# Sonoma and Marin County Site Visits

## July 2019

Although the site visits were offered to both TC3 and PHASE grantees, the only participants were part of the PHASE program. There were 17 people who participated, 16 of whom completed the survey. Participants had an overall excellent experience at the site visits. Only three respondents said their experience was “very good,” or only “good.”

Participants agreed that both the site visit and the afternoon debrief session were valuable uses of time. The most valued parts of the day were overwhelmingly the site visit and the cross-site learning that occurred there.

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| The site visit was a valuable use of my time. |
| The site visit host demonstrated processes, methods, or best practices and didn’t only talk theoretically. |
| I learned something today that I will apply to my own work. |
| The afternoon debrief session was a valuable use of my time. |
| I made connections today with other grantees that will strengthen my team’s PHASE efforts. (n=15) |
| I feel confident in my next steps to implement something that I learned today. |
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In general, participants felt prepared for the site visits – most respondents either left the question for suggestions to increase preparedness blank or said “none” or “N/A.” In terms of improving the site visits, respondents said that it would be useful to know more about the clinic prior to the site visit (e.g., patient population size, why the site was selected). Additionally, there was a desire for more materials in advance of the site visit – as well as follow-up summary after the site visit.

There is a desire for more site visits, whether in the form of longer visits, more frequent visits, or ability to have two visits in one day. A lesson learned from a planning perspective is that participants (both verbally in the debrief session and in the survey) wished they had brought a wider array of team members to the site. Logistically, it seemed that there were mixed thoughts on whether it was good to have the debrief at a different site than the site visit location. Two people suggested having a larger room or round tables to better facilitate participation in the debrief. Because there were still site-specific questions participants had, it was suggested that there be a representative from the visited site present at the debrief.

Please see next page for summary of site visits.

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| **Marin Community Clinics** | |  | Participants saw: “teamlet” panel management huddle | |
|  | 38,000 patients |  |  | A-ha moments: |
|  | 5 primary care clinics |  |  | * Teamlets have protected time for QI |
|  | | |  | * Data are publicly shared, e.g., provider report cards |
|  | * Teams regularly review Missed Opportunity Report to address care gaps |
|  | * Collaboration with Health Plan can support unbillable protected QI time, especially if there are incentives for quality over productivity |
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| **Petaluma Health Center** | |  | Participants saw: care team huddle and call center | |
|  | 32,000 patients |  |  | A-ha moments: |
|  | 5 primary care clinics |  |  | * Huddle TV shows information on opportunities / available appointment slots |
|  | | |  | * Care team includes provider, MA, MA float, float coordinator, RN, shared RN, referral coordinator, health information coordinator, and pharmacy |
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|  | * Call center has time for optimization of scheduling & doing outbound calls |
|  | | |  | * There is a PHASE champion provider on each team to help with buy-in and drive improvement |
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| **Sonoma County Indian Health Project** | |  | Participants saw: PHASE team visit | |
|  | A-ha moments: |
|  | 4,000 patients |  |  | * Family can join the patient in their visit |
|  | 2 primary care clinics |  |  | * Team includes medical director, clinical pharmacist, PHASE nurse, dietician, RN health educator, receptionist, MA, and MA scribe |
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|  | * Full team joins the patient for the visit – and sit at eye-level and ask open-ended questions |
|  | | |  | * Receptionists are integrated into the team |
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| **West County Health Centers** | |  | Participants saw: QI processes and data literacy improvements | |
|  | 12,000 patients |  |  | A-ha moments: |
|  | 3 primary care clinics |  |  | * All staff are accountable for certain quality measures based on organization’s priorities |
|  | | |  | * Accountability for using data dashboards leads to improved data literacy (“Quality Watch”) |
|  | * Measure specifications are word problems that can be visualized (“Hike the Measure”) |
|  | * All departments are actively involved in QI |
|  | | |  | * Monitoring data is tied to action planning |