



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

# Optimizing Communication Management

## Expanding Access through Team Care

### Monthly Technical Assistance Webinar #6

### January 15, 2015

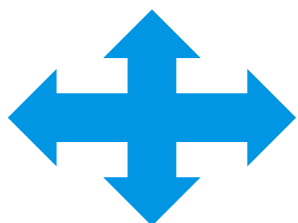
# Agenda



- 1. Session overview-** Hunter Gatewood
- 2. Optimizing Communication Management-**  
MacColl Center for Health Care Innovation &  
West County Health Centers
- 3. Additional pearls of wisdom-** Coleman Associates
- 4. Action steps & reminders-** Susannah Brouwer

# Program Goals

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**Expand access**  
to primary care services



**Foster innovation**  
in the safety net



**Improve the efficiency  
and effectiveness**  
of team care models



Expanding Access  
through Team Care

The program's  
network of clinics

A map of California with county boundaries. Yellow boxes with black text are placed across the state to represent the locations of various clinics and health organizations. The boxes are distributed from north to south, starting with Hill Country Comm Clinic in the north, followed by 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, Olive View-UCLA, Share Our Selves, and North County Health Project in the south. A grey box in the top right corner contains the text 'Expanding Access through Team Care' and 'The program's network of clinics'. A blue box in the bottom left corner contains the text 'map locations are very approximate'.

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

Olive View-UCLA

Share Our Selves

North County  
Health Project

map locations are  
very approximate

# Optimizing Communication Management



MacColl Center for  
Health Care Innovation  
&  
West County Health Centers



# Enhancing Access: Optimizing Communication Management

Ed Wagner, MD, MPH, MACP  
MacColl Center for Health Care Innovation  
Group Health Research Institute

Dr. Jason Cunningham and colleagues  
West County Health Centers

# Teams expand access by sharing in clinical work

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

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





**But what else takes up provider (and patient) time besides face-to-face care?**

**What's Keeping Us So Busy in Primary Care? A Snapshot from One Practice**

Richard J. Baron, M.D.

N Engl J Med 2010; 362:1632-1636 [April 29, 2010](#)



## Volume and Types of Services for an Active Caseload of 8440 Patients at Greenhouse Internists in 2008.

**Table 1.** Volume and Types of Services for an Active Caseload of 8440 Patients at Greenhouse Internists in 2008.\*

Type of Service	Total No.	No. per Visit	No. per Physician per Day†	No. per Patient per Yr
Visit	16,640	NA	18.1	2.0
Telephone call	21,796	1.31	23.7	2.6
Prescription refill	11,145	0.67	12.1	1.3
E-mail message	15,499	0.93	16.8	1.8
Laboratory report	17,974	1.08	19.5	2.1
Imaging report	10,229	0.61	11.1	1.2
Consultation report	12,822	0.77	13.9	1.5

\* Patients were included in the active caseload if they had any interaction with the practice in the listed categories of activities during calendar year 2008. NA denotes not applicable.

† The values are based on the work of four full-time-equivalent physicians who each worked 50 to 60 hours per week for 230 workdays per year.

# How much time in a practice day does this take providers?\*

• Face-to-face care	4.72 hr
• Charting	0.52
• Arranging tests/consultations	0.11
• Telephone calls from patients	0.41
• Reviewing labs/letters	0.24
• Prescriptions/refills	0.20

\*Gottschalk and Flocke, Ann Fam Med 2005; 3:488-493.


# Baron adds:

- “At a time when the primary care system is collapsing and U.S. medical-school graduates are avoiding the field, it is urgent that we understand the actual work of primary care and find ways to support it. Our snapshot reveals both the magnitude of the challenge and the **need for radical change in practice design and payment structure.**”

# How have LEAP sites used the team to better manage non-clinical work and reduce provider involvement?

- **Have goals, trained staff, and standard work in place for the monitoring and initial action for each request or message type.**
- Maximize first call or contact resolution to eliminate or at least minimize queues and handoffs.
- Try to Reduce the volume of incoming messages by:
  - Minimizing refill requests
  - Offering same-day appointments
  - Provide timely lab results to patients
  - Ensuring clear communications with patients, families, and caregivers during and following visits.






Have goals, designated staff, and standard work in place for the monitoring and initial action for each request or message type.

