

Client Spotlight: The Center for Spine & Brain Health at Mercy Medical Center of Oshkosh, WI

Introduction

Access to spine care has long been a challenge for both the self-referred patient and professional referral source. It is not uncommon that scheduling an initial consult will require a long wait, especially if the referral is to a surgeon. While health systems, hospitals and physician practices are preparing for more integrated, patient-centered care, Priority Consult Spine's nurse navigation system and web-based patient records are enabling spine care providers to address these issues.

One of the best ways to overcome these deficiencies and improve access is to develop and implement a comprehensive intake, triage and navigation (ITN) care management system. Priority Consult Spine supports such a system. One of the core elements of ITN is care coordination. The value of care coordination lies in improving access to care and communicating treatment paths to the patient and referring professional, while also providing a remarkable patient experience. This model of coordination ensures patients are quickly directed to the most effective care modalities, and to spine specialists most qualified to treat their unique symptoms, whether it be surgery, physical therapy, physiatry (PM&R) or pain management. Supported by Priority Consult Spine, the nurse navigator functions as a patient advocate who creates and maintains critical linkages between the clinical, administrative and customer service elements of care, adding value to each step in the process and enhancing the effectiveness of each treatment and spine specialist.

The Center for Spine and Brain Health at Mercy Medical Center

Neuroscience Assessment Recommendations

This client spotlight will address the impact of Priority Consult Spine's program for surgical and non-surgical spine patients, across multiple medical spine specialists, at the Center for Spine & Brain Health at Mercy Medical Center in Oshkosh, WI (CSBH.) The purchase and implementation of Priority Consult Spine resulted from a comprehensive assessment of neurosciences across the Affinity Health System (AHS) by Vega Healthcare. Challenges facing the organization included: declining surgical volumes, fragmented care, and primary care physician dissatisfaction with access to spine expertise and inadequate communication. Additionally, the Affinity system's patient inquiry line, "Nurse Direct," was not focused specifically on back and neck pain, and provided only referral information without ongoing support or the ability to readily report and track patient status.

Major assessment recommendations included the development of an inpatient spine program at Mercy Medical Center (MMC) and a comprehensive, integrated system of outpatient services. Vega Healthcare recommended the development of a comprehensive spine program with implementation support through Marshall Steele & Associates for the inpatient spine program. Priority Consult Spine was recommended and selected as a platform for improving access across the regional service area and expanding the reach of AHS/MMC's spine specialists.

CSBH began using Priority Consult Spine in January 2011, in advance of the inpatient spine program's official opening in May of 2011. Since that time, CSBH has used Priority Consult Spine to support patient and physician readiness for effectively diagnosing and treating all spine conditions. They established an Intake Center staffed by two Intake Specialists who gather and communicate patient information to a Nurse Navigator. The Nurse Navigator's role is to coordinate and communicate initial testing and appointments as well as initiate conservative treatment recommendations. According to the staff, nurse navigation is the "glue" that holds together treatment for both outpatient and inpatient services. The role of the nurse navigator is to manage the patient experience by:

- Collecting treatment information
- Coordinating physician review of patient images and medical histories
- Providing patient education on clinical impressions, types of treatments and the sequence of treatments
- Supporting the provider team by previewing treatments and answering patient questions in lay terms
- Scheduling patients with the appropriate spine or ancillary specialists
- Communicating the patient's status to the referring physician.

Nurse Navigation and Care Coordination

Nurse navigation provides guidance and enables the staff to more readily determine the urgency of presenting symptoms and engage with patients in a very personal way, which helps decrease the patients' anxiety. For most patients and referring physicians, Priority Consult Spine is not visible; yet it fosters exceptional levels of customer service. One of the nurse navigator's roles is to anticipate the most frequently asked questions about treatments and procedures and provide preemptive patient education. What is gratifying for Deb Seiler, RN, Nurse Navigator, is the ability to follow up and determine if the patient is satisfied with care. On occasion, patients are not satisfied with the treatment of choice. In these circumstances, Deb is able to clarify the situation, resolve dissatisfactions, provide additional education and give feedback to clinicians, if indicated.

The program, with support from Priority Consult Spine, has extended the navigation process to inpatient care. Scheduling and tracking of patients through treatment stages, such as Pre-Admission Screening and Pre-surgical Patient Education, is aided by the use of a Patient Guidebook. Michelle Feucht, RN, Spine Program Care Coordinator, referred to navigation as, "... my Bible, my schedule..." for regular contact and follow up with patients. Furthermore, program staff members are able to track post-discharge milestones through their "Patient Call Back" process. Michelle makes the patient callbacks, which cover more than fifteen questions about patients after surgery, such as pain levels, complications, activity level, any weakness, compliance with medications, etc. Moreover, callbacks have occasionally caught potentially problematic clinical situations, which led to appropriate interventions.

