

Safety Net Medical Home Initiative: *Transforming Practices into Medical Homes*

Optimizing Your Care Team in the Medical Home

Presented by Catherine Tantau, BSN, MPA

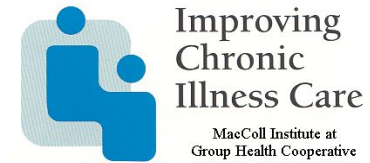
Moderated by Donna Daniel, PhD

Webinar Series: April 30, 2010

Change Concepts for Practice Transformation

1. Empanelment
2. Continuous, team-based healing relationships
3. Patient-centered interactions
4. Engaged leadership
5. Quality improvement strategy
6. Enhanced access
7. Care coordination
8. Organized, evidence-based care





Change Concept: Continuous, Team-based Healing Relationships

PCMH practices:

- Establish and support care delivery teams.
- Link patients to a provider and care team so both patients and provider/care team recognize each other as partners in care.
- Assure that patients are able to see their provider or care team whenever possible.
- **Define roles and distribute tasks among care team members to reflect the skills, abilities, and credentials of team members.**
- Cross-train care team members to maximize flexibility and ensure that patients' needs are met.

OPTIMIZING YOUR CARE TEAM IN THE MEDICAL HOME



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Objectives

- Recognize three Golden Rules for Care Team Optimization.
- Understand the application of Demand and Supply analysis to determine optimal Care Team configuration.
- Learn from a group's Case study in optimizing the role of the RN and other Care Team members.

Think about your favorite team....

Common goals
Great leadership
Esprit de corps
Loyal
Common values
Have fun together
Share the wins and the losses
Play nice together
Dress code????





Care Teams

“I didn’t do anything today, I was tied up with people issues.”

- **New Manager**



Teams

**“Some are good at people stuff.
Some are bad at people stuff.
But, it becomes increasingly clear
that...
PEOPLE STUFF IS THE ONLY STUFF.”**

-Tom Peters, *The Circle of Innovation*

Assess Your Current Team: Measure Staff Morale

6

Creating a joyful work environment starts with a basic understanding of office staff perceptions of the practice. Each staff member should complete this survey.

Office Staff Survey: How does the office staff actually feel about the practice? Please have your practice team complete the Office Staff Survey.

Office Staff Survey

Choose only one response for items 1 and 2

Practice ID Code: _____

1. How stressful would you say it is to work in this practice?

- | | |
|---|---|
| <input type="checkbox"/> Very stressful [1] | <input type="checkbox"/> A little stressful [3] |
| <input type="checkbox"/> Somewhat stressful [2] | <input type="checkbox"/> Not stressful [4] |

2. I would recommend this office practice as a great place to work.

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Strongly agree [1] | <input type="checkbox"/> Not sure [3] | <input type="checkbox"/> Strongly disagree [5] |
| <input type="checkbox"/> Agree [2] | <input type="checkbox"/> Disagree [4] | |

3. What would make this practice much better for patients?

4. What would make this practice much better for those who work here?

Care Team considerations

- Team size
- Team composition
- Physical plant constraints?
- Maximal use of personnel
- Team development
- Chart decision making process





Optimal Care Teams

- **Golden Rule Number 1:**

“Understand your demand and supply for staff.

Do a department profile.”



A Department Profile

- What is our *demand* for support?
- What is our *supply* of support?
- Why do we care?



Department Profile examples...

Adult Primary Care A

Clinician Demand (FTE's)

MD's	4.7
NP's	1.8
<hr/>	
Total	6.5

Staffing
Ratio

1.3 : 1

Support Supply (FTE's)

RN Supe	0.2
Teleservice/Recept	2.0
MA	4.0
RN	2.0
<hr/>	
	8.2*

* Call Center for appt. calls

* Central Registration

* Injection station

Department Profile examples...

Adult Primary Care B

Clinician Demand (FTE's)

MD's	4.7
NP's	1.8

Total	6.5
--------------	------------

**Staffing
Ratio**

1.9 : 1

Support Supply (FTE's)

RN Supe	0.2
---------	-----

Teleservice	1.0
-------------	-----

MA	8.0
----	-----

Receptionist	1.0
--------------	-----

RN	2.0
----	-----

12.2*

*** Call Center for appts &
advice calls**

Department Profile examples...

Ortho Clinic

Clinician Demand (FTE's)

MD's	3.9
PA's	0.4
<hr/>	
Total	4.3

**Staffing
Ratio**

4.4 : 1

Support Supply (FTE's)

Admin	1.0
RN Supe	1.0
Clerical Supe	1.0
Teleservice	3.0
Visit coord	1.0
Surg Sched	1.0
Coder	1.0
Reimb. Coord	1.0
Med Records	1.0
Cast techs	1.5
MA	0.5
LPN	3.0
Rad techs	2.0
Film Libr.	1.0

19 FTE



Your Department Profile ...

<u>Clinician Demand</u>	<u>FTE</u>
MD	
Midlevel	
Other	
<hr/>	
Total	

**Staffing
Ratio**

<u>Support Supply</u>	<u>FTE</u>
Admin	
Clerical	
Clinical	
<hr/>	
Total	



Tool...

