

Multidisciplinary Clinics: Creation and Care Continuity



Jennifer Earle Miller MD

Director, AMC Multidisciplinary Spasticity Clinic
Disability Thread Leader, Albany Medical College
Associate Professor
Division of Physical Medicine and Rehabilitation

Contact Information: millerj4@mail.amc.edu



Albany
Medical
Center

Disclosures

- Dr Miller has nothing to disclose related to industry
- Primary Investigator on National Inclusive Curriculum in Healthcare Education grant (NICHE grant) from American Academy of Developmental Medicine and Dentistry (AADMD)



Learning Objectives

Upon completion of this talk, participants will be able to:

1. Define multidisciplinary clinical care and consider role in cerebral palsy
2. Describe considerations for organizing a new multi-provider clinic
3. Consider opportunities for maximizing patient collaboration and clinic efficiency



Outline

- Origin Story
- Spasticity Clinic Overview
- Case Examples: Spasticity Clinic

- Spina Bifida Clinic Overview
- Case Example: Spina Bifida Clinic

- Logistical Considerations
- Billing Considerations
- Questions

Origin Story



Origin Story



Spasticity Clinic

- 70% of children with cerebral palsy covered by managed Medicaid have **spasticity**
- Many Medicaid-eligible children with CP (42.4%) do not receive therapies commonly used for CP management via Medicaid

