

Continuity:

Why It Matters and How to Build It

Clinica Family Health Services-Pecos Clinic

Judy Troyer, Clinic Director

Session 1B

March 7, 11:00 AM - 12:30 PM



**Safety Net
Medical Home Initiative**

About Clinica Family Health Services

- FQHC based out of Lafayette, Colorado
- Four clinics:
 - People's Clinic & Lafayette in Boulder County
 - Thornton & Pecos in Adams County
- 170,000 visits (Pecos Clinic = 50,135 medical visits)
 - Physical, Behavioral, and Dental
- 38,000 active patients (Pecos Clinic = 15,615 active medical patients)
- 50% uninsured
- 40% Medicaid
- 5% CHP+
- 56% < Poverty
- 98% <200% of Poverty
- 91% women and kids



Clinical Definition of Continuity

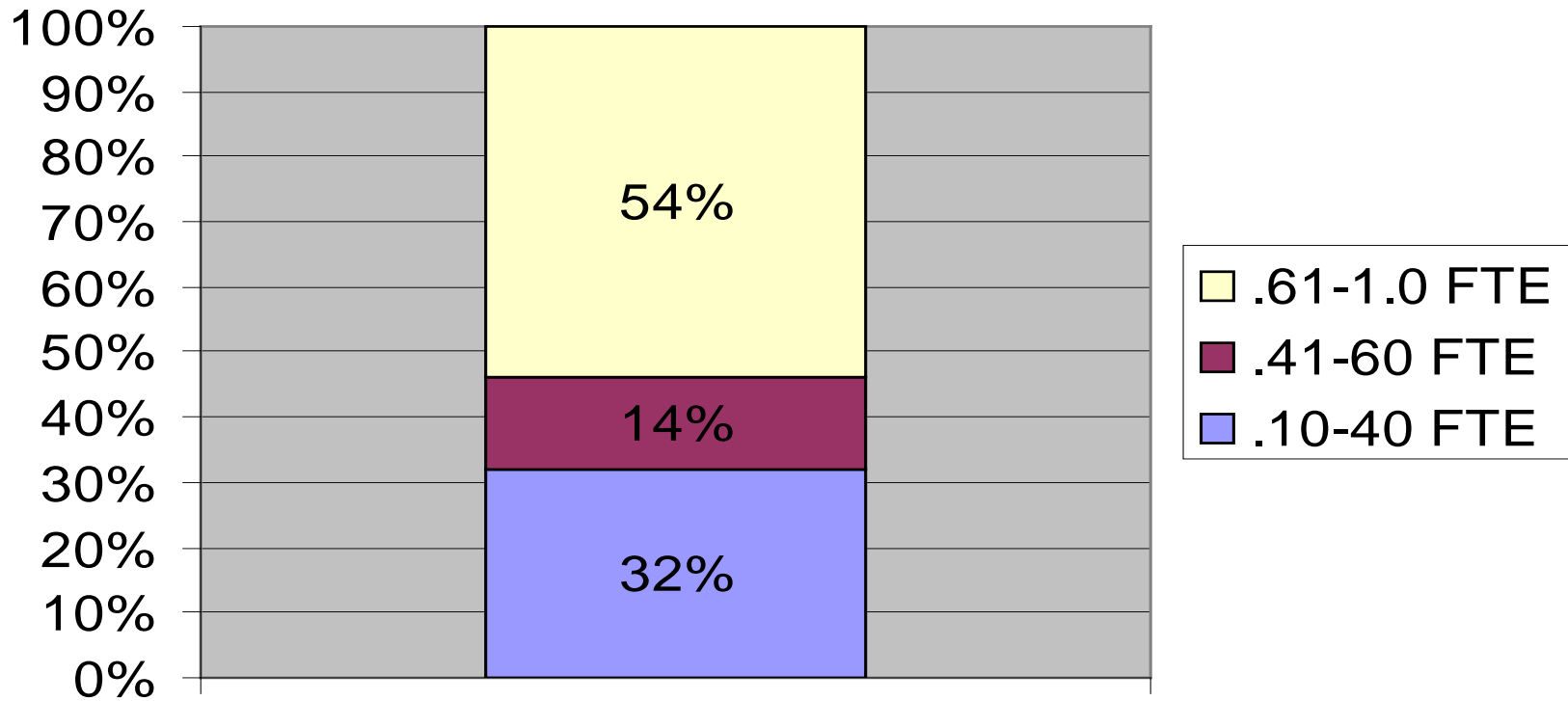
Relationship between patient and PCP
or patient and Care Team over time