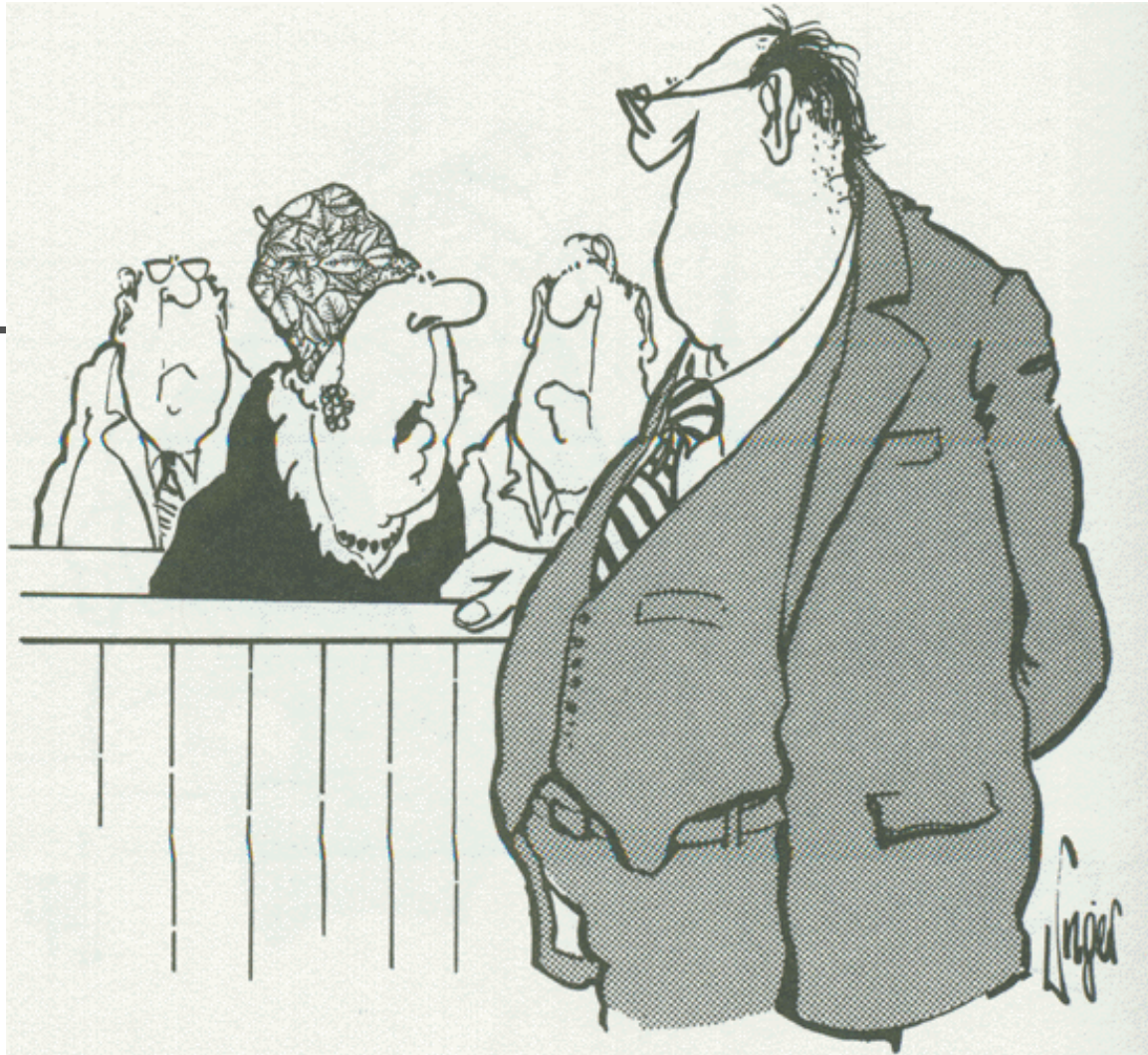
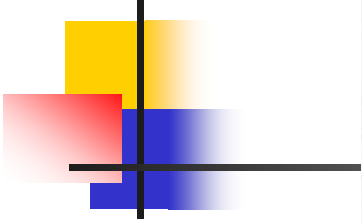
- Take a few minutes to discuss with your team.
 - What does your dept profile look like?
 - How do you decide when to add staff?
 - How do you decide what they should do?
- Share what you learned.
- Harvest good ideas.



Optimal Care Teams

- **Golden Rule Number 2**

“Elevate all members of the team to the highest level their education, training, and experience will allow.”



**“I don't wanna be a juror!
Can't I be a witness?”**



Optimizing the Role of the RN in the Medical Office

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A universal struggle...

- Nursing is a profession where we try to be all things to all people.
- Setting limits is not always our strong suit.
- Compensating for broken systems is something we expect of ourselves...for awhile...and then we get angry.



Wide Spread Realities...

- Nurses are expensive
- Nurses are underutilized, focusing excessively on clerical duties.
- Bulky processes weigh nurses down
- Little time to do the work RN's are uniquely qualified to do.
- Trust issues with other members of the Care Team.
- All staff / providers burdened with "wrong work", bulky, redundant processes. (Rx refills, authorizations, referrals...)
- "The buck stops here."

The Golden Rules of Staff Optimization





Golden Rule No. 1

Understand your demand and supply for support staff.

Do a department profile.



Golden Rule Number No. 2

**Elevate all members of the team
to the highest level their
education, training, and
experience will allow.**



Golden Rule No. 3

“Move work away from the constraint in the system.”



