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 patient centered medical home
- 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 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

- 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:

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