# Making the Medical Home Work/Teamwork in Primary Care

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# Objectives

- Objectives Include:
- 1. Learn how to build your office team.
- 2. Understand various ways to use your team to improve office flow and function.
- 3. Recognize that your schedule works for you, you don't work for your schedule.
- 4. Learn about new online and in-person office visits that will improve efficiency.
  5. Acquire information about real world experience with online communication with patients

Texas

Springfield
Albuquerque  Oklahoma City
Little Rock
El Paso
Whitehouse
Austin
Houston
San Antonio
Brownsville

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# Doing Today's Work Today

# Access

- The patient receives EXACTLY the care they need (want) EXACTLY when and how they need (want) it
- In a perfect world!
- Patient Centered
- Not Provider Centered

# Access Is Not

- Working 17 hours a day
- Making yourself/your staff miserable
- Done by only one person in your office
- Being a pushover
- Dropping continuity of care
- Being everything to everone

# Why Do It?

- It makes the Patient satisfied (happy)

- It makes you satisfied (happy)

- Outside Competition
    - Retail Clinics
    - Acute Care Facilities

# Pitfalls and Worries

- Too many patients
- Not enough patient
- Saturated schedule
- Too much backlog

# PCMH Specific Pitfalls

- I can't do all the ACUTE, CHRONIC, and PREVENTATIVE care in one 15 minute visit!

- Shift to team care

- You have no access/no medical home without teamwork

# What is Teamwork?

- Working together
- At it's core it is maximizing the potential of each team member
- BUT......it requires the physician to relinquish control

# Team Members

- Physician
- Physician Extenders
- Nurses/MAs
- Front Office
- Office Manager
- …..

# How We Do It

- 3 Physicians (2 work 3 days, 1 works 4 days)
- 1 NP ( 4 ½ days )
- 2 LVNs, 1 MA
- Lab tech
- Rad Tech
- 2 ½ Front Office
- Office Manager

# Panel Size

- Most consider a full panel for a full time physician (4 ½ days a week) 2200-2500
- Our 4 day a week physician had about 2500 patients, but recently moved and we hired someone to take her place
- Our 3 day a week physicians have 1500-2200 patients
- Adjust schedules/Hire more people!

# The Visit

- Each physician sees 20-25 patients a day
- Open access- Anything goes
- Staggered  lunches
  - Someone is always seeing patients
  - Someone is always answering the phone

# Front Office

- Has the freedom to make schedule decisions

- Knows up front the context of our day (huddles)- quick daily meetings to discuss the schedule. This keeps everyone on the same page for the day

- They find out: Who is the patient?

What are the patient's needs/wants?

# Simplify

- Schedule Previously:

-New, Well, Quick Sick, Follow Up, Same Day, Next Day, 3 Month, 6 month, URI (everyone called appts different names)

Schedule Now: for all providers
-Acute, Follow Up, Quick Sick

| | | |
|---|---|---|
| 8:00 AM | FOLL | 15 min |
| 8:15 AM | FOLL | 15 min |
| 8:30 AM | FOLL | 15 min |
| 8:45 AM | FOLL | 15 min |
| 9:00 AM | FOLL | 15 min |
| 9:15 AM | FOLL | 15 min |
| 9:30 AM | FOLL | 15 min |
| 9:45 AM | FOLL | 15 min |
| 10:00 AM | ACTE | 15 min |
| 10:15 AM | ACTE | 15 min |
| 10:30 AM | ACTE | 15 min |
| 10:45 AM | ACTE | 15 min |
| 11:00 AM | ACTE | 15 min |
| 11:15 AM | ACTE | 15 min |
| 11:30 AM | ACTE | 15 min |
| 12:00 PM | QS | 5 min |
| 12:00 PM | QS | 5 min |
| 12:00 PM | QS | 5 min |
| 12:00 PM | QS | 5 min |
| 1:30 PM | ACTE | 15 min |
| 1:45 PM | ACTE | 15 min |
| 2:00 PM | ACTE | 15 min |
| 2:15 PM | ACTE | 15 min |
| 2:30 PM | ACTE | 15 min |
| 2:45 PM | ACTE | 15 min |
| 3:00 PM | ACTE | 15 min |
| 3:15 PM | ACTE | 15 min |

# Quick Sick Visit

- A way to accordion your schedule
- 5 min visit- 2/4 visits in one 15 minute slot
- Done during the lunch hour and at end of day
- URI complaints
- Pts must be 3 months- 65 years old
- NO new patients
- One complaint only