One Group's Story

- Neighborcare Health, CHC, Seattle
- Problems with RN retention and recruitment
- Frighteningly poor morale among nurses
- Little time for pt. education and Chronic Disease management.
- Excessive triage
- Huge variation in key processes from site to site (access, messages, rx refills, labs, role of MA, role of front desk, phone systems etc.)



The good news...

- New grad RN program
- Leadership's strong commitment to optimize the role of the RN
- Patients love nurses! (MA's and RN's and NP's)...validated in surveys.



A 12 step process...

- Assessment
- Design Team established
- Look Outward
- Look Inward
- Test good ideas
- Identify RN focus, precisely
- Aggressively test
- Parallel process; other roles
- Full testing
- Final model recommended
- Implementation
- Embedding



Initial Assessment

Findings:

- RN's valued as clinical team members
- Providers and RN's wanted to expand RN role.
- Reducing clerical functions creates RN capacity to move some clinical care away from providers.
- Most providers said RN's in an expanded clinical role would allow them to see more patients.
- Staffing models vary from site to site.
- Key processes vary from site to site

Recommendations:

- Conduct a Work Analysis to distinguish Clinical from Clerical tasks.
- Analyze Demand and Supply for all work.
- Elevate **all staff** to highest level their education and training will allow.



As the RN Optimization Team was forming...

- Provider's were anxious
- MA's were fearful
- Front desk folks were concerned

“Don't dump your work on us.”

“No one can really do this stuff except the RN's.”

“I'm already too busy. Changing the RN's role will make my life tougher.”



Aims and Measures

Aims

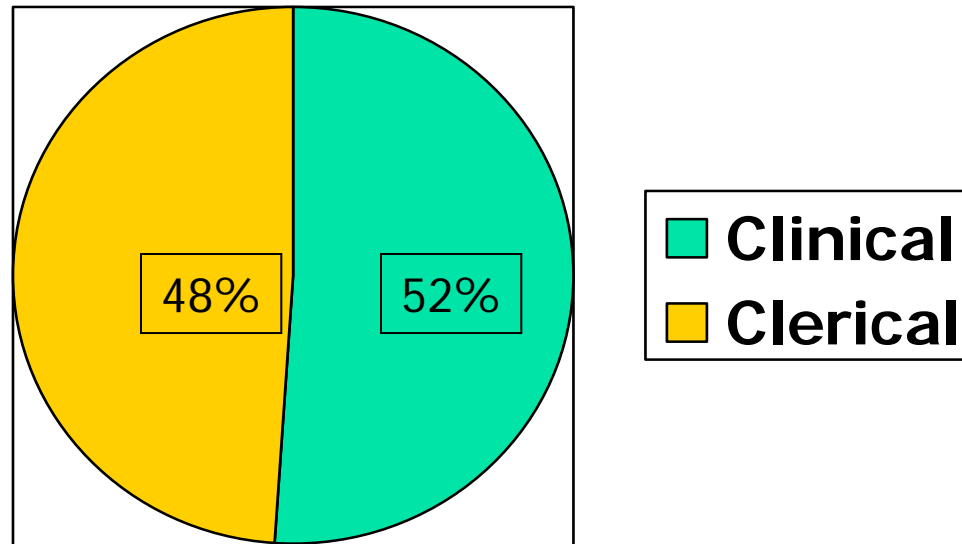
1. Improved outcomes for patients
2. Enhanced RN recruitment and retention
3. Financial sustainability

Measures

1. - Pt satisfaction
- Clinical outcomes
2. - RN turnover
- RN satisfaction
- % time spent in optimal role
3. - RN ratio to panel size
- RN ratio to provider FTE



