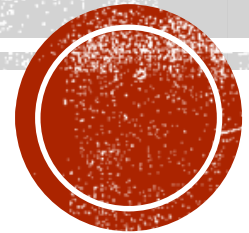




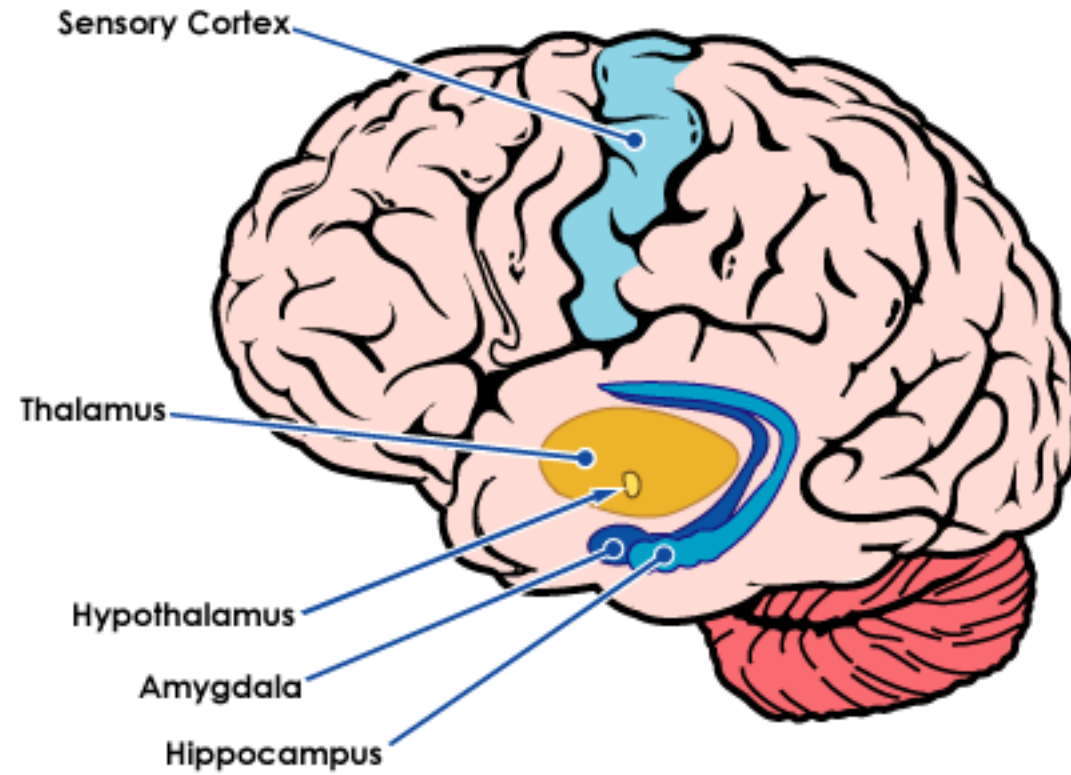
Implementing team-based care

Jay W. Lee, MD, MPH, FAAFP
Venice Family Clinic



CPCA Clinicians Committee
January 2018

Parts of the Brain Involved in Fear Response



©2005 HowStuffWorks



THE QUADRUPLE AIM



1. Value (quality/cost)
2. Patient experience
3. Population health
4. Joy in Practice



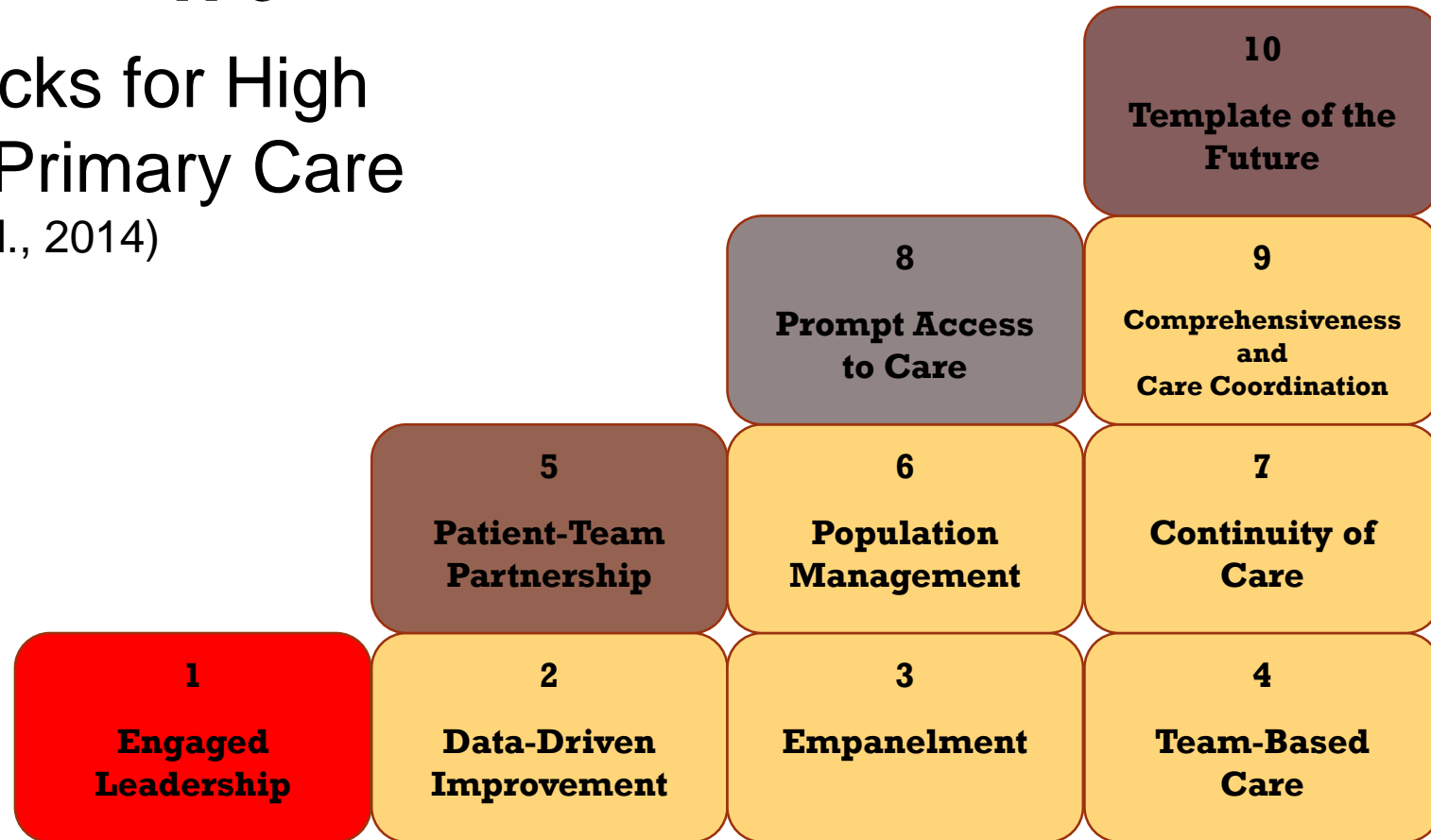
JOY?



THE FRAMEWORK

Building Blocks for High Performing Primary Care

(Bodenheimer et al., 2014)



HEALTH CARE EVOLUTION?

Cottage industry of small,
independent providers



Corporate form of practice
based on larger, integrated
systems of care



DR. G. GAYLE STEPHENS

FAMILY MEDICINE REVOLUTION OG



"Be there"
"Give a damn"
The Job vs The Work





WELCOME:

THE FUTURE OF THE U.S. HEALTH CARE SYSTEM IS IN YOUR HANDS

“Do or do not. There is no try.”

- Master Yoda



INSURANCE COVERAGE ALONE IS ONLY PART OF THE SOLUTION

- Giving people coverage alone is like giving everyone a parking pass and not having enough parking spots
- Improved health outcomes must also address workforce needs



KEY ELEMENTS OF A HIGHLY FUNCTIONING HEALTH CARE SYSTEM

- Health care coverage for all, including catastrophic protection
- Patient-centered medical home for every patient
- Health care a shared responsibility of:
 - Individual
 - Employers
 - Government
 - Private and public sectors

KEY CHANGES NEEDED

- Reinvigorate the primary care infrastructure in the U.S.
- Redesign the manner of primary care delivery
- Re-emphasize the centrality of primary care



WHAT DOES THIS MEAN FOR COMMUNITY HEALTH CENTERS?

- We are working at a pivotal time in history
- We have a responsibility to be change agents for a care system that will deliver better health
- Our patients will look to us as their guides



“Unless someone like you
cares a whole awful lot,
nothing is going to get
better. It’s not.”

