

YOUR STAFF AND THE PATIENT CENTERED MEDICAL HOME

Culture Change is Essential!

Gratiot Family Practice

SERVING YOU THROUGH THE
PATIENT CENTERED MEDICAL
HOME MODEL

In service to you to help you reach your full
potential

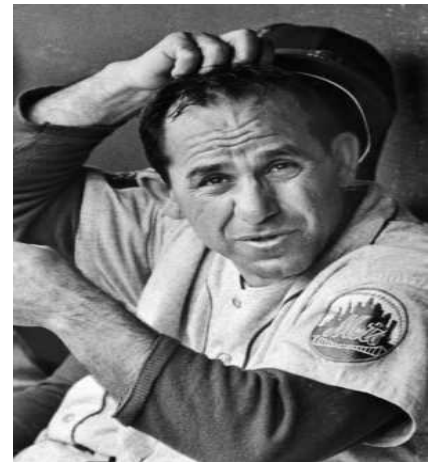
Yogi Berra



Yogi Berra

“It ain’t the heat, it’s the humility”

“He hits from both sides of the plate, he’s amphibious!”



Gratiot Family Practice

“When you come to a fork in the road, take it”



Gratiot Family Practice

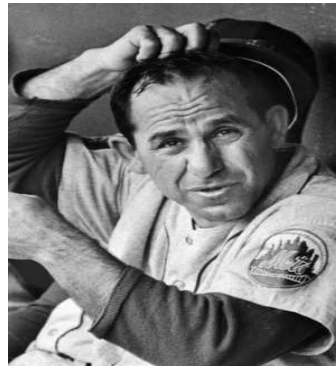
- ❑ 4 physicians, 103 years of experience
- ❑ 3 physician extenders
- ❑ 9 full time and part time “nurses”
- ❑ 6 “patient representatives”
- ❑ EMR 2006 (Allscripts Professional)
- ❑ Began PCMH Journey in 1/2009
- ❑ BCBS recognition as a PCMH

Becoming a PCMH

- ❑ Physicians need to lead by example
- ❑ Physicians need to empower staff
- ❑ Employees need to perform at their utmost ability
- ❑ Need to think “out of the box”
- ❑ Attitudes of:
 - ❑ Quality
 - ❑ Service
 - ❑ Patient-centeredness
 - ❑ From getting to giving

Shared Vision

“You’ve got to be very careful if you don’t know where you are going, because you might not get there”



Change is Hard

Changing a primary care practice is like trying to change the front wheel on a bicycle , while you are riding it!



Assumptions / Realizations

- My practice is a typical practice
- We have seen some great things from the early adopters but most physicians offices are not ready for change
- Not enough attention has been given to nor enough opportunity for growth has been offered to our most important avenue for change, our staff
- Culture change is essential!

PCMH BCBSM Initiatives

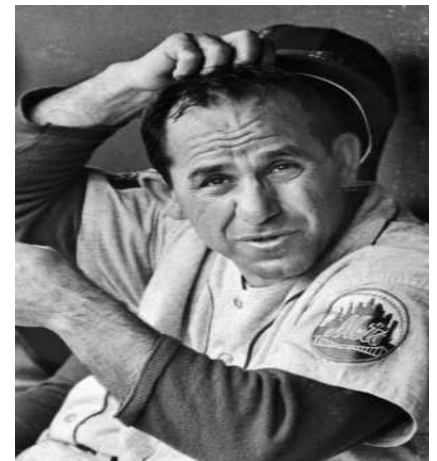
1. Patient-provider partnership
2. Patient registry
3. Performance reporting
4. Individual care management
5. Extended access
6. Test tracking and follow up
7. E-prescribing

PCMH BCBSM Initiatives (cont.)

8. Preventive services
9. Linkage to community services
10. Self-management
11. Patient portal
12. Coordination of care
13. Specialist referral process

Patient-provider partnership

“I never blame myself when I’m not hitting. I just blame the bat and if it keeps up, I change bats. After all, if I know it isn’t my fault that I’m not hitting, how can I can mad at myself?”



What did we do?

- Educate providers on the PCMH
 - PCPCC www.pcpcc.net
 - TransforMED
 - Conferences
 - Articles
 - All that is required is to be interested in change and the desire to learn more

What did we do?

- Practice Manager/Medical Home Manager
- Educate our staff on the PCMH
 - ▣ <http://www.pcpcc.net/content/emmi>
 - ▣ <http://wafp.org/VideoPCMH/index.html>
 - ▣ <http://www.necn.com/Boston/Health/2008/12/01/Shared-medical-appointments/1228188165.html>

What did we do?