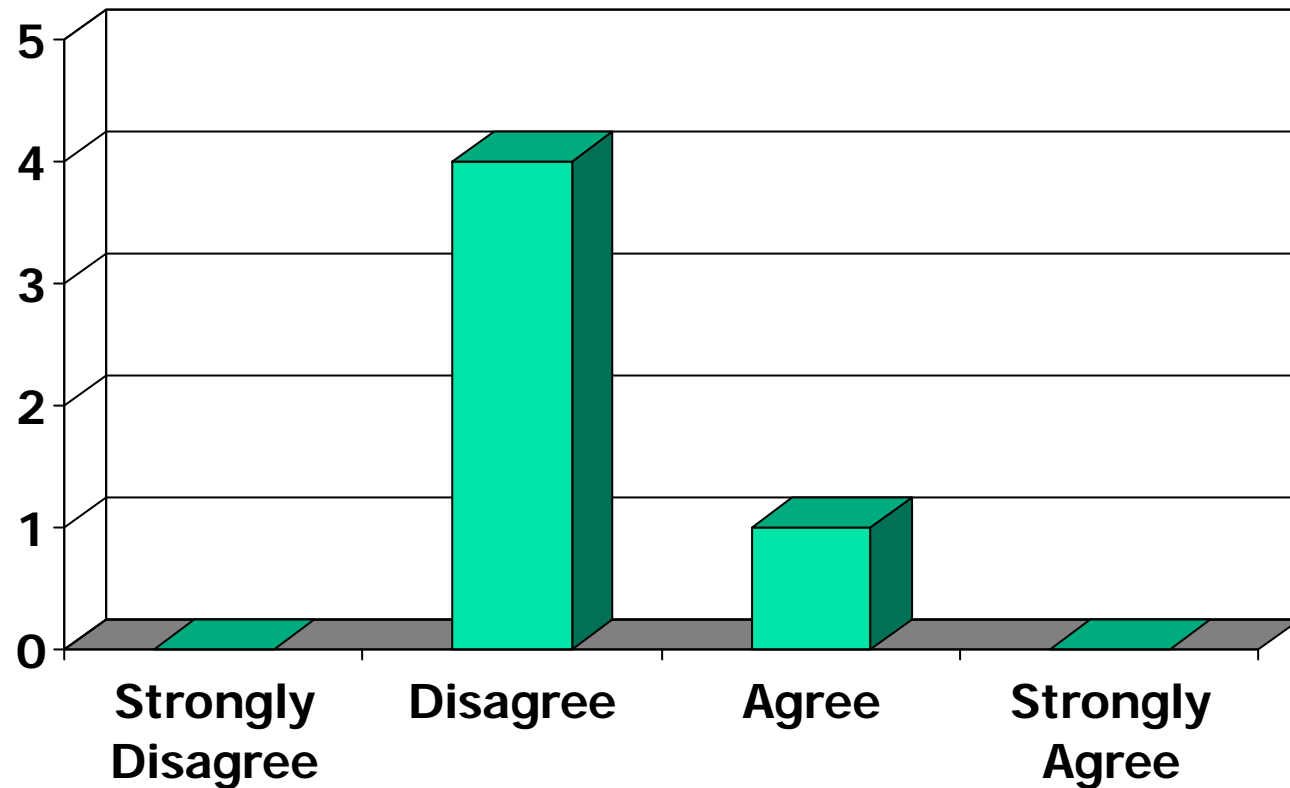
RN Work Analysis



Source: Neighborcare Health, Nov. 2008

RN Survey

“In this office I have the opportunity to do what I do best everyday.”



Source: Neighborcare Health, Nov. 2008



RN Work Analysis Tool

- Percent RN time:
 - Clinical Tasks
 - Clerical Tasks
 - Prescription refills
- In a perfect world what other RN duties would you have time for?
- Comments

Track monthly while testing changes and implementing.

RN Work Analysis Worksheet

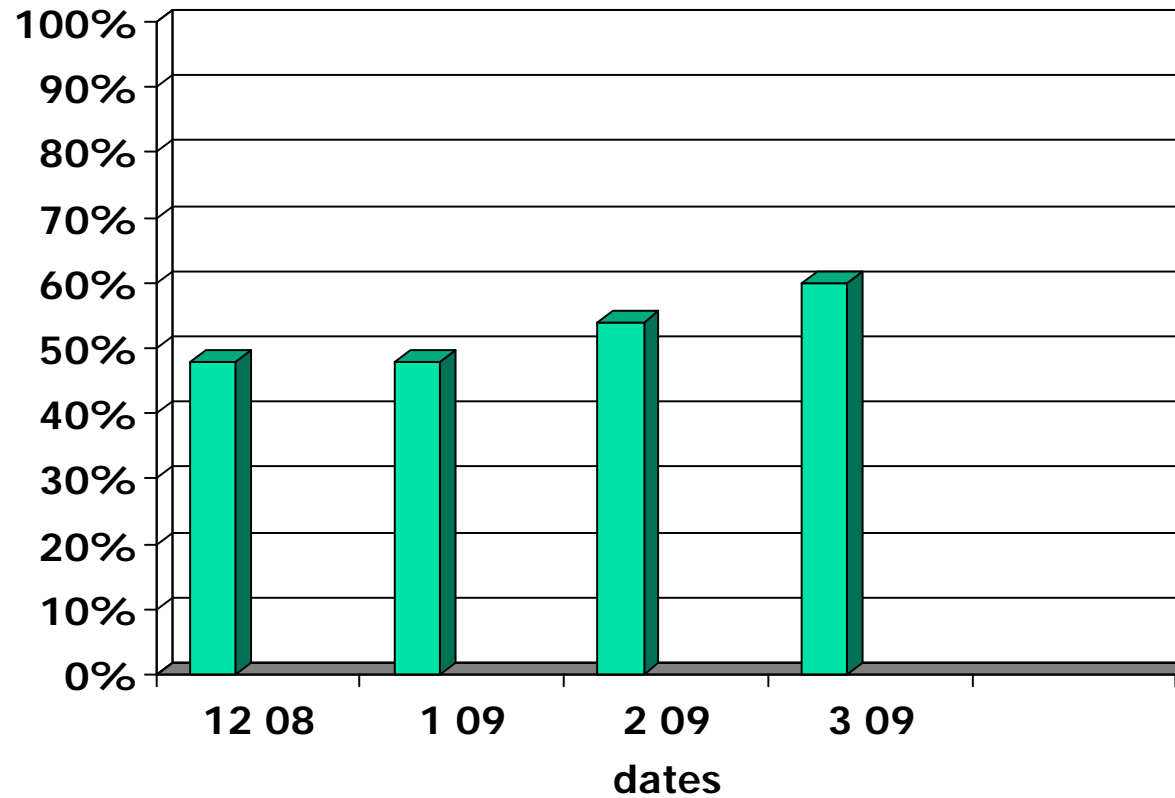
Name _____

Date _____

Clinical Tasks... common examples below	Clerical Tasks... common examples below	% Time on Rx refills
Emergent Triage	Faxing	
Team huddles	Mailing	
Procedures	Prior authorizations	
Pt. Education	Schedule appts	
Chronic disease management	Etc...	
Etc...		
% of week spent on clinical tasks = _____%	% of week spent on clerical tasks = _____%	% of week spent on Rx refills = _____%
In a perfect world what other RN duties would you have time for?		

