Episode 1- Team-based Care in the Primary Care Setting

Transcript:

W. Daniel Given: Hi. I'm your host Dan Given and I want to personally welcome you as a listener to Stroudwater's Findings From The Field Podcast. The goal of this podcast is to bring you relevant information and possible solutions to solve issues that those involved with the healthcare delivery system in the United States face on a regular basis. Hopefully, we can provide a little bit of insight and inspiration to those who work in the ever changing and challenging healthcare delivery space.

W. Daniel Given: To kick off our inaugural podcast, we have Dr. Heidi Larson on to talk to us about the practical benefits of team-based care in the primary care setting and how implementing team-based care can drive positive patient satisfaction scores, prevent provider burnout, improve quality measures and generate additional revenue. Before joining Stroudwater Associates, Heidi spent 15 years in a solo primary care practice in Portland, Maine. She later accepted a position with Massachusetts General Hospital helping to establish a primary care clinic on Nantucket where she focused on team-based approach to support the island's immigrant population.

W. Daniel Given: While there, she assisted the Massachusetts General Physicians Organization in establishing a dashboard for quality reporting in the electronic health record. Additionally, Heidi served as medical director for population health at Eastern Maine Medical Center. She partnered with Harvard Pilgrim to obtain grant funding that supported transitions of care for patients and families in an effort to reduce rates of hospital readmission. She also led efforts to adopt standardized protocols for meeting quality metrics and reducing clinical variation in the practices.

W. Daniel Given: Heidi is a graduate of the University of Vermont College of Medicine and earned her Masters in Business Administration at the Heller School for Social Policy at Brandeis University. She served five years as Captain in the US Army Medical Corps before completing her family medicine training at Maine Medical Center in Portland, Maine. So Heidi. Welcome on to Stroudwater's inaugural Findings From The Field podcast.

Dr.Heidi Larson: Thanks for having me Dan.

W. Daniel Given: Heidi, I brought you on today to talk team-based care and how you as a consultant implement team-based care. I thought a good place to start today might be for you to explain how you initially became interested and involved in team-based care.

Dr.Heidi Larson: Sure. Thanks, Dan. Well, first of all, I'm a primary care doctor at heart. I'm a family doctor through and through. I was happiest when I was in that solo practice in Portland, Maine but I couldn't sustain the model for a lot of reasons. Costs continued to rise, especially with the advent of the electronic health record and feeling like we had to make that transition. The transition created a barrier and it impaired our ability to continue our relationships with patients and their families. In fact, it ended up feeling like we were treating the computer and not the patient.

Dr.Heidi Larson: So team-based care and practice re-design are terms that I did not invent, but they've been in the literature for about 15 years, and basically it's all about a redistribution of the work. It's about sharing the workflow so that each member of the care team from the patient, to the family, to staff members, to the doc, are all practicing at the tops of their licenses and every single one is involved in direct patient care.

W. Daniel Given: Was team-based care something you implemented and utilized at your solo practice?

Dr.Heidi Larson: Well, I'm glad you asked Dan. In fact, we did have team-based care in our practice. I had three assistants. I had one who was a medical assistant who had an accounting background who did all of our coding and billing. She also was my office manager but she was also trained as a medical assistant and had her own very special relationships with our patients and their families. In addition, I had two other highly trained medical assistants who assisted me throughout the day, who worked side by side with me going from room to room, back and forth with me as part of the care team.

W. Daniel Given: What are some of the differences I might experience as a patient walking into your practice that had team-based care implemented versus a practice that doesn't have team-based care?

Dr.Heidi Larson: I think just about everything. What happened with the practice was the electronic health record. As I said, it created a barrier. We estimated that it was 250 to 300 boxes per patient encounter per day that needed to be checked. So in fact, we ended up focusing so much on that computer and on the web-based platforms into which we were entering population health data at the end of each day, that we really lost sight of the relationships with our patients. The cost of doing that actually meant that I had to reduce the size of my staff. So I ended up doing

more and more of the computer-based work and less of the time with patients.

Dr.Heidi Larson: The tipping point was when I was borrowing money to maintain this computer system that was, in fact, a barrier to my relationships with patients and their families. What you would notice and what I was able to accomplish at least in part in the next practice I was in, was that the entire team was engaged in treating the patient. From the moment the patient walked in, the receptionist, the medical assistants, the nurse and myself, we were all on the same level. There's no hierarchy. We were all directly involved in patient care and I think the patient's felt that.

W. Daniel Given: So it sounds like when we refer to team-based care it's not something that involves just a nurse and physician. Team-based care has to involve the entire staff, particularly medical assistants. Maybe you could talk about the changes in roles and responsibilities of staff when team-based care is implemented and how you have seen staff respond.

Dr.Heidi Larson: Absolutely. This is very much a medical assistant driven model. What we find is the initial hump in implementing team-based care and practices involves getting past that barrier of medical assistants being box checkers in the computer and being more directly involved in patient care. They're actually building their own relationships with patients when they're rooming them. They are recording things in the record, checking off boxes in terms of past medical and social history, family history, medication reconciliation, typing in the reason why the patient's there.

Dr.Heidi Larson: Asking some follow-up questions that are based on templates built into the EHR. Using the EHR as a tool instead of a barrier. So that then when the provider enters the room, the provider is able to sit and talk directly with the patient and any family members that are present while the medical assistant stays in the room and continues to document. But he or she is still very much involved in asking questions and seeing how or what else, what more we can do for this patient who's here in front of us today.

W. Daniel Given: That might be the segue into my next question. There's an increased emphasis on quality chronic care management and designation such as the patient-centered medical home. Maybe you could explain how that fits into a team-based care model.