- Three hour Saturday morning meetings
 - Fun
 - Informational
 - Motivational
 - Educational
 - Division of Tasks

What did we do?

- Regular staff meetings
- Provide staff formal educational/CME opportunities
- Weekly practice newsletters
- Met with Public Health Department
- Regular webinars
- Technology innovations
- Financial Rewards

Patient registry

“The only reason I need these gloves is ‘cause of my hands”

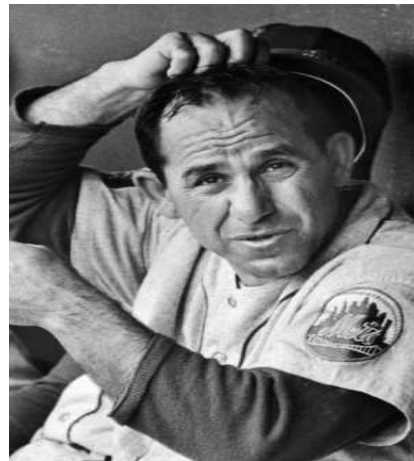


Electronic medical records

- Appointed our NP as lead person
- No ideal system
- Must be committed
- Must have a plan
- Spend the extra time developing the templates and learning the system
- Opens up efficiencies not possible with paper

Performance reporting

“You can observe a lot by just watching”



Can't change what you can't measure, or can you?

- Need systems in place before change can happen
- Need staff on the same track before systemic change can occur
- “There are three kinds of lies: lies, damned lies and statistics”
- “False statements might be arranged according to their degree under three heads, fibs, lies and statistics”

Statistics

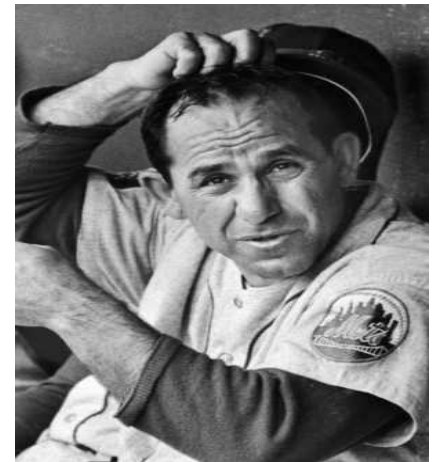
- Diabetics with a HgbA1c >7
May 2009 54%
January 2010 55%
- Diabetics with a HgbA1c in the last year = 70%
- Diabetics that smoke unchanged at 15%
- Diabetics not seen in our office in the last 12 months = 10.3%

Statistics

- Diabetics with HgbA1c < 9
 - May 2009 10.6%
 - January 2010 10%
- Diabetics with Microalbumin
 - May 2009 24%
 - January 2010 31%
- Diabetics without HgbA1c in the last 12 months
 - May 2009 37%
 - January 2010 29%

Individual care management

“I am not going to buy my kids an encyclopedia. Let them walk to school like I did”



Starts and Ends With Your Staff

- ❑ PCMH education for the staff
- ❑ Directly involved in the decision processes
- ❑ Responsible for implementing the changes
PDSA
- ❑ Non-traditional staff roles are required
- ❑ May require a change facilitator
 - ❑ IPIP
 - ❑ TransforMED
 - ❑ PRISM

Old Job Descriptions

- Receptionists: Answer phones and schedule patients
- Nurses: Room patients
- Billing: Bill and collect from the patients
- Office Manager: Pay the bills and hire and fire staff
- Physicians: See the patients and try and do everything else on their own!

Patient Representative

- Explain how health care at Gratiot Family practice is delivered, how we strive to function as a team, and what the PCMH concept is
- Go over the GFP brochure that explains the patient/GFP contract and gives basic information about our practice such as after hours policy and extended access hours

Patient Representative

- HIPPA information
- Explaining the ways our providers and team providers may be contacted
- Assisting with check-in and check-out processes
- Assist with transfer of health care information
- Schedule appointments and enroll patients into group visits or chronic care programs

Patient Representatives

- Help manage our entire patient population through our patient registry
- Assist in medication refill requests
- Send out mass messages to our patients regarding preventive services
- Assist in test tracking and specialist referral processes
- Actively involved in process improvement

Extended Access

“It ain’t over till it’s over”