Early results....

Percent RN time spent in clinical duties





“RN Perfect World...”

RN's consistently described missing pieces:

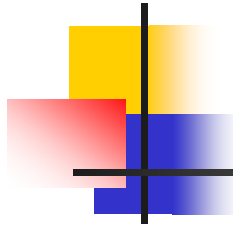
- Patient education
- Chronic disease management

Fax Jockey phenomenon....



Literature Search

- Building Teams in Primary Care; 15 Case Studies (Bodenheimer)
- La Clinica (no RN's)
- Palo Alto Medical Group (3 or 4:1)
- South Central Foundation (1:1)
- Care South (no RN's)
- Others...



The Big Buckets...

- 1. Emergent Triage.....5%
- 2. Chronic Disease management...40%
- 3. Patient education.....40%
- 4. Selected procedures.....5%
- 5. Team Communication.....10%



Deal Breakers...

- RN's to be aligned with specific panels of pts and specific providers.
- Coverage for illness and leave to be built into model.
- Must be financially sustainable model.
- Clerical support must be identified.



Then came the Recession and Economic Fallout...

- Drivers shifted
- Ratios of RN's to panels would be slimmer than anticipated
- Now everyone was anxious

- Design Team courage
- Leadership's courage



Revisiting the Buckets

- Where to cut????
- Richness of the model to determine depth of bucket
 - Level 1 Focus: DM and HTN (36% pts)
 - Level 2 Focus: Asthma and COPD (+19%)
- Analyze time needed for emergent triage and procedures...10% - 15%
- What about team communication???

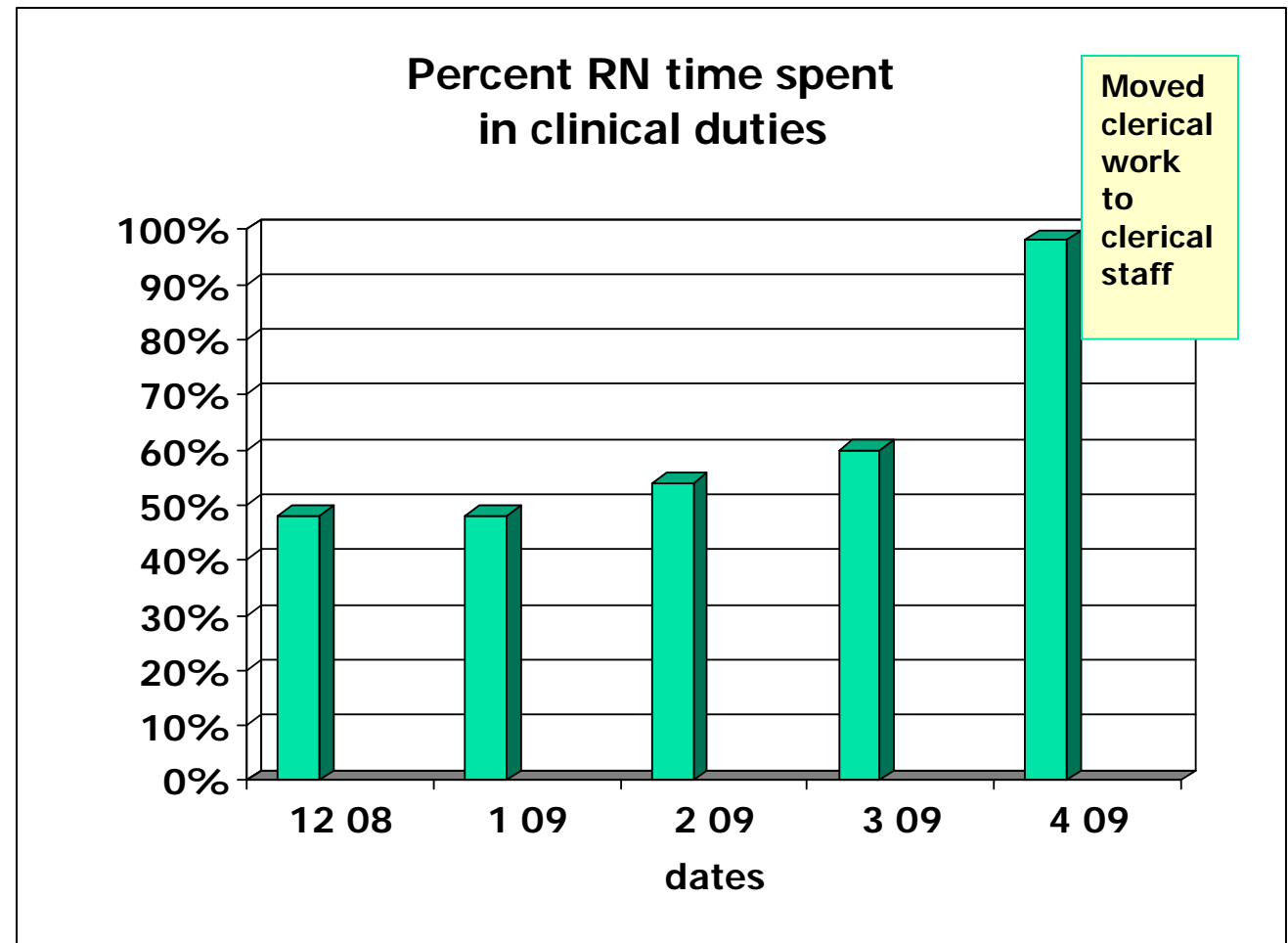


Parallel Work...the rest of the Care Team

- Optimize and standardize MA role, skills, rooming process,
- Standardize front desk role and protocols, tasking guidelines
- Clerical work to clerical people
- Assess demand for clerical work
- Add clerical support to Care Team