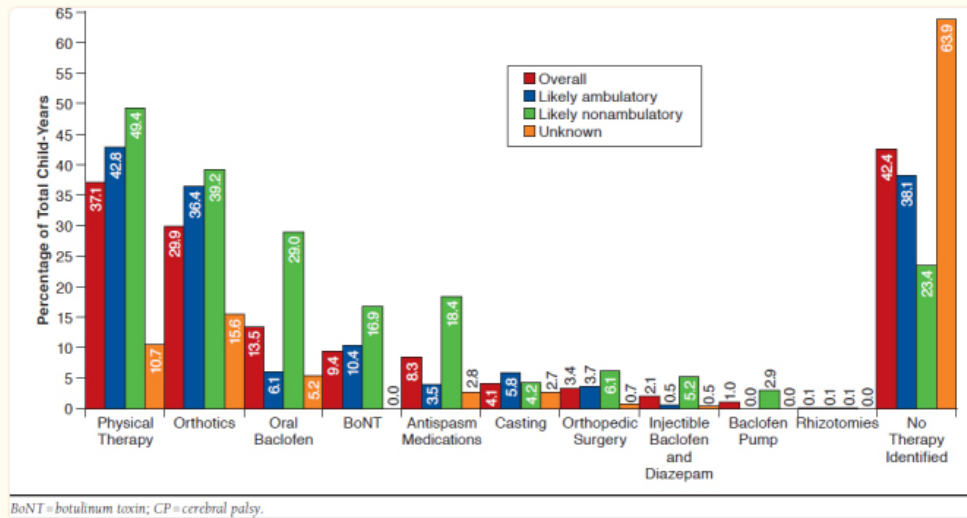


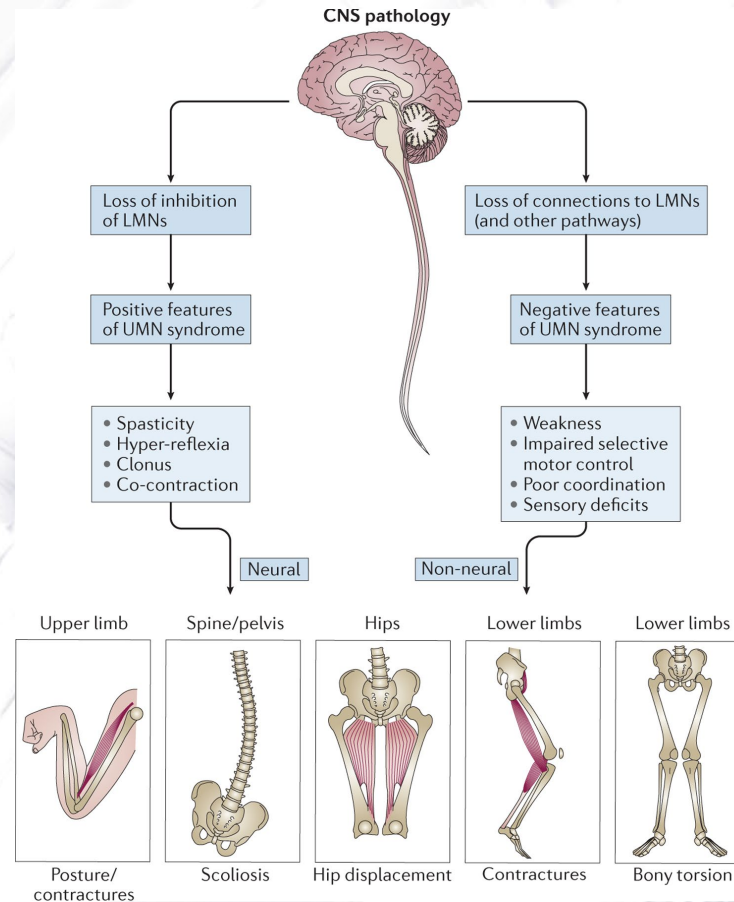
FIGURE 1

Utilization of Key CP Management Therapies, Overall and by Likely Ambulatory Status (N = 7,158 Child-Years)

Pulgar S, Bains S, Gooch J, Chambers H, Noritz GH, Wright E, Sawhney TG, Pyenson B, Ferro C. **Prevalence, Patterns, and Cost of Care for Children with Cerebral Palsy Enrolled in Medicaid Managed Care.** J Manag Care Spec Pharm. 2019 Jul;25(7):817-822. doi: 10.18553/jmcp.2019.25.7.817. PMID: 31232210; PMCID: PMC10398069.

Spasticity Clinic

- Consensus recommendations are for most children with CP to be actively treated by a multidisciplinary team



Spasticity Clinic

- Created August 2020 (name evolution)
- 3 Billing providers, 2 courtesy specialties
 - Physical Medicine and Rehabilitation
 - Orthopedics
 - Neurosurgery
 - Orthotics
 - Physical Therapy
- “Coincidence” schedules
 - PM&R schedule built as the “master schedule”
 - Orthopedics and Neurosurgery populated off it
 - When scheduling appointment, annotated which providers need to be seen
- Collaborative appointments

Spasticity Clinic

Case Example 1:

Maggie is a 10 y old with spastic quadriplegic cerebral palsy, GMFCS 5, who presented first to PM&R with concern for absence of therapies in early Covid, she had lost mobility and was more dependent for care

PM&R facilitated an inpatient rehab stay to improve transfers and toileting participation, optimize wheelchair fit, and facilitate acquisition of equipment

At inpatient discharge, reconnected with PM&R and trialed Botox injections for goal-oriented tone care of limbs

Severe spasticity despite Botox intervention identified

Spasticity Clinic

Case Example 1:

Maggie was already taking maximal dose baclofen for weight

Evaluated together by PM&R, Orthopedics, and Neurosurgery and felt to be a candidate for a baclofen pump

-Decision from multispecialty discussion together with mom and patient in room

Neurosurgery spent extended time facilitate consent and scheduling

Baclofen trial was positive

Baclofen pump placement performed

Spasticity Clinic

Case Example 1:

- Returned to Spasticity Clinic for Neurosurgery post op and initial pump titration

Concurrently:

- Follow up with PM&R: Baclofen oral prescription, collaboration on pump titration, focal tone reevaluation
 - Follow up with Ortho: Hip surveillance → dislocation identified
 - Orthotics offers constructive input on fit of devices
 - PT reviews use of home equipment
- 6 m later, hip pain persisted; multidisciplinary decision made to have hip surgery with Orthopedics

- Returned to Spasticity Clinic for Orthopedics Post op

Concurrently:

- Follow up with PM&R: Baclofen oral prescription, facilitation of Inpatient Rehab Stay
- Follow up with NSG: Baclofen pump titration
- PM&R facilitating collaboration with Child Neuro who manages her anxiety medications

