



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

Spotlight on Huddles & Managing Capacity and Demand, Cont.

Expanding Access through Team Care

Monthly Technical Assistance Webinar #8

April 16, 2015

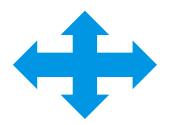
Agenda



- 1. Session Overview- Hunter Gatewood
- **2. Spotlight on Huddles** Mendocino Community Health Clinic
- 3. Managing Capacity and Demand, Cont. Coleman Associates
- **4. Upcoming Events & Reminders-** Susannah Brouwer

Program Goals (The Forest)





Expand access to primary care services



Foster innovation in the safety net



Improve the efficiency and effectiveness of team care models

Collaborative Accessible Continuous Care (The Trees)

Minimize delays for in-person visits

- Simple schedule
- Minimal no-shows
- "Yes" to walk-ins
- Active schedule management during session

Prepare for each encounter

- Care plan to guide team
- Latest lab/screening results
- Updates from team

ENGAGE

• Remote monitoring data

PREPARE

Coordination of all care

- Pharmacy
- Specialty care
- Inpatient care
- In-home care
- Primary care plan informed by other care

CARE PLAN

CONNECT

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

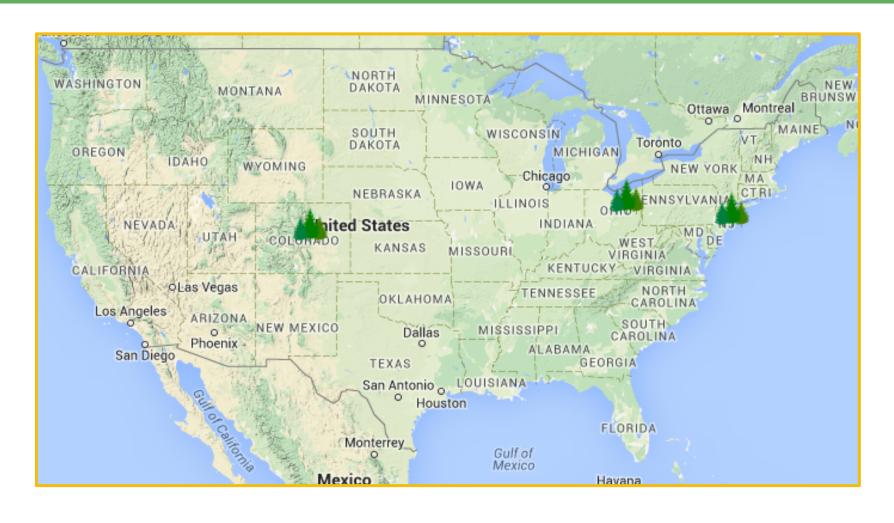
Wellness and community resources

- On-demand health education
- Health navigators
- Community-based supports
- Health fairs

Peer support

- Lay-led groups
- Online support
- Promotoras

Exemplar clinic site visits are a chance to see the **trees** (specific interventions you're working on) come together as a **forest** (better access, effective teams, innovation).





Your clinic

learning system to manage complex changes to improve care



Spotlight on Huddles



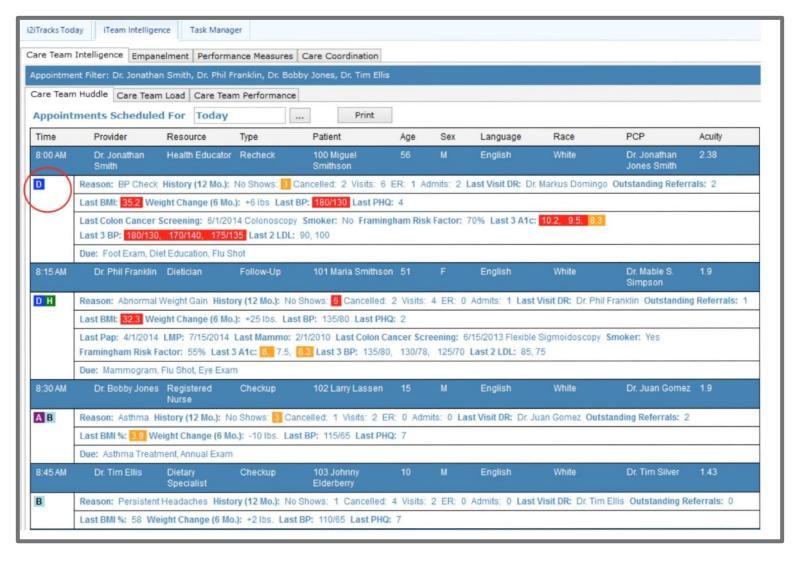
i2iTracks	Morning	Huddle	(Due Indicators)
			(