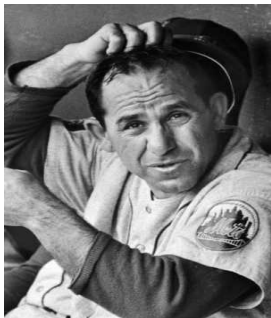
*“Nobody goes there anymore.
It’s too crowded”*



Test tracking and follow up

“I don’t know (if they were men or women fans running naked across the field). They had bags over their heads”

“I knew exactly where it was, I just couldn’t find it”

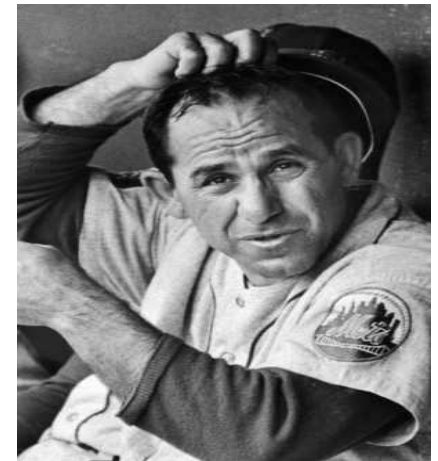


Perfect PCMH Employee

- Likes change
- Sees their job as a vocation
- Knowledgeable, skilled and disciplined
- Personable
- Self-starter
- Team player
- Likes technology
- Thinks “out of the box”
- Secure in their abilities and limitations

E-prescribing

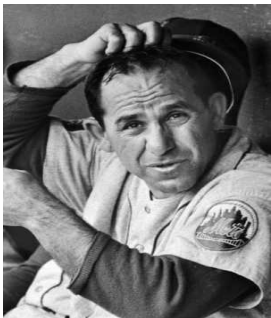
*“The towels were so thick there
I could hardly close my
suitcase”*



Preventive services

“Little League baseball is a very good thing because it keeps the parents off the streets”

“I think Little League is wonderful. It keeps the kids out of the house”



Preventive services

- Expanded role for our nurses
- Scribes
- Checklists: “*The Checklist Manifesto by Atul Gawande*”
- Cannot solve complex problems by a top down approach. Requires the expertise of many, allowed to work at the top of their license, in regular communication with each other

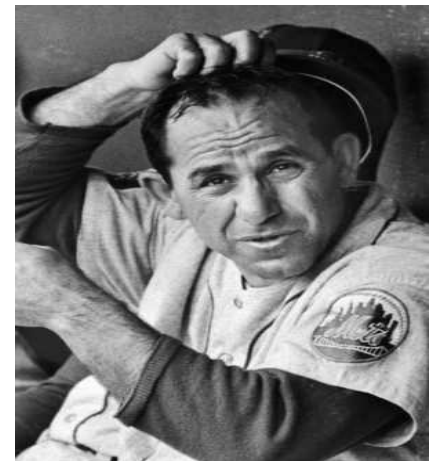
Linkage to community services

“It was impossible to get a conversation going, everybody was talking to much”



Self-management

“If people don’t want to come out to the ballpark, how are you going to stop them?”



Self-management

- People won't care how much you know until they now how much you care
- 9g enterprises www.9gs.org
- PATH
- Goal is to make patients more confident with self-care. 5th vital sign? It is a great way to set action plans

Patient portal

“You give 100% in the first half of the game, and if that isn’t enough, in the second half you give what’s left”

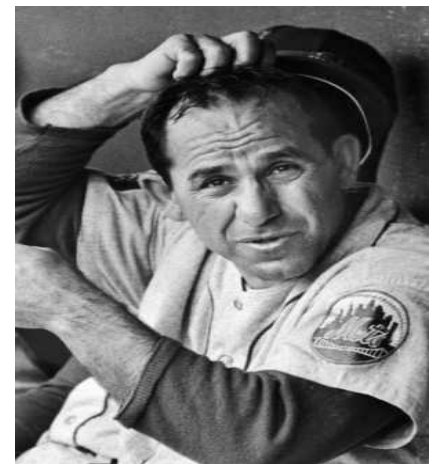


Patient Portal

- Have to pick and choose which pieces of technology you want to adopt
- \$\$\$\$\$\$\$
- Email lists / newsletters
- Email
- Full-time IT person

Coordination of care

*“He must have made that
before he died” Referring to a
Steve McQueen movie*



Coordination of care

- Hospital rounds are a mixed blessing
- Calling for appointment time upon discharge
- Nurses calling patients after discharge

