Creating teams in primary care

Breakout Series 1, Breakout A

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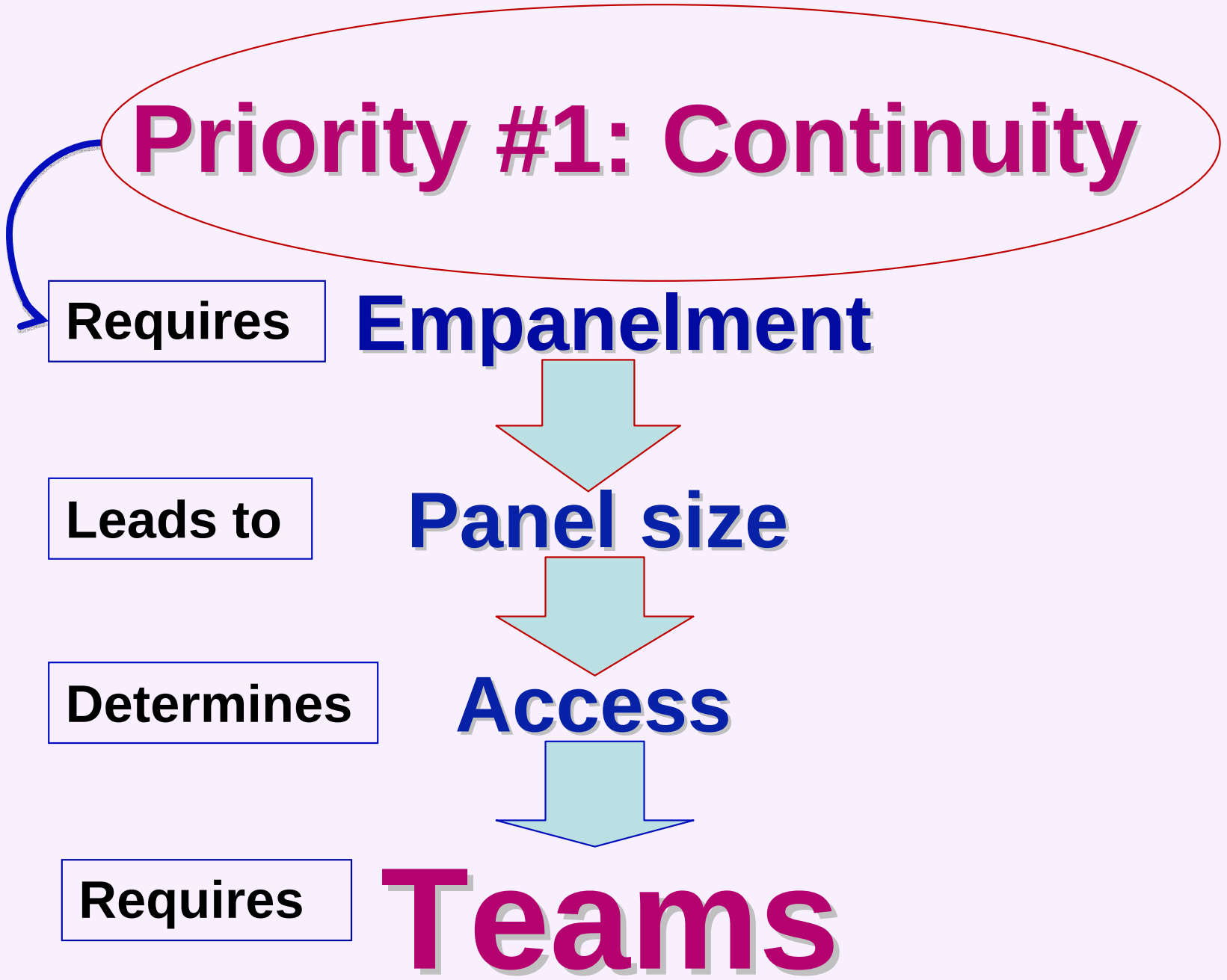
Objectives

- Discuss some nuts and bolts of team development in primary care
- Focus on both small (1-2 clinicians) and medium size (3-8 clinicians) offices


Priority #1: Continuity
Requires
Empanelment
Leads to
Panel size
Determines
Access
Requires
Teams

Why teams?