PCP Continuity Goal = 70%

Care Team Continuity Goal = 90%

Challenges to Continuity

% Provider FTE



Provider FTE

Challenges to Continuity

- Doing “Today’s Work Today”
- MDs that take hospital call
- Over paneled providers
- Culture of “I will take/make an appointment with any provider”
- Systems: scheduling appointments and group visits
- CME/Vacation/FMLA
- Clinic hours

Why did we choose continuity?

- Data shows that improved continuity results in:
 - Fewer visits to the emergency room¹
 - Improved patient satisfaction²
 - Improved rates of preventive services completion (pap, mammograms, vaccinations)³
 - Improved efficiency⁴
 - 94.1% of Clinica Pecos providers reported job satisfaction was tied to seeing their own patients⁵

3 Areas of Improvement

- 1) Understanding continuity and the benefits
 - Patient understanding
 - Staff understanding

- 2) Scheduling processes

- 3) Group visit coordination processes

Patient Education Project

Two Focus Areas:

- 1) Gather baseline data on patient understanding
 - “Face to face survey of 100 patients
 - 40% of patients could NOT identify their PCP

- 2) Hold patient focus group on continuity
 - Discussion of how Clinica can help our patients understand the benefits of continuity

What Focus Group Taught Us?

- 100% of patients reported they prefer to see their PCP
- Would like to know the provider they are going to see if they can't see their PCP
- Clinica not always open when they need care
- “Understanding” meant they would start asking for their PCP
- Clinica could do better job of orienting new patients

Staff Education Project

- Gather baseline data
- All staff presentation on continuity and the benefits
- Interactive all staff group activity to indentify barriers and solutions
- Post training survey

What did our staff teach us?

Baseline data:

- 29% of staff felt they did NOT have the ability to impact continuity
- 34% staff reported that they could impact continuity, but didn't know how

Post training survey:

- 93.2% reported training helped in understanding continuity
- 100% reported group activity helped in understanding barriers and solutions and how they could impact continuity

Patient Scheduling

Continuity Challenge: Scheduling Processes

- Call Center scheduling guidelines

Solution:

- Move the request for care back to the Care Team when Call Center unable to provide appointment
- Appointment schedules will be monitored for continuity

Patient Scheduling

Continuity Challenge: Scheduling Processes

- In-clinic referrals to MDs for consult or specialty care

Solution:

- Distinguish between appointments made for consult/specialty care needs and true “poor continuity” appointments.

Group Visits

Continuity Challenge:

