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Primary Care Survival Skills in an Age of Reform

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Primary Care Survival Skills in an Age of Reform

(presentation at Many Faces of Community Health Conference, 10/25/12)

Therese Zink, Peter Harper, Nancy Arntson, Jean Jansen,

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Primary Care Survival Skills for an Age of Reform

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Nancy Arntson, Jean Jansen
Many Faces of Community Health
Department of Family Medicine and Community Health
University of Minnesota

UNIVERSITY OF MINNESOTA

Overview

- ObamaCare
- Minnesota Health Reform
- Change processes in Department of Family Medicine and Community Health Clinics
 - Leadership
 - Vision - HCH
 - Change Methodology - Lean
 - On the Ground - Examples

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Obamacare

- November 6th?
- 1/10 Minnesotans no health insurance (2011)
 - **486,000**
- Under-insured 15% Minnesotans
 - **507,307**

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Benefits of Affordable Care Act in MN (as of 2012)

- Medical Assistance early expansion (84,000 Minnesotans)
- Preventive care without copays (including Medicare)
- No lifetime limits on health plans (2 million Minnesotans)
- School and community health prevention funds
- No rescissions
- Closing the Medicare donut hole
- Dependent coverage for children to age 26
- Increased Medicare payments for primary care (increase in Medicaid in 2013-2014)
- Review of health insurance rate increases
- CMS Innovation Center grants to MN organizations



Health Exchanges--ACA

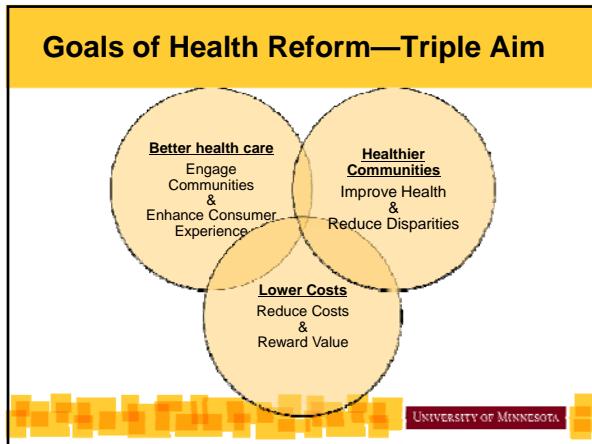
- Online marketplace where individuals and small employers can compare and purchase health insurance.
 - Online calculator
 - One stop for all
- MN: 1 in 5 patients
Essential health benefits—state selects a benchmark plan



Lessons from Massachusetts

- Health Connector 2006
- Uninsured 10.6%
- 2009 4.4%
- 2012 1.9%
- Cost control Bill --Aug 2012





- ### 2008 MN Health Reform Building Blocks
- Statewide Health Improvement Program
 - Health Care Homes
 - Statewide Quality Measurement System
 - Provider Peer Grouping
- UNIVERSITY OF MINNESOTA

A Roadmap for Health Reform in MN 2011--forward

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Health Care Reform Task Force Structure


- 17 Task Force Members:
 - 4 legislators
 - 3 Commissioners: Human Services, Health and Commerce
 - 10 members from the private sector including representatives from health care, long term care, social services, disability, and business
- Open Task Force meetings are held monthly
- Information at www.healthreform.mn.gov
- Provides leadership and advice on reforms and presents the *Roadmap to a Healthier MN* by December 2012



Governor's Health Care Reform Task Force

Four Work Groups:

- Access
 - Affordable health coverage for all Minnesotans
- Care Integration and Payment Reform
 - Better care at lower cost
- Health Workforce
 - The right providers, where they're needed
- Prevention and Public Health
 - Moving upstream to prevent disease



MN Gov HR Task Force timeline

- Report, December 2012
- Legislation
- Administrative/Regulatory Change



For more information

- MN's health reform website www.healthreform.mn.gov
- Bush Foundation/Citizens League community conversations on health reform www.citizensolve.org
- Questions? Healthreform.mn@state.mn.us



Peter Harper, MD, MPH

- Medical Director Department of Family Medicine and Community Health Clinics
 - LEAN
 - Health Care Home