- Dr. Seuss



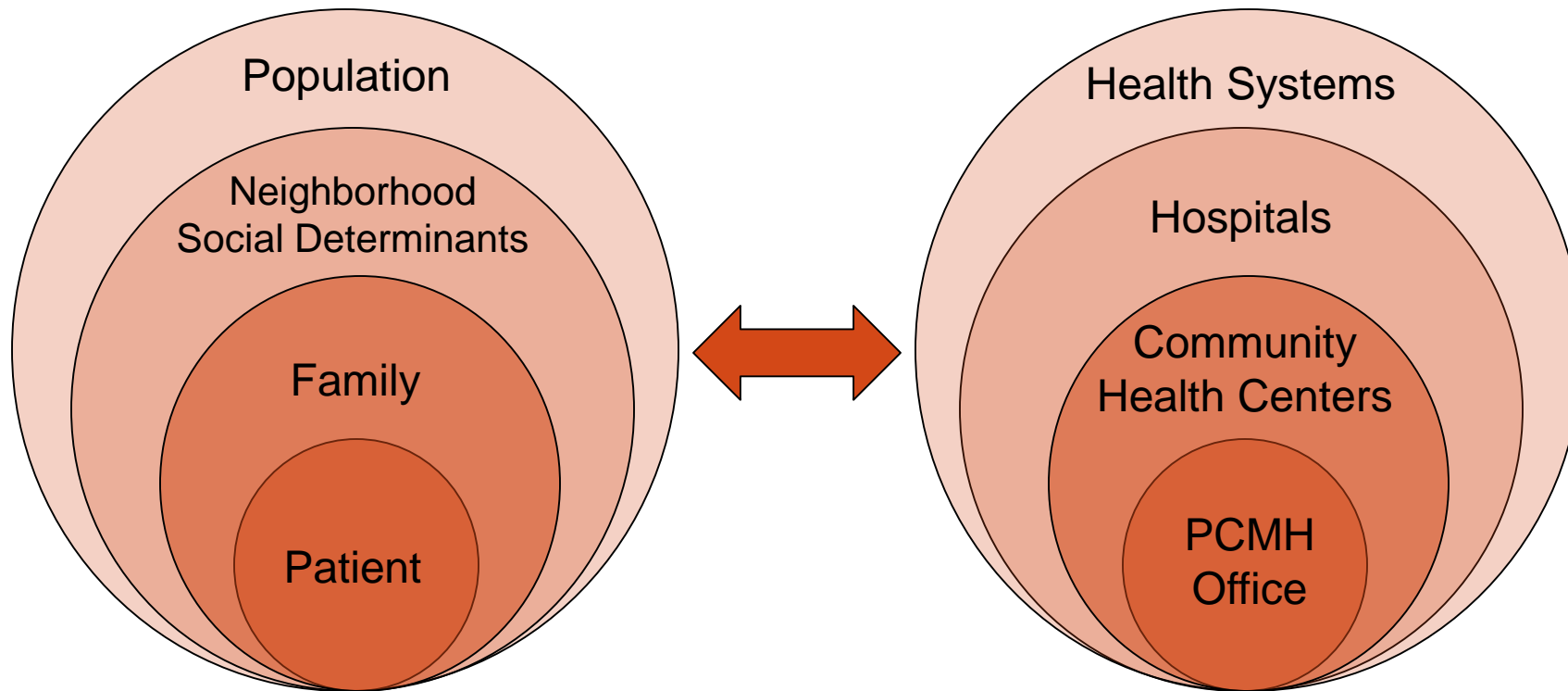
PATIENT-CENTERED MEDICAL HOME



Patient-centered | Provider Team-driven



OPPORTUNITY AND RESPONSIBILITY FOR LEADING THE FUTURE



**“To change something, build
a new model that makes the
existing model obsolete.”**

- R. Buckminster Fuller



CONTINUITY OF CARE

- The frequency with which patients are seen by their assigned provider/care team versus other providers in the practice



WHAT IS CONTINUITY?



WHAT IS EMPANELMENT?

