

Matilda Theiss Health Center



MISSION:

To provide healthcare to the uninsured, underserved, and those with insurance who cannot or have not found a personal care physician and are in need of one.

Matilda Theiss Health Center is a federally qualified health center serving approximately 1,600 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.

PROBLEMS AND DILEMMAS

Theiss has endeavored to reach out to the community that it serves, but the community itself has not always taken advantage of the services available, which can and would provide comprehensive primary care in a convenient and low-cost manner. Some specific issues include:

- 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.

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 TRANSFORMATION

The problem with Theiss' schedule and patient non-compliance has long since morphed into an ethical dilemma for the doctors, nurses, and non-clinical staff. The staff at Theiss wrestled with how it could change the scheduling of appointments and office flow, as well as increase and include patient education with hopes of improving health outcomes. The entire staff at Matilda Theiss set out to address the original problems, no-show rates, and non-compliance which in turn fueled the disparities in health outcomes.

In late 2009, an all-staff meeting was called and everyone was invited to share ideas with the hope of solving our problems. During the meeting, each group looked at its particular struggles with providing comprehensive healthcare and the problems that have historically confounded our efforts. Several areas were illuminated as obstacles and preliminary options were discussed. The critical areas of needed change were identified as:

- Scheduling
- Patient's seeing multiple PCPs in the practice
- Health maintenance disparities
- Enhanced pharmaceutical services
- Dental services

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.

THE ELEPHANT IN THE ROOM

Scheduling at Matilda Theiss 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 over booking that results by calling patients a day in advance. Therefore, they were tasked with:

- Collecting two 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 Theiss 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 someone really cares about their health
- Clinical staff changed their hours to accommodate those who say our hours are too short 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 DMV or school physical can get in for appointments sooner
- Dental residents were enlisted 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



THE MEDICAL HOME MODEL

The Pittsburgh Regional Health Initiative (PRHI) technical assistance and team building exercises have helped Theiss to focus on its goals and evaluate patient satisfaction of the new Theiss. 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 concepts recommended for transformation, Theiss 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:** Empanelling 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 team will:
 - Provide an accurate history of the patient's past illnesses, chronic conditions, medications, and social situation
 - Serve as a reference 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

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- 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 devises 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 2010 and fall 2010, netted a score of 97% satisfaction or approval rate. It appears that our patient population approves of the new medical model.

Also, a nurse educator is on-site and leads diabetic education classes, nutritional guidance, and follow-up calls to patients whom we may not have seen for some time.

- 4. Enhanced access:** Modified open access scheduling was the initial change at Theiss. 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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Safety Net Medical Home Initiative



MacColl Institute at
Group Health Cooperative