Whittier Street Health Center

Whittier Street Health Center is located in Roxbury, Massachusetts. Our patient population is primarily low income and is quite diverse.
Current population:

- 14,709 patients and growing
- 83% of Whittier's patients live in public housing
- 45% are best served in a language other than English
- 92% live below 200% of the poverty level
- 43% African-American or of African decent
- 52% Latino
- 5% White
- 68% of our patients over the age of 25 have a diagnosis of diabetes, high blood pressure, asthma, or obesity.
- 23% have two or more of these diagnoses

SNMHI Team:
Frederica Williams, President and CEO
Halima Mohamed, VP of Programs and Services
Mark Drews, MD, Associate Medical Director for Adult Medicine and Geriatrics
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Adeola Ogungbadero, Director of QA and PI
Brenda Wagner, Manager of MIS

PARTICIPATION

What motivated your practice site to participate in this initiative?

Our goals for participation:

- Move away from disease-specific management to panel and population management /care coordination .
- Determine who can perform role of care coordinator.
- Train medical assistants and RNs in the Chronic Care Model and Care Coordination.
- Have medical assistants flag team through Electronic Medical Record.
- Improve quality assurance and performance improvement measures, specifically cervical, colon, and breast cancer screening.

CHANGES

Change One: Improved Referral Coordination

- Specific issues with patient's missing appointments due to conflicts and little follow up was a problem.
- With increased involvement form the medical assistants, our goal was to have more patients make their appointments, and those that missed their specialty appointments would be assisted with rescheduling. The provider would be aware of the entire process
- Plan for making the change included hiring two referral coordinators who were skilled, well organized, and had the ability to multi-task. We provided each medical assistant with a work station that included a phone and computer and trained them regarding the referral process.
- From these changes, patient satisfaction and provider satisfaction increased. Providers felt more confident that their patients were going to get an appointment in a timely manner. Patients were more satisfied with the increased attention and awareness.

Change Two: Improving Provider/Medical Assistant Ratio to 1:1

- With increased patient volume, Whittier had added providers but did not add medical assistants right away. Sharing medical assistants was difficult for flow. It wasn't ideal in team-building or relationship-building between patient and medical assistant either.
- With changing the ratio to 1:1, the hope was that team building would occur as well as redistribution of some of the work. Providers would know who their specific medical assistant was, and patients would begin to identify with their medical team. Additionally, having the medical assistant more involved in day-to-day patient care would allow the provider to have more time devoted to patient visits.
- The plan for making the change was to hire more medical assistants. It was also important that there was adequate distribution of bi-lingual medical assistants for translation purposes. Once funding was approved this goal was achieved.
- From this process it was discovered that medical assistants are an integral part of the team. With increased responsibility, we found that there was increased morale and pride in their role.
- Recommendation to sites trying to make a similar change would be to establish clear roles of each team member and to achieve provider buy-in earlier in the process.

Change Three: Planned Visits

- It was discovered that patients were coming to see their providers but were leaving with issues unaddressed. Quality measures for screening such as prostate cancer and colonoscopies were showing decreased numbers.
- Having the medical assistants with the nurse prepare a care plan prior to the visit of what patients were due for, the hope was to improve quality indicators. We also thought it would free up provider time.
- The plan for making the change included training for the medical assistants and nurses to educate them on what quality indicators were being measured , what information should be included on the care plan, and what disease and provider specific needs that should be addressed for each visit. A grid was comprised that was used to document the information for each patient. The process starts the day before the patient's scheduled appointment. Each team medical assistant is responsible for filling out the grid for each patient. The nurse is also responsible for looking over the provider schedule and making any additions accordingly. This grid is then given to the provider.
- One lesson that was learned was that each provider is different with regard to how they want their visits to run. Although it is important for there to be a standard way of doing things, it is equally important to have it work for the team. By having each team member involved in the patient visits, it increases awareness of what the patient needs are and ultimately leads to improved quality.

