The Transformation

The problem with Thiess’ schedule and patient non-compliance has long since morphed into an ethical dilemma for
• Delay in treatment led to missed early diagnosis of new disease onset, gaps in medication delivery, and a
  breeding ground for non-compliance.
• Non-compliance has been proven to be a catalyst for continued disease blight on patients’ overall
  health and outcomes.

If Matilda Theiss Health Center was to continue to remain open it would need to change its approach to community
medicine and essentially the way it interacted with the community.

The Problem

- Patients did not show for regular appointments or follow up visits for continued care and evaluation.
- Some patients had to wait weeks or even months to get an appointment.
- Delay in treatment led to missed early diagnosis of new disease onset, gaps in medication delivery, and a
  breeding ground for non-compliance.
- Non-compliance has been proven to be a catalyst for continued disease blight on patients’ overall
  health and outcomes.

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The Elephant in the Room

Scheduling at Matilda Thiess has proven to be the ominous hurdle in the fight to provide better care for our patients.
The front desk staff expressed its frustration with trying to assist those who do not show for appointments and then
the inevitable non-booking results that culminated in patients day in advance. Therefore, they were tasked with
• Collecting and even three alternate phone number for patients
• Collecting at least two alternate mailing addresses for patients to send reminders
• Creating a policy to praise patients for showing up, using treats such as candy and infectious smiles

To overcome no-shows and missed follow up appointments, Matilda Thiess has implemented a modified open access
schedule. Additionally, all staff made a commitment to meet and devise a plan of flow that would give patients more
assistance and education. This was intended to improve the no-show rate and clinical outcomes.

The clinical staff meetings produced these changes:
• Modified open access scheduling
• Improved patient education
• Enhanced ancillary and clinical services through the hiring of a new and energetic social – specifically
  offering counseling services, coordination of care, connection and collaboration with other departments and resources

Clinical encouragement by nurses and doctors was implemented to make the patient feel welcomed and
that their voice really counts about their health
• Clinical staff changed their hours to accommodate those who say our hours are too long to meet their needs
• Family medicine medical residents were brought on to allow for more appointment slots so patients who are
  acutely ill or who needed a DNR or school physical can get in for appointments sooner
• Dental residents were hired to offer teeth cleaning and dental checkups free of cost
• An endocrinologist was added to meet with patients who are diabetic, once a month, free of cost
• Pharmacy residents were added to assist patients by educating them about their medications, appropriate
  responses to side effects, and assisting our physicians with our onsite dispensary service

An outside consulting group, Pittsburgh Regional Health Initiative, was contacted to provide objective
observation, technical assistance, and progress reports

Problems and Dilemmas

Matilda Thiess Health Center is a federally qualified health center serving approximately 1,500 patients a year. Our patient population is primarily made
up of residents from several low-income communities and was intentionally
located to meet the transportation limitations, dependent childcare needs, adult medical, and (at times) respite care needs of a community that is
traditionally underserved. The center was developed originally by Children’s Hospital of Pittsburgh to meet the needs of underserved children in the
public housing complex of Oakland, but it quickly evolved to serve low income, unemployed, and uninsured adults.

We provide primary healthcare including routine physical, gynecological, obstetrical, pediatrics, STD treatment, STD prevention, and on-site
pharmacy services.

The Medical Home Model

The Pittsburgh Regional Health Initiative (PRHI) technical assistance and team building exercises have helped Thiess
to focus on its goals and evaluate patient satisfaction of the new Thiess. They helped our staff understand the new
model of healthcare delivery that is cutting edge thinking in the nation today, the medical home model. Staff have been educated on the value of the model to improving health outcomes for our patients. Of the eight change
components recommended for transformation, Thiess has been able to implement four elements of the medical model
with high hopes for a successful transition to all eight elements.

Progress Report

1. Empanelment: Empowering our patients with one PCP has allowed our staff to begin to work as a team
because when a person routinely sees the same provider, nurse, and/or medical assistant, the patient can be sure that the

• Provide an accurate history of the patient’s past illnesses, chronic conditions, medications, and social situation
• Serve as a reminder that they can touch base with, for which they have built a trust relationship.
• Coach or lead a cheer when the patient has complied with their medical regimen or a shoulder to lean on when they are troubled

Currently, we have empanelled all new patients. Our full-time physician is at 52% empanelment; the part-time
physician’s empanelment is less than 52%. Strides are being made to increase their numbers.

2. Team-based care: Out of empanelment, team-based care naturally developed. The advantage of team care is
that prior to the patient arriving a strategy is formulated to enhance the patient’s experience within the visit and to
provide the best information available to improve the patient’s ability for self care once they are at home.
• Team huddle: Each doctor meets with their nurse prior to the visit and devise a quality plan for the visit.
• Education materials are gathered to complement any ordered medications, consults, and knowledge of
  their disease for better health outcomes.
• Once the patient arrives, all diagnostic testing and lab work orders are dropped to aid in patient flow and
  timeliness of the visit.

3. Quality Improvement: Currently, two surveys have been created to gauge patient satisfaction. The results have
been favorable. Surveys, spring 2015 and fall 2016, netted a score of 91% satisfaction or approval rate. It appears that our patient population approves of the new medical model.

4. Enhanced access: Modified open access scheduling was the initial change at Thiess. Patients would call for
appointment and be given a date some time in the future. Many of the patient are young adults or elderly and they
would forget appointment dates. With open access, our patients now enjoy the ability to call and get to their doctor
on the same day, the next day, or within 48 hours. At present, our no-show rate is at 12%, down from 33%, and we are better able to provide quality care using the other elements of the medical home model.

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