- Assigning individual patients to providers acknowledging patient and family preference to preserve continuity of care
 - Patients are assigned to Providers
 - Providers Have Panels
- Schedule with Provider **as much as possible**
 - **Next Best: Schedule with same provider group**



EMPANELMENT PROCESS

- Assigning/ Scheduling Patients
- Verifying Assignments at Check-In
- Monitoring Provider Panels

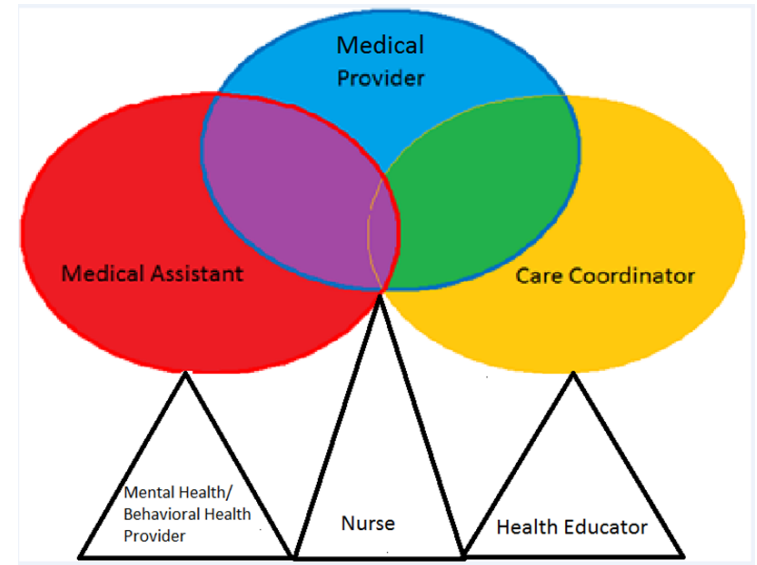
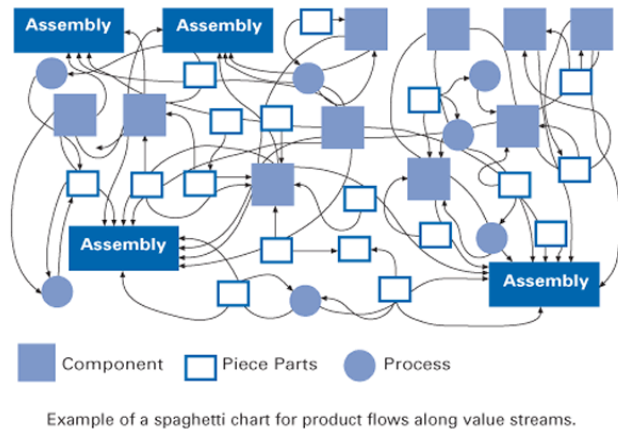


HOW ARE PATIENTS ASSIGNED?

- Murray 4 Cut Method: A Good Start
 1. Provider seen only by that patient
 2. Provider seen most often
 3. Provider seen for most recent physical
 4. Provider seen for most recent visit
- Patient MUST confirm assignment!



FROM SPAGHETTI TO TEAM BASED CARE



Cultural and Operational Shift



ELEMENTS OF HIGH-PERFORMING TEAM-BASED CARE

- Culture shift
- Stable teamlets
- Co-location
- Staffing ratios adequate to facilitate new roles
- Standing orders/protocols
- Defined workflows and workflow mapping
- Defined roles with training and skills checks to reinforce those role
- Ground rules (for communication)
- Communication: team meetings, huddles, and minute-to-minute interaction



OUR APPROACH

- Empanelment: April 2014
- Team Composition and Assignment
- Team Communication
- Redesign Care Team Roles & Processes
- Continuously Monitor & Adjust



“What if we don’t change at all ...
and something magical just happens?”



TEAM COMPOSITION

- Team Level
 - Provider
 - Medical Assistant
 - Coordinator
- Site Level
 - Mental Health
 - Nurses
 - Health Educator



STABLE TEAMLETS

- The MA and clinician both know the patients on the panel and the patients get to know and trust both teamlet members. This allows share the care.
- The MA feels the panel of patient is not only the clinician's panel, but the teamlet's panel, the MA feels more engaged in the care process and does a better job. Again, the MA is not the clinician's MA but the patient's MA.
- Clinician and MA learn how to work together effectively and efficiently to care for the panel. MA anticipates what the clinician needs for their patients and the clinician knows what the MA will take care of.
- Clinician can train MA around clinical care. This will allow MA to share more of the patient care.
- The MA is well-positioned to do health coaching and panel management, both in-reach and outreach, for the panel of patients, and can easily check with the clinician for questions or issues.
- If a certain function was not completed, the teams know who is responsible to get it done.
- Over time, teamlets learn to communicate consistently, easily and freely to improve patient care and cycle time and reduce error (via huddles, team meetings, and minute-to-minute interaction).



