

Building Strong Teams: Front Office, Back Office

East Liberty Lincoln-Lemington

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Session 1A

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MacColl Institute at
Group Health Cooperative

About East Liberty Lincoln-Lemington

- East Liberty Family Health Care Center and Lincoln Lemington Family Health Care Center
- FQHC in Pittsburgh, PA
- 26,800 patient visits per year
- Urban, predominantly African-American
- 30% covered my Medical Assistance
- 7 % covered by Medicare
- 30% Uninsured

Motivation for Forming Strong Teams

- Need to improve workflow for both providers and ancillary staff
 - Reduce wasted/underutilized time
 - Decrease movement for patients – have team members go to patient
 - More efficiency in caring for a subset of patients you know well
- Help patients feel connected to a “team” instead of relying on one provider
 - Involve team members in self-management goal setting, ownership of standing orders, evidence based guidelines for care (not just provider responsibility)
 - Team provides more cross coverage when staffing shortages, providers out of schedule, also more accountability

Our Story

- A little background about why we started the process to teaming...
 - as we have grown we have lost some of our “personal touch”
 - 20+ people scheduling for 2 sites, 6 FT and 11 PT providers (some FP w/Ob, some no OB, Peds, IM)
 - Providers and nurse/MA had informal teams but front desk was not well connected- did not feel supported and were not always most welcoming “first touch”
 - work done in silos- hard to share work or help one another out when tasks are segregated and when workers physically separated
 - change to new phone system- DISASTROUS!

Team-based Care

- Educate patients on concept of care team
 - we started by defining our panels of patients
 - the “teaming” team defined the teams consisting of providers, RN/MA’s and front desk staff
 - we are now in the process of informing patients re the teams
- Increase process efficiency by cross-training and continuing to train staff
- Balancing teams is a dynamic process
 - Maintain patient panels
 - Maintain care teams

Team Workflows

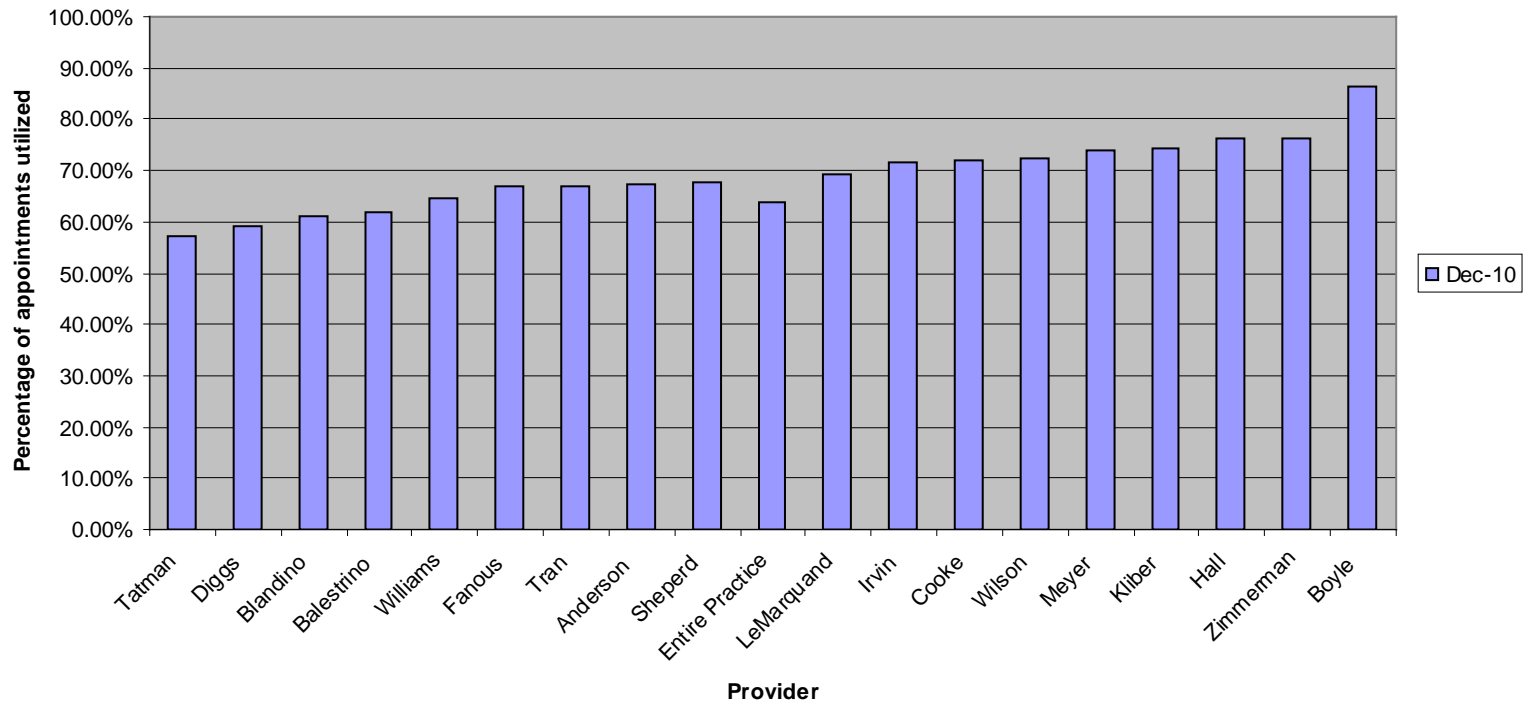
- Analyze data on work flow as patients travel from waiting room to check-in to exam room to check-out- (at times not quite that linear!)
- Introduce idea of “teaming” so that staff could prepare by training and cross-training.

