language:
- Is this Industrial?
 Yes No
- Date symptoms begin (date or duration)
- Where is the pain located?
 Front of the knee Side of the knee Back of the knee
- Has the patient had x-rays?
 Yes No
- Date of xrays (If not within past year, please obtain. If xrays show DJD, an MRI is NOT indicated)
- Radiographic Results.
- Pertinent history, physical exam, treatments and responses to treatment/Comments:
- Check all that apply:
 Trauma Swelling Instability Mass
 Weakness Deformity
- Check all that apply:
 Work Related Injury Third Party Liability

Patient Appointment Preferences:

Start Date: Time Preference: AM PM Day Preference: Mon Tue Wed Thu Fri

This Referral is direct bookable.

- Patient leaves PCP's office with Appt in hand; increased satisfaction, decreased calls to track Consult
- Obviates need for Specialist to Triage
- Saves Specialist Support Staff appointing time

ABD-Gerd

Diagnostic/Treatment Recommendations:

- Background:
 - Gastroesophageal reflux is a chronic dysfunction significantly affecting up to 10% of all adults.
 - Diet, lifestyle, habits, medication and stress are very important contributing factors in GERD in most patients. Patients who present to physicians with complaints about heartburn often are experiencing stress/anxiety/depression.
 - **In the absence of alarm symptoms (weight loss, hematemesis/melena, anemia, progressive daily dysphagia) EGD AND BA SWALLOW/UGI rarely change management and ARE NOT INDICATED.**

Patient Handouts:

- [Heartburn \(RHE\)](#)
- [Heartburn & Dyspepsia-Relief \(RHE\)](#)

Referral Guidelines:

- Unless a patient presents with alarm signs/symptoms, all patients warrant 2-3 months of aggressive management of diet, lifestyle, behavioral management and trials of H2 blockers and/or PPIs before referral.
- **Failure of medical therapy:** Patient has failed to improve after 2-3 months of appropriate lifestyle, habits, behavioral management and aggressive acid blockade with Pepcid 40 mg BID, and/or Prilosec 20 mg BID. Patients with GERD <1 X/week and or atypical chest pain, do not need immediate EGD. Should have trial of antireflux measures and antacid therapy.
- **Patient considering Anti-reflux Surgery:** Patient with chronic GERD who has failed medical management, or has complications. NOTE: Patients who are refractory to PPI therapy likely have functional disease and have a uniformly poor response to surgery.
- **Patients with primary ENT symptoms (hoarseness, paroxysmal cough), should have a 100 day trial of high dose PPI therapy before referral.**
- **Patients with known Barrett's epithelium who are due for surveillance: Note: there is NO clinical evidence to support screening the GERD population for Barrett's epithelium improves quality of life or survival expectancy. Screening for Barrett's is NOT recommended. However, patients with known Barrett's may be appropriate for serial EGD every 3 years for a few exams to rule out dysplasia.**

Referral Workup:

1. Referral Indications:

- Failure of medical therapy
 Patient considering Anti-reflux Surgery
 Patients with true GERD + true Dysphagia to solids
 Patients with known Barrett's epithelium who are due for surveillance


2. Patient History/Comments:

Text input field for patient history or comments.

3. Check all that apply:

- Work Related Injury
 Third Party Liability

Patient Appointment Preferences:

Start Date:  Time Preference: AM PM Day Preference: Mon Tue Wed Thu Fri

(Not Direct Bookable)

SUBMIT CANCEL

Request Referrals Admin

To Facility: Stockton To Specialty: Head And Neck Surgery Problem/Reason: Sinusitis-Chronic:DB [Find Special](#)

This Referral is direct bookable.

MRN: [PREVIOUS MRN](#)

Patient Name:

Gender:

Age:

Day Phone:

Evening Phone:

Temp. Phone: -

Requesting Provider: [Richard W. Cutler, M.D.](#) [CHANGE PROVIDER](#)

Fac/Adm Dept: REG/ADM

Tie Line/Ext: 8 - -

Fax Tie Line:

PCP:

Sinusitis-Chronic

Diagnostic/Treatment Recommendations:

- General, maintenance and preventive measures: Saline nasal sprays (1/4 tsp. salt to 6-8 oz. water) or irrigations qid with Water Pik and Grossan nasal tip, bulb syringe, or baster.
- If blood pressure under control, Entex or a combination of Sudafed and Guaifenesin (600-1200mg bid) to decongest and thin secretions.
- If Afrin nasal spray is used, do so for no more than 3 days, bid-tid.
- Beco-nase tid or Flonase qd for 3-weeks and environmental controls to reduce allergen exposure.
- Antibiotics: 1st tier: Amoxicillin 250-500mg tid, Septra DS bid, or Doxycycline 100 mg bid: 10 days to 3 weeks.
- 2nd tier: Augmentin 875mg bid, Vantin 200-400mg bid or Clindamycin 300mg tid-qid. Treat 4-6 weeks if necessary.
- If improved but not resolved, may need longer course. If resolved but relapses within a few weeks, restart same antibiotic but treat for 7 days beyond resolution of symptoms.
- Emergency referral is indicated if there is evidence of a complication of sinusitis such as orbital cellulitis or abscess, frontal bone osteomyelitis, brain abscess, cavernous sinus thrombosis or meningitis.