Spasticity Clinic

Case Example 2:

- Ethan is a 16 y old with GMFCS 1/2 Spastic diplegic cerebral palsy, treated with PT, orthotics, baclofen and botox injections for many years
- With aging and increased height, having difficulty walking unassisted
- Seen in Clinic and referred for Motion Analysis Lab

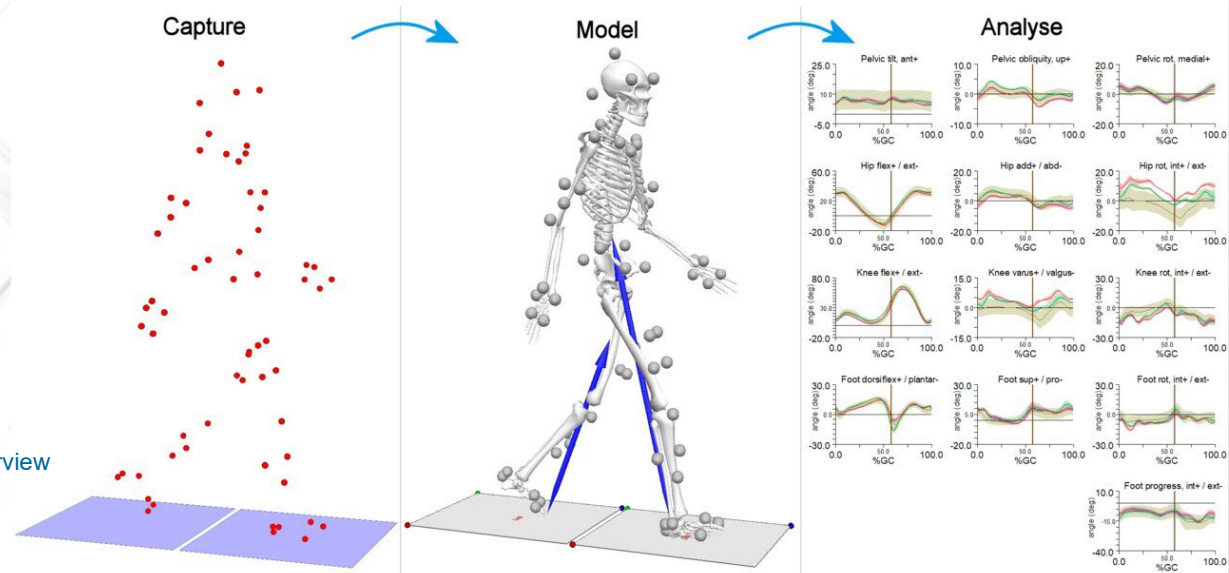
Spasticity Clinic

Case Example 2:

- Motion Analysis Lab yielded complex data reviewed in clinic with team



<https://www.mayo.edu/research/labs/motion-analysis/overview>



<https://www.umu.se/en/research/groups/u-motion-lab/>

Spasticity Clinic

Case Example 2:

- Decision made to pursue SEMLS (Single Event Multi-Level Surgery) with Orthopedics
- PM&R closely involved in planning
- Acute anxiety about procedure identified and behavioral health referral made (in same clinic)
- Returned to Spasticity Clinic for Orthopedic post op

Concurrently:

- Follow up with PM&R: Baclofen oral prescription, equipment needs, therapy plan
- Orthotics offers constructive input on fit of devices
- PT reviews use of equipment

Spina Bifida Clinic

- Created and run by NP 1991-2012
- Reinstated 2019 by Dr. Barry Kogan (Urologist) and Dr. Matt Adamo (Neurosurgeon) with Dr. Barbara Ostrov's (Peds Chair) support
- 6 Billing providers, 1 courtesy specialty, 2 community resources
 - Neurosurgery
 - Urology
 - Developmental / Behavioral Pediatrics
 - Gastroenterology
 - Physical Medicine and Rehabilitation
 - Orthopedics
 - Orthotics
 - Spina Bifida Association
 - Case Management
- Sequential schedules
 - Linked Appointments
 - White Board
 - Back room collaboration