## **Goals**

1. Limit clinical staff involvement in each task to what only they can do.
  - E.g., at NFP, the patient advocate on each team initially handles all refill requests.
2. Respond to patient communications safely and promptly.
  - E.g., at Mercy, calls are triaged by content to most appropriate staff member (see tool in Guide).
3. Avoid unnecessary hand-offs and queues (especially at the end of the day).
  - E.g., at Harvard-Vanguard, MAs help manage provider in-basket between visits, and re-prioritize (see tool in Guide).



Have goals, designated staff, and standard work in place for the monitoring and initial action for each request or message type.

### Designated Staff

E.g., Eastern Oregon Medical Associates has an administrative person who manages all referrals for tests or consultations.

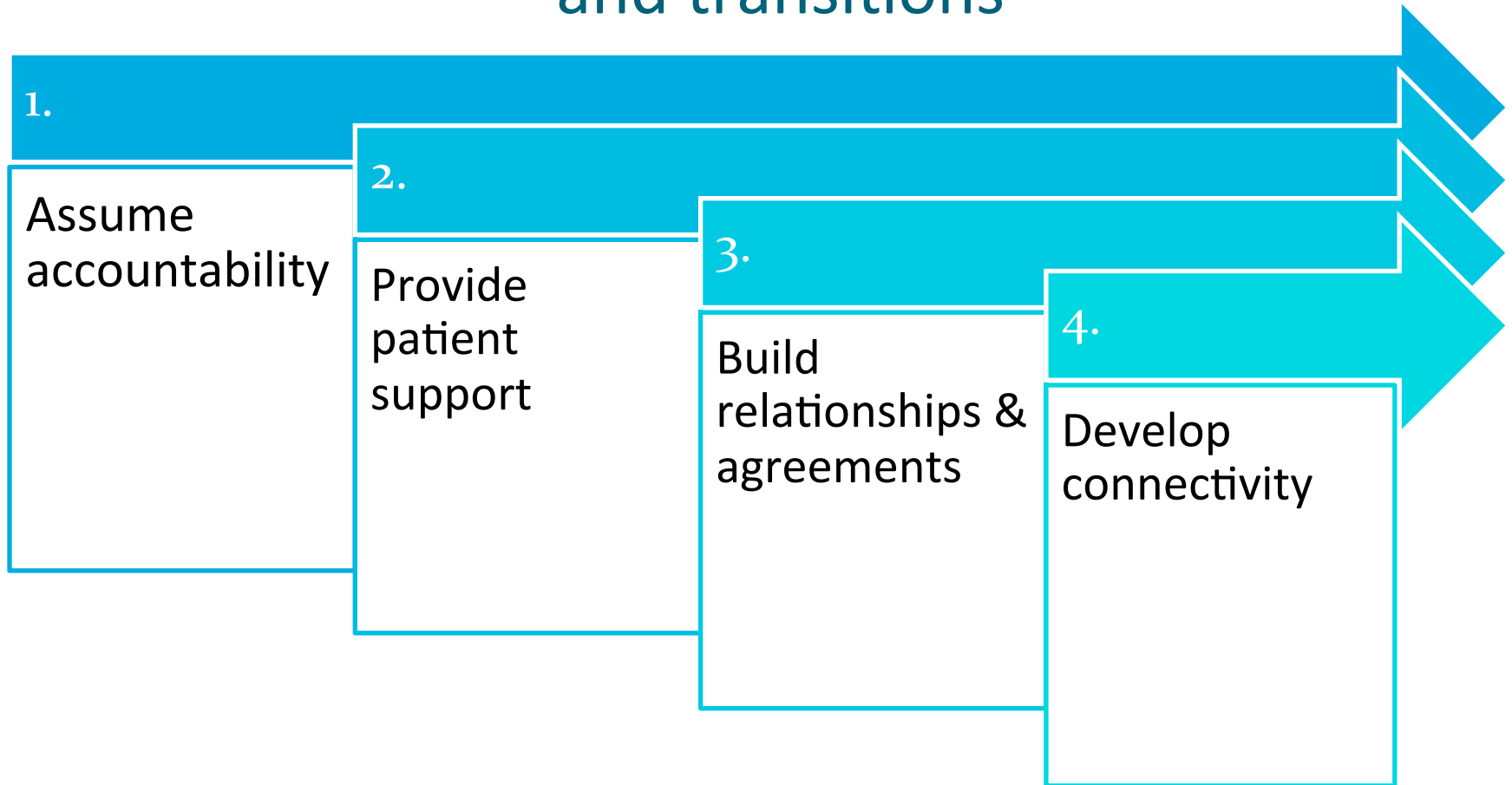


# Questions?

## Video:

Referral Management at St. Luke's  
Eastern Oregon Medical Associates

# LEAP sites make care coordination a priority by designating staff and actively managing referrals and transitions





# Optimizing Communication Management



Jason Cunningham, MD  
Medical Director  
West County Health Centers

- **Clinical Sites:**

- Primary Care – Occidental, Guerneville, Sebastopol x 2,
- Dental and Mental Health Services – Guerneville
- Teen Clinic – Forestville
- Graton Labor Center Outreach
- Forestville Wellness Center

- **Patients**

- 15,000 individuals, 77,000 visits.
- 80 % under 200% of poverty level



**West County  
Health Centers**

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*Caring for our Communities*

a california *health+* center

- **Staff and Providers**

- 160 employees in seven locations; 130 FTEs
- 29 medical providers, 2 dentists, 7 mental health counselors, 6 Behavioral health specialists, 2 patient navigators, and .6 FTE psychiatrist

- **Staffing Ratios relative to Provider**

- Front Office      1.75      : 1
- MA                      1.75      : 1
- RN                      1.2      : 1