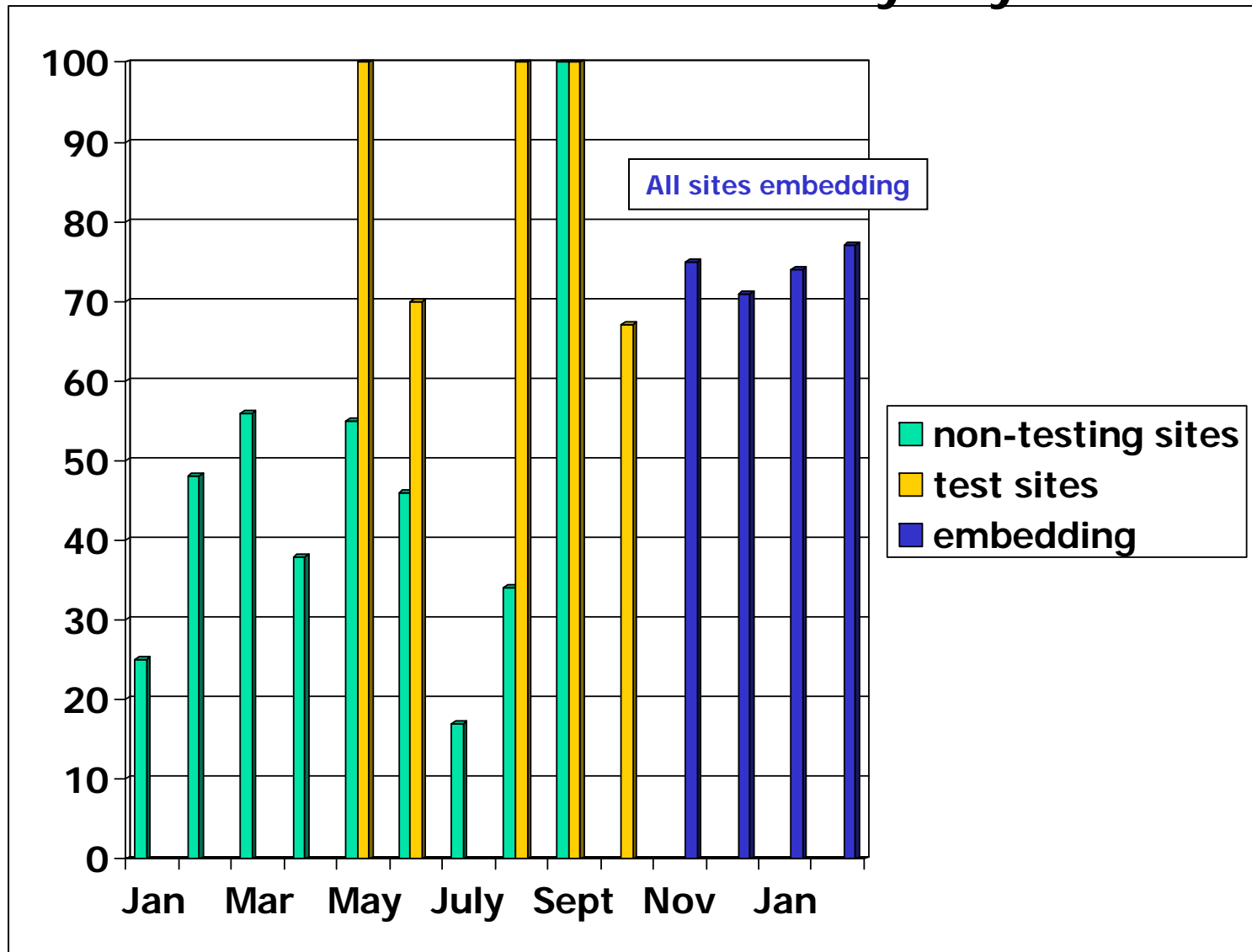
Preliminary results...