Name	NSG	Uro	GI	BH	Ortho/ PM&R
PT#1	X	X	/		
PT#2	X	/			

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Spina Bifida Clinic

- Case Manager

- Developmental Behavioral Pediatrics team member
- Pre-screen calls to families
- Point of contact between clinics
- Bills for complex care coordination



**SPINA BIFIDA
ASSOCIATION
OF NEW YORK
STATE**

- provides social work services including support, information and education, referral, advocacy, systems navigation and programming
- attends every Spina Bifida clinic
 - meets with each patient
 - assesses needs beyond medical
 - shares relevant programs and services
 - invites consumers to get involved
- resource for participating providers by raising awareness of needs of the Spina Bifida community
- works with hospital administration to promote the clinic through various marketing

Spina Bifida Clinic

Case Example 1:

- Alyssa is a 6 y old with spina bifida born with a lumbar lipomyelomeningocele addressed surgically when she was 1 year old
- Followed with SB Clinic since that time
- NSG monitors residual tethering of the spinal cord
- Urology and GI follow for incontinence symptoms
- Dev Beh Pediatrics for developmental assessments
- Orthopedics closely follows
 - Surgery for dislocated hips
 - Surgery for equinovarus ankle contracture
- PM&R Coordinates Equipment and Therapy Needs
 - PT 3x per week at school, regular communication with PM&R
 - Posterior Rifton Walker and articulating AFOs
- Orthotics adjusts and delivers AFOs during clinic

Logistical Considerations

Steps	Brief summary
1. Develop a business plan	<ul style="list-style-type: none"> – Vision of program – Market share analysis and anticipated growth
2. Obtain physician/administrative buy-in	<ul style="list-style-type: none"> – Establish communication from participating physicians and hospital administration
3. Obtain hospital support	<ul style="list-style-type: none"> – Secure hospital resources (conference room, ancillary staff, clinic space)
4. Hire the multidisciplinary clinic coordinator	<ul style="list-style-type: none"> – Full-time dedicated coordinator (experienced Advanced Practice Provider [APP] or specialty trained registered nurse [RN])
5. Coordinate scheduling logistics	<ul style="list-style-type: none"> – Mutually agree on day of clinic and time of conference – Dedicated "slots" for diagnostic tests or procedures
6. Provider schedule	<ul style="list-style-type: none"> – Develop a rotating schedule from all participating specialists to decrease individual burden
7. Support services	<ul style="list-style-type: none"> – Dedication from support services (nutrition/social work) for day of clinic consultation
8. Patient flow template	<ul style="list-style-type: none"> – Useful in structuring whole-day clinic appointment that flows smoothly
9. Weekly handout	<ul style="list-style-type: none"> – Brief summary of diagnosis and treatment to date
10. Meeting the patient and welcome folders	<ul style="list-style-type: none"> – Greet each patient and provide welcome folder with letter describing all appointments for that day
11. Mock day	<ul style="list-style-type: none"> – Minimize obstacles/delays
12. Tracking patients	<ul style="list-style-type: none"> – Flag patients to capture clinic volumes in the EMR
13. Marketing	<ul style="list-style-type: none"> – Website, brochures, easy access phone number
14. Community outreach	<ul style="list-style-type: none"> – Provides immediate feedback to referring physicians – Presentations to potential referring practices – Participation in local/national support group events
15. Data collection	<ul style="list-style-type: none"> – Data collection for future research projects

Logistical Considerations

- **Business Plan**
 - Current data of the disease
 - Historic and current institutional clinic volumes, procedures, and surgeries performed
 - Projected growth of these metrics
 - Upfront costs
 - Anticipated financial revenue
 - Ideas for marketing and outreach
- **Physician and Dept Leadership Buy-in**
- **Physical Space**
 - Clinic rooms
 - Conference room or space for work/collaboration
- **Scheduling / Staffing**

Logistical Considerations

- **Benefits for Patients**

- Consolidate / condense appointments
- Avoid redundant testing
- Enhance provider collaboration and coordinated treatment plans*
- Spread information on local/national support groups and potential clinical trials

