Task Delegation, Standing Orders, & Promoting Independent Action

Expanding Access through Team Care
Monthly Technical Assistance Webinar #4
November 20, 2014
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

1. **PREPARE**
   - Minimize delays for in-person visits
     - Simple schedule
     - Minimal no-shows
     - “Yes” to walk-ins
     - Active schedule management during session

2. **CONNECT**
   - Prepare for each encounter
     - Care plan to guide team
     - Latest lab/screening results
     - Updates from team
     - Remote monitoring data

3. **ENGAGE**
   - Team Care
     - Clear roles
     - Autonomy, all team members at top of license
     - Screenings by protocols
     - Health coaching
     - Self-management support
     - Med rec./education
     - Behavioral health
     - Housing and social services support
   - Multiple care encounter options
     - Alternatives to face-to-face: video, email, phone, EHR portal, nurse line
     - Clinic visit with RN, LCSW, Care Manager
     - Group visit
     - Group on-boarding
     - Team visits
     - Offsite: home visits, mobile clinic
     - Extended hours

**Coordination of all care**
- Pharmacy
- Specialty care
- Inpatient care
- In-home care
- Primary care plan informed by other care

**Wellness and community resources**
- On-demand health education
- Health navigators
- Community-based supports
- Health fairs

**Peer support**
- Lay-led groups
- Online support
- Promotoras

MacColl Center for Health Care Innovation, Coleman Associates and Center for Care Innovation, 2014
Expanding Access through Team Care

The program’s network of clinics

- Hill Country Comm Clinic
- Mendocino CHC
- Coastal Health Alliance
- La Clinica de la Raza
- Indian Health Center
- Livingston Comm Health Svcs
- NE Valley Health Corp
- Valley Comm Clinic
- L.A. Christian HCs
- Olive View-UCLA
- Share Our Selves
- 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

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Percent of physician’s time in traditional practice</th>
<th>Estimated percent of physician’s work that can be reallocated to non-clinicians</th>
<th>Estimated percent of physician’s time saved</th>
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<tbody>
<tr>
<td>Preventive</td>
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<td>60</td>
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<tr>
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<tr>
<td>Total</td>
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<td>—</td>
<td>24</td>
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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

1. Identify the key clinical tasks associated with evidence-based care.
2. Decide who on the team should do the task.
3. Review patient data prior to the encounter to identify needed services.
4. 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

Carolyn Shepherd, M.D.
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
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