Referral Guidelines:

- Refer to HNS if there is failure to improve after 2nd tier antibiotics for 3-6 weeks.
- Refer to Allergy to rule out underlying allergic condition or for further medical management.
- Early referral is indicated in the setting of marked, acute frontal sinus tenderness, signs of systemic toxicity and failure to improve somewhat on antibiotics over 24-48 hours.
- A black, necrotic turbinate or septum may indicate the presence of mucormycosis or another destructive vasculitis.
- There should be a positive coronal CT of sinuses after 5-6 weeks of antibiotics use prior to referral to HNS.

Referral Workup:

1. **Has the patient failed medical therapy and had a recent CT scan of the sinuses? (Please note that a retention cyst in the maxillary sinus is not a significant finding.)**

Yes No
2. Has the patient ever been seen in HNS before?

Yes No
3. If yes, with which provider?
4. Patient History/Findings :
5. Urgency of Consult:

Elective Emergent
6. Check all that apply:

Work Related Injury Third Party Liability

Patient Appointment Preferences:

Start Date: Time Preference: AM PM Day Preference: Mon Tue Wed Thu Fri

(Not Direct Bookable) [SUBMIT](#) [CANCEL](#)

Process to Create e-Consult Content

- **Regional Chiefs Groups create Reason for Referral List**
(standardizes language re: Reason for Referrals)
- **Individual Chiefs create Decision Support Content** (Dx/Rx Recommendations, PCP & Pt Ed links, & Referral Guidelines)
- **Local Content refined via feedback from sending Depts, & input at local Chiefs meetings**
- **Good Content presented & discussed at Regional Chiefs Groups**
 - Any chief free to borrow colleague's content
 - Referral Rates tracked over time; Content efficacy evaluated, & revisions made
 - Links to new PCP Ed or Pt Ed materials presented or emailed
 - Regional IM Chiefs send Liaisons to Specialty Chiefs Groups to:
 - Identify Key Utilization opportunities
 - Optimize e-Consult Content
 - Improve inter-department workflows

MD Home Pages

Your health record | Get health advice | Appointments/Rx refills

My Home Page

- Home
- Prepare for your Procedure (Emmi) *New!***
- Online Health Coach *New!***
- Anesthesiology Department
- Common Foot & Ankle Problems
- Healthy Living To Go PODCASTS
- Hot Topics
- La Educación para la Salud
- Learn More About Anesthesia
- Our Medical Center

Healthy Living
 Podcasts
 Videos
 Online Programs

Healthwise Health Encyclopedia
 La Guía en Español
 Awards and Recognition

The Permanente Medical Group

Craig Wargon, DPM

Facility
[Santa Clara Medical Center](#)
[Department of Podiatry](#)

Address
710 Lawrence Expressway
First Floor
Dept. 140
Santa Clara CA 95051
[Map & Directions](#)



Telephone
Office: (408) 851-1950
Non-urgent voicemails: (408) 851-1000 x21912

[E-mail your doctor](#)

Department Hours

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Closed	8:00 am 5:00 pm	8:00 am 5:00 pm	8:00 am 5:00 pm	8:00 am 5:00 pm	8:00 am 5:00 pm	Closed

Closed during lunch, 12:30 pm to 1:30 pm

Welcome to my home page!

On this site I have made available all the pamphlets and educational resources that exist in my exam room and more!

- If you want to learn more about me check out [Dr. Wargon's Biography](#)
- Take a look at [Learn More About Your Feet](#) here you can find some of my recommended links to learn more about various conditions that pertain to foot health.
- For more information on diabetic foot care check out [Diabetes and Your Feet](#)
- On the bottom left you can find a link to the [Health Encyclopedia](#), comprehensive resource for health education information.
- You can refill prescriptions and make primary care appointments on-line by using the following link [appointments and prescription refills](#)

I hope you find the information provided useful. Bookmark the page for future reference and come back often!

[My Credentials](#)

Revealing Reports for Specialty Depts

- **Access:** Reported monthly and Trended for approx 600 Specialty Depts (tracks 40 specialties at 15 Med Centers)
 - Initiated To Seen: % within 14 days & 10 days, Avg Days' Wait
 - # New Consults, # Seen, # Closed in other ways (Defines Demand, & needed Supply)
 - # Still Open Consults (Quantitates & Trends any Supply/Demand mismatch)
 - # & % of Appts Direct Booked
- **Utilization:** Referral Management Report
 - # of Referrals & Referral Rates from Primary Care to 18 Specialty Depts, for each Med Center
 - # of Referrals & Referral Rates by Problem Reason, by individual Provider
 - Customized Local Reports: % Derm Referrals for "skin cancer" not resulting in Bx; % of Ortho Referrals not resulting in surgery; by PCP. Identifies highly specific knowledge gaps.