- Teams are difficult
  - Communication takes time and energy
  - Workflows are more complicated
  - One person can ruin a team
- However: 18 hours/day for MD with panel of 2500 to perform high-quality chronic and preventive care
- Many primary care practices don't have the capacity to provide prompt access to patients
- Teams are needed to
  - Assist physicians who can't do it alone
  - Increase capacity for better access

To build capacity: share the care with the team

- Physical therapists care for patients with back pain, refer to physician if red flags
- Pharmacists care for patients with hypertension including titrating meds with standing orders
- RNs care for all diabetes care except initiating new medications
- LVNs make sure all patients who need preventive cancer screening receive it
- At least 50% of what clinicians do could be done by someone else on the team [Yarnall et al. Am J Public Health 2003;93:635; Ostbye et al. Annals of Fam Med 2005;3:209]
- If they are trained and if have time

2-part paradigm shift:
I to We, Individual care to population care

- **Instead of: "what can I do to maximize the care of the 25 patients on my schedule today?"**

Monday	Patients
8:00AM	Mr. Flores
8:15AM	Ms. Jones
8:30AM	Ms. Rogers
8:45AM	Mr. Johnson

- **The future: "what can we (the team) do today to maximize the care of the 1500 patients in our panel?"**

Preventive services: old workflow

- Mammogram for 55-year-old healthy woman
- Old way:
  - Clinician gets reminder that mammo is due
  - At next visit, clinician orders mammo
  - Clinician gets result, (sometimes) notifies patient

Preventive services: new workflow

- Leaders write standing orders for MA or LVN
- MA checks registry every month
- If due for mammo, MA sends mammo order to patient by mail or e-mail
- Result comes to MA
- If normal, MA notifies patient
- If abnormal, MA notifies clinician and appointment made
- For most patients, clinician is not involved

Hypertension: old workflow

- Clinician sees today's blood pressure
- Clinician refills meds or changes meds
- Clinician makes f/u appointment
- Often blood pressures are not adequately controlled

Hypertension: new workflow

- RN (or pharmacist) checks registry every month
- Patients with abnormal BP contacted for RN visit
- RN (health coach): education on HBP, med adherence
- Patient taught home BP monitoring
- Leaders write standing orders for RN blood pressure med changes
- If BP elevated and patient med adherent, RN intensifies meds
- If questions, quick clinician consult
- RN f/u by e-mail if patient checks home BP
- Clinician barely involved
- KaiserPermanente does this: outcomes much better

Chronic pain: old workflow

- Clinician negotiates pain contract with patient
- Patient comes every month for refill
- If clinician is not available on the day that refill is needed
  - In disorganized systems, big mess
  - In organized systems, another clinician writes the refill

Chronic pain: new workflow

- Clinician negotiates pain contract with patient
- Clinician and MA or LVN discuss with patient how med refills will work
- Clinician writes scripts for the week's chronic pain patients
- Regular LVN refill visits are scheduled
- At refill visit LVN assesses pain, tox screen
  - If pain stable, LVN gives script
  - If pain not stable, brief clinician consult
- LVN: patient ed on alternatives to narcotics
- Even better: chronic pain group visits

Nuts and bolts of team formation

- Co-location
- Share the care
- Mapping workflows
- Standing orders

Co-location

Co-location

MD room

Little talk

LVN room

MD office

MD office

MD office

MD easily finds RN/LVN
RN/LVN can't easily find MD

15 second talk with MD can save RN/LVN hours of time

Nursing station

Everyone on team in same place
Lots of talk

Instant messaging can substitute for co-location if everyone answers IMs right away

