

The 10 Building Blocks of Primary Care

Building Blocks of High Performing Primary Care

Background and Description

The Building Blocks of High Performing Primary Care are both a description of existing high-performing practices and a model for improvement. The Building Blocks originated with observations of high-performing practices in the United States. Although these practices varied in size and setting, they all demonstrated common characteristics, which we distilled into the 10 Building Blocks. The practices also provided some lessons on the sequencing of the Building Blocks- a logical order for transforming a primary care practice. The four blocks at the bottom lay the foundation for the remaining 6 blocks. All 10 building blocks focus on design elements that are largely within the realm of control of the practice or practice organization and thus can function as a roadmap to help practices transform.

Instructions

Use this handout to discuss the Building Blocks with your team. To understand how the building blocks work in practice, combine this activity with the “Meet Mrs. Chen” exercise.

UCSF Center for Excellence in Primary Care

The Center for Excellence in Primary Care (CEPC) identifies, develops, tests, and disseminates promising innovations in primary care to improve the patient experience, enhance population health and health equity, reduce the cost of care, and restore joy and satisfaction in the practice of primary care.

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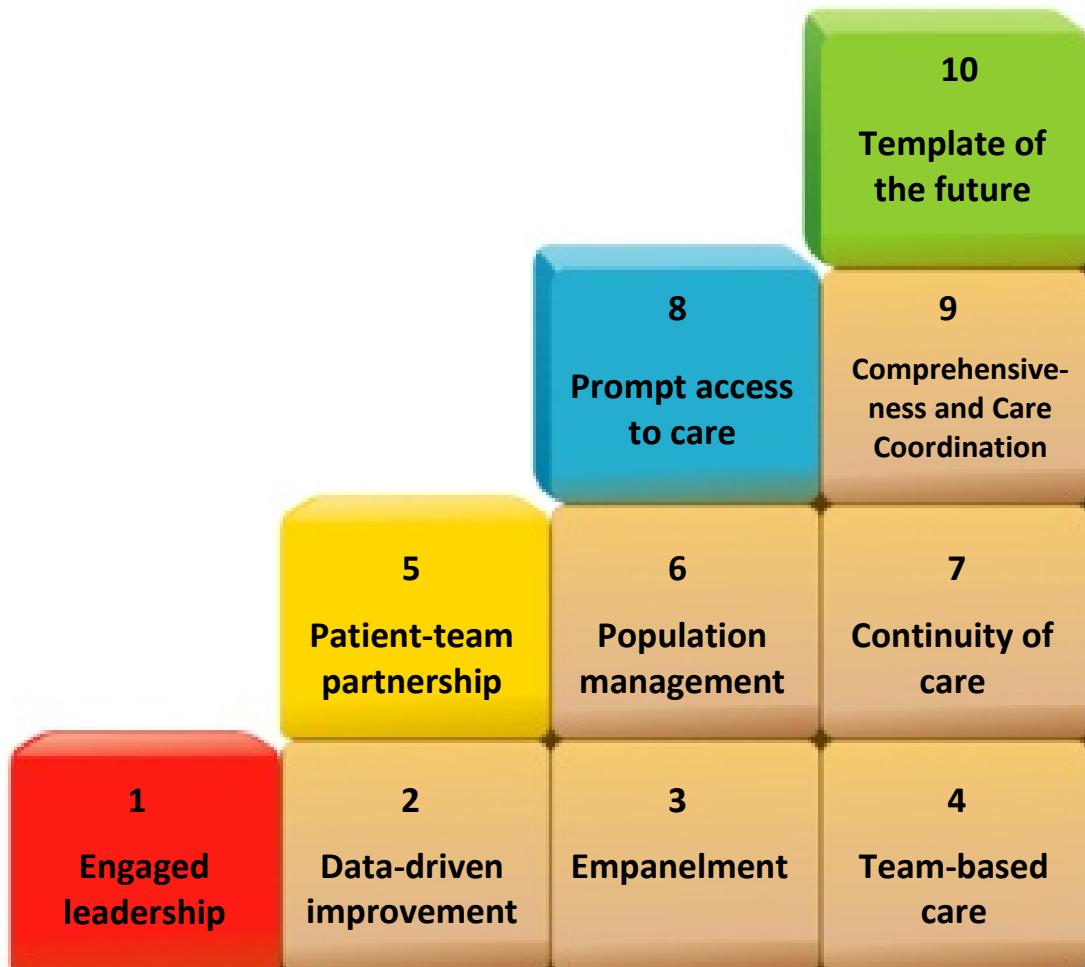
The Building Blocks of High Performing Primary Care

High performing primary care practices vary in size, resources, staffing, and populations served. Yet they exhibit surprising similarity in how they provide high quality, accessible, and patient-centered health care. These similarities are what we identify as the Building Blocks of High Performing Primary Care.

These Building Blocks were derived from site visits to high-performing primary care practices and clinics in 2010–2011. The unanimity with which these principles are put into practice suggests that there is one basic model – with individual variation – for primary care excellence.

The Building Blocks form the scaffolding for our practice transformation work with clinics and are the basis for our practice coaching curriculum.

The Building Blocks are:



- 1) Engaged leadership, including patients, creating a practice-wide vision with concrete objectives and goals
- 2) Data driven improvement using computer-based technology
- 3) Empanelment
- 4) Team-based care
 - a) Culture shift: Share the Care
 - b) Stable teamlets
 - c) Co-location
 - d) Staffing ratios adequate to facilitate new roles
 - e) Standing orders/ protocols
 - f) Defined workflows and workflow mapping
 - g) Defined roles with training and skills checks to reinforce those roles
 - h) Ground rules
 - i) Communication: team meetings, huddles, and minute-to-minute interaction
- 5) Patient-team partnership
 - a) Evidence-based care
 - b) Health coaching
 - c) Informed, activated patients
 - d) Shared decision making
- 6) Population management
 - j) Panel management
 - k) Self-management support (health coaching)
 - l) Complex care management
- 7) Continuity of care
- 8) Prompt access to care
 - a) Weekday hours
 - b) Nights/weekends
 - c) Phone access

- 9) Comprehensiveness and care coordination
- a) Within the medical neighborhood
 - b) With community partners
 - c) With family and caregivers

10) Template of the future: escape from the 15-minute visit

- a) E-visits
- b) Phone visits
- c) Group visits
- d) Visits with nurses and other team members
- e) Requires payment reform

For detailed descriptions of six of these building blocks, see the California Healthcare Foundation report, The Building Blocks of High-Performing Primary Care: Lessons from the Field, April 2012 (www.chcf.org)