Medical Review and Triage Recommendations

Additionally, the Intake Center's use of Priority Consult Spine has resulted in an exceptional level of connectivity between patients, nurse navigators and the treatment team. According to the CSBH staff, in contrast to the previous disorganized approach to spine care, the centralized process for information and data is comprehensive, organized, and accessible in near real-time. As Center Director, John B. Pracyk, M.D., Ph.D., performs the majority of medical reviews and provides triage recommendations for

each patient. Interestingly, Dr. Pracyk's Physician Assistant, Rene Fernet, PA-C, had previous experience with Priority Consult Spine while working with Marquette Medical Center's spine program. She facilitates the patient review process for the Program. Notes are documented in the patient record for use by the Nurse Navigator, Deb Seiler, to communicate with patients. According to Dr. Pracyk, the major benefits to the spine program and his practice are:

- expedited access to care through a single phone call,
- a high level of service to the referring professional,
- comprehensive triage options for any presenting condition,
- an assurance that when patients are scheduled to consult with him, a complete diagnostic and treatment history is already available for review,
- an ability to track patient progress and functional outcomes.

Although up to 90% of patients will not require surgery, most primary care physicians initially refer to a surgeon. Per Dr. Pracyk, the Priority Consult Spine system is used to channel the patient through preliminary non-surgical interventions. If the patient is ultimately evaluated by a surgeon, a "clinically meaningful visit" occurs because other interventions have been eliminated as they have not provided adequate relief. Additionally, a more comprehensive diagnostic and treatment history is available for Dr. Pracyk's neurosurgical review.

Dr. Pracyk has observed that payers are broadening their focus and application of provider data. He considers the program's data collection capabilities, supported by Priority Consult Spine, to be assets to Mercy. He notes that the key variables that are now or will be tracked in the future include: quality measures, cost, sequence of treatments, treatment appropriateness and effectiveness, safety and management of chronic pain.

Reporting Capabilities

Priority Consult Spine produces a monthly summary report that allows the program to document, track and trend 19 activities including:

- **Monthly Call Count** to track call volume,
 - 2012 referral volume was 1,476 calls
- **Patient Assignment by Provider** which tracks initial triage disposition,
- **Referral Source** allows the program to understand how patients became aware of the services. For the CSBH, the vast majority of calls originate with primary care physicians,
- **Facilities selected by Nurse Navigation** tracks the type and location of service provider; pain management, rehabilitation, etc. This data also provides insight into the percentage and type of ancillary services provided over the course of care,
- **Referral Report** data permits the program to look at trends with PCP referrals and to acknowledge the support as well as engaging the physician's office if referrals have declined,
- **Outcomes Data** collection using standard functional measures to gauge patient response to treatment.

Patient Stories

Comments from patients about nurse navigation are overwhelmingly positive. Mercy holds regular patient "Reunion Lunches" where patients can enjoy a meal with other spine program alumni, share their experiences in the hospital and make suggestions for programmatic improvement. Patients

consistently say their care was well organized and streamlined when compared to other hospital experiences. They also say that the Patient Guidebooks and Pre-Surgical Education Class have prepared them well for surgery. One patient's husband stated that he, by participating with his wife's surgery preparation class at CSBH, had learned more than he had during his own three previous back surgeries. The following brief vignettes tell unique and personal stories about some of the patients who have been treated by the program.

Back Pain and Business Travel

Kari Dubois was referred to Dr. Pracyk by her primary care physician in June of 2011. Kari's work requires extensive airplane travel and had become painful with increasingly diminished mobility. After imaging had been done and non-surgical interventions were attempted, Kari was presented with additional treatment options and chose surgery. Both Dr. Pracyk and Kari wanted to ensure that she was a good candidate for surgery and a number of additional screenings were done. Surgery was performed in December of 2011 to correct spondylolisthesis, bilateral Pars fractures and severe degenerative disc disease. While the inpatient stay can last up to 5 days, Kari was discharged after 2 days, in great part due to her preparation for surgery. Kari added that, "There was great customer service. I never felt rushed or like a number, each step in the process and treatment was explained and the care was phenomenal."