**West County  
Health Centers**

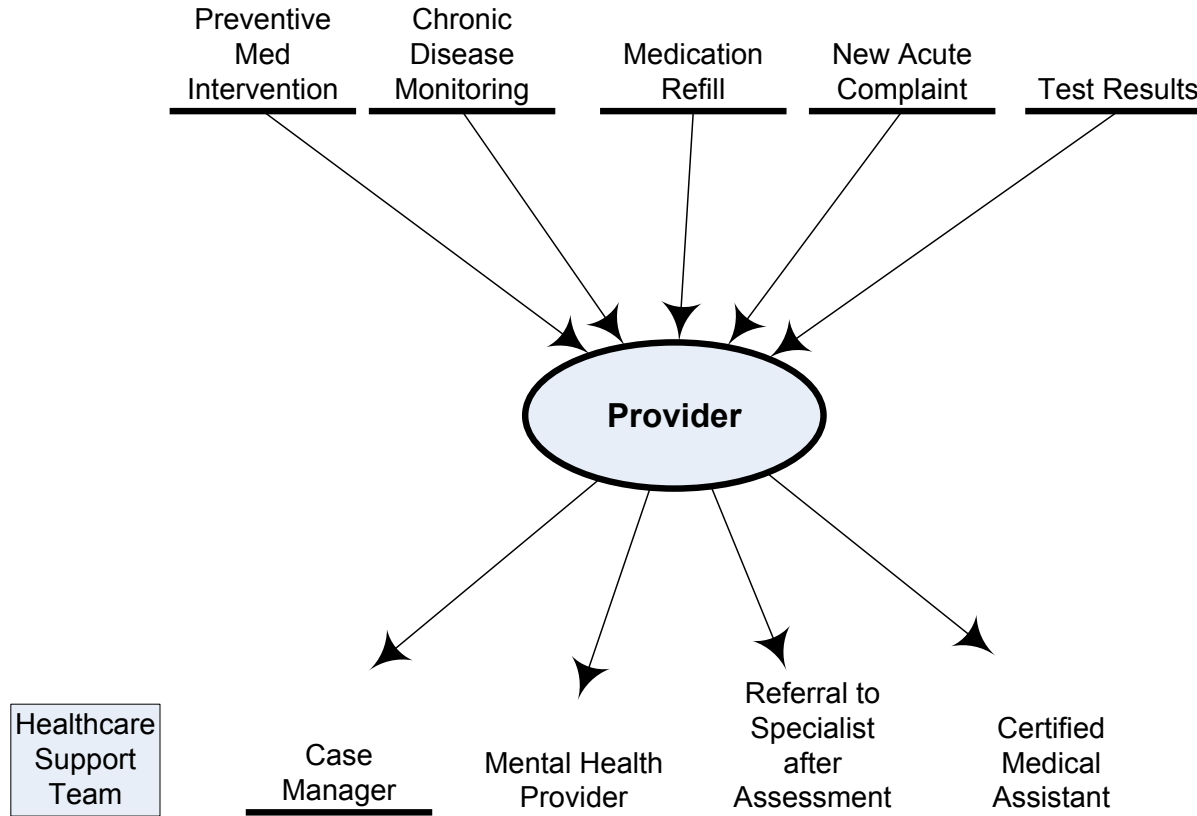
*Caring for our Communities*

a california *health+* center

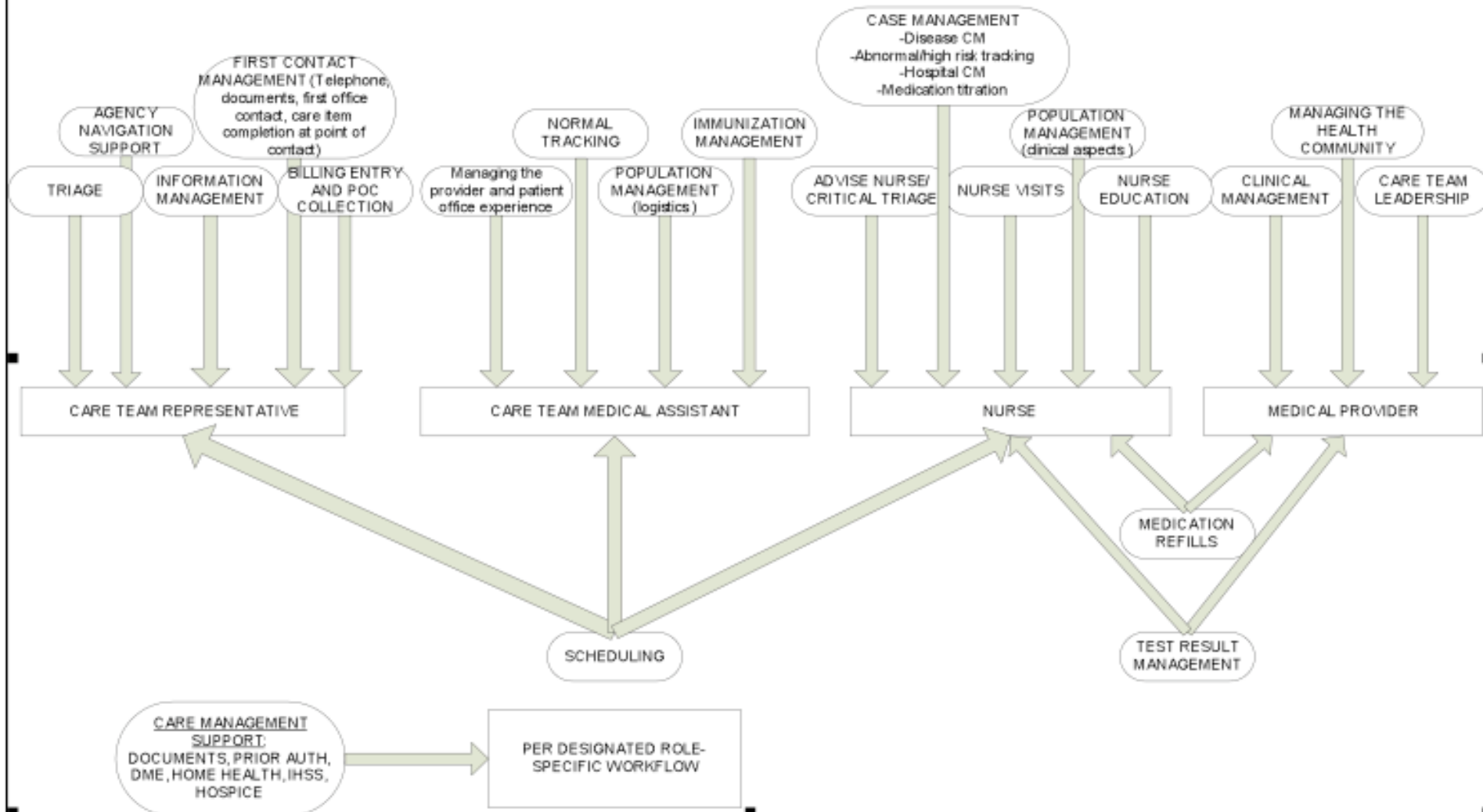
# Primary Care Team



# Traditional Methods of Managing Work Flow



# WCHC CARE TEAM WORK FLOW



## West County Health Centers, Inc.



<b>Protocol:</b>	<b>RN Daily Triage of Abnormal Labs</b>
<b>Department:</b>	<b>Nursing</b>

<b>Protocol #:</b>
<b>Page:</b>

**Summary:** All abnormal labs are checked daily by the care team RN to ensure that critically abnormal labs are dealt with same day. Any abnormal labs assigned to providers who are not in the office and which need to be dealt with same day will be re-assigned to a provider who can take action that same day.