Teams and Scheduling

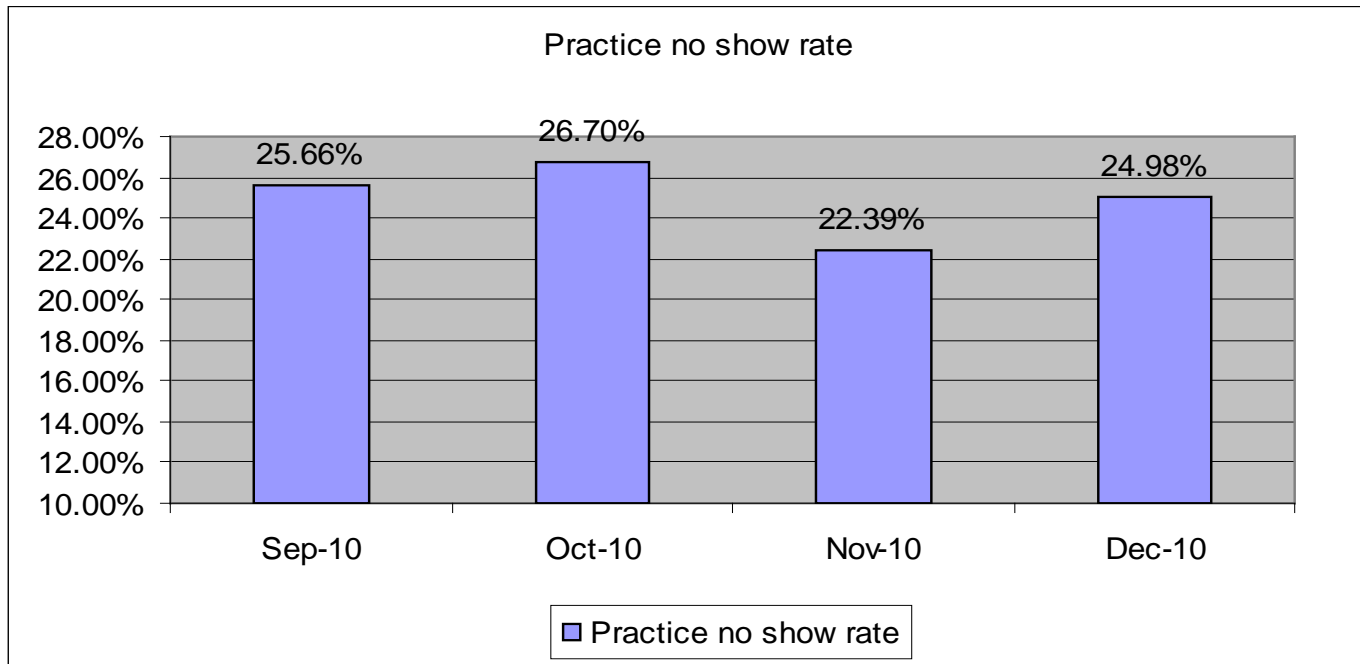
- Data has been collected in various areas to support transitions in scheduling.
- In the past we have not been scheduling well.
 - Now, each team will have a team member schedule their own patients- if PCP not available patient can see another provider on that team, as opposed to one of 16 other providers.

Pre-Teaming Data

Dec-10



Current No Show Rate



Importance of Data

- Until recently reporting capabilities were very limited in our EHR, making it difficult to define the provider panels. With newly hired full-time IT person we are able to get these panel reports and much more.
- Data is the key to know what we are doing and what needs to be changed to become more efficient.

Moving Forward

- Continuing to implement our patient care teams.
- Continuing to gather data to make sure we are implementing teams in the correct way- also conducted pre- teaming patient and staff satisfaction surveys- will have baseline to compare to post-teaming survey to make sure changes have worked.
- Staff members are excited about the team changes.

Moving Forward, cont.

- Documenting processes that will improve efficiency, clinical outcomes and patient satisfaction.
 - Patients will be able to see their doctor; staff will be able to get to know their panel of patients; front desk will have support they need to schedule smartly and will be more a part of the team-based healing relationship.

Questions?



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