Denver Health La Casa – Quigg Newton Family Health Center

At La Casa – Quigg Newton Family Health Center, we have nearly 21,000 patient visits per year. A full-time provider has a panel of 1,569 patients.

Primary Insurance:

Medicaid Choice	32%
Medicaid	17%
CICP	17%
CHS/DFAP	11%
Medicare	6%

SNMHI Team:

Morris Askenazi, MD, Team Leader
Michael Russum, MD, Staff MD
Liz Kissell, RN-BC, Program Manager
Gloria Martinez, Clerical Supervisor
Camilla Robles, Clerk
Valerie Escalera, MOA/LPN

DENVER HEALTH
Level One Care for ALL

PARTICIPATION

What motivated your practice site to participate in this initiative?

La Casa was motivated to participate in this initiative for a number of reasons. Sixty-two percent of our patients are monolingual Spanish speakers. Many are covered either by Medicaid, state supported programs, or our own financial assistance program. Given the complexity of the needs and the limited access to care in our area, providing care in a meaningful, cost-efficient way is a challenge.

Participating in the SNMHI project has allowed a structured format for reviewing our flow of care and how best to build on the attributes that each team member brings. Additionally, frustration with the issue of provider-hopping in order to get an appointment and the difficulty in getting access to care when the patient desires the care spurred our motivation to become active in applying the concepts of medical home.

CHANGES

Change One: Cohesiveness of the Team and Understanding Roles

What was specific problem or issue being addressed?

- Our clerical/support staff expressed concern that they were not as engaged with the patients as the clinical staff
- Support staff were checking in patients based on when they arrived, not by provider.
- Tasks related to desktop management were not being completed by appropriate staff. At times, tasks were not completed since there was confusion and disagreement as to who was responsible.
- Patient care was not coordinated in an efficient manner

What did you hope to achieve by making the change?

- Patient would be able to identify and connect with their specific care team from their entry to exit
- Teams members would feel more connected and involved with their panel of patients
- Team members would be actively working together on meeting the needs of the patient
- All patient care is coordinated and seamless from the patient's perspective

What was the plan for making the change?

- Held a "Rapid Improvement Event" which focused on panel management
- Developed the "quartet" of a team – provider, clerk, HCP, and RN This was an expansion of the "dyad" developed in 2001

What did you learn from the process of making the change?

- Learned an appreciation of the unique skills that team members bring
- Opened communication between team members
- Shared responsibility for the care and management of the patient
- Clerical staff more connected with patients, with better knowledge of the patient
- Providers feel supported in caring for the patients and are willing to support team members in carrying out their tasks

What would you recommend to other sites trying to make a similar change?

- Dedicate time for discussion and team development to occur
- Allow time to "try it out"

Change Two: Team Time

What was specific problem or issue being addressed?

- Team members unclear of specifics in the care management or follow-up with patients
- Team members aware of their tasks and responsibilities, but unclear flow of work
- No set time for team to meet and "touch base" on a routine, designated timeframe
- We needed an avenue to "scrub" schedules and ensure that most appropriate provider saw the patient

What did you hope to achieve by making the change?

- Team members would be able to share their questions and get tasks completed as a group
- Team members would know "who had what" related to paperwork, phone call follow-up, etc.

What was the plan for making the change? How did you make the change?

- Implemented the concept of "Team Time"
- Identified "best" team member to work on tasks required in patient visit follow-up desktop management
- Team meets two-three times each week for 10 minutes to identify and sort patient needs and desktop management tasks to the appropriate member
- "In boxes" outside providers' offices – box for each team member. "Shared documents" in one location. Allow for distribution of information and tasks.
- "In boxes" checked throughout the day, allowing prompt attention to patient needs

What did you learn from the process of making the change?

- Able to trust team members to get their piece of the patient/information flow completed
- Team time is looked forward to, not dreaded as a "time waster"

What would you recommend to other sites trying to make a similar change?

- Be open to looking at schedules and appointment templates
- Get comfortable "freeing" up time for team time
- Begin first with solidifying the members of team – keep the team together as much as possible
- Have the teams share the positives and challenges with other teams to build on successes

Change Three: Redesign the Clinic Telephone Menu

What was the specific problem or issue being addressed?

- First point of contact for patient when calling was clerk
- Patients' needs were numerous – not just to make an appointment
- Patient may be transferred a couple of times and asked the same question each time
- Inefficient use of clerical time; duplication of effort if clerk had to take a message for the HCP and/or provider

What did you hope to achieve by making the change?

- Improved access to the provider through the appropriate care team member. Fewer "bumps" for the patients in connecting to their provider.
- Eliminate duplicate messages and work to clerk, provider, HCP, and RN

What was the plan for making the change? How did you make the change?

- Develop a phone menu that was patient-friendly
- Identify the necessary options for patients in order to navigate the clinic flow
- Make/cancel an appointment
- Clinic hours and location
- "Leave a message for your care team"
- Point of contact is HCP, not provider
- HCP sorts the messages and tasks needed
- Message notes when the patient can expect a response
- Listened to other clinics phone messages to "pull the best" from the messages
- Work with telecommunications to put the phone menu in place

What did you learn from the process of making the change?

- Patients were leaving the same message with multiple people because they weren't sure anyone would get the message
- Providers were overwhelmed with the calls and not able to get to all of them
- Much time involved in transferring calls from clerks; patients frustrated when they had to make their request or needs known to multiple staff
- Staff getting wrong calls

What would you recommend to other sites trying to make a similar change?

