

Our Quest for Efficiency

Cambridge Health Alliance
Revere Health Center

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Session 2B

March 7, 3:45PM-5:00PM



MacColl Institute at
Group Health Cooperative

About Revere Health Center

- An academic public health safety net system outside of Boston – only public health system in MA
- Mid-size health center with integrated nutrition, diabetes care, women's health/OB-GYN, mental health services, health education, family planning
- 26,000 patient visits per year
- Largely public payer mix – 82%, almost all Medicaid
- >50% patients speak a language other than English



How fast can we grow?

- Founded in 2004 to provide primary care in an underserved community
- Grew from 1 primary care provider to 12 in 5 years
- Visits 1,800 → 26,000
- Integrated multiple services
- Expanded our clinical space in constrained setting
- Implemented our EMR



Rapid Change is HARD



- Everyone felt overworked, overstressed, overwhelmed and close to burnout
- How do we work smarter since we can't possibly work any harder?



How do you find time to improve?

- Clinical improvement projects take time
- It is crucial to create the time and commit to this important work
- QI work had to become a priority



Development of our Workflow Team

- EMR implementation required us to conceptualize our work in caring for patients as workflows
- Most effective workflows were created when we included the perspective of all team members and utilized a shared-decision making approach in their design.



Workflow Team

- Members include front end staff member, medical assistant, nurse, office manager, nurse manager and a physician
- Meets every other week and has executive ability to change workflow of the clinic
- Work of the workflow team – examples ...
 - Practice flow improvement
 - Ongoing quality improvement
 - Implementation of new initiatives