Community clinic practice




LEADERSHIP



Need a systematic leadership development approach

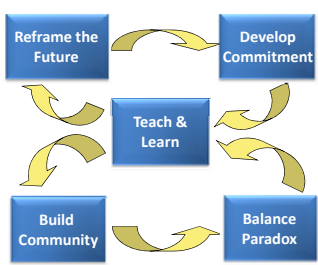


Leader's Toolbox™



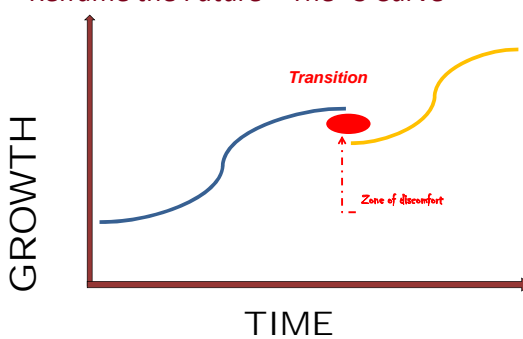
Leadership deliverables

1. Direction
2. Competence
3. Implement



From Jacobson, R (2000). *Leading for a Change: How to master the five challenges faced by every leader*

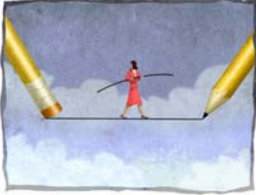
Reframe the Future – The “S Curve”



(The “S-Curve” tool to illustrate the timing and discomfort of transformation)

18

Balancing Paradox



Polarity Map

What we want		R+	
Positive aspect of left side of polarity 2	Positive aspect of right side of polarity 3		
One end of polarity 1	Other end of polarity 4		
What we don't want		R-	
L-			

VISION

BUILDING BLOCKS FOR THE HCH



Minnesota HCH Criteria

- Access and communication
- Care coordination
- Care plan
- Registry and tracking
- Quality improvement



Medical Home References

- **Guiding Transformation: How Medical Practices can become Patient-Centered Medical Homes.**
Commonwealth Fund, Feb 2012, Ed Wagner
 - Safety Net Medical Home Initiative
 - Link
http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2012/Feb/1582_Wagner_guiding_transformation_patientcentered_med_home_v2.pdf
- **The Building Blocks of High-Performing Primary Care: Lessons from the Field.**
California HealthCare Foundation, Apr 2012, R Willard and T Bodenheimer
 - Link
<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/8/PDF%20BuildingBlocksPrimaryCare.pdf>

Building Blocks

- Leadership
- Data-driven improvement strategy
- Empanelment
- Team-based care



Team-Based Care

1. Establish teamlets
2. Co-location
3. Defined workflows
4. Training, skill check
5. Communication
6. Ground rules
7. Standing orders

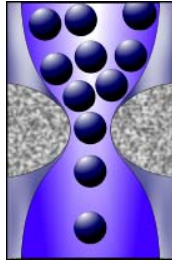


New Team Roles

Share the Care

Who does the work now?

1. Finds patients overdue for LDL and orders lipid panel
2. Develop self-management goals
3. Orders mammogram for healthy women 50-75 yo
4. Follow-up blood pressure and adjust med dose
5. Phone follow-up for patients treated for depression



Building Blocks


- Access
- Organized, evidence-based care (CCM)
- Population management
- Continuity
- Care coordination
- Patient-centered interactions



Questions & Comments?



CHANGE METHODOLOGY - LEAN



The old chassis isn't able to carry the Health Care Home (HCH)

Lessons from TransformMED
(Nutting et al 2009)

- Epic whole-practice re-imagination and redesign. . .
- A continuous, unrelenting process of change. . . new scheduling, access, coordination arrangements. . .
- Move from physician-centered to care shared by prepared office staff. .
- Can result in staff burnout--change fatigue. . .
- Necessitates leadership & staff development--building adaptive reserve

30

Lean

- A philosophy and culture
- Principles
 - Patient first
 - Make it visible
 - Remove the blame
 - » Gentle on people, hard on processes
 - Make it better
 - » Engaging the people who do the work
 - » Focus on processes
 - » Remove the “waste”

Lean Tools

- 5S
- Kanban
- Metric Board
- Huddle Board
- Standard Work
- Leadership

32


5S
Organized shared workspace

1. Sort
2. Set in order
3. Shine
4. Standardize
5. Sustain

“I don't have anxiety attacks anymore when I go into the (supply) room.”
PCS staff