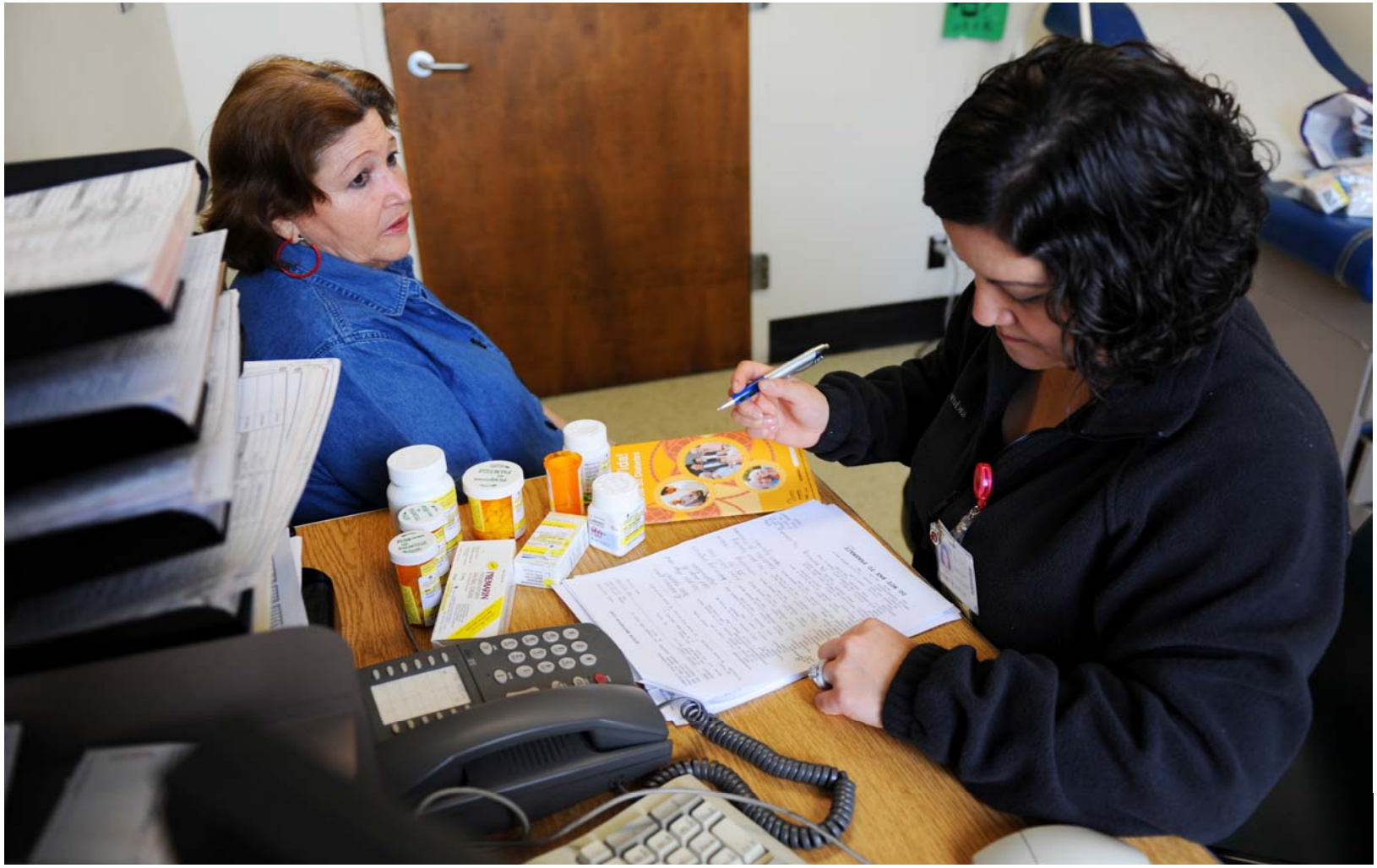
Share the care

Tasks	Clinician (MD, NP, PA)	RN	Medical assistant
Order routine mammograms			
Refill blood pressure meds			
Find patients overdue for LDL and order LDL			
Phone f/u for patents with depression			
Review labs; contact patients with normals			

Share the care

- Everyone stand up
- If PCP score is 8,9,10 stay standing
- If RN score is 8,9,10 sit down
- If LVN/MA score is 8,9,10 sit down
- Those still standing:
  - Are you sharing the care?

Sharing the care:
health coach (MA) doing med rec



Workflow mapping

- Creates visual representation of a process
  - For example: answering phone, prescription refills, documenting vital signs
- Describes all steps in a process
- Defines who does what
- A measurement of what *IS*

How does a workflow map look?

- Symbols represent steps
- Steps are put in order

Why bother with workflow mapping?

