



Blue Shield of California Foundation is an Independent Licensee of the Blue Shield Association

Task Delegation, Standing Orders, & Promoting Independent Action

Expanding Access through Team Care

Monthly Technical Assistance Webinar #4

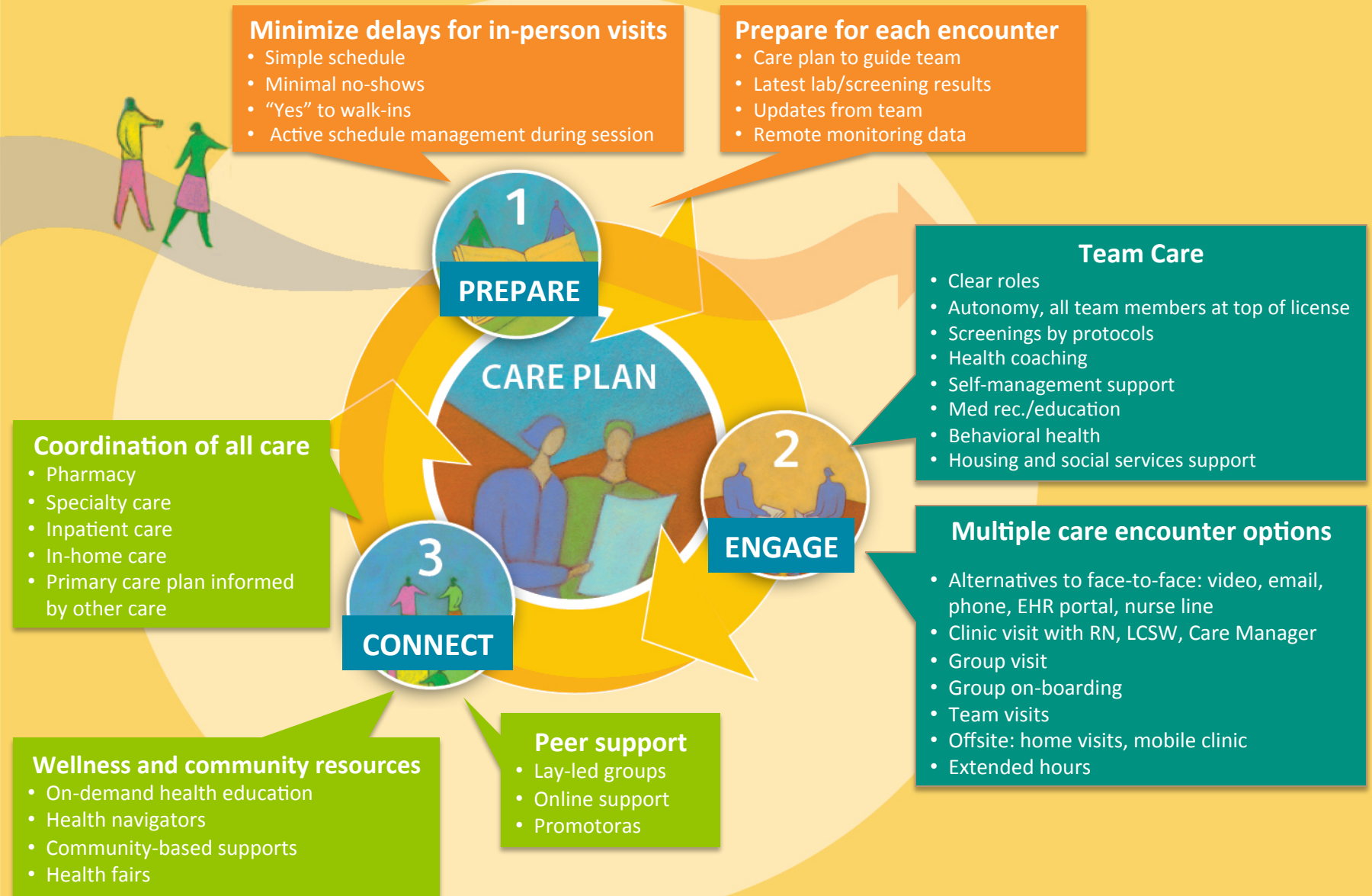
November 20, 2014

Agenda



- 1. Clinic progress on task-sharing & standing orders**
- 2. Discussion: Big questions & obstacles**
- 3. Freeing up provider time: Staff involvement in clinical care** –MacColl Center for Health Care Innovation
- 4. Additional pearls of wisdom-** Coleman Associates & Dr. Carolyn Shepherd
- 5. Action steps & reminders**

Collaborative Accessible Continuous Care





Expanding Access
through Team Care

The map shows the state of California with county boundaries. Various health organizations are marked with yellow labels. The Pacific Ocean is to the west, and the Mexican border is to the south. A grey box in the top right corner contains the title text.