TEAM ASSIGNMENTS

Simms Group(s)	Providers	MAs	Coordinators (Float: Mireles, Mari)
Gold	<u>Asmuth</u> , Katie NP Hoffman, Diana MD Lamp, Karen MD Solomon, David MD Spar, Myles MD*	Bravo, Isabel (Lamp) Lopez, Monica (<u>Asmuth</u>) Marroquin, Leyla (Solomon) Ramirez, Jackie (Hoffman)	<u>Axume-Linares</u> , Hilda Ramirez, Magda
Silver	<u>Elzawahry</u> , Heba MD Schwartz, Carol MD Wilson, Karen NP UCLA Internal Medicine @ Simms <u>Solz</u> , Heidi MD*	<u>Canas</u> , Sandy (Wilson) De La Cruz, <u>Nelsa</u> (Schwartz) Fernandez, Aurora (<u>Elzawahry</u>)	Solis, Marta <u>Vanegas</u> , Olivia
Pink Peds	Garell, Cambria MD UCLA Med/ <u>Peds</u> @ Simms UCLA Pediatrics @ Simms	Hernandez, Maria (Garell)	Ramirez, Ana



TEAM COMMUNICATION: HUDDLES

CHART PREP CHECKLIST

PROVIDER:

Date:

Patient Name	Age	Diagnostic Referrals	Pediatrics last WCC (V20.2)	Last Fit Test Date	Last Pap Date	Last Mammo Date	Last PHQ Date
1				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
2				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
3				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
4				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
5				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
6				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
7				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
8				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
9				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
10				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
11				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
12				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
13				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	
14				<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	<input type="checkbox"/> NI <input type="checkbox"/> Abnl	

Immunization Update: Print Routing Slip for Adults and Peds

Tdap – once then Td every 10 years

Flu- yearly

Pneumo – healthy adults 1 dose on or after age 65

Compromised Adults - 1 dose then booster at 65

Fit Test – age 50-75 annually

Mammo – start age 50 then every 2 years up to age 75

Pap – start age 21 then every 3 up to age 65

PHQ- age 12+ annually

Provider Initials: _____

MA Initials: _____

Thursday, June 04, 2015
through
Thursday, June 04, 2015

Visit Planning

Run on 06/04/2015 10:30:12

Spar, Myles

Thursday, June 04, 2015

8:45 AM		M, 21	English	PCP: Unassigned Provider Risk Factors:
	<u>Alert Type</u> Adult Weight Screening BMI Depression Screening Tobacco Status	<u>Message</u> Overdue Missing Missing	<u>Most Recent Date</u> 	<u>Most Recent Result</u>

NEW PATIENT

Thursday, June 04, 2015

* WP STAFF ONLY

9:00 AM		M, 52	English	PCP: Spar, Myles Risk Factors: OBS
MRN:	<u>Alert Type</u> Adult Weight Screening Colorectal Cancer Screening	<u>Message</u> Missing Follow-up Overdue	<u>Most Recent Date</u> 3/5/2015	<u>Most Recent Result</u> 35.32

UNSPECIFIED DISORDER OF THYROID

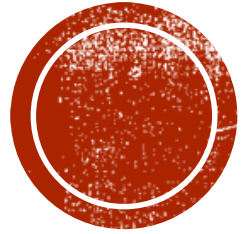
F/U LABS

Thursday, June 04, 2015

9:15 AM		M, 45	English	PCP: Unassigned Provider Risk Factors: OBS SMIP
MRN:	<u>Alert Type</u> Adult Weight Screening BP Eye Exam Foot Exam	<u>Message</u> Diabetes Hypertension Depression Missing Follow-up Result out of range Missing Missing	<u>Most Recent Date</u> 4/30/2015 5/4/2015	<u>Most Recent Result</u> 31.37 159/90

DM / BS





THE PANEL IS THE TEAM'S PANEL, NOT THE CLINICIAN'S PANEL

How do we “Share the Care” at VFC?