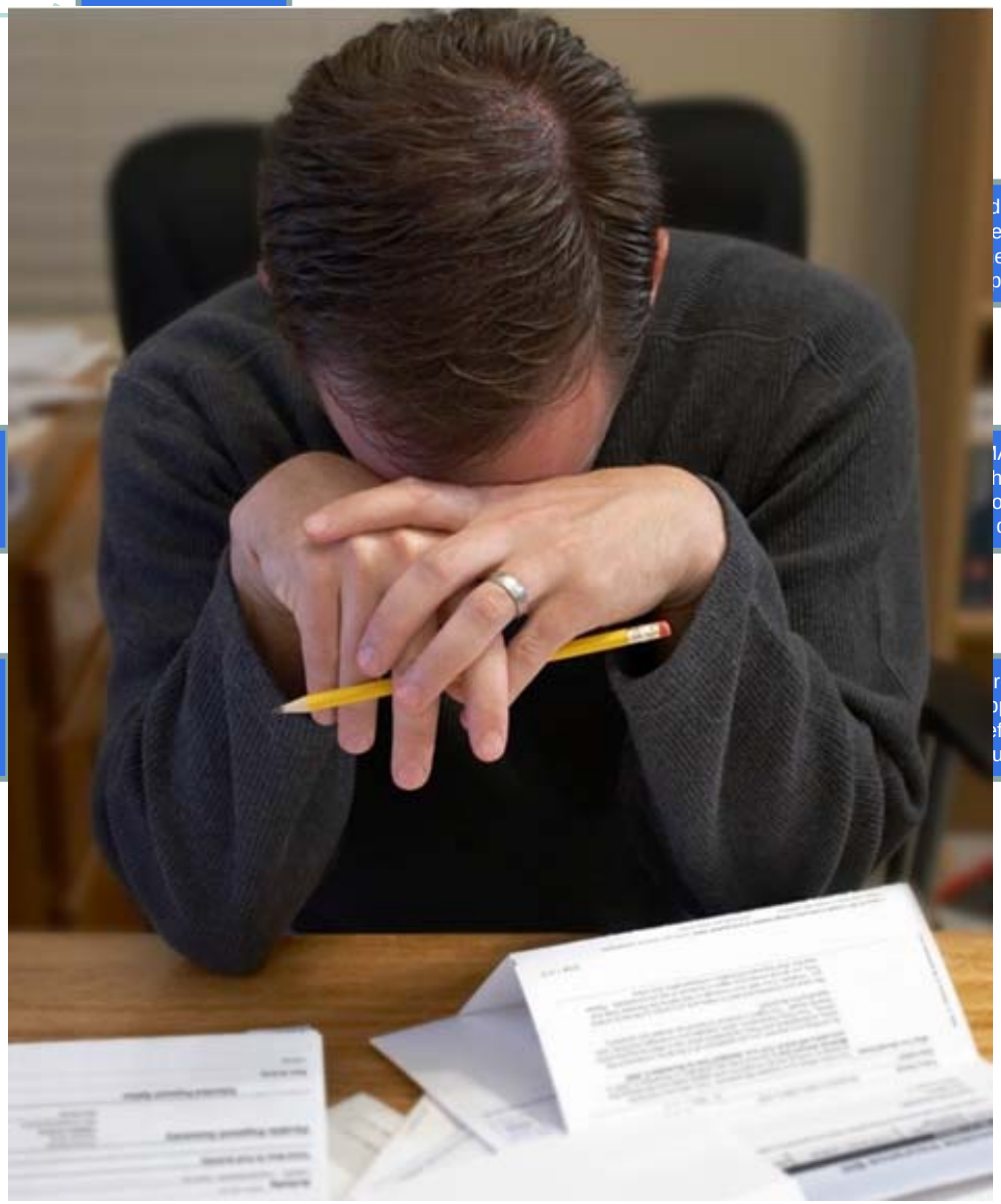
- It helps your practice
  - Identify inefficiencies, waste, dangers
  - Re-distribute tasks
  - Standardize how work is done
  - Provide better patient care
  - Implement EHR
  - Achieve meaningful use

Workflow mapping in action:
an example from a real primary care practice

Next two slides are examples of a wasteful workflow and an improved workflow.

Mapping the workflow showed the practice how to do it *better*.

How *not* to do Rx refills



Patient calls clinic for Rx refill

Receptionist answers phone

Receptionist writes down

Receptionist takes new phone message from patient

Receptionist searches for patient's chart

Receptionist asks each MA where the chart is

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Medical records clerk figures out which MA is working with which Provider

Medical records clerk gives chart with note to MA

A puts hart on ovider's desk

rovider pproves efill four urs later

Provider puts chart on MAs desk

DELAY

MA calls pharmacy to refill Rx two hours later

Rx refills after workflow mapping

Patient calls clinic for Rx refill

Receptionist answers phone

Receptionist writes down patient's Rx request on Rx refill form

Receptionist calls medical records clerk to pick up Rx refill form

Other workflow changes:

1) MAs teach patients to contact pharmacy for refills

2) Providers give patients with chronic meds lots of refills

3) Providers implement standing orders for MA to refill meds for patients with well controlled diabetes, hypertension, and cholesterol

AFTER WORKFLOW MAPPING

Medical records clerk brings note to medical record

Medical records clerk pulls chart

Medical records clerk checks name of patient's provider

Medical records clerk figures out which MA is working with which provider

Medical records clerk gives chart with Rx refill form to MA

Implemented "DO NOW" pile

MA puts chart on "DO NOW" pile on provider's desk

no

Can MA refill Rx without provider's approval per standing orders?

yes

Provider approves refill within one hour of receiving request

Provider puts chart on MAs desk

MA calls pharmacy to refill Rx

Before you start mapping…

- Decide on one or two workflows to map
- You won't have time to map everything
- Start with a common process, for example prescription refills or incoming phone calls
- Organize a small workflow team
  - Practice leader
  - Staff person familiar with the process you are mapping

What's the best way to do workflow mapping?