- Aggressive model testing at 2 sites
- Preparing to spread testing of model



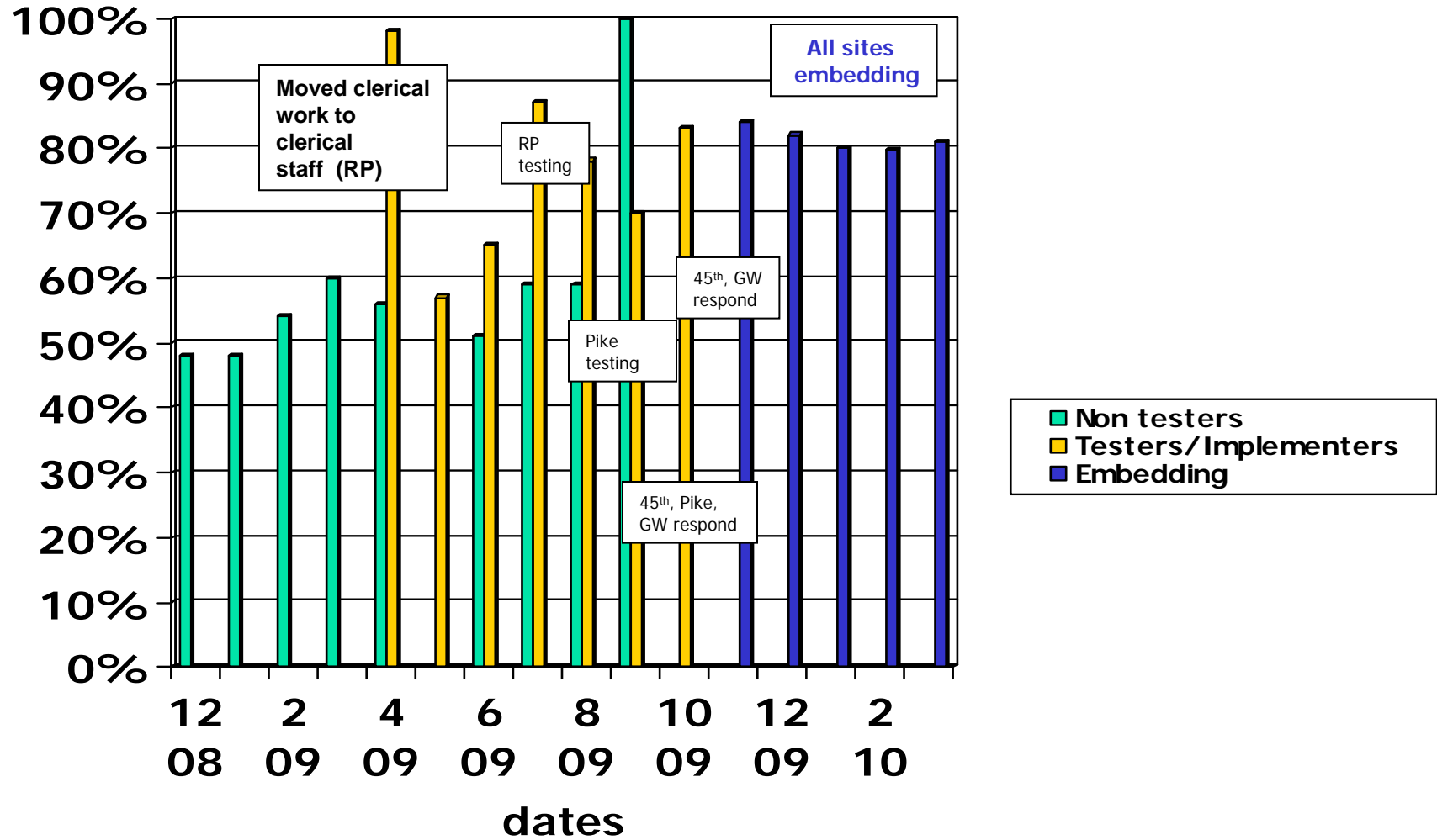
RN Satisfaction

“In this office, I have the opportunity to do what I do best every day.”

