

St. Luke's Eastern Oregon Medical Associates



St. Luke's Eastern Oregon Medical Associates (EOMA) is a certified rural health clinic set in Baker City, Oregon. We have been designated as a "Frontier Site," meaning we meet the definition for geographically isolated, which impacts access to medical providers. Our community has a high unemployment rate and a high Medicare rate (34%), which also makes delivering healthcare a challenge.

We currently have five physician (MD) clinicians and three mid-level providers in addition to visiting mental health, oncology, and cardiology providers. We also employ three nurse care managers who provide coordinated care for more complex patients. The clinic provides care across three teams, which have been re-organized into pods with senior, junior, and mid-level providers grouped together. Our clinic has reorganized space to co-locate clinicians to enhance our vision of team-based care.

PARTICIPATION

What motivated your practice site to participate in this initiative?

Participation was motivated by the conviction that the future of medicine would have the medical home and team care as core components. Prior to becoming part of the SNMHI, we implemented care coordination as one of our RNs became a certified diabetic educator, and this was hugely successful clinically and practically for the providers. Focusing on expanding this effort was also a motivating factor.

Other key motivators:

- Clinic's commitment to excellence and increasing our body of knowledge.
- Proactive involvement as healthcare moves in this direction
- A way to improve our quality of care and patient and provider satisfaction.

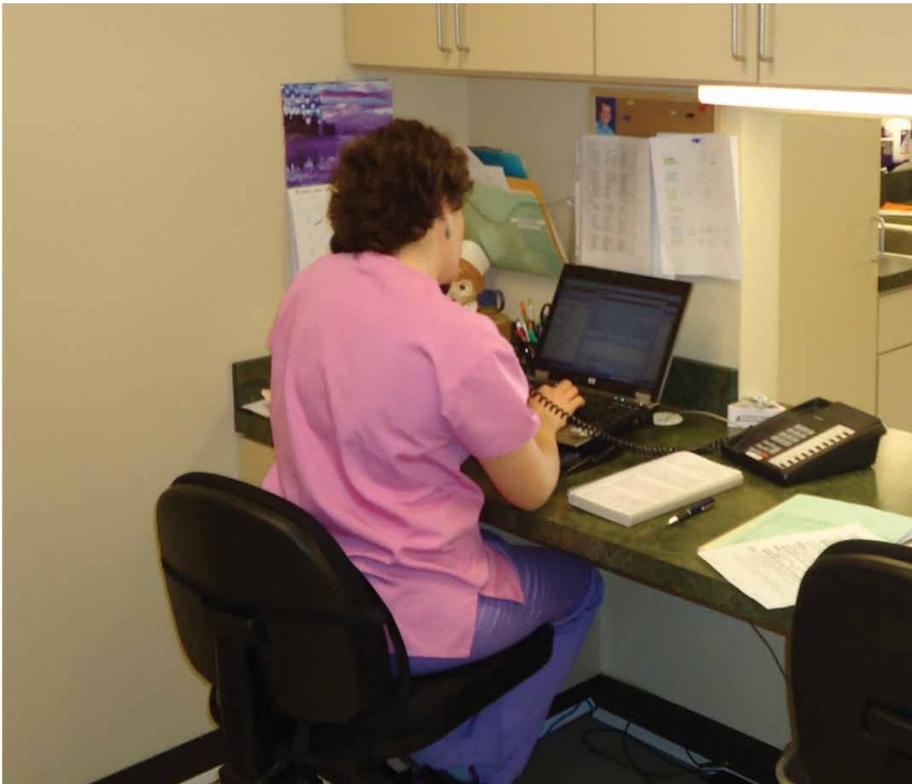
CHANGES

Change One: Team-based Care

Goal: We wanted to empanel patients and identify teams within the clinic.

Plan: We initially implemented the plan by placing one mid-level, one new MD and one of the established MDs on a team. Subsequently, we are in the process of placing one RN on each team and are in the process of recruiting for that.

Learned: We experienced attrition of one MD and midlevel, which resulted in one team being very short staffed. We've learned through this that nothing stays the same. Patients and staff are always moving and despite the initial idea of empanelment, it seems that patients identify more with the clinic than a certain provider in terms of seeking care.



Change Two: Chart Scrubbing

Problem: At the time of patient encounters, we could not easily find data in the charts regarding health and disease management.

Goal: We wanted to unify information in one spot so that the nurse and provider had one place to look for that information.

Plan: We came together and designed a template to be used in our Centricity EHR where all of the information could be located and retrieved as needed. Team members review chart scrubs the previous morning.

Learned: This practice engages our nurses and makes them feel more a part of the healthcare team. The providers are spending less time looking for information which presumably results in improved management of health and disease.

We've learned through this that nothing stays the same

Change Three: Nurse Care Managers (NCMs)

Problem: Providers were overwhelmed by demands of chronic disease, and trying to adequately educate and involve patients as well as family members in the disease management.

Goal/Plan: We wanted to establish nurse care managers (NCMs) initially focusing on diabetes, depression, and dementia. Since then our NCMs have really focused interests on oncology, diabetes, and geriatric care in general, which has included dementia and depression.

Learned: One of the aspects that hit us the hardest was that our highest-paid staff were spending a lot of time with patients for unbillable services. We've also learned that our patients have thrived with the new system, and we see that it has taken a load off providers.

PATIENT IMPACT

"I regularly met with Mr. A. When he was first referred to me by Dr. M, he lived alone and it was very questionable if he was taking his medications correctly. Mr. A has no family in the area and lived in his RV with his beloved dog. He has a complicated medical history. He lives on a Social Security check, so has very limited income. My initial visit usually includes a depression screen, cognitive screens, and a fall-risk screen. By including these screening tools in conjunction with medication education, I learned he was having frequent falls and was also experiencing significant pain. That day, Mr. A made a follow-up appointment to address pain issues. Occupational therapy referral was made for a home safety evaluation. I continued to meet with Mr. A for ongoing monitoring of his medication management. He is now considering moving to assisted living, so I am helping him to review his available options."

—Nurse Care Manager

"Providing the role of the nurse care manager has given patients the opportunity to have access to someone at the clinic who will listen to them and who they can ask any questions. Patients feel safe confiding in the nurse care managers. One significant discovery has been patients experiencing depression and suicidal thoughts that have not been shared by the patients with their doctor. This has enabled us to provide care to patients on that level."

—Office Manager

"On a daily basis I get to impact the lives of the patients I see. I have both time and opportunity to provide holistic nursing care. Once a patient is referred to me by one of our providers, I have the time to spend with that patient to get to know them and their 'bigger picture.' Because I am able to positively impact patient outcomes, I am also positively impacted."

—Nurse Care Manager

PROVIDER OR STAFF IMPACT

"The two things that have impacted me the most are our nurse care managers and chart scrubbing. The NCMs have become indispensable—whether they are helping transition a patient from oral medications to insulin, or working with a family transitioning a loved one from home to assisted living. They have taken such a load off providers. I don't think we could live without them now.

"Chart scrubbing has saved me so much time as well. Prior to starting this, I'd try to get to clinic at least 30 minutes prior to starting in the morning to review and make a plan as to what health maintenance things and what monitoring labs needed to be ready as the patient presented. Having that information ready for me as I walk into the clinic in the morning is so nice. I think my nurse also has benefited from the increased responsibility and enhanced the sense of working together as a team."

—Medical Director



Safety Net Medical Home Initiative



MacColl Institute at
Group Health Cooperative