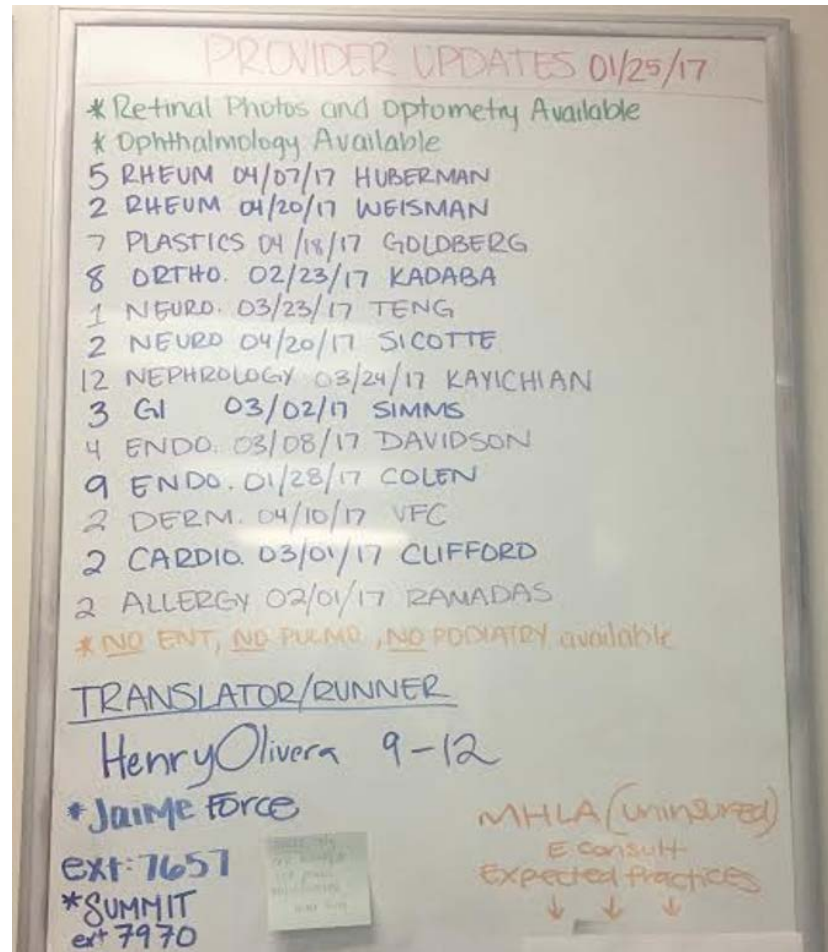


CO-LOCATION

- Innovation in the use of space
- Dramatically improves communication between team members
- Most effective facilitators of team care
- Adjacent work stations and entire team shares a common space
- Best designs enable several teamlets and other members of the extended primary care team (RNs, panel managers, behavioral health professionals) to sit in one open space



WHITE BOARDS AND TEAM ROOMS



COMMUNICATION

- Each practice decides what regular meetings to have and how often
- Consider the purpose, outcome, and mandatory attendees when designing meetings
- Set aside protected time
- Daily huddles and minute-to-minute interaction occur at the teamlet level
 - Helpful to plan the day, discuss patients, and troubleshoot issues in real-time
- Weekly teamlet meetings can help with panel management and QI progress/goals
- For the larger team, entire practice staff, or sub-groups of the practice staff, regular meetings are scheduled into the work week or work month



HEALTHY HUDDLE HYGIENE

- Allows the team to meet briefly on a daily basis to discuss patients' needs and determine what tasks need to get done and by whom
- Best practice is 5-10min huddles before the start of a clinical sesh
- Goal of the huddle is to rapidly review charts and make list for each patient of missing information to retrieve prior to visit and 1-2 care gaps to close while rooming patient (Azara saves the day!)
- Huddles can be difficult to implement and maintain
 - Concerns include all team members arriving on time, doing extra work before and during the huddle, and sharing the care
 - Reflect the "I" to "We" paradigm shift
 - Clinicians will have to give up some power and non-clinicians will have to assume more power



REDESIGN CARE TEAM ROLES

- Share the Care Meeting
 - Provider
 - Nursing & Coordinators
- Standing Actions
- Assessing Roles
 - RN
 - Care Coordinator
 - Case Manager



REDESIGN CARE TEAM PROCESSES

- Care Management
- Alternative Touches (Phone Visits, Portal)
- Population Management
- Referral Tracking
- Lab Tracking
- Self-Management Support