- Pick one person to lead each workflow
- Let's say you are mapping how lab results are reviewed
- Lead person -- call her Angie -- follows the lab review process to make sure she understands exactly how it works
- Angie drafts the initial workflow map

What's the best way to do workflow mapping?

- Angie convenes meeting of all people involved in reviewing lab results
- They make corrections
- They suggest training RN to review lab results, separate normals from abnormals
- Medical director writes standing orders for RN

The new lab result workflow

- Mapping the workflow uncovered that few normal lab results are communicated to patients
- New workflow: all patients get results
  - Medical assistant communicates normals
  - Clinician contacts patients with abnormals
- Angie re-does the workflow map
- The new workflow
  - Reduces unnecessary clinician work
  - Improves patient care

Simple steps for workflow mapping

- **Step 1. Pick a process to map, pick which type of workflow to use (high-level or detailed), pick a lead person**
- **Step 2. Determine the beginning and end points**
- **Step 3. Identify each step in the process**

Simple steps continued

- Step 4. Put the steps in order (on paper, with stickies, or on computer -- word, powerpoint, Vizio)
- Step 5. Review and edit first draft
- Step 6. Review flowchart with the team for input

What to do with your workflow map

- Examine your map
  - Beginning and end points
  - Each activity and delay symbol
  - Decision points
  - Hand-offs (where one person finishes his/her part of the process and another person picks it up)
- Ask questions about the map
  - Does that step need to be there?
- Discuss changes
- Map out the improved process

Problems to avoid when workflow mapping

- **Map out the processes you *wish* you had**
- **One person does it rather than involving everyone engaged in a process**
- **Ignore the opinions of people who know the process best**
- **Put workflow map on the shelf and don’t look at it again**

If workflow mapping is done right:

- Staff benefits
  - Waste eliminated
  - Processes simplified
  - Staff more aware of each others' jobs role
- Patients benefit
  - Fewer delays
  - Better care
- Clinicians benefit
  - Work that could be done by other team members is identified so clinicians spend less time on work that does not require an advanced degree

Standing orders

- **Your practice has decided to initiate panel management. You train all your medical assistants to do panel management, starting with making sure that all women between 50 and 74 get a mammogram every 2 years.**
- **To empower the panel managers to perform this work and order mammograms, you, the medical director, write standing orders.**
- **Working with the other people at your table, create a standing order for panel managers to identify and contact patients overdue for a mammogram and to order the mammogram.**

Standing order example

- Review registry for patients in your teamlet's panel
- Check dates of patients' last mammo
- Make a list of women ages 50 - 74 without mammo in the past 2 years
- Have your clinician remove from list patients inappropriate for mammo
- Remove from list patients with mammo scheduled in future.
- The remaining group is the "action list"
- See which patients on the action list have upcoming appt in the next month and create reminder to discuss mammo when they come for appt
- Send letter from your clinician to all others on the action list (scripted letter language explaining why and how to get mammo)
- Send mammo order to x-ray for each patient, using your clinician's name
- Re-check registry in one month: was mammo done or scheduled?
- Call (use scripted phone text) patients not yet scheduled for mammo
- Repeat this process every 3 months

Standing order:
RN hypertension refills

- Patient requests for refills are sent to RN on the team
- For patients with hypertension, RN can refill blood pressure (BP) meds without consulting clinician using following guidelines:
- BP control is 140/90 or below except
  - 130/80 or below for patients with diabetes and/or cardiovascular disease (angina, hx MI, hx CABG/ angioplasty, CVA, TIA, aortic aneurysm, peripheral arterial disease)
  - If question whether patient has a medical condition requiring different guidelines, discuss with clinician
- Patients with controlled BP seen in past 6 months, RN refills current meds for 6 months
- Patients controlled BP not seen in a year or more, refill current meds for 2 months and contact patient to come for RN BP visit
- Patients whose last BP not in control, refill the current BP meds for 1 month and contact patient to come for clinician visit

Tools and Resources

- **Safety Net Medical Home Initiative implementation guides at www.qhmedicalhome.org/safety-net/publications.cfm**
- **Bodenheimer and Grumbach, Improving Primary Care: Strategies and Tools for a Better Practice (McGraw-Hill, 2007)**
- **Clinica Family Health Services (detailed description of a high-functioning primary care practice), at http://familymedicine.medschool.ucsf.edu/cepc**