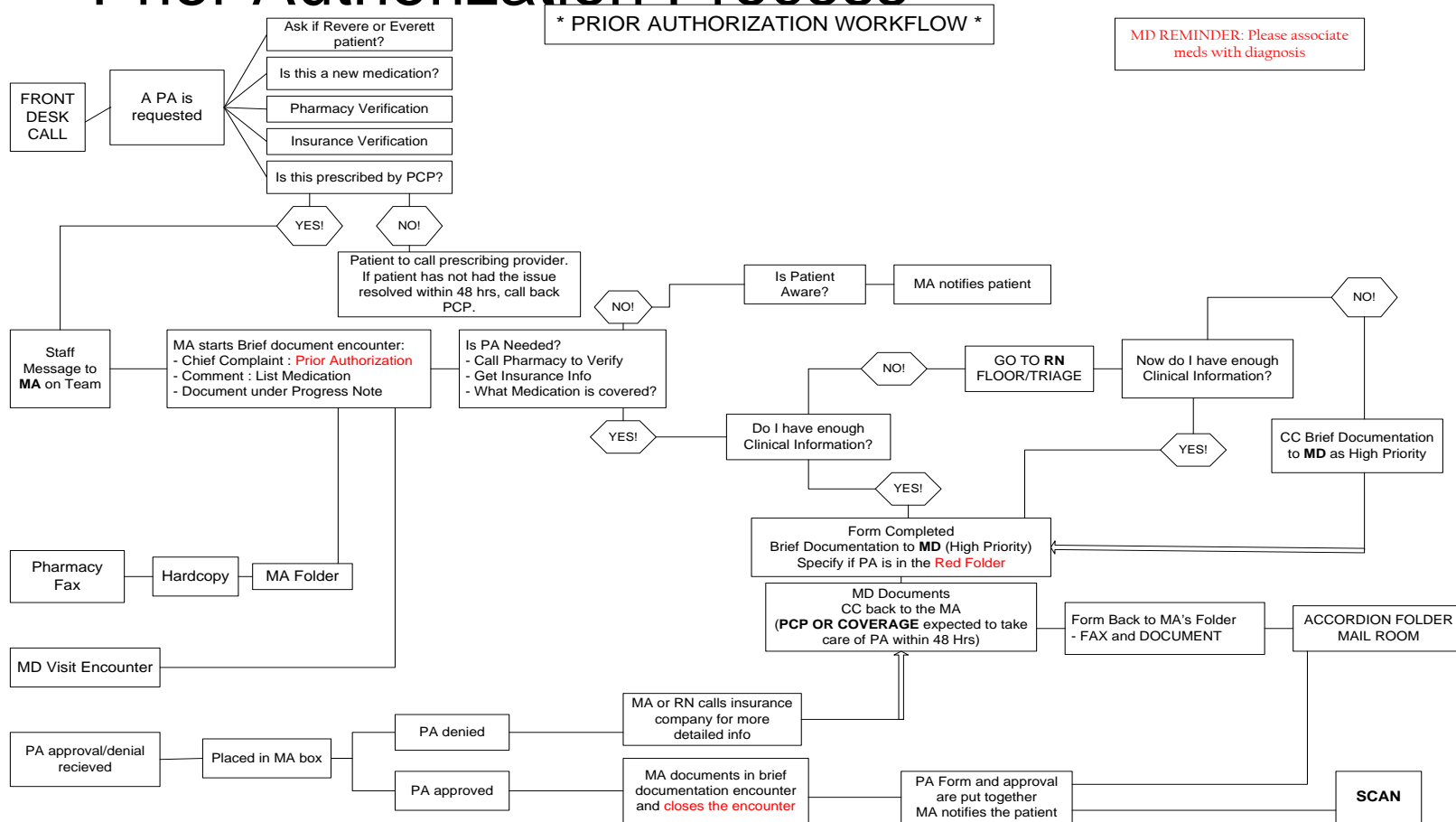
Practice Flow Improvement

- H1NI Influx



Quality Improvement

• Prior Authorization Process



Implementation of New Initiatives

- Co-Location





Strengths of Workflow Team

Better workflows!

- Gives every team member a voice in decision making and dramatically improves buy-in into workflows (no union grievances!)
- Creates a built-in structure for continuous quality improvement
- Rapid dissemination of best practices across care teams
- Allows for experiment- Pilots and evaluation



Could we include ALL staff

- We wanted to build a culture of quality improvement into all levels of our health center including:
 - planned care teams
 - staff/provider meetings
 - staff retreats
 - weekly leadership meeting