Before



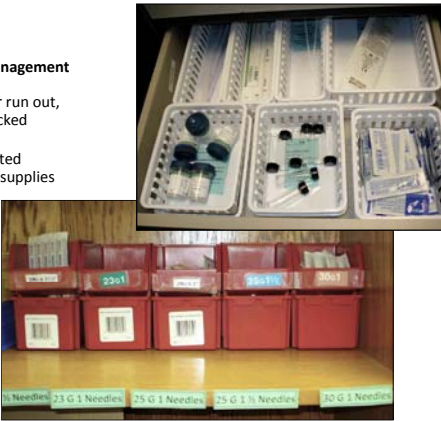
After

33

Kanban
Inventory Management

Supplies never run out,
never overstocked

Prevent outdated
medications / supplies




34

Metric Boards

Real-time,
data-driven
dashboard

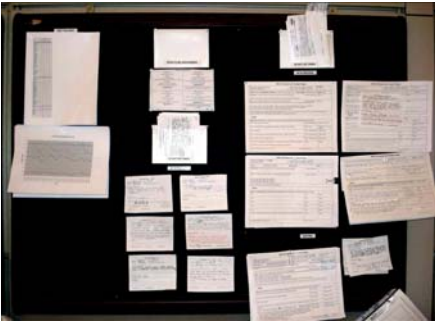
- Visual
- Daily



35

Huddle Board

Public display of
problems, ideas,
works in progress



"I've learned to speak up
at work... and at home."
Front desk staff

36

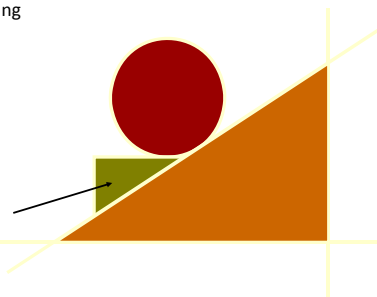
Standard Work

Current best way of doing a job

- Step by step
- Builds consistency

Sustained, reliable processes

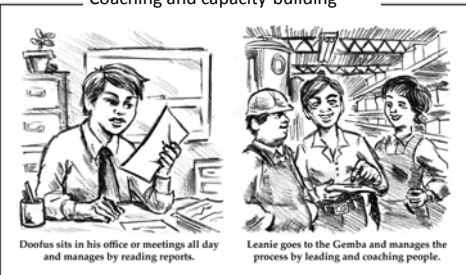
Standard work is the "block" that keeps the ball from rolling back



37

Lean Leadership & Communication

Coaching and capacity-building



Doofus sits in his office or meetings all day and manages by reading reports.

Leanie goes to the Gemba and manages the process by leading and coaching people.

www.leanblog.org

38

Lean Tools / New Chassis

Lean tools → Trusting relationships → Better chassis for HCH

- Lean tools help change relationships and behaviors
- These new relationships and behaviors change the chassis
- This new chassis enables clinics to make the significant changes needed in HCH transformation and maintain adaptive reserve

39

Engaged staff

- Eyes open
- Minds open
- Paying attention
- Participating in life of the clinic
- Sharing a philosophy



40

More Visual Environment

Indicators and gauges

- Simple, intuitive
- Eventful clinics
 - No crutches, No IUD
 - Exam room supplies
 - No blue pen
- Uneventful clinics – increased efficiency
 - Provide patient care in timely fashion



41

Data Driven Change–

Not Emotion-Driven

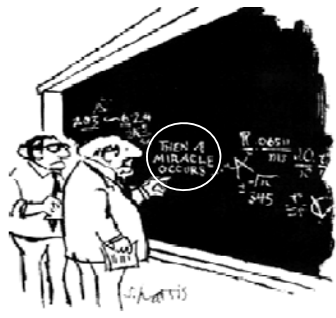
- Check-in desk
 - New hire vs. cross training

DATE: 11/28									
Time	NO	NO	NO	NO	NO	NO	NO	NO	NO
	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF	STAFF
07:30-08:00									
08:00-08:30									
08:30-09:00									
09:00-09:30									
09:30-10:00									
10:00-10:30									
10:30-11:00									
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02:30-03:00									
03:00-03:30									
03:30-04:00									
04:00-04:30									
04:30-05:00									
05:00-05:30									
05:30-06:00									

42

Gentle on people, hard on process

Forms process
Missing kanban cards
2nd BP check

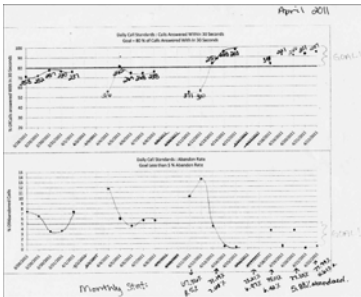


"I think you should be more explicit here in step two."