The program's
network of clinics

Hill Country
Comm Clinic

Mendocino CHC

Coastal Health Alliance

SF Dept of
Public Health

La Clinica de la Raza

Indian Health Center

Livingston Comm
Health Svcs

NE Valley
Health Corp

Valley
Comm Clinic

L.A. Christian HCs

Share Our Selves

Olive View-UCLA

North County
Health Project

map locations are
very approximate

Clinic progress on task-sharing & standing orders



- Hill Country Health and Wellness Center
- Northeast Valley Health Corporation

Discussion



- What tasks have you moved from PCPs to other team members in the past 12 months?
- What are the biggest obstacles to more task delegation?

Team Care Development



MacColl Center for
Health Care Innovation - LEAP



Freeing up provider time: staff involvement in clinical care

Dr. Ed Wagner

Session Objectives

- Thanks for completing the assessment items—nearly half of the respondents are already using staff to provide clinical services
- Consider how primary care teams free up provider time by performing clinical tasks previously done by providers.
 - Deciding what tasks to delegate and to whom
 - Preparing staff to perform tasks
- Describe how LEAP teams plan and organize clinic visits to produce exemplary performance.

Using teams to save physician time

Type of care	Percent of physician's time in traditional practice	Estimated percent of physician's work that can be reallocated to non-clinicians	Estimated percent of physician's time saved
Preventive	17	60	10
Chronic	37	25	9
Acute	46	10	5
Total	100	—	24

Thomas S. Bodenheimer and Mark D. Smith: Primary Care: Proposed Solutions To The Physician Shortage Without Training More Physicians, *Health Affairs*, 32, no.11 (2013):1881-1886

What have LEAP sites done to optimize team involvement in clinical care?

- Hire bright, energetic folks with good interpersonal skills.
- Review guidelines to identify key tasks.
- Distribute tasks among the team members (everybody at top of their license).
- Ensure that staff are trained to perform tasks.
- Encourage and enable staff to operate independently.



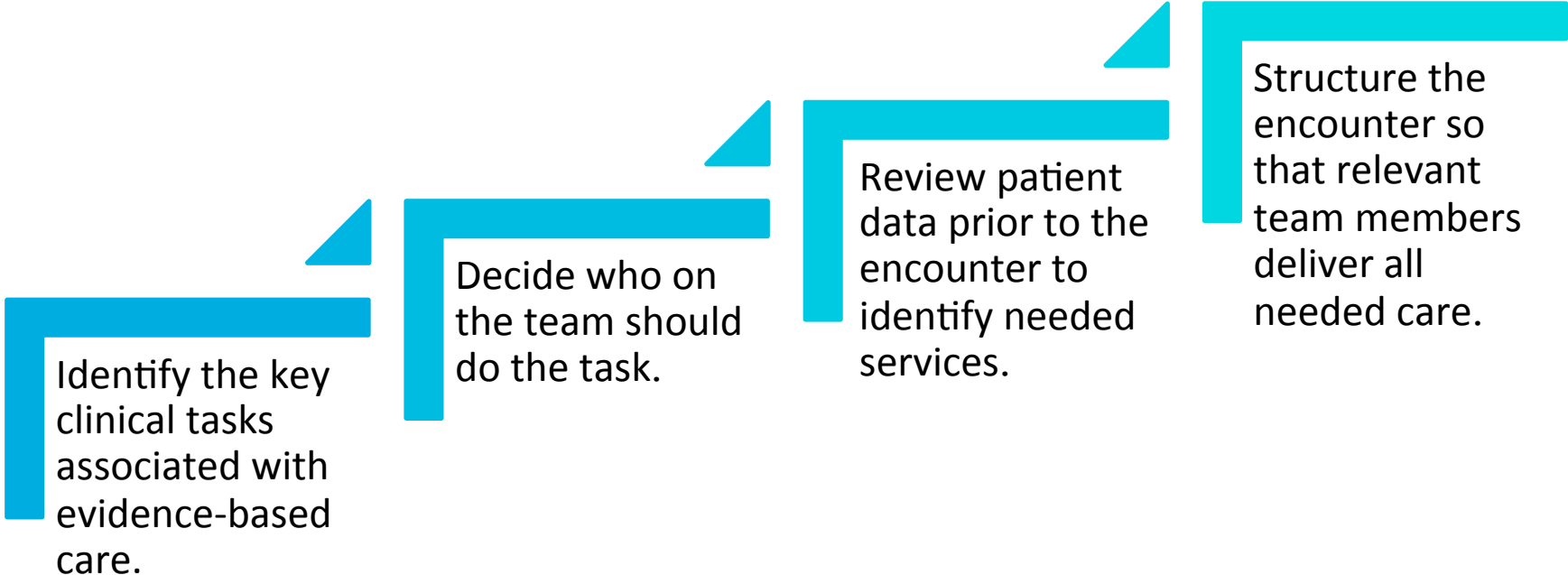
Prevention

- MA “scrubs chart” to find what procedures are due.
- Needed services discussed and confirmed in huddle
- MAs will either perform or arrange most Preventive Care services (e.g., do immunizations if allowed, finger sticks, PHQ screening, smoking assessment, sets up for PAP and chlamydia tests, arranges mammograms, AAA ultrasounds, DEXAs, etc.).
- LPNs do immunizations in states that won’t allow MAs

Chronic Illness Care

- MA “scrubs chart” to find what procedures are due and orders needed labs prior to a visit.
- At check-in, MAs will review medications, do procedures such as diabetic foot exams.
- During visit, health coaches (MA or other) review self-management goals and action plans with patient.
- RNs provide patient education, review and titrate medications, and support to chronically ill patients.
- Pharmacist consults on patients not reaching clinical targets, having side effects, or missing doses.

