

# Hilltown CHC



Hilltown Community Health Center is a rural clinic in Western Massachusetts. Our patient demographic is largely white, English-speaking, and rural with a mix of low-income and moderate income people. The health center takes care of about 8,000 patients with about 3.5 FTE of primary care providers. Although each provider does not have a dedicated medical assistant, there is one assigned each day to a primary care provider.

#### SNMHI Team:

Jennie Howland, MD, Chief Medical Officer  
Ed Sayer, Executive Director  
Laurie Waite, Medical Assistant

## PARTICIPATION

### What motivated your practice site to participate in this initiative?

Hilltown is committed to improving patient involvement in their care, developing more effective ways of communicating within the care team, and transforming the entire practice to truly patient-centered care. The health center believed that participation in the SNMHI would allow us to share best-practices with other health centers. Expanding the role of medical assistants is a critical part of the transition to team-based care. This particular project engaged both the patient and the medical assistant in a team-based approach model of care.

## CHANGES

### Change One: Improved Patient Satisfaction

- **Problem:** Patients did not have accurate medication list or understand why they were taking medications.
- **Goal:** To increase patient awareness of medications and to more engage patients in their care.
- **Plan:** Medical assistants go over and update the medication list with the patients at every visit.  
We made the change by updating our rooming protocol and doing training with medical assistants. All medication lists are confirmed by provider.
- **What we learned:** Many patients were not aware of their medications. Initially, there were many concerns from medical assistants about their ability to be accurate with the medication list due to some confusion with brand name versus generic.
- **Recommendations for other sites:** Ask patients to bring in a list of their medications. Make sure to ask about herbal and over the counter medications and involve the medical assistants in the generation of the plan.
- **Improvement:** Patients have been happy to have their accurate medication list printed for them.

“I personally feel I’m getting to know the patients more thoroughly, which helps with planning for their medical care. I feel more involved in patient care and feel like I’m really helping the patients to take better care of themselves.” —Medical Assistant

### Change Two: Improved Clinical Outcomes

- **Problem:** Health care maintenance goals not being achieved for colonoscopy, mammograms, pap smears, and immunizations.
- **Goal:** To improve preventive care processes and outcomes.
- **Plan:** Medical assistants set alerts for colonoscopy, mammogram, Pap smear, and immunizations by doing chart review during chart prep. In addition, medical assistants put in individualized patient care recommendations which print out for patients at their physical exams. Medical assistants also discuss preventive guidelines with patients during visits.
- **What we learned:** Many patients overdue for exams don’t understand why exams are recommended, or understand the benefits of the tests. Medical assistants are more empowered and engaged in patient care. Some medical assistants felt like they were being given more work, but ultimately change improved job satisfaction for medical assistants. Longer rooming times needed.
- **Recommendations for other sites:** Involve medical assistants in development of the plan. Provide training on guidelines and how to talk to patients about tests with patients is very helpful.

“I have really enjoyed working in more of a team with the medical assistants. I feel like we’re providing better care for the patients. The patients have been very happy with updated printouts and are really enjoying getting to know the medical assistants.” —MD

### Change Three: Improved Clinical Efficiency

- **Problem:** EMR implementation caused a large decrease in clinical productivity and efficiency.
- **Goal:** improve cycle time for patients.
- **Plan:** Medical assistants do abstraction in chart for medical history, family history, surgical history, and hospitalizations prior to patient arriving. They also update social history, allergies, and medication list during every patient visit.
- **What we learned:** Initially, medical assistants were confirming medical and family history which made the rooming time too long. This information is more readily available to the providers while they are in with the patient. Medical assistants initially felt overwhelmed with new job responsibilities and were concerned about asking social history questions. However, patients have responded well to medical assistants asking questions and medical assistants have become much more involved in patient care.
- **Recommendations for other sites:** Be patient with different roles for different team members. Support each other during transitions.



## PATIENT IMPACT

“A 51-year-old man was overdue for his colonoscopy and told me that he wasn’t sure if he was going to have one. I decided to share my experience with him about my own colonoscopy. I told him the worst part was the prep and the test was a breeze and he should really consider having it done because my colonoscopy findings helped me better understand my own health. At the next visit, he told me he was getting it scheduled.” —Medical Assistant

“A young 21-year-old guy with lower back pain stated he was a drummer and was practicing the day before for about three hours and now had some back pain. I asked him if he was using proper sitting posture and he said he hadn’t been and was only using a small drum stool with no support. I suggested he use a larger stool with back support to help with the back pain from his drumming because of my personal experience with drumming and low back pain” —Medical Assistant

## Safety Net Medical Home Initiative



MacColl Institute at  
Group Health Cooperative