

RINGING JOY BACK TOPRACTIC THE CASE FOR CARE DELIVERY TRANSFORM

California is embarking on a fundamental shift in how it pays for healthcare. For California's health centers, this pivot from volume driven payments to capitation payments (or value-based care) means both significant challenges

To better prepare CA's health centers for this transformation, the California Primary Care Association (CPCA), California Health Care Safety Net Institute (SNI), and the Center for Care Innovation (CCI) developed the Capitation Payment Preparedness Program—also known as CP3. CP3 provides a range of technical assistance to help organizations get ready for the Alternative Payment Methodology (APM), slated to begin in 2017.

and important opportunities to provide more effective and efficient care.

The Quadruple Aim—enhancing patient experience, improving population health, reducing costs, and improving the work life of health care clinicians and staff—is essential to transforming care delivery and positioning health centers to succeed in a value-based care system.



Current State:



& family physicians have symptoms of BURNOUT



FRUSTRATION in not being able to provide highest quality of care



Not enough TIME to build relationships with patients



% of physicians that named paperwork &

75%

increases the time it takes to plan, review, order, and document care (2011) 1

administration as the leading cause of work-related stress & burnout²

computer while in an exam room with patients

Amount of time physicians spend attending to the

PRACTITIONERS ARE SUFFERING

Loss of enthusiasm



Feelings of cynicism Low sense of personal

accomplishment

STAFF ARE SUFFERING



Early Retirement

PATIENTS ARE SUFFERING Worse access



- Lower quality of care & patient safety Reduced adherence to treatment plans resulting in
- negatively affected clinical outcomes⁵

Diminished patient satisfaction

"Dissatisfied physicians are more likely to prescribe inappropriate medications

which can result in expensive complications. "Burnout also leads to lower levels of empathy, which is

associated with worsened clinical outcomes for patients with diabetes."

"Patient safety is threatened by nurse dissatisfaction; many nurses report that their workload causes them to miss important changes in their patients' condition."

patient care Caught between provider and patient demands Complexity of their work is unappreciated

of front line receptionists experience

Heavy patient load + small staff + high stress levels

Impacted by physician dissatisfaction + stressors of

- of staff plan to look for a different job4
 - FROM PHYSICIANS

verbal abuse from patients³

the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I



have become the typist. "The joy of

"I am no longer a physician but



"I can't tell you how defeated I feel...The feeling of being

punished for delivering good

care is nerve-racking."

doctor...I can't wait

"I hate being a

to get out."



revenue

IMPACTS OF CARE DELIVERY

practicing medicine

is gone."



Improved physician satisfaction scores **Value-Based Payments & Increased** Better patient outcomes & adherence to Tx plan **Increased patient volume** Relationships that foster healing Improved patient outcomes

TRANSFORMATION

"Joy in practice includes a high level of physician work life satisfaction, a low

level of burnout, and a feeling that medical practice is fulfilling."

Less time on administrative & non-Improved patient experience clinical work Retention of clinicians & staff Working at top of license Fewer errors and expensive complications Less turnover in the practice

Stronger professional development & mentorship from clinicians ("just in time teaching")

communication with clinicians

Improved working relationship &

Increased team satisfaction and engagement

Sharing in more patient care; engaging in a

more meaningful & impactful way

Better patient outcomes & adherence to Tx

Working at top of license

Less staff turnover

INNOVATIONS FROM 23 HIGH-PERFORMING PRIMARY CARE PRACTICES

SHARING

CLINICAL CARE

AMONG A TEAM

IMPROVING

COMMUNICATION

Better outcomes Improved relationship & communication with care team "What matters most" to patients is known &

Provider / Care Team continuity (Patients get

Getting the right care at the right time, in the

to see their own care team)

right place, by the right person

Increased access

Improved continuity of care for patients

PROACTIVE PLANNED CARE

Including previsit planning and previsit laboratory tests

"The MAs and nurses are more fully engaged in patient care than they have ever been and they enjoy their

Including verbal messaging and in-

box messaging

Including expanding

standing orders, & panel

rooming protocols,

management

CP3 TECHNICAL ASSISTANCE

work...l am far more satisfied. I leave work an hour earlier every day and have a very fulfilling relationship with my team....We're having fun."

SHARING

CLERICAL TASKS

IMPROVING

TEAM

FUNCTIONING

3. FINANCIAL

MANAGEMENT

Including with collaborative

nonphysician order entry,

prescription management

documents (scribing),

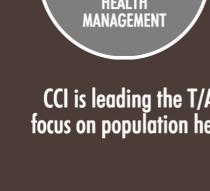
and stream-lined

Including co-location, team

meetings, and work flow

mapping

HEALTH MANAGEMENT MANAGEMENT





CCI is leading the T/A to help organizations with care delivery transformation with a focus on population health management. CCI's T/A includes a combination of webinars, onsite sessions, coaching, and site visits.

FOR MORE INFO, VISIT: https://cp3portal.com/

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