Specialist referral process

“In theory there is no difference between theory and practice. In practice there is”



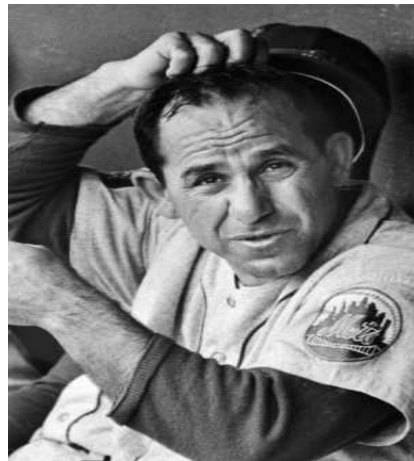
Specialist referral process

- Ability and communication skill are the two most important attributes in a specialist
- Specialists need to be clear as to what you expect of them

“We made too many wrong mistakes”



*“We’re lost but we are making
great time”*



*“He can run anytime he wants.
I’m giving him the red light”*



Gratiot Family Practice Stumbling Blocks

- ❑ Imperfect leadership
- ❑ Overload
- ❑ Staff envy / insecurity
- ❑ Lack of emphasis on culture. Could have spent more time on the “why” we are changing
- ❑ Communication, communication, communication.....
- ❑ Incorporating changes into our work flow
- ❑ Have tried to do it mostly on our own

Gratiot Family Practice Stumbling Blocks

- Expecting too much out of the staff. Haven't let them have enough input as to what they are capable of.
- Vague job descriptions
- Bulging payroll
- Decreased provider productivity
- Losing the patient-centeredness in the process. Is the patient involved in the change process? Are we too disease specific?

Can your patients say yes to:

I receive exactly the health care I want and need exactly when and how I want and need it

I am confident in managing my health problems

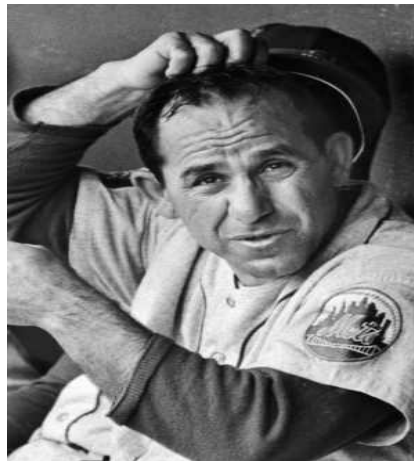
What we Have Done Right

- Put the Patient first
- Emphasize “Team”
- Atmosphere of change
- Educate and Inform
- Physicians have become more involved
- Increased our adaptive reserve

Culture Change Principles

- Give the staff opportunities
- Treat them as if they have potential for more
- Help them realize how important their roles are
- Have the staff function at the “top of their license”
- Solicit and accept input
- Model the change you are purporting
- Treat them like colleagues
- Treat them like family

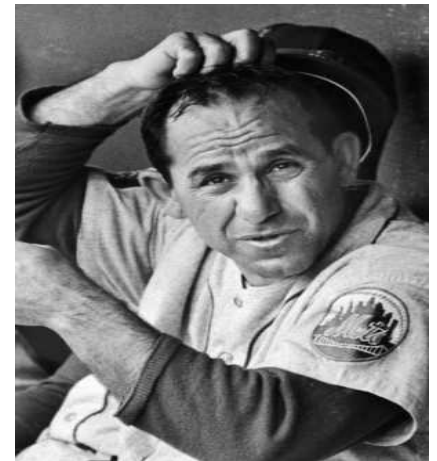
*“It’s tough to make predictions,
especially about the future”*



PCMH Hurdles

- ◉ Many physicians will never get “it”. Early adopters are the cream of the crop.
- ◉ Need payment reform to assist in becoming a PCMH. There has to be an up front investment in technology and staff
- ◉ Need smaller patient panels which means there needs to be more PCP’s
- ◉ Payers need to be patient and reward for process improvement and culture change efforts as well as outcomes. TIME is needed to change
- ◉ Change Fatigue / PCMH intoxication
- ◉ Looking over your shoulder

“You can’t compare me to my father. Our similarities are different” – Dale Berra



*“I didn’t really say
everything I said”*



PCMH Means



SERVICE

Improving service translates into improved outcomes and a healthier bottom line

Thank you

“Always go to other people’s funerals, otherwise they won’t come to yours”