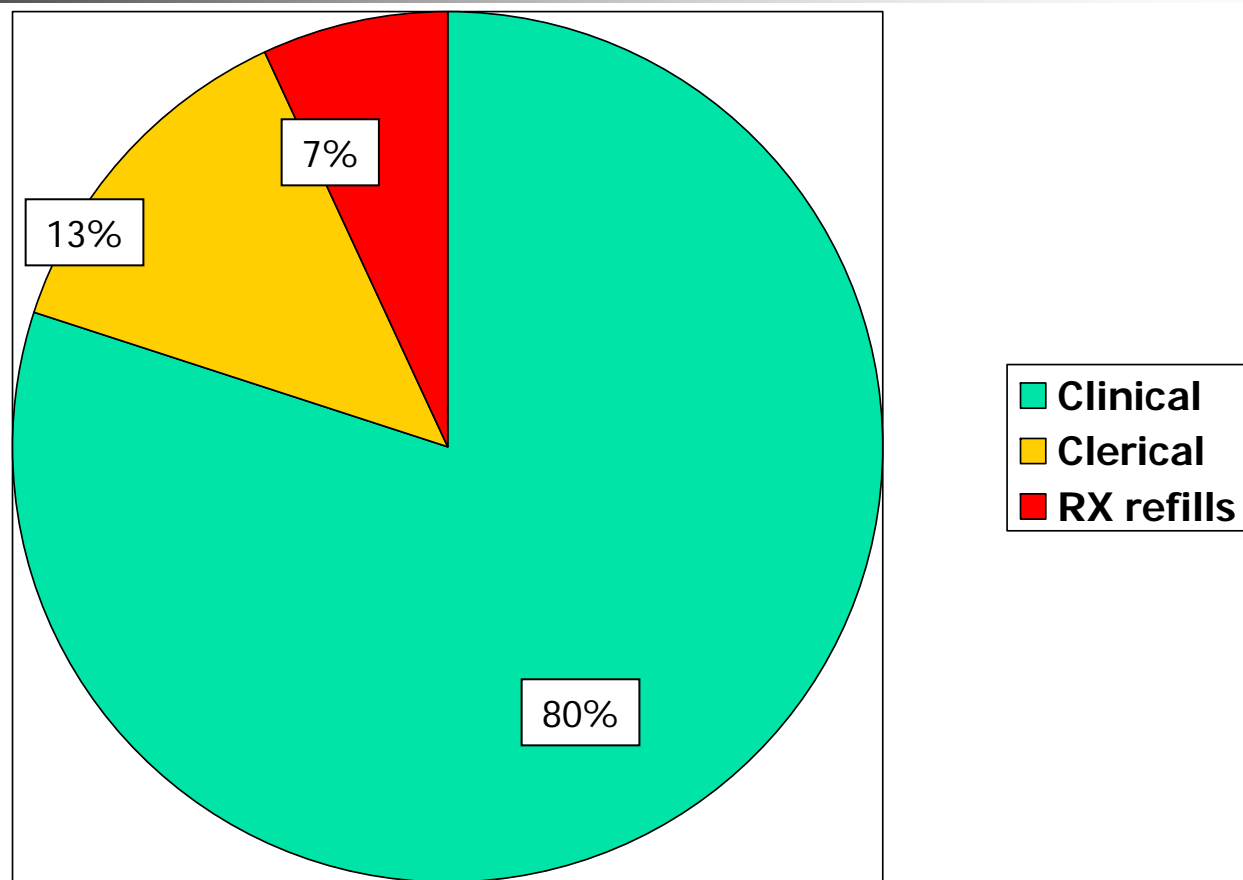


RN Work Analysis

Percent RN time spent in clinical duties



RN Work Analysis, Jan. '10





What have we learned...

- Leadership is key
- Money is great, but more money did not improve the RN role.
- Sometimes it takes a crisis to create radical change.
- Nurses have an amazing ability to grieve and create at the same time.
- Stay flexible.
- Don't relinquish core nursing values, build on them.
- Work with others. Who do you need help from? This is a team sport.
- No one will go untouched by this work.
- Be prepared to work on all roles, simultaneously; moving the cups forward.
- This takes Courage.
- In this tumult lies extraordinary opportunity for positive change.

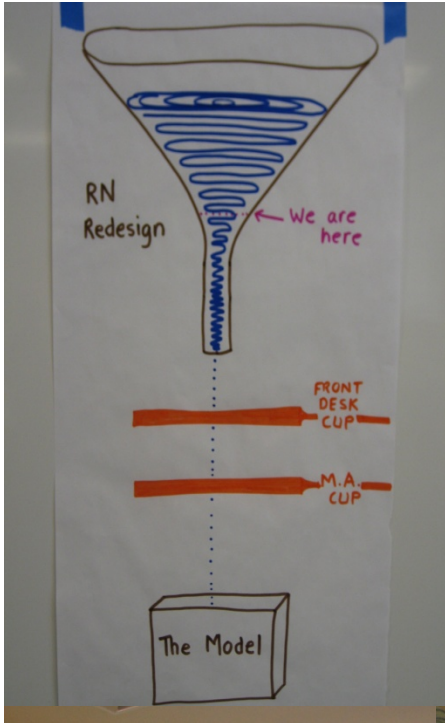


The next right thing...

...and the next...and the next...

What's next?

Redesigning the role of the Provider



Greetings from The NCH Design Team !!!

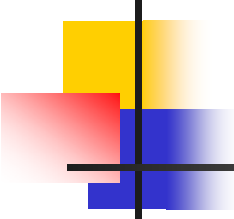




Optimal Care Teams

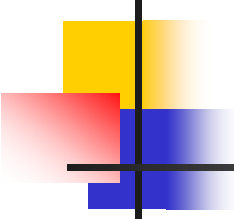
- **Golden Rule Number 3:**

“Move work away from the constraint in the system.”



Why delegate work away from the physician?

- Such delegation is a key component of the most robust changes in delivery system design for improving biological outcomes
- Attention
- Time
- Variability diminished if protocols used.



Shojania et al, Effects of Quality Improvement Strategies for Type 2 Diabetes on Glycemic Control

JAMA 296:427, 2006

- Team changes and case management showed more robust improvements.
- The most effective team changes included routine visits with personnel other than the physician and expansion of professional roles (e.g. RN, pharmacy) to include an active role in patient monitoring or adjustment.
- Case management was defined as any system for coordinating diagnosis, treatment or ongoing patient management by personnel working in collaboration with the primary care physician. Protocols to guide pharmacologic management were particularly effective.



Qualitative re-analysis of Care Model review by Bodenheimer et al, JAMA 2002 based on Renders (Cochrane review) Diabetes Care 24: 1821, 2001

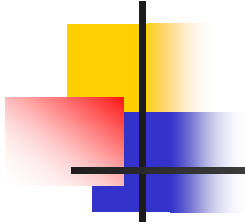
- Premise: the most robust delivery system design changes would be those which would impact biological outcomes not just in glycemic control but for lipid and BP control as well
- Of 41 studies, 10 used at least two of three biological outcomes (HbA1c, BP, LDL)
- Of these 10 studies, 3 had improvement in at least two of the three measures and also met criteria for methodology



Conclusions

- There is good evidence from a variety of analyses that performance on biological outcomes measures will be impacted by high leverage interventions including
 - Delegation of work away from the physician to non-physician providers
 - Use of clinical protocols which drive changes in treatment until goals are reached
 - Increased frequency of contacts as treatment is changed to reach goals
 - Patient activation

One More Tool....



Work Analysis...



Summary

- The Golden Rules
- Analyze work that needs to be done
- Understand Demand and Supply
- Hire for attitude
- The Super Star is the job description!

Project Funders

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