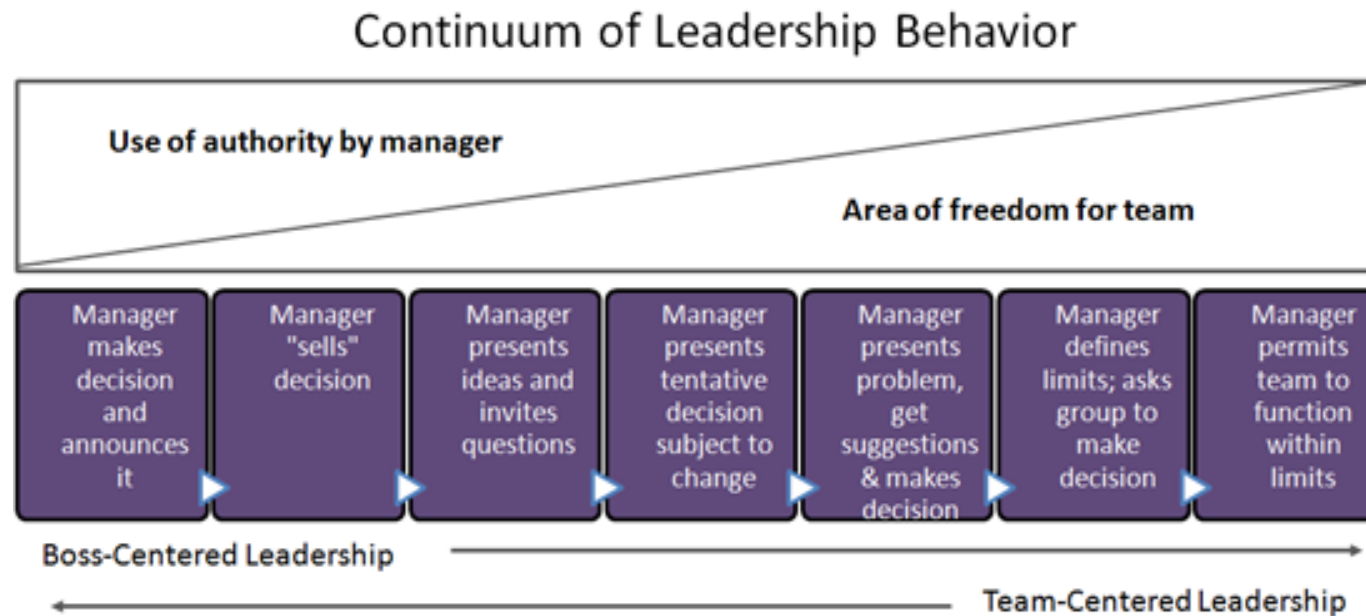
BRUCE LEE



“A goal is not always meant to be reached, it often serves simply as something to aim at.”



LEADERSHIP CONTINUUM



COACHING FOR CHANGE

- Think of “Motivational Interviewing” with data
- Coaching from value(s) and to Key Performance Indicators (KPI)
 - push yourself to find ways to tie back to strategic plan
 - Express empathy
 - Develop discrepancy between goals/values and current behavior
 - Avoid being argumentative
 - Adjust to resistance vs opposing it
 - Support self-efficacy and optimism
 - Look over the fence:
 - “What does it look like?”
 - “How will you get there?”



YOUR ROLE

The right data
in the right format
at the right time
in the right hands



FROM VOLUME-TO-VALUE(S)



CASE

Provider Panel Report July 2017

Sample Provider # 1

	VFC Internal Goal	All Sites	Venice Family Clinic	Simms/ Mann	Colien Family Health Center	Children's Health & Wellness	Robert Levine	Result	Numerator	Denominator	Result	Numerator	Denominator
	CURRENT PERFORMANCE							PANEL			RENDERING		
Continuity	75%	45%									54%		
Current Panel Size											762		
% of Panel Capacity											95%		
No Show Rate	13%	15%	17%	13%	13%	15%	18%				12%		
Average 3rd Next Available	14	32	34	32	32	33	24				29		
Cycle Time*	1:40	1:45	1:49	1:52	1:37	1:21	1:41				1:18		
QI Priorities													
Colorectal Cancer Screening (NQF 0034)	55%	44%	43%	53%	53%	N/A	44%	56%	72	129	50%	214	426
Hypertension Controlling High Blood Pressure (NQF 0001)	70%	65%	65%	68%	63%	66%	70%	62%	74	119	63%	219	349
Childhood Immunization Status (NQF 0038)	85%	35%	29%	39%	40%	35%	N/A	75%	3	4	55%	6	11
Diabetes Eye Exam (NQF 0055)	59%	50%	61%	52%	48%	45%	46%	50%	39	78	53%	117	219



Measurement period is TY July 2017 for clinical measures
and (month) July 2017 for operational measures