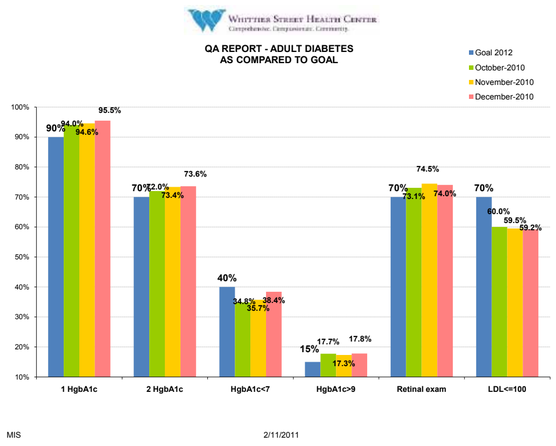
PATIENT IMPACT

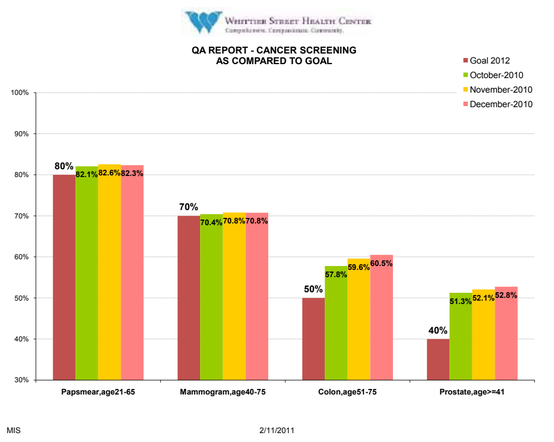
"With the changes moving forth towards PCMH, it has helped to impact patients by improving clinic flow. The work is done as a team now which helps to build relationships between patients and the team members, and between team members. Working as a team, we are providing better services. " — Adult Medicine LPN

"I feel that patients are more satisfied. I also feel more connected to the patients working as a team. The patients know that if the doctor is not here that they should ask for me or the nurse and we can help them." — Medical Assistant, Adult Medicine

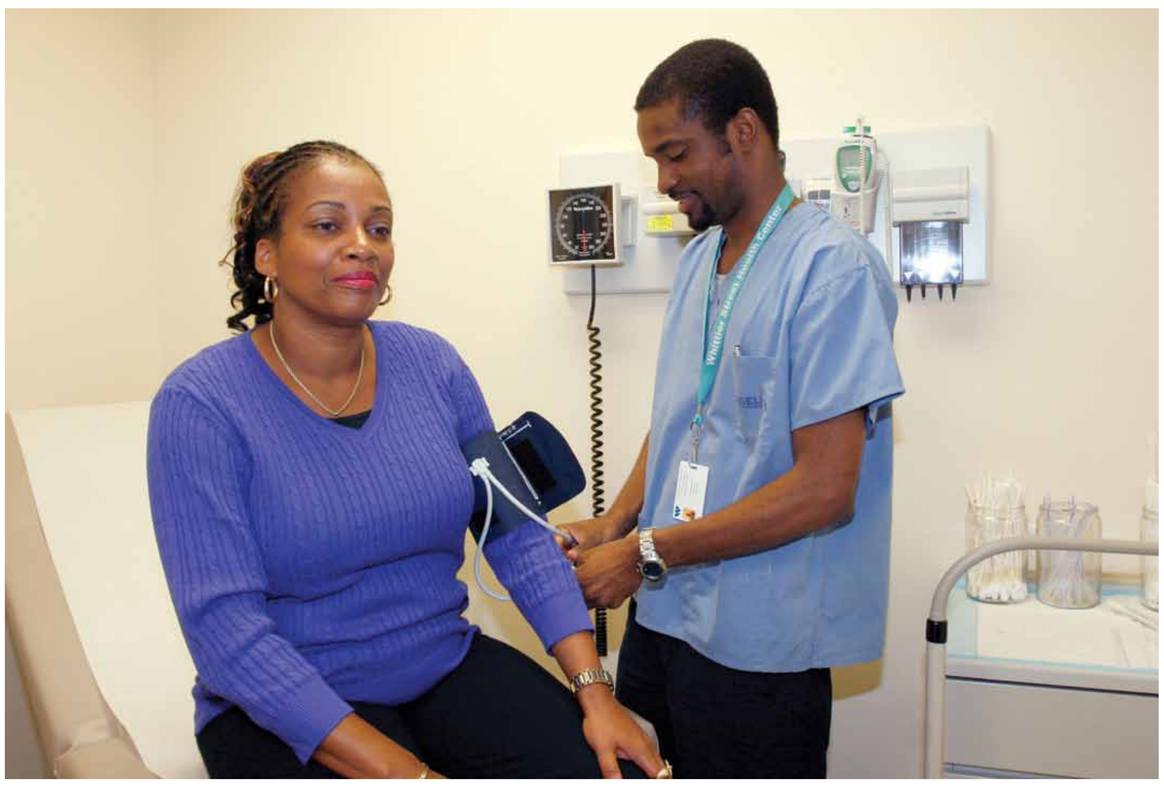
PROVIDER OR STAFF IMPACT

"The transition was difficult at first finding the time and resources to train the MA's and nurses. It was also difficult to get buy in from the providers. It was an uphill battle, but now we are at the top of the hill. Now it is the culture. We no longer worry about who is going to do what because it is a team effort, and each team member is aware of their responsibilities and takes pride in their roles. There are fewer complaints from both staff and patients. There is no longer only one person taking care of the patient." — VP of Programs and Services





"The changes have definitely made my job easier. It has improved patient care and given me more time to devote towards providing patient care and less time spent on paperwork and navigating through the charts to find things." — Provider, Adult Medicine



Safety Net Medical Home Initiative

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