# Nursing

- 1 MA/LVN paired with each provider
- Computerized check-in
- Goal to have patient in room within 5-10 minutes of appt time
- "What is the goal of your visit?"
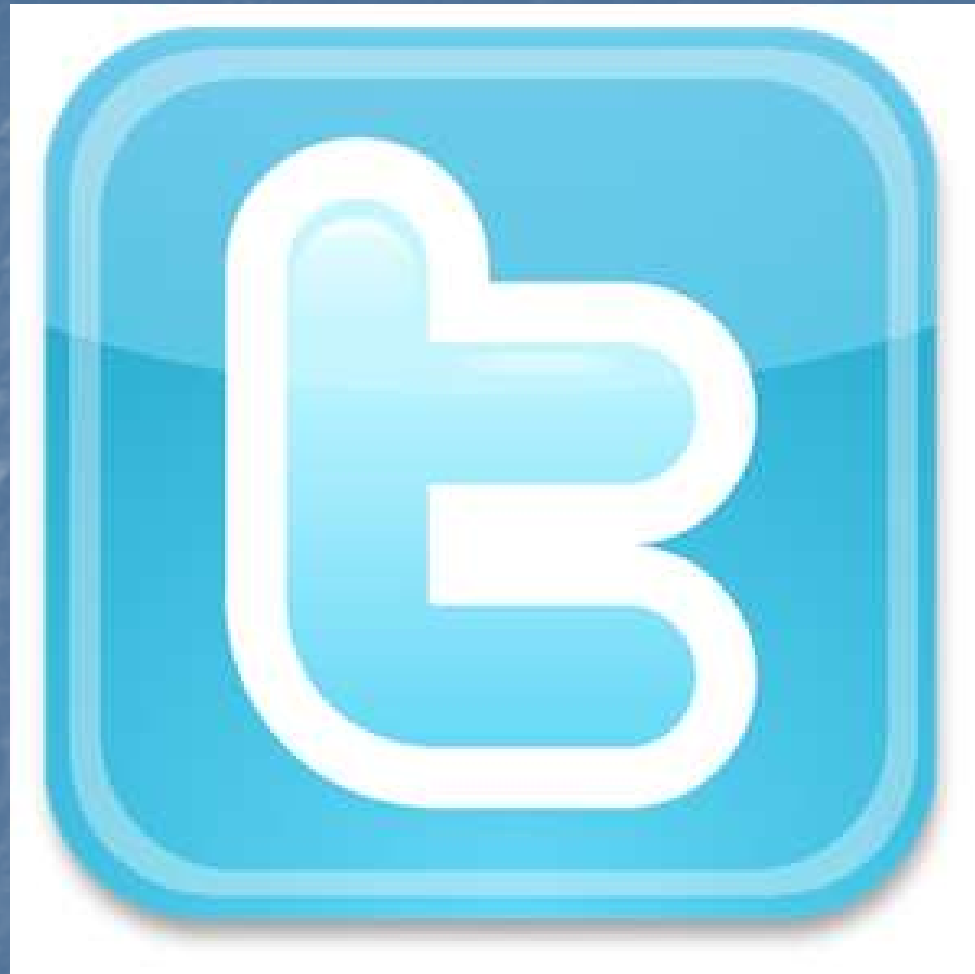- Vitals, pain scale, falls, etc.

# Nursing Cont'd

- Standing orders
  - Strep Tests, Flu tests, UAs
- Review of Preventative Care Needs
  - Mammogram reminders
  - Colonoscopy reminders
  - Flu shots
  - Tetanus Shots

# Physician/ NP

- Review nursing info prior to entering room
- Protocol button/chronic disease
- Do all care at point-of-service "Is there anything else?"
  - This prevents unwanted follow up visits that will be no shows
  - Can increase billing level for that day
- EMR templates, bills, medication lists
- Decide on an interval for follow up
  - To increase access you might change from 3 month follow ups to 4-6 months

# We Live in a Virtual World!

# Other Ways for Access

# E- Visits

- Must be established patient
- URI, depression follow up, HTN follow up
- Uninsured, Shift workers, Can't take off work, can't get an appointment
- Another way to meet seasonal demand
- $30 per visit- cash (credit) only
- Insurance not yet paying for this

# What do Patients Think?

- Some have never used it!
- Some use e-visits regularly
- Very few have complained about cost
- If they want to come in and be seen, they can
- If we feel a visit is inappropriate for e-visit, we will make the patient come in

# Other Technology To Help Improve Access

- Emailing patients lab results
  - Our patients love this!  Cuts out the middle man.  Your words go directly to the patient. Prevents "phone tag."

- E-prescribing- instantly send prescriptions from the computer and receive refill requests from the pharmacy
  - This gives time back to your nurse

# Using your Staff to Help Improve Access

- Nurse Visits- UTIs
  - Nurse takes symptoms, runs a UA, sends the physician the result
  - We get to it later in the day, send the medication (if needed) to the pharmacy, and any further orders back to the nurse, charge 99211

- Refill Protocols
  - Think about giving your chronic stable patients six months/year supply of medication up front to cut down on refill requests

# Evaluation

- Find out how you are doing by asking- your staff and your patients
  - Your front desk and your nurses can give you valuable feedback on how the office is running
  - The more you ask/engage them, the more they buy into the process

- Survey your patients/then resurvey at a set time in the future

- Remember the data you collect is only as good as the patients who actually walk in the door

# Evaluation

- Think about your front desk/phone staff collecting data on the number of patients they turn away in a day
  - New pts vs acute
- Ask your front desk when your next available appointment is for a new pt and for a sick pt (is your access as good as you think)
- Find out if your phone system has data collection
  - How many rings until someone hangs up
  - How long do they wait on hold
  - Phone access can be as important as provider access

# Spread the Word!

Talk with your patients/staff about access

Educate your staff about how to appropriately schedule new types of visits

Put flyers in the lobby and exam rooms with access messages

Use your hold message to deliver information
- "If you would like to have your pharmacy email your refill request.."
- "Go to our website for information about.."
- "Ask us about our new Quick Sick visit.."

# Build Your Own Home

# Thank You!