- **Benefits for Physicians**

- Collaboration and fostering relationships outside one's department
- Trainee learning opportunities
- CME

- **Benefits for Hospital**

- New patient / diagnostic study revenue
- “Destination care”

*One study found collaborative multidisciplinary pancreatic cancer clinic resulted *in 25% patients* having a constructive change in their care plan (Pawlik et al)

Logistical Considerations

Troubleshooting

- Evaluate each providers capacity to add on patients
- Introducing the 'new-to-some' patient
- When its not a good fit...
- How many absent providers → cancel / reschedule clinic
- Procedural offerings during clinic
- Diagnostic testing ordering / reviewing physician
- Clear follow-up plan / next point of contact / check out form

Billing Considerations

- Patient letter / expectation management
- Co-payment collection
- Individual specialty evaluation of complexity and appropriate diagnosis
 - Ex: Maggie
 - PM&R seeing for spastic quadriplegic cerebral palsy
 - Ortho seeing for hip dysplasia, joint contracture
 - Neurosurgery spasticity

Billing Considerations

- Specific to Behavioral / Mental Health Collaborative Care
 - CoCM codes go to the primary care physician
- 99492 CoCM, is used to bill the first 70 minutes in the first initial month of collaborative care.
 - 99493 CoCM, is used to bill the first 60 minutes in any subsequent months of collaborative care.
 - 99494 CoCM is used to bill each additional 30 minutes in any month. It can be used in conjunction with 99492 or 99493.
 - G2214 CoCM, is used to bill for the first 30 minutes in the first month of care or any subsequent month.

Education Considerations

- Student and resident rotators in clinic
- “Outside” rotators (ex: pediatrics / neurology)
- CME / formal lecture opportunity
- **Our patients** teach medical students!



Questions?



Thanks

- Spasticity Clinic members: Dr Matt Adamo, Dr Abigail Mantica, Lisa Newman PA, Lori Canfield PT, Melissa Washco CPO
- Spasticity Clinic co-founder: Dr Vivek Dutt
- Spina Bifida Clinic members: Dr Matt Adamo, Dr Abigail Mantica, Dr Jeffrey Fahl, Karla Giramonti NP, Lisa Newman PA, Melissa Washco CPO, Dr Melissa Doyle, Ashley Fusco LMSW, SBA Julia Duff
- Shriner's Motion Analysis Lab

Sources

- Meguid C, Ryan CE, Edil BH, Schulick RD, Gajdos C, Boniface M, Scheffer TE, Purcell WT, McCarter M. **Establishing a framework for building multidisciplinary programs.** J Multidiscip Healthc. 2015 Dec 2;8:519-26. doi: 10.2147/JMDH.S96415. PMID: 26664132; PMCID: PMC4671763.
- Pawlik TM, Laheru D, Hruban RH, Coleman J, Wolfgang CL, Campbell K, Ali S, Fishman EK, Schulick RD, Herman JM; Johns Hopkins Multidisciplinary Pancreas Clinic Team. **Evaluating the impact of a single-day multidisciplinary clinic on the management of pancreatic cancer.** Ann Surg Oncol. 2008 Aug;15(8):2081-8. doi: 10.1245/s10434-008-9929-7. Epub 2008 May 7. PMID: 18461404; PMCID: PMC2907242.
- Pulgar S, Bains S, Gooch J, Chambers H, Noritz GH, Wright E, Sawhney TG, Pyenson B, Ferro C. **Prevalence, Patterns, and Cost of Care for Children with Cerebral Palsy Enrolled in Medicaid Managed Care.** J Manag Care Spec Pharm. 2019 Jul;25(7):817-822. doi: 10.18553/jmcp.2019.25.7.817. PMID: 31232210; PMCID: PMC10398069.
- **Learn about 4 new CPT codes to bill for collaborative care.** AUG 17, 2021 by Tanya Albert Henry
<https://www.ama-assn.org/practice-management/cpt/learn-about-4-new-cpt-codes-bill-collaborative-care>