NextApptTime Med Rec # Name	Age	BP (Last Value)	BP (Last Date)	Pap (i2i) (Last Value)	Mammogram (Last Value)	Depression Screening (i2i) (Last Date)	PHQ 9-Total Score (Last Value)	PHQ 9-Total Score (Last Date)
1:00 PM	56 Yrs	124/82	3/17/2015	Refused	Received	2/24/2015	24	2/24/2015
Procedure / Referral: EKG (i2i)								
Procedure / Referral: Breast Cancer Screening								
Procedure / Referral: Annual Health Screen								
1:15 PM	3 Yrs	92/58	3/4/2015					
Immunization: Flu (i2i)								
Procedure / Referral: Annual Health Screen								
1:45 PM	38 Yrs	134/86	5/30/2014					
Immunization: Flu (i2i)								
Immunization: Tetanus (i2i)								
Immunization: Tdap								
Procedure / Referral: EKG (i2i)								
Procedure / Referral: Depression Screening (i2i)								
Lab: Potassium			772 5271 11			2 12 11		72 11 27 11 11
2:00 PM	62 Yrs	136/80	3/11/2015			1/15/2015	5	1/15/2015
Education: Exercise (i2i)								
Immunization: Tetanus (i2i)								
Immunization: Tdap								
Procedure / Referral: EKG (i2i)								
Procedure / Referral: Annual Health Screen		2	2.0					
2:15 PM	50 Yrs	143/82	3/9/2015					
Education: Exercise (i2i)								
Immunization: Flu (i2i)								
Immunization: Tetanus (i2i)								
Immunization: Tdap								
Procedure / Referral: Depression Screening (i2i)								
Procedure / Referral: Foot Screening (i2i)								
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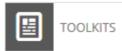


mengocino Community Health Clinic, Inc. Appointments Listing From 4/10/2015 to 4/10/2015							
4/09/15 2:22 PN Beg Tm	Dur Mid Rc Pat Age	Pat Name	Birth Dt	Details	FRIDAY		
Hillside Health Cen Hupp PA, Paul 9:00 A	15 305120 41 yrs.			problems er	handpam-thoracic backpan 2/15 Seen remission opied dependence, referent to Suboxone	- pigr	
AHS 9:15 A	HTM 15 303161 59 yrs. 72DW	TZD*	1	follow up on 10	gorlio denia labs mehart from 11/07/14	·	
SHA 9:30 A	30 361686 10 yrs.			CHOD CHOD	molastseen 1912 Langfer health advice	C	
10:00 A	471V15 322047 40 yrs.	-	DIT	check on DM &	Seen 3/18/15 abdominal pan 1 Acute respiratory its (2.6) on 3/9/15 labsordered not inchart	Ţ.	
AH S10:15 A	15 317814 62 yrs.	D YAMMU!	PHQ9	over body,head,legs	Seen 6/29/15abdominal pain		
10:30 A	30 381258 1 yr	11,'		40	DALLIAT SOMASLOUD LE DO MONITAL DESTINO	ŒĬ	
SWA 11:15 A	HTN 15 326429 52 yrs.			May need a Cortizone	Deln 200/15, ordered labs (not inquest) Been 1/23/15 Lft retutoriuff tear DR.SCh	nric	
SNA-11:30 A	15 312510 9 yrs.			injection. poss referral to eye dr mom has concerns about p blinking too ofter	t pt		
AUS1:00 P	30 334340 27 yrs.			Est care needs thyrois meds refilled. Special member for 3 months as of today OK per Myra at			
1:00 P	15 310246 61 yrs.		(MAAMD)	Pe vilew natri P esult Margo	ns f/v abdominal pain, labs inchart, printed	1	
1:30 P	15 321616 52 yrs.	(COLOREMA	L) (MAMMO)	check up (SAN	medayonly)	!'ジ	
1:45 P	15 305346 34 yrs.	C- 2007		stomach problems	een Yovis back, acute neck pain		
2:00 P	30 319223 11 yrs.			Tdap, MCV, HPV	FV		
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Huddle Help on the Team Guide Site