- Listen to the menu from the "ears of the patient"
- Determine who is the best "gatekeeper" for the patients calls
- Determine the team structure first, developing the team concept
- Make all messages the same for all care teams

DATA SHOWING IMPROVEMENT

- Continuity – patient being with their provider
  June 2010 – 66%
  Dec 2010 – 74%
- Likelihood of recommending clinic to family or friends
  June 2010 – 91%
  Dec 2010 – 95%

PATIENT IMPACT

"These changes to our team-based care have impacted the patients in positive ways. The broad comment from the patient perspective is – 'I know who takes care of me.' The age group that this seems to impact the most is the elderly population.

The following is an example of the teamwork: Mother of a child (MOC) is concerned that her child cannot take prescribed medications at school because the school nurse told her she needs a medication form filled out by her child's provider. The MOC calls the clinic, selecting the appropriate option to leave a message for her care team. I listened to the message when I was in between patients. I returned the call to the MOC and explained that there is a three-day turnaround time. MOC had the fax number to the school. I explained that unless there was a problem, her request would be completed in three working days.

I looked in the medical record, completed the requested information, and completed the medication sheet with the required information. When we met in team time, I had the provider sign the form which was then faxed to the school. Only one person, me, had to handle the forms and speak to the MOC." —HCP (Medical Office Assistant)

"It's much easier when the patient knows who is on their team. They can talk to me and they know I work with the provider. Here's an example:

An elderly patient was in need of a medication refill of narcotics. She had about six tablets left before she would run out. She decided to walk to the clinic since she lived across the street. The clerk that initially spoke to the patient knew that I was the clerk that worked with the provider. She had the patient talk to me.

I wrote down all of the appropriate information on the form. I explained to the patient that she could come back and pick up the written prescription in three business days. I then gave the initial form to the HCP who is a part of our team. She filled out the controlled substance form and had the necessary prescription form labeled with the patient's name and medical record number. At our team time, she had the provider complete the prescription. The prescription was then placed in the file. The patient returned in the three days and was able to get the prescription without missing any medications." —Clerk

Team Time

Team time defined – end of am session or beginning of pm session

Clerk –
- Sorts team "in boxes"
- Handles items within clerical responsibility and role
- Shares updates on work in progress
- Asks for help as needed
- Offers help if needed
- Bring telephone visit encounters in out-guides for provider

HCP –
- Gets items from "in box"
- Handles items within HCP responsibility and role
- Share updates on work in progress
- Asks for help as needed
- Offers help if needed
- Gives updates on patients requests from voice mails

Provider –
- Reviews paperwork in provider in box
- Clarifies requests from team members
- Updates team on patients' status
- Verifies completion of referrals or asks about progress of referrals ordered
- Completes/signs paperwork started by team members
- Delegates tasks based on required skill level of team members
- Offers help if needed

RN –
- Gets items from "in box"
- Shares clinical update on paperwork, clarifies with provider
- Asks for help as needed
- Offers help if needed
- Discusses complicated clinical issues with provider

Team Time Check list

Clerk	HCP	MD/PA
Answer Voice Mail – follow up on requests, forward others to appropriate staff	Answer Voice Mail – follow up on requests, forward others to appropriate staff	Review patient appointments – determine if any need reappointed
Fill in forms	Fill in forms	Determine needs for follow up calls – delegate to most appropriate staff
Sort paperwork from boxes	Sort paperwork from boxes	Complete paperwork – return to in box
Consider patients for telephone visits	Prepare prescriptions	Review/sign narcotic prescriptions
Set up future telephone visits	Complete narcotic tracking forms	Verify telephone visits – determine if others are needed
Prepare telephone visit encounter	Fax forms Check referral log	Update team on patients' status
Fax forms Check referral log	Review registry list – call as indicated	RN
Review registry list – call as indicated	Call patients – share lab/radiology results after discussion with provider	Complete narcotic tracking forms – prescriptions to front
Schedule patient visits	Follow up with scheduling appoints and call patients	Research clinical information required on forms/referrals/orders
Complete Prior Authorizations – refer to medical record info		Proactively review registries
Complete billing		Follow up on care management needs determined by team

The broad comment from the patient perspective is – 'I know who takes care of me.' The age group that this seems to impact the most is the elderly population.

PROVIDER OR STAFF IMPACT

"The changes we have implemented related to teams and team time has had a HUGE impact on my work. The team time allows the four of us to give updates on missing information, follow-up from previous tasks, and share input or questions from the patients. Another benefit of the team time is the chance to really look at my schedule and see if patients are appointed appropriately.

We've found that a patient who we saw earlier is scheduled too soon for an appointment, so the clerk has rescheduled the patient at a more appropriate time. The follow-up work is discussed and the best team member offers to complete the task. I find that I'm not running around trying to remember who I said what to and who has been scheduled for what. I know who is accountable and can ask the right team member. Our boxes outside my office are great. Not only do we communicate throughout the day by moving the forms to the correct place, but I even see the clerk each day." —Provider (MD)

"Wow… When I round in the clinic to see how things are going, I really see the team concept at work.

The teams are meeting in the providers' offices, looking at schedules. I hear the words "I'll help," "Oh, that's for me," "Great job, glad we were able to get them scheduled,".… I see the papers in the "in boxes" move back and forth after each team member has completed their part of the task. I don't have complaints from patients related to "I can never get a hold of my doctor." I see the patients come to the clinic and smile as they are individually recognized by "their" clerk." —RN, Program Manager

Safety Net Medical Home Initiative

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