1. At least once a day, the care team RN and/or representative will go into the L jelly bean of all providers on their care team to look at "to be reviewed" abnormal lab results that have come in during the last 24 hours. To quickly look for and triage abnormal labs, make sure that the "Labs", "Imaging" and "Send-Out" boxes are checked and that "In-house" is not checked. Sort by result date by clicking on "Result Date" so that the most recent results appear at the top of the list (because without doing this step, the Imaging results appear below all lab results).

Labs

Labs/Imaging

Outstanding

To be reviewed

Reviewed

Future

By patient

All

Copies

Provider

All

Assigned to

Wyman, Mary T

Facility

All

Lab

DI

☒ Labs

☒ Imaging

☐ In-house

☒ Send-Out

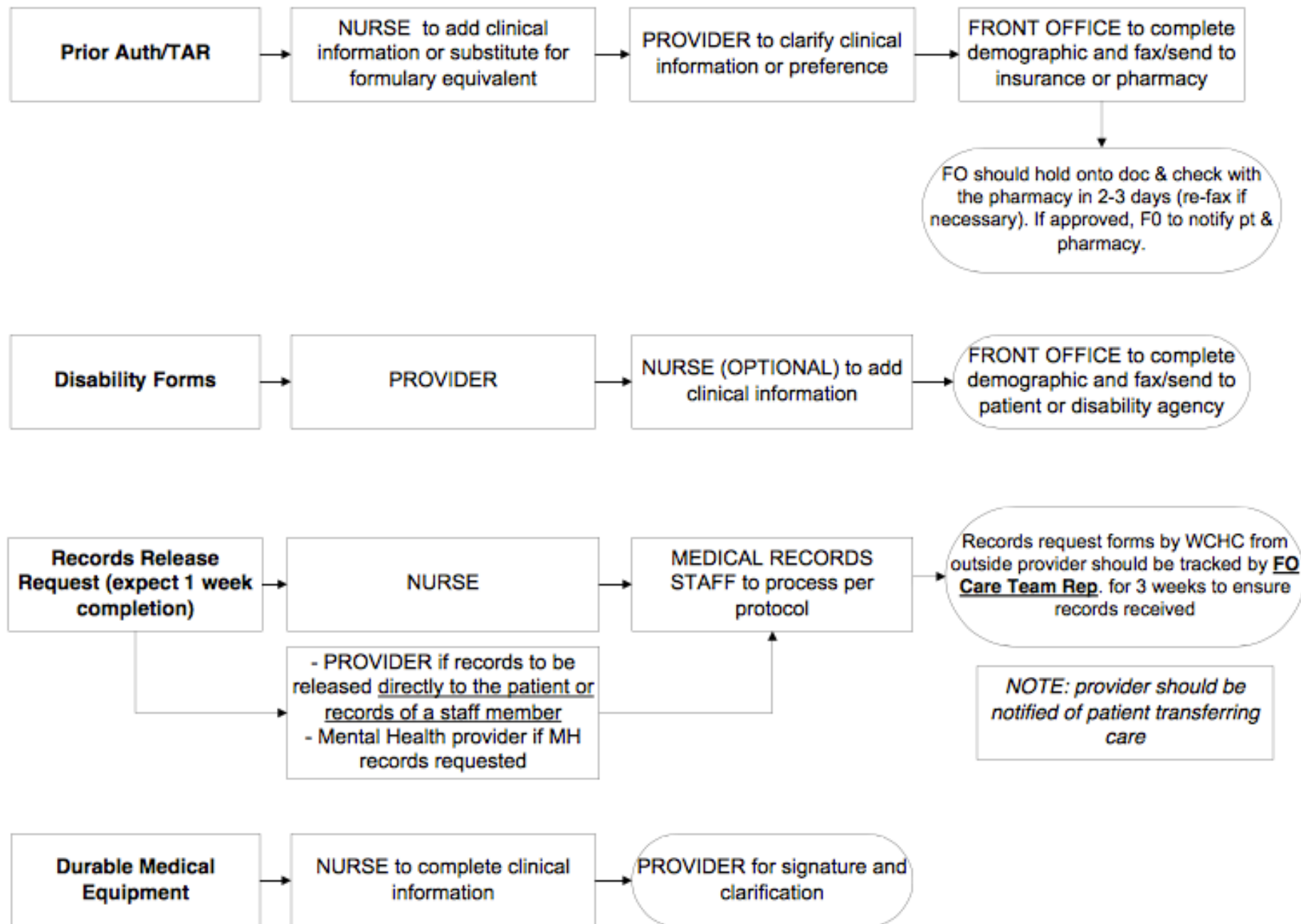
Mark as Reviewed

New

View

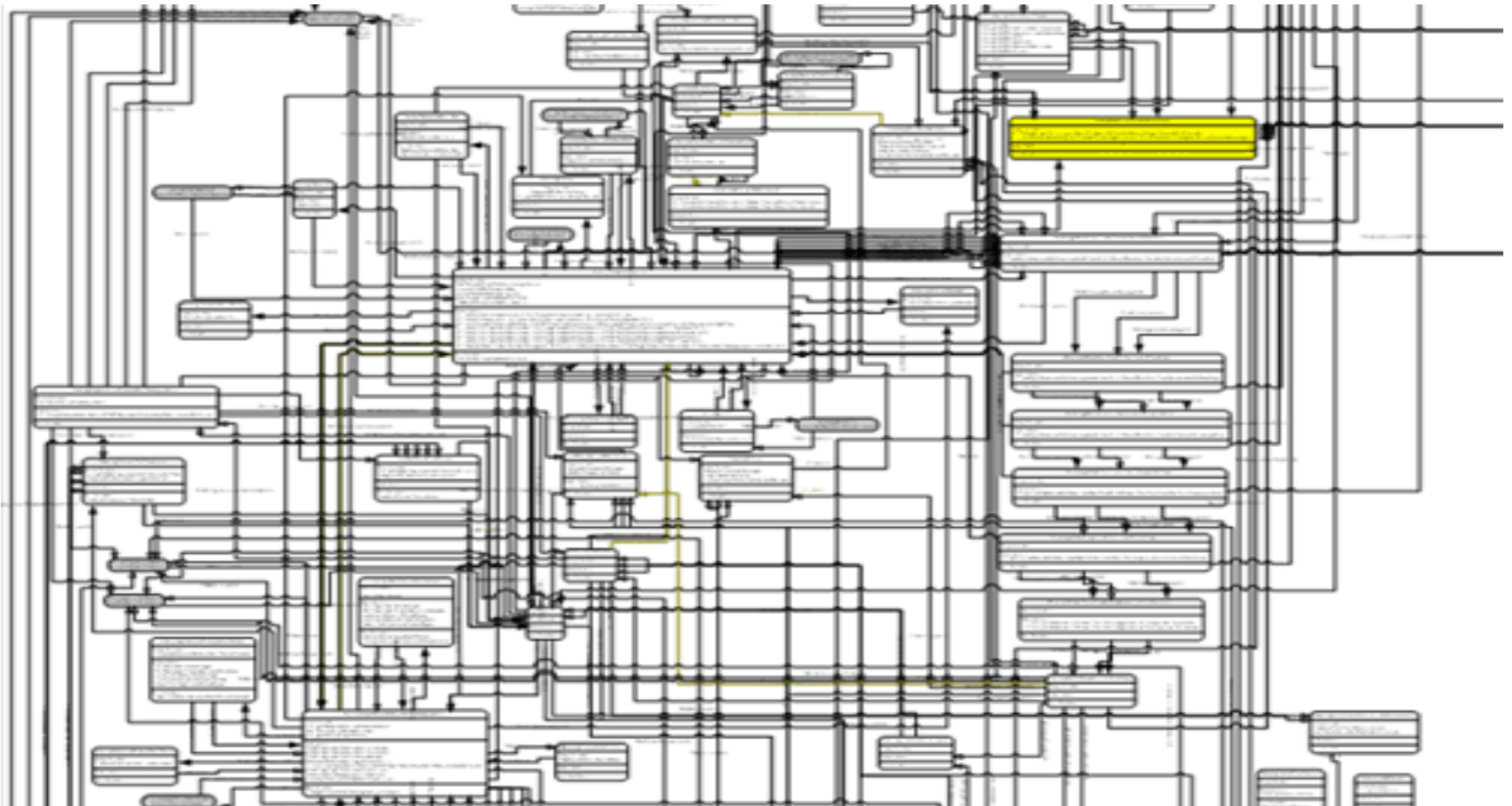
Pri

<input type="checkbox"/>	Order Date	Coll Date	Result Date	Patient	Labs/Diagnostic Imaging	Reason	Result	Assigne
<input type="checkbox"/>	10/21/2009	10/21/2009	10/22/2009		CBC WITH DIFFERENTIAL (AUTOMATED)	Result Received: Quest		Wyman
<input type="checkbox"/>	10/21/2009	10/21/2009	10/22/2009		COMPREHENSIVE METABOLIC PANEL	Result Received: Quest		Wyman
<input type="checkbox"/>	10/19/2009	10/19/2009	10/22/2009		HERPES 1/2 IGG, HERPESELECT TYPE ABS	Result Received: Quest		Wyman