Resources for Effective Huddles

Explore resources developed by one LEAP site to help care teams run effective huddles focused on making the most of patient care visits. This document contains: a description of team huddles (and how they differ from other team meetings), strategies and a checklist for good huddles, and a self-assessment.

Download document .

Attribution: Cambridge Health Alliance - Union Square Family Health



Care Team Huddle roles and responsibilities

Learn from the protocol used to guide team huddles at one LEAP site. Notice the various pieces of information prepared in advance by each team member, so that the huddle is efficient and effective to coordinate care for patients during each shift.

Download document .

Attribution: West County Health Centers, Inc.

Managing Capacity and Demand, Cont.



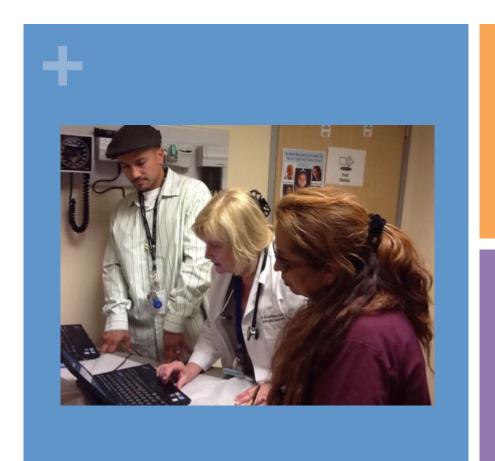
Coleman Associates

+ Next Steps

For the April Webinar be prepared to learn about and discuss

- Simplified Patient Scheduling
- Decreasing Appointment Types
- Standby Schedules
- Flow Coordination and Tetris-ing as it relates to the new schedule template







April 16, 2015





Begin with the End in Mind (Steven Covey)

- Reminder: the point in reducing No Shows and simplifying the schedule is to improve access and make space to see your patients when they need to be seen.
- No Shows (should be down)
- Missed Ops (should be down)
- Capacity used (should be up)
- Continuity (should be up)
- TNAA (should be down)



+ Today..

- Follow up from last webinar:
 - How do you coordinate QuickStart with Huddles?
 - Have you been QuickStarting? What have been your challenges to OS?
- How many appointment types do you have now? What types of appointments did you find you could cut out?
- How have you done with scrubbing the schedule and raking patients into today's schedule?
- How is all of this affecting your Third Next Available Appointment (TNAA)?



+ Simplified Scheduling

- What "types" of appointments have you kept?
- How do you coordinate them and who can book into them?







Moderating Demand – Scrubbing and Raking

- What types of patients are best scrubbed out of the schedule?
 - WNK Want, Need, will Keep the appointment
 - Follow ups that are appointed just so we don't "lose track of them"
 - What other patterns did you find?
- Raking Tips and Tricks
 - Where do you find patients to rake into the current schedule?
 - When do you call them?
 - Who calls them?
 - How does a flow coordinator help in this work?





Schedules and Coordination

- Use the Atlantic City Play (e.g. Lyon Martin using poker chips)
- Use a standby schedule to 'hold' patients you 'know' you can see.
- How do you know if you need a flow coordinator? It's about risk management...
- Focus on continuity and cycle time.



Events & Reminders



Complete list of events and reminders on program page: www.expandingaccess.wikidot.com

Upcoming Events

- Next Monthly webinar on Thursday, May 21 on change management led by Dr. Carolyn Shepherd
- Exemplar clinic site visits scheduled in May- attendees will hear from Susannah in the upcoming weeks with more details

Reminders

- Continue to work on your team's project goals outlined in your February work plan.
- Next quarterly reporting due April 30
- Ongoing project team interviews with CCHE