Referred by a Chiropractor to Dr. Paul

Bonnie Beyer was being treated by a chiropractor for chronic hip pain with spinal adjustments. In addition, she had a significant family history of rheumatoid arthritis and was receiving prednisone for asthma. After starting to lose sensation in her arms and legs, she had an MRI and was urgently referred to Dr. Kamaljit Paul, M.D., a neurosurgeon on staff at Mercy Medical Center and a medical staff member in the Center for Spine and Brain Health. Dr. Paul diagnosed her condition as severe cervical osteoarthritis and recommended immediate surgery. A cervical fusion was performed and she has since had a lumbar fusion, as well.

Bonnie attended a pre-surgical patient education class and commented that, "All the physicians and staff made me comfortable, took their time, made me feel special. They did tell me that surgery would not make my back perfect but that it would be much better." Her outcomes have been very satisfactory and she especially appreciates the regular follow up phone calls from staff that have continued over a year following surgery.

A 30-Year-Old Injury

Mark Sanders shared a brief summary of his 30-year-old injury and the treatment he received for it. Although he was physically active, diagnostics revealed two ruptured discs. Mark had avoided surgery diligently. He was referred to Dr. Pracyk by his primary care physician and although initially skeptical, he was educated by Dr. Pracyk on treatment options. Mark did choose surgery six weeks later, was in the hospital less than 24 hours and has had a great outcome. He was most impressed by the detailed and regular follow up by Michelle Feucht.

Pain Management Keeps a Grandmother Going Without Surgery

Jill Bielmeier is a 64-year-old who was referred to Dr. Nathan Malloy, a pain management specialist affiliated with The Center for Spine and Brain Health, for knee pain. Dr. Malloy actually diagnosed Jill's knee pain as spinal stenosis originating from the lumbar area of her spine. Remaining active was important to Jill because she waitressed about 15 hours a week

and cared for a young grandson two times per week. Her pain had really hampered her ability to care for her grandson and continue working as a waitress. In August of 2012, Jill received an epidural steroid injection in her lumbar region. She has seen a dramatic reduction in pain, increased mobility and a decrease in her use of anti-inflammatory medications. She is very pleased with the care and support she received as she was navigated through her diagnosis and treatment.

A Family Physician's Professional and Personal Experience

As a family practice physician, Dr. Katie O'Rourke is able to offer two unique and valuable perspectives: as a doctor referring to the spine program and as a back pain patient herself. Prior to the start of the spine program and Intake Center, she was often left to locate and juggle resources for her patients with back and neck pain. With the spine program, she now immediately and confidently refers patients. She commented, "If I am uncertain about what to do for the patient- I just refer them." She also appreciates the availability of comprehensive services that include not only more traditional back pain interventions but also offer other treatment such as integrative medicine and psychological support. For work-related injuries, there is an entire occupational medicine department.

While she recalls back pain in her youth, her personal journey to health began with a referral to the program and Dr. Pracyk. He diagnosed Isthemic Spondylolisthesis, with possibly a congenital origin that over time became more symptomatic. As a patient, Dr. O'Rourke came to appreciate the comprehensive approach that included physical therapy, weight loss, exercise, interventional pain management, physiatry, occupational therapy and biofeedback. With this care regimen, she had a 3-month respite from symptoms, but they eventually returned. Even though she was advised by Dr. Pracyk to proceed with surgery, she was fearful of taking time off from her busy practice. Ultimately, she came to the decision to proceed with surgery. After a year of preparation, Dr. Pracyk performed an anterior lumbar interbody fusion, Gill laminectomy, and posterior lateral fusion with pedicle screw instrumentation.

According to Dr. O'Rourke, the outcome of surgery has been very satisfying. As she reflected on the care process, she considers the guidance of the spine program, the nurse navigation, Dr. Pracyk's comprehensive medical and surgical management and the in- and outpatient treatments as a journey to superior health and personal wellness. She added that previously, "I didn't adequately regard my health, but now I do. I have a totally changed perspective that has been positive for my home, family, and my medical practice."

Conclusion

For the Center for Spine and Brain Health, rapid access, nurse navigation and the collection and use of outcomes data has revolutionized care in the region. The model of patient-centered care that Priority Consult Spine fosters will become the prevailing process as CSBH and its spine professionals continue to grow and expand the scope and quality of care. Most importantly, with support from Priority Consult Spine, this collaborative care model keeps the patient in the middle of the entire decision making and care processes.

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Assessment
Service Launch
Operational Implementation

Strategic Planning
Program Development
Center of Excellence Development