LEAP sites deliver planned care



```
graph LR; A[Identify the key clinical tasks associated with evidence-based care.] --> B[Decide who on the team should do the task.]; B --> C[Review patient data prior to the encounter to identify needed services.]; C --> D[Structure the encounter so that relevant team members deliver all needed care.];
```

Identify the key clinical tasks associated with evidence-based care.

Decide who on the team should do the task.

Review patient data prior to the encounter to identify needed services.

Structure the encounter so that relevant team members deliver all needed care.

Enable staff to operate independently

West County Health Centers

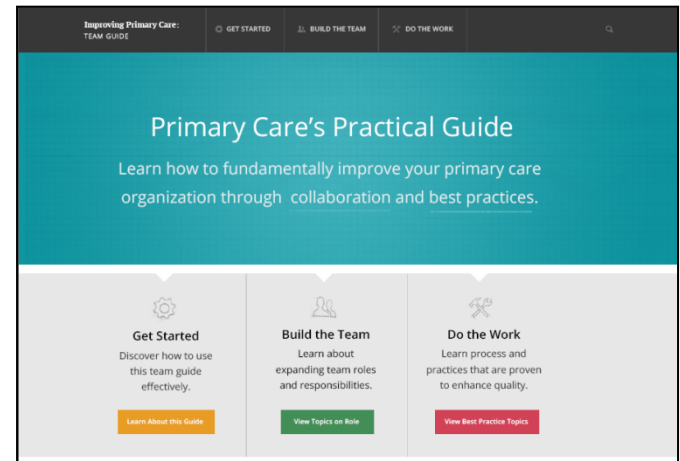
Care Team Diabetes Protocol

Care Team Medical Assistants may, without consulting the medical provider, perform the following tasks:

- 1) Order Hemoglobin A1C Immunoassay if not done in the last 6 months
- 2) Order fasting LIPID PROFILE if not done in the last 1 year
- 3) Order urine Microalbumin/Creatinine ratio if not done in the last 1 year
- 4) Order a DIABETIC EYE EXAM if not done in the last 1 year
- 5) Perform a PHQ2 if not done in the last 1 year and refer for clinical follow up if answered yes to any of the questions.



Action Step



1. In the Primary Care Team Guide, review the MA, RN, and pharmacist modules to see how these key team members can help free up provider time. *Link to Primary Care Team Guide listed on program page under Action Steps.*
2. The tools in the MA module include:
 - a. A great video depicting MA HEALTH COACHING
 - b. Standing orders
 - c. Training curricula
3. The tools in the RN module describe nurse involvement in chronic illness care including protocols for RN medication titration.



www.improvingprimarycare.org

Thank you!

Additional Pearls of Wisdom



Coleman Associates

Dr. Carolyn Shepherd

How do you make
new roles and tasks **STICK**?

Dr. Carolyn Shepherd



The care and feeding of
standing orders and **protocols**



Lessons Learned:

Nursing/MA/PharmD Protocols

- ✓ Pick the right protocol
- ✓ Review the Board requirements
- ✓ Include when to ask for help
- ✓ Demonstrate documentation & billing
- ✓ Plan for ad hoc updates
- ✓ Assure annual review
- ✓ Retrain after review

Action Steps



1. Care team development

- Review modules in Primary Care Team Guide on MA, RN and pharmacist described in MacColl Center presentation

2. No-show data preparation and analysis

- Pre-work to prepare for next month's webinar topic "Tips and Tricks for Reducing No Shows Consistently and Sustainably" presented by Coleman Associates

No-Show Prep Action Step



Coleman Associates

1. Come to the December webinar knowing your no-show rate
2. What is your new patient no-show rate? Established patient no-show rate?
3. If your no-show rate is less than 10%, come to the webinar prepared to share your secrets.
4. If your no-show rate is more than 10%, come to the webinar prepared to list the plays you have tried.
5. Prepare a diagnostic: Take a random sample of future appointments (maybe 30 patients scheduled for tomorrow). For each patient in your sample, jot down the following: 1. When were they originally scheduled? 2. Was it more than 2 weeks ago? 3. What is the reason for visit? Bring this data to the webinar so that we can help you diagnose the problem specifically.
6. Have your **No-Show Reduction PlayBook** handy for the webinar for notetaking. *Playbook is posted in the Resources tab of the program page.*

Next Steps & Reminders



Upcoming Events

- Next monthly webinar- December 18
- In-Person Workshop #2- February 18-19, San Francisco Bay Area

Notes & Reminders

- Sign up for coaching options online- sites can participate in multiple options
- Ongoing evaluation check-in calls with CCHE
- Next quarterly reporting due Jan 30
- Email Susannah if interested in MA salary discussion
- Possible “Roundtable Calls” starting in January 2015

All information posted on program page: www.expandingaccess.wikidot.com