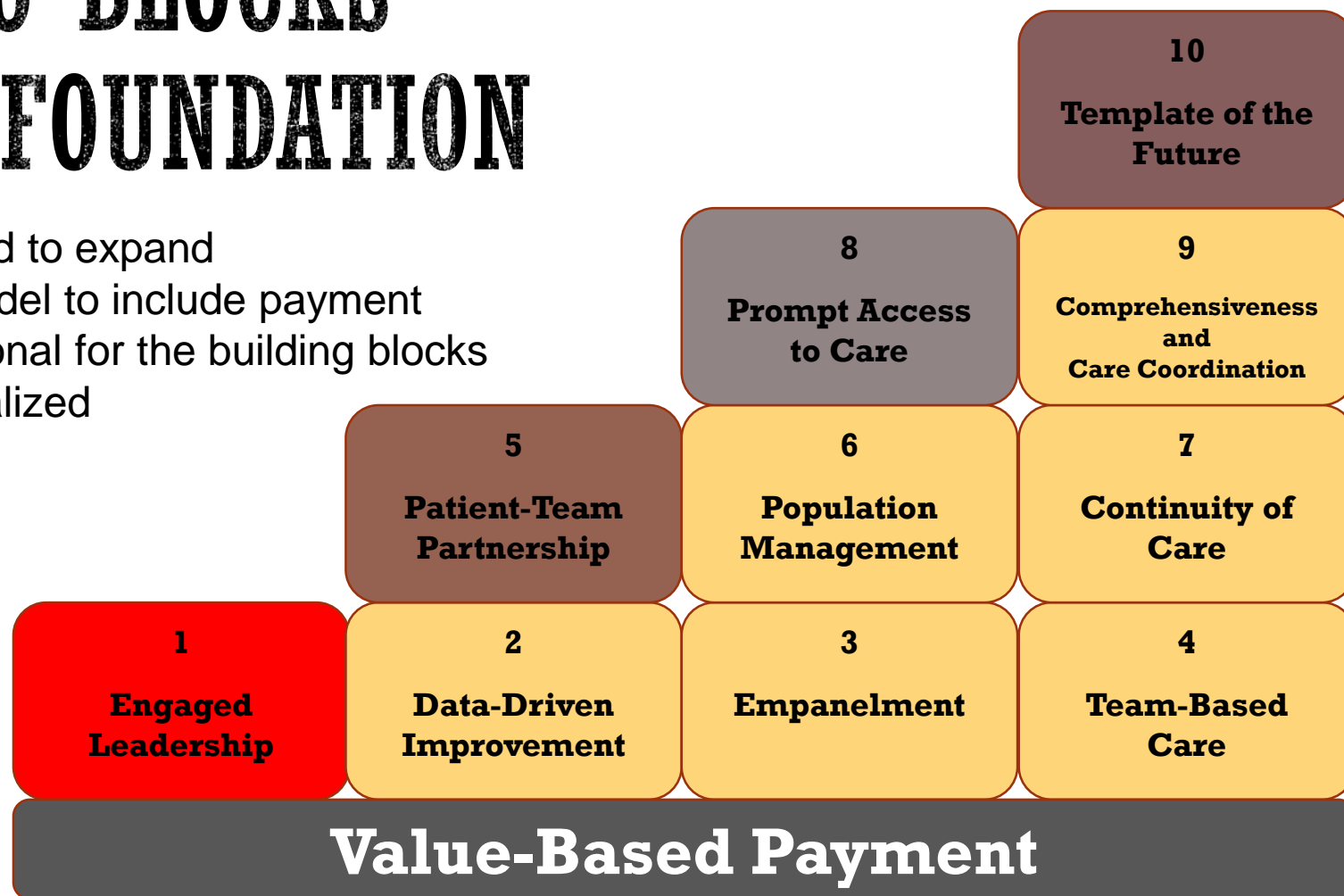
**“The best way to predict the
future is to invent it.”**

- Peter Drucker



BUILDING BLOCKS NEED A FOUNDATION

Data indicates need to expand
Bodenheimer's model to include payment
reform as foundational for the building blocks
to be more fully realized

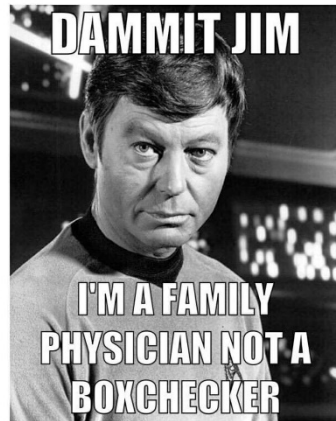


PATERNALISTIC LIBERTARIANISM?

- How do we nudge payors to partner with community health centers to transform away from fee-for-service to value-based care?
- How do we nudge community health centers to transform away from fee-for-service to value-based care?
- How do we maintain the highest level of autonomy/choice?
- Is it possible to do both *and* meet the health needs of our state?
 - Can we achieve a primary care medical home for every Californian?



CONTACT



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Venice Family Clinic

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