

Multiple Interventions to Transform a Family Medicine Practice

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Multiple Interventions to Transform a Family Medicine Practice

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Introduction

While working on the patient centered medical home concepts, one Family Medicine practice within LVHN was chosen to implement a new model of care based on the Virginia Mason model.¹

Rationale

One family medicine practice that had previously participated in some work related to the patient centered medical home was selected to have different interventions implemented over the course of 2 years to accelerate practice transformation.

Practice Selection

- Established Family Medicine Practice within large network owned physician group
- Previous participation in work related to relationships
- Previous participation in work related to PCMH
- NCQA recognized
- Good Quality Markers
- Participation in non-wRVU compensation pilot

Timeline of Interventions

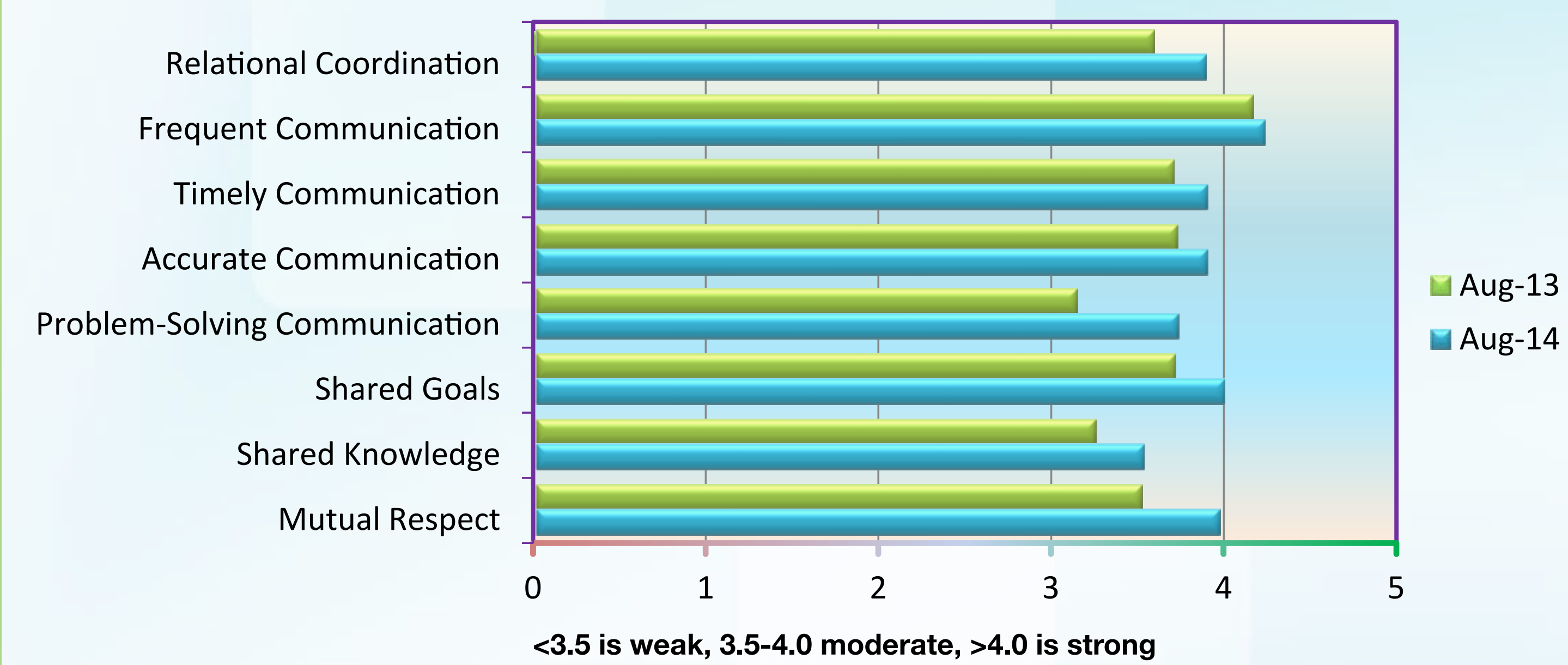
- Clinicians allowed protected time for transformation work
- Community Care Teams (behavioral health, social work, care manager) introduced to work with high-risk patients
- Practice Coaches introduced
- Data collected on current state using LEAN methodology
- Practice meetings and work groups conducted during business hours
- LEAN methodology and Virginia Mason model introduced to practice
- Visual Management Board utilized
- Huddles implemented
- 6S of exam rooms completed
- NCQA re-certification obtained
- Appointment times standardized (most 20 min)
- Several standard work processes introduced
- Triage nurse trained
- MA – Clinician Teams formed
- Flow Station started

Results Patient

- Patient Flow (by clinician)
 - Triage reduces clinician interruptions
- Patient Satisfaction
 - Press Ganey results maintained above 90%
- Patient Access (3rd next avail)
 - New patient 40 minute went from 150 days in August 26, 2013 to 1 day in October 1, 2014
- Forms turn around time decrease

Practice

Relational Coordination Survey



Well-being in the Workplace

	January 2013 (N=12) Baseline	August-September 2013 (n=10)	January-February 2014 (n=15)	June 2014 (n=12)	WWQ Published Data mean Score (Stan Dev)
Work Satisfaction (0-40)	21.67 (6.58)	17.50 (3.22)	23.74 (7.46)	24.08 (5.47)	20.9 (8.7)
Employer Compassion (0-28)	17.00 (6.62)	18.43 (5.89)	17.13 (5.57)	15.08 (5.25)	14.6 (7.2)
Organization Respect for Employees (0-28)	16.25 (5.34)	20.29 (6.11)	18.53 (5.94)	16.75 (7.17)	14.5 (6.5)
Intrusion of Work into Private Life (0-28)*	13.42 (7.39)	20.00 (5.47)	8.74 (5.37)	10.75 (8.0)	10.9 (5.0)

*negative correlated question.

- After hours charting time
 - Reduced time by 2 hours/week
- Practice turnover
 - 50% turnover in 1.5 years

Discussion

The following are necessary:

- Foundational relationship work
- Time
- Role clarity
 - Staff responsibilities
 - Leadership
- Trust between MA-clinician
- Understanding of entire patient flow process
- Collect data
- Some staff might leave

Conclusion

- Standard processes leads to decreased time spent on indirect work by clinicians
- Quality markers did not decrease during transformation

References:

- Kenney, Charles. Transforming health care: Virginia Mason Medical Center's pursuit of the perfect patient experience. CRC Press, 2010.

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