<input type="checkbox"/>	10/19/2009	10/19/2009	10/22/2009		HERPES IGM W/RFX TITER	Result Received: Quest		Wyman
<input type="checkbox"/>	10/16/2009	10/21/2009	10/22/2009		CBC WITH DIFFERENTIAL (AUTOMATED)	Result Received: Quest		Wyman





# Create Simple Workflows



# Pilot Testing



**Begin Test**

# Training



# Is it really happening?





[illegible]



More Questions?

# Have standard work in place for the monitoring and action for each request or message type.

## Standard Work

Detailed definition of the most efficient and effective method to perform a service. It breaks down the work into elements, which are sequenced, organized and repeatedly followed.

## How is Standard Work implemented?

- Meetings involving all involved
- Ideas generated
- Ideas tested
- Useful ideas embedded in system through role redefinition, training, EMR tweaks
- Continuous monitoring and improvement

# The steps to better communication management

Develop standard work

Train staff

Reduce handoffs

Monitor demand and goal attainment

Reduce incoming communications



# Additional Pearls of Wisdom



Angel Aviña  
Coleman Associates

# Best Practices: Phone Centers

## Expand role and permissions for answering phones

- ◆ Give staff permission and teach them to use the EMR to find the answers the patient might be looking for like Lab/X-ray results, forms, medication questions, etc... (expand role)
- ◆ Triage the call – What does the patient need and who can do it for them.
  - Example: If prescription is done and pharmacy has not received it, teach staff to pick up the phone and call it in or give them permission to push prescription through to the pharmacy.
  - Example: If referral is still pending, review the note on the referral to see the reason and if unsure the referral desk staff rather than transfer the call.
- ◆ Coach staff to understand sending messages is not the only thing they do. Get up and communicate directly with your patient care teams. Verbal communication removes time from back and forth emails, jellybeans, tasks and notifications.
- ◆ Bring a phone in with your patient care team. (Example – A Clinic we worked with has reduced messages to 1 a day, Phones staff is now part of the team and know what's going on and can answer most questions on the spot. Providers satisfaction has gone up because they have less administrative work and get to go home earlier.)

# Action Steps: Prep for February Workshop



## Coleman Associates

1. How many different appointment types do you have? Bring the list of appointment types (and rules) with you to the February workshop.
2. Bring a laptop or iPad that has access to your current appointment schedule. If you do not have electronic access, you can bring paper schedules, but be careful with patient information (HIPPA).