43

Staff solving problems (that matter to patients)

- Phone room break coverage



44

Accountability / Sustained change

- Standard work is shared “process space”
- Know individual and group is doing job well
- Sustained change



45

Designed-in Communication and Coaching

- Individual coaching, not exhortation
- Face-to-face – not mass emails
- Based on data and standard work

46

Alignment--less scatter

“Top Down–Bottom up” balance

Top down	Bottom up
What and why	Who and how
Global budget & metronome	Local budget & pacing
Rules of the game	Great plays



47

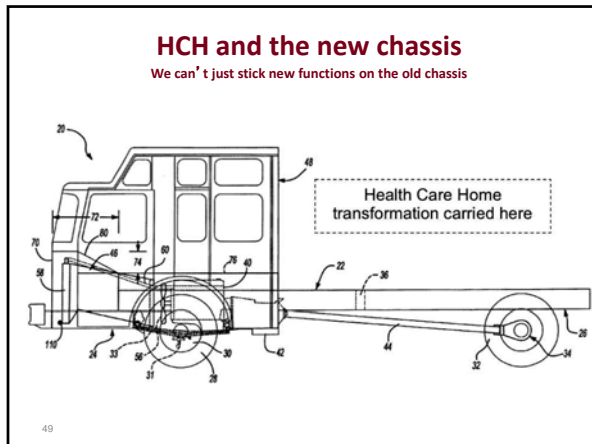
Adaptive Reserve

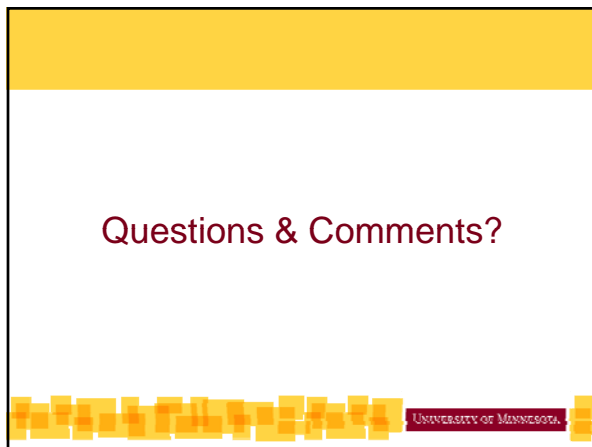
Nutting et al, 2009

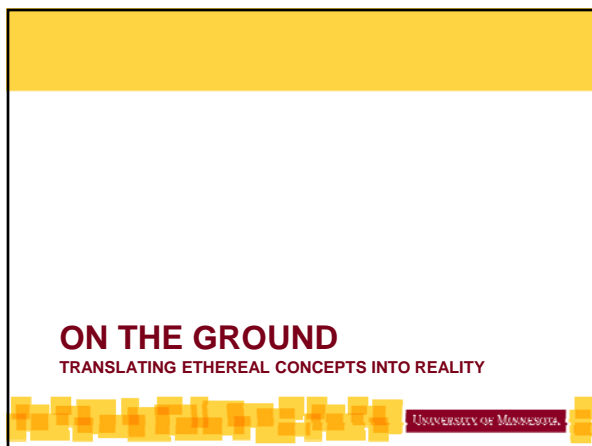
- Less “my glass overflows with frustration”
- More emotional energy for patients
- More time and energy to build HCH processes
- Better ability to tolerate change



48







Access

- Phone access
 - 80% of calls answered within 30 seconds
- Engaged staff
- Data driven changes
- Look at realities



Team-Based Care

- Forms
 - Need for defined workflows
- Gentle on people, hard on process
- Data driven
- Reduce emotion
- Staff solving problems



Team-Based Care

- Interpreter changes
- Engaged staff
- Data vs emotion
- Staff involved in creating new workflow



Care Coordination

- Hospital discharge process
 - Clinic visit within 7 days
 - 30 day readmission rate
- Complex care management
 - Kendra/ Dr W
 - Reduce ER / hospital



Population Management

- Panel Management
 - MA panel work
- Team effort
- Data are our patients
- Celebrate success



CARING FOR YOUR PEOPLE



Power of Pot Luck

Developing Careers

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