Data openly shared at Dept meetings, Chiefs meetings, and in discussions between Chiefs and individual MDs, & non-MD Providers

Early, easy Access to Specialty Expertise

Helping PCPs formulate the best diagnostic and treatment path for their patients, at the earliest possible time, is likely to have multiple benefits for Patients, Specialists, Generalists, and your system:

- **For Patient:**
 - Improved Quality of Care
 - Excellent Service & Convenience (May be able to meet patient's Consultation need, while still in PCP's office)
- **For Specialist:**
 - Assure needed pre-consult Workup or Rx
 - Reduction of unnecessary face-to-face Consults
 - Improved Access for those patients who truly need or desire face-to-face consults
- **For Generalist:**
 - Improved care and satisfaction for your patients
 - Education of PCPs at "most teachable" moment
- **For System:** All of above, plus Increased Cost-efficiency:
 - In Consultation Process
 - Higher Quality = Lower System Costs
 - More appropriate utilization of Imaging, Lab, and Pharmaceuticals

Demand Management in Specialty Care:

Particularly helpful when Specialty Supply/Access is problematic

- Whenever we examine Utilization, we find great variability. High Utilization does not necessarily imply waste, nor does low Utilization necessarily imply prudence.
- **How do we support our PCPs to achieve maximally appropriate Utilization of Specialty consultation, and to do so in ways which maximize convenience for patients, PCPs, and Specialists?**

1. PCP Education

- Informed by analysis of Referral Management Reports. Which Depts are experiencing high utilization? From which providers? For which Problem Reasons? Identify high opportunity areas; high volume, high % low value Consults.
- IM and Specialty Chiefs develop and implement a plan to address PCP knowledge gaps, (e.g. New MD Orientation, Specialty Care Conferences, conversations with individual PCPs, etc.)
- Other PCP Education Tactics
 - Local IM Champions for various specialties:
 - Identify Key Utilization opportunities
 - Work with Specialty Chiefs to maximize e-Consult Content, & create Tip sheets
 - Meet regularly with PCPs with high or low utilization
 - Mini-Fellowships in Ortho, Derm, & Podiatry
 - Full Day Sessions with Hands on Teaching
 - Specialty Depts meet with Primary Care in ongoing Monthly Lunches

Demand Management in Specialty Care:

2. PCP Decision Support: Also informed by analysis of Referral Management Reports

- E-Consult: Review content, pop-ups, and PCP Questions, particularly for the high opportunity Problem Reasons
 - **Assure the few, key utilization points are succinctly embedded in PCP's workflow**
 - Include links for fuller Ed materials; Clinical Tip Sheets for PCPs, & printable links for patients

The opportunity here is “real time”, and relatively early in PCP process

- Promote “Ask the Specialist”:
- Consider Specialty Advice Phone: Real time access to Specialty Expertise

3. Triage, with Advice & Feedback to PCPs

Access APIC and Chiefs to facilitate and support these activities, periodically assess the impact of the interventions over time, and revise the PCP Education and Support Programs as needed.

Doctor Office Visit Alternatives in Specialty Care

- Maybe particularly valuable when Specialty Supply/Access is scant
- Patients always given Face-to-Face Specialty Visit, if that is their preference
- **Specialty Advice Phone**: Where Specialist Physical Exam is unnecessary, and information exchange & cognitive services can define the best diagnostic or treatment path for patients (Current Real Time Pilots in: CAR, GI, HNS, NEU, PMR, & ORT)
- **“Ask the Specialist”** via e-Venues or phone mail:
 - Can be used when patient convenience not an issue (e.g., when receiving after hours lab, imaging, or other testing results.)
 - Additional advantage, is asynchronous: PCP communicates, Specialist responds when convenient for each
- **Triage**: Closing Consults with advice to PCP; via phone, e-Consult, or Health Connect
- **Roving Specialist**: When face to face Specialist Physical Exam is required
 - Has been used in Dermatology & Podiatry. New pilots: Ophthalmology for OPT Referrals, Ortho, others?
 - Requires great geographic concentration of pathology for efficiency
 - Excellent for PCP education at the most “teachable moment”

Doctor Office Visit Alternatives in Specialty Care

- **Consultation via Image Transfer**
 - Can move work from facilities with scant Specialty Supply to facilities with robust Supply
 - Telederm can be used for new problems or Returns
 - Opportunities for other Specialties? Gen SUR: Lumps & Bumps?, Post-op wounds?
- **Remote Patient/Specialist Consultation:** Where Specialist Physical Exam is unnecessary
 - Telephone Appt Visits
 - Secure Messaging: email interchange; for Consults, & may be particularly valuable for Follow-up and in lieu of Return Visits
- **Consultation via Group Appts** Carpal Tunnel, Heel Pain, CRC Screening, IBS, Cataracts, HA, etc.
- **Consultation using Leveraged Personnel:** RNs, NPs, PAs, Health Educators, Pharmacists, Optometrists, etc.
- **Combinations of the above;** RN Telephone Visits for Renal Colic, Virtual Roving Dermatologist

New Metrics in Development - % Consults Closed via:

- Advice to PCP
- Telephone encounter with patient
- Secure Messaging interchange with patient