# Action Steps: Prep for February Workshop



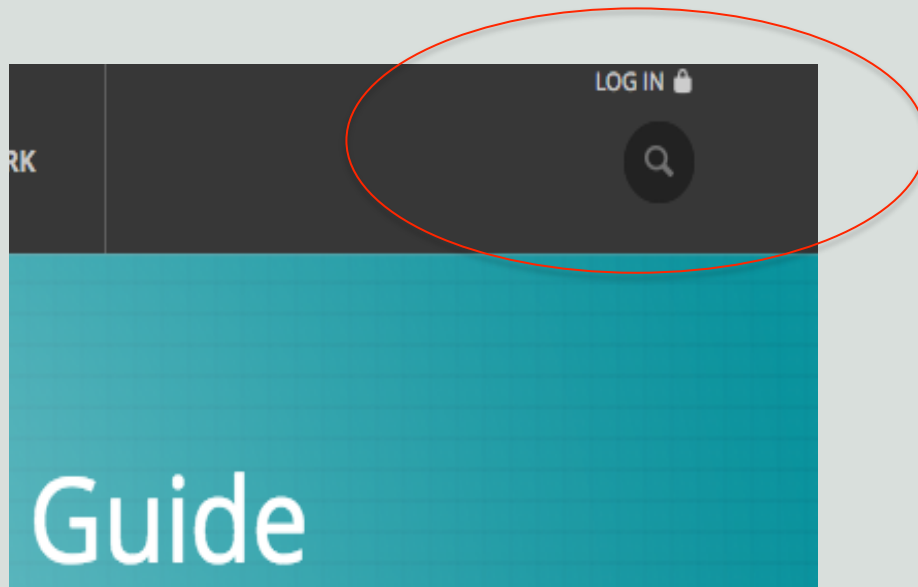
## MacColl Center

1. Create an account on the Team Guide website [improvingprimarycare.org](https://improvingprimarycare.org).
  - Allows you to track recently accessed modules and assessment questions
  - Gives us important information about how practices are using the website, including tools and resources downloaded
  - Each site has a unique code, used by all the participants from that location
2. Review the modules on [improvingprimarycare.org](https://improvingprimarycare.org) on **Referral Management** and **Communication Management**
  - Look at the tools/resources
  - Try developing or improving standard work for one key communication/request

# How to create an account on the Team Guide website



1. Go to [improvingprimarycare.org](http://improvingprimarycare.org) and click LOG IN in the upper right corner of the page



2. When the Log in screen appears, click “Create new account”

A screenshot of the "Log in" screen. The screen has a white background with a dark grey border. At the top, it says "Log in" with a close button (X) in the top right corner. Below this, there are two input fields: "Username \*" and "Password \*". Each field has a placeholder text: "Enter your Improving Primary Care username." and "Enter the password that accompanies your username." respectively. Below the password field, there are two links: "Create new account" and "Request new password". The "Create new account" link is circled in red. At the bottom, there is a "LOG IN" button.

# How to create an account on the Team Guide website



3. Fill in your registration information. In the “Registration Code” field, enter the registration code for your clinic listed on the right. This list will also be sent out to by email after this webinar.

A screenshot of a web registration form. The form includes a password field, a "Registration Code" field with a red asterisk, and a "Team Role" dropdown menu. A red oval is drawn around the "Registration Code" field and the text "Please enter your registration code." below it. The text "Provide a password for the new account in" is visible above the password field, and "Select a value" is visible below the "Team Role" dropdown.

Provide a password for the new account in

**Registration Code \***

Please enter your registration code.

**Team Role \***

Select a value

Organization Name	Registration Code
Coastal Health Alliance	UYMUIPRVRU
Hill Country Health and Wellness Ctr.	YQKDFJWINB
Indian Health Ctr. of Santa Clara Valley	FMUNBFBFHP
La Clinica de La Raza	BFCPTYNDTT
Livingston Community Health Services	AEGZBUCQUH
Los Angeles Christian Health Centers	OBOJSKAYHA
Mendocino Community Health Clinic	EKIDBKSBZO
Northeast Valley Health Corporation	YHGQKKPNTY
North County Health Services	SJHJJEMZWC
Olive View-UCLA Medical Center	DKIQELSAES
Share Our Selves Corporation	LZDKQZRUGS
San Francisco Health Network	BQPHIOVLAE
Valley Community Healthcare	ZKECQEPQCR

# Events & Reminders



Complete list of events and reminders on program page: [www.expandingaccess.wikidot.com](http://www.expandingaccess.wikidot.com)

## Upcoming Events

- In-Person Workshop #2- **Noon Feb 18- Noon Feb 19**, Preservation Park, Oakland. Register by Jan 30.
- MacColl Center Internal facilitator webinar scheduled for **Jan 27, 2015, 10-11 am**. Calendar invite sent to those who signed up through the coaching form.
- Monthly “Roundtable Calls” starting on **Feb 5, 12-1 pm**. These calls are a chance to talk informally with other project teams about specific topics or challenges you face in your work. Calendar invite coming soon with additional details.

## Notes & Reminders

- Action steps to prep for February workshop described in previous slides
- Next quarterly reporting due **Jan 30**
- Site visits being planned for mid-late spring. More details to come.
- Coaching opportunities still open- use online coaching form to sign-up.