Optimizing Communication Management

Expanding Access through Team Care
Monthly Technical Assistance Webinar #6
January 15, 2015
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

- 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

- 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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive</td>
<td>17</td>
<td>60</td>
<td>10</td>
</tr>
<tr>
<td>Chronic</td>
<td>37</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Acute</td>
<td>46</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>—</td>
<td>24</td>
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</table>

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.
April 29, 2010
Volume and Types of Services for an Active Caseload of 8440 Patients at Greenhouse Internists in 2008.

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

* 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

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.

1. Assume accountability
2. Provide patient support
3. Build relationships & agreements
4. Develop connectivity
• **Clinical Sites:**
  - Primary Care – Occidental, Guerneville, Sebastopol \(\times 2\),
  - 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
• **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
Traditional Methods of Managing Work Flow

Preventive Med Intervention | Chronic Disease Monitoring | Medication Refill | New Acute Complaint | Test Results

Provider

Healthcare Support Team
Case Manager
Mental Health Provider
Referral to Specialist after Assessment
Certified Medical Assistant
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).
Create Simple Workflows
Pilot Testing
Training
Is it really happening?
Team coaching
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
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.)
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

   - 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 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 and click LOG IN in the upper right corner of the page

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

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Registration Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coastal Health Alliance</td>
<td>UYMUIPRVRU</td>
</tr>
<tr>
<td>Hill Country Health and Wellness Ctr.</td>
<td>YQKDFJWINB</td>
</tr>
<tr>
<td>Indian Health Ctr. of Santa Clara Valley</td>
<td>FMUNBFBFHP</td>
</tr>
<tr>
<td>La Clinica de La Raza</td>
<td>BFCPTYNDDTT</td>
</tr>
<tr>
<td>Livingston Community Health Services</td>
<td>AEGZBUCQUH</td>
</tr>
<tr>
<td>Los Angeles Christian Health Centers</td>
<td>OBOJSKAYHA</td>
</tr>
<tr>
<td>Mendocino Community Health Clinic</td>
<td>EKIDBKSBZO</td>
</tr>
<tr>
<td>Northeast Valley Health Corporation</td>
<td>YHGQKKPNTY</td>
</tr>
<tr>
<td>North County Health Services</td>
<td>SJHJJEMZWC</td>
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<td>Olive View-UCLA Medical Center</td>
<td>DKIQELSAES</td>
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<td>Share Our Selves Corporation</td>
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<td>San Francisco Health Network</td>
<td>BQPHIOVLAE</td>
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<tr>
<td>Valley Community Healthcare</td>
<td>ZKECQEPQCR</td>
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</table>
Events & Reminders

Complete list of events and reminders on program page: 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.