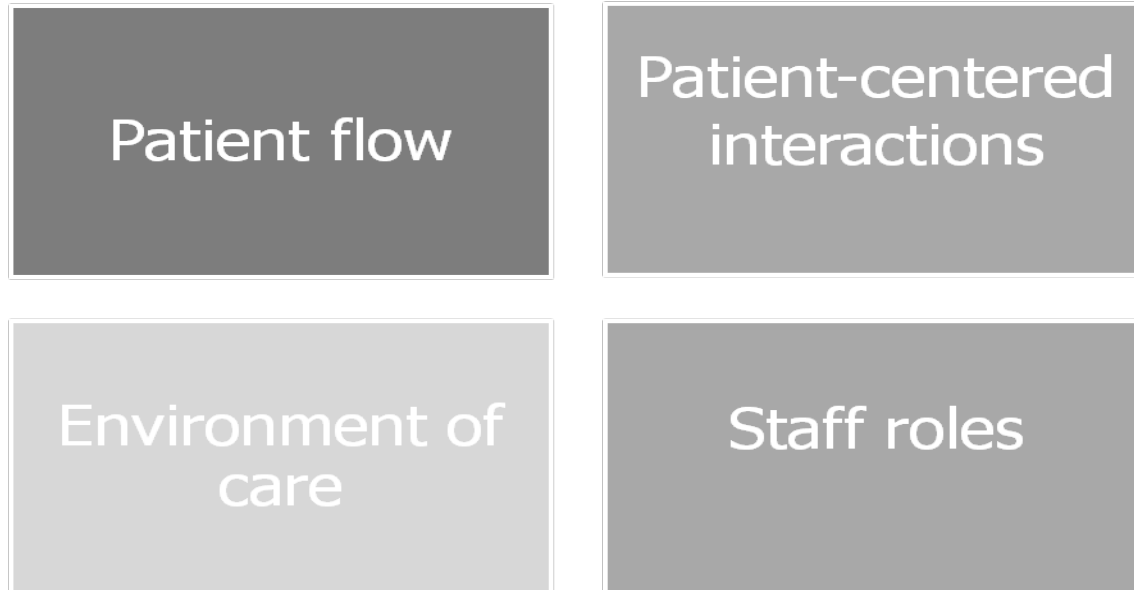


Clinic Change: Changing Hats Experiment

- **Target:** to understand patients' perspective
- **Goal:** to gain a deeper understanding of the patient experience during a provider visit
- **Strategy:** We had 9 staff members shadow different patients throughout a visit and use a standard questionnaire to record their subjective impressions as well as to do a cycle time study
- We used the results of this project as a theme for our staff retreat and with 4 breakout sessions:
 - patient flow
 - patient-centered interactions
 - environment of care
 - staff roles



Changing Hats Led to Workgroups



- Each staff member picked one group to attend during a breakout of a mandatory staff meeting
- 3 times for 20-30 minutes



Process Improvement

- Each group came up with 1-2 quality improvement projects ranging from improved communication among team members and with patients during visits to improving post-visit efficiency and flow
- These projects are at various stages of implementation



Improving the After Visit Experience

- After visit check-list study was a successful project
- Improved provider-staff-patient communication
- It guided patients through the steps they needed to take next
- Provided clear instructions for clinic staff to follow
- Coordination of service improved
- Treatment adherence improved
- A huge patient satisfier indeed!!!!



Outcomes

- Changing Hats has been a successful strategy in engaging every member of staff in a QI project
- Staff members have gained a deeper understanding of medical home change concepts
- It has re-invigorated staff around our medical home transformation



Clinic Efficiency: Lessons Learned

- A few guiding principles that we use:
 - The improvements need to be ones that matter.
 - They need to have a measurable impact either for the patients, for the staff, and ideally for both.
 - Frontline buy-in is critical for successful implementation.
- The creation of our interdisciplinary workflow team has been critical to our success

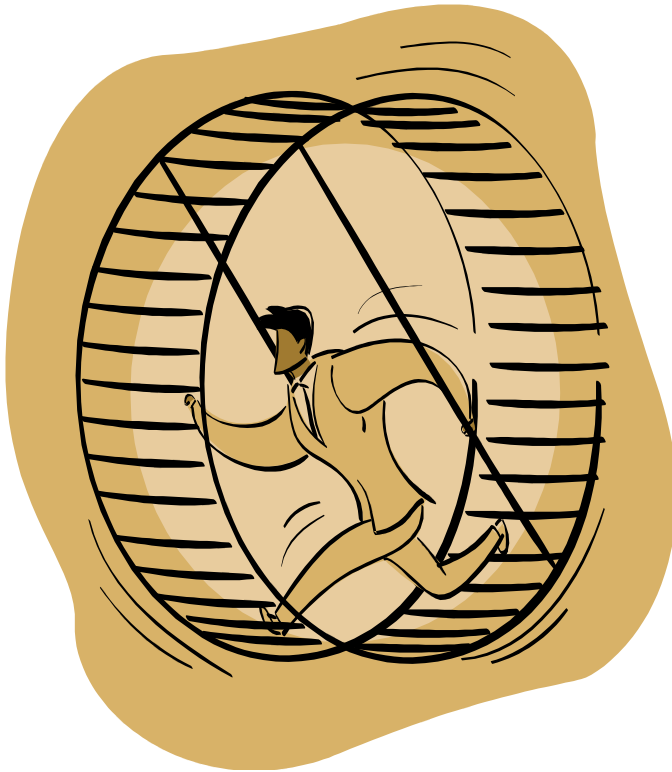


Clinic Efficiency: Lessons Learned

- Engage both leadership and staff
- Continue communication and clarify expectations
- Allow staff flexibility in approach
- Encourage front line staff to provide perspectives
- Prioritize projects



True Transformation!



Questions?



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