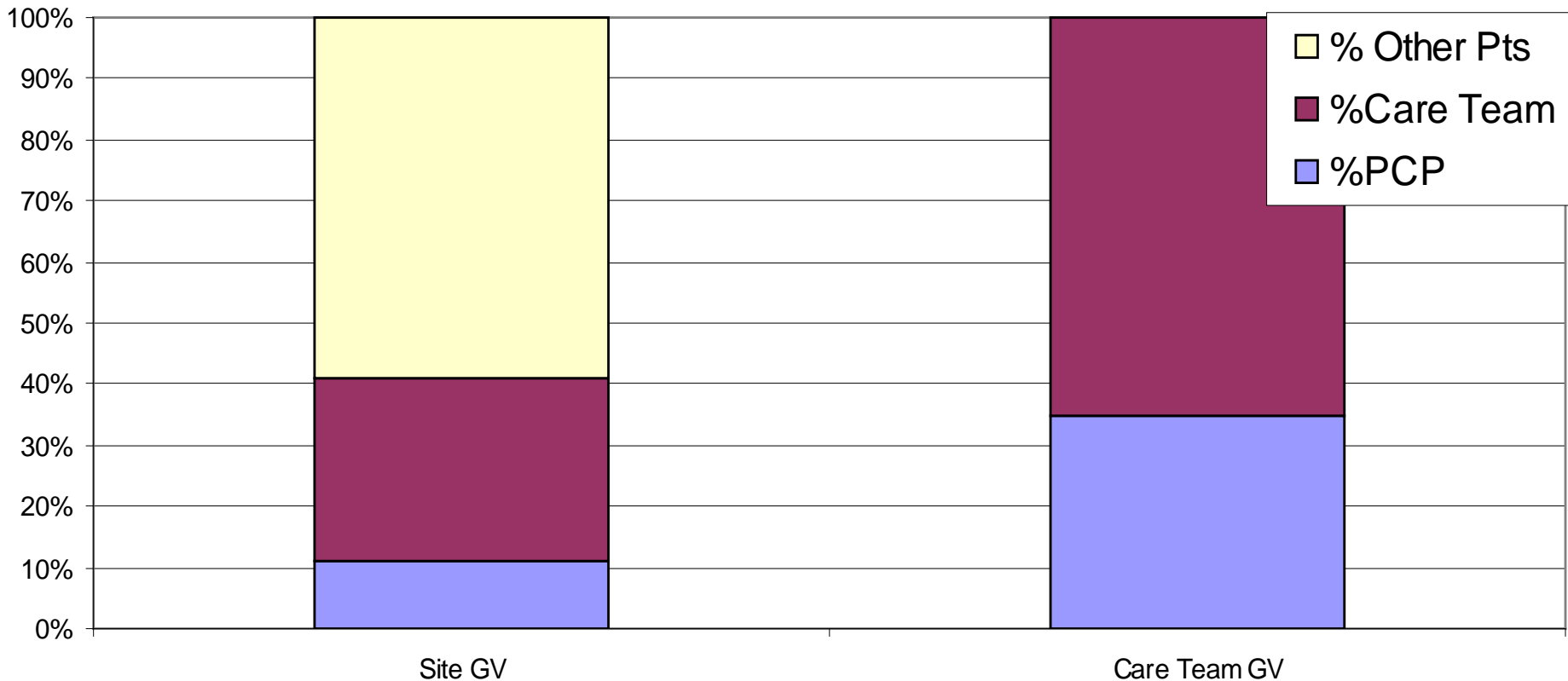
- Poor continuity during Access Group Visits

Solution:

- Coordinate access groups by care team instead of by site

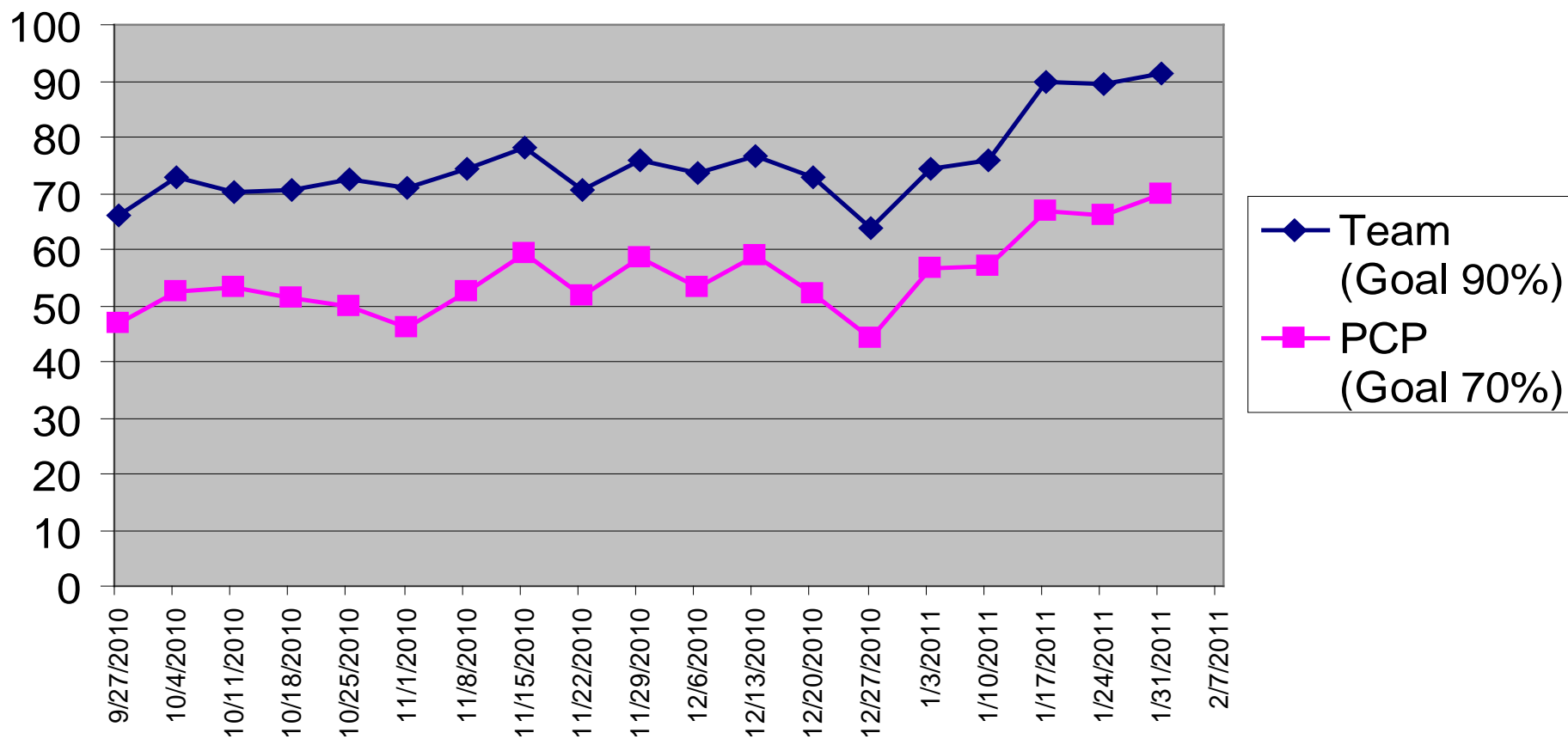
% Continuity

All Site Group vs. Care Team Group



Impact of Continuity Changes

% Continuity



Lessons Learned

- High % of patients did not know their PCP by name
- Patients do want to see their PCP
- Involve as many staff as possible from all areas of the clinic
- Improving continuity is very much directed by the desire of the patient - so education is important

Lessons Learned

- Educate staff and patients about continuity when they first come to Clinica
- The process of educating the patient is a long term project.
- Continuity is a systems issue not a people issue
- We CAN make a difference in continuity if we educate and make changes to our systems.

Next Steps

- Continue patient education campaign with:
 - Mailings
 - Waiting room and exam room postings
 - Ongoing patient focus groups
 - Improve our new patient orientation
- Look at additional system improvements:
 - How to manage during time of provider shortages
 - “Shared Panels” for part time providers
 - Consider expanding hours

Questions?



¹ Brousseau DC, Meurer JR, Isenberg ML, et al. Association between infant continuity of care and pediatric emergency department utilization. *Pediatrics*. 2004;113(4):738-41.

² Christakis DA, Wright JA, Zimmerman FJ, et al. Continuity of care is associated with high-quality care by parental report. *Pediatrics*. 2002;109(4):e54.

³ Cabana MD, Jee SH. Does continuity of care improve patient outcomes? *J Fam Pract*. 2004;53(12):974-80.

⁴ Clinica provider survey done by Judy Troyer. 2010 Dec

⁵ Clinica provider survey done by Judy Troyer. 2010 Dec