Dr.Heidi Larson: Very nicely. One of the key components of a patient-centered medical home that this model helps to address is access. I don't think you'll find a single primary care practice in this country that doesn't face issues with access. By being more efficient as a team, we create more capacity

that allows us to see more patients in the course of a day, to treat patients outside of the context of a traditional office visit. So we contact patients via text, email. The shift in paradigm that you hear out there is the patient will see you now.

W. Daniel Given: So why is it team-based care has become more relevant in the recent years and why is it something a practice manager should seriously consider implementing at their practice?

Dr.Heidi Larson: I think there's a real imperative to move this to this type of model now because of shifting payment models. Value-based care is going to require us to practice this way. We can't continue to have the doc in the corner office by himself or herself during pajama time on the electronic health record, taking off boxes and writing notes at midnight. It's just not going to work anymore because we miss things and we don't provide the same level of service that our patients want and need.

Dr.Heidi Larson: We have seen some studies that have come out in the last couple of years showing that if you double the investment in primary care from an average of the current level, which is 6% to approximately 12%, you decrease the total cost of care by up to 30%. That's pretty and it's basically all based on relationships.

W. Daniel Given: I think we are starting to see an emphasis on providing a more holistic approach in the delivery of primary care, particularly in ACOs that are trying to decrease the overall cost of care. However, we are still in a fee-for-service world and to some, team-based care might be seen as a method to simply increase total patient visits. How would you respond to those who see team-based care as a method to only increase volumes?

Dr.Heidi Larson: I think it's so much more than that. In an ACO model, you pointed out the issue of total cost of care. We're trying to manage the total cost of care of patients. We can't continue to pay more and more and more in this system and not achieve greater outcomes. If you look at the equation, the value equals quality over cost. We're not changing that equation significantly in our current model.

Dr.Heidi Larson: So the thought is, if we invest more in a solid foundation in primary care, we can actually shift that because the primary care or the medical home model as you alluded to becomes the central place for patients. It's the place that reaches out proactively to those people at high risk and rising risk. It looks at people who have been recently discharged from the hospital, those that are being seen in the ED repeatedly. So it's a more proactive approach.

Dr.Heidi Larson: The other thing is that as I said, we're reaching out to people outside of the constraints of the office visit. The team we'll reach out proactively to check on our patients with chronic illnesses. For example, our diabetics were very labile, our COPD and CHF patients. We can use technology, I think I probably overstated or maybe not, how much of a barrier the EHR has become in our relationships. But if we actually leverage technology to reach out proactively to patients, we're going to have better outcomes, better patient engagement and lower total cost of care.

W. Daniel Given: All right. I don't think anyone would complain about that. So we've heard how team-based care benefits the patient and how team-based care initiates a redistribution of responsibilities and work to ensure all staff are practicing at the top of their license. But what are some of the other benefits such as financial performance that will result from the implementation of team-based care?

Dr.Heidi Larson: You absolutely hit an important one there with financial performance. Through increasing access and providing more ability to build volume and increase panel size, we can increase our net patient service revenue by 10 to 20%. In addition, there's a reduction in opportunity cost because patients can get in to see us and they're not rushing to an urgent care center or to the ED where they might get admitted to the hospital for an episode of care that we could have managed had we been able to see the patient in the office.

Dr.Heidi Larson: Patient convenience. Patients want to see their providers when they want to see them. Again, it's the patient will see you now. The providers have a more satisfying and fulfilling role now that they're not spending more time in front of a computer than they are with the patients. So the focus has really come back around to truly being patient-centered. An organization then sees those benefits in a reduction in provider turnover. Right. It's an estimated cost of $1.2 million to turnover a provider and that's in lost productivity and also lost referrals to lab and radiology, other ancillary services, specialty referrals, things like that.

W. Daniel Given: So Heidi, you've been a physician of a solo practice who implemented team-based care and you've acted as a consultant to implement team-based care. What are some of the challenges and lessons learned you have experienced when implementing team-based care?

Dr.Heidi Larson: Sure. There are four basic tenants to the phase one process of implementing team-based care. Co-location in a flow station. So finding a private place where people can be working elbow to elbow and communicating directly throughout the day. Sometimes that's a constraint for a practice because they're really not set up that way but we improvise. We push tables together, we bring laptops into the room

and I think that's a huge part of our success right there. Is just getting people sitting together throughout the day. The goal is that we leave at the end of the day as a team together with everything done. We've answered all the phone calls, gotten all the prescription refills, checked all of our specialist consults and made sure that we're not missing anything.

Dr.Heidi Larson: The second part of it is performing pre-visit planning. We do that at the end of the day for the next day's patients. Looking to see what care gaps are due, what immunizations are due, who needs a mammogram and a colonoscopy, who could benefit from an advance planning conversation, things like that. The third part is a daily huddle. Every morning we meet to just check in with everybody to see how everybody's feeling for the day. If anybody has anything that's bothering them or that might get in the way of us together as a team for the day, and the last part, I just forgot.

Dr.Heidi Larson: What's the last part? The fourth stage office visit, which is basically the MA and the doc working together in the room with the patient. In Phase two of our implementation, we start to show people how they can use protocols that they've already developed and implement them in the context of the team so they can be more effective in doing so.

W. Daniel Given: Well Heidi, we are about out of time. Is there anything else you'd like to share?

Dr.Heidi Larson: I'm thinking about just a little story to share with you about implementing with a team. I went into a practice and we were implementing team-based care. The medical assistants were a little bit wary about their new role, their enhanced role, so we got over that hurdle and we were having a lot of fun in our flow station. There was laughter, we were relaxed. This was a week long engagement. Now, going into this engagement, I was told to leave the front desk alone because they had their own processes that were in place and we didn't want to change those at all.

Dr.Heidi Larson: But lo and behold, on day two of the engagement, the front desk person comes back and says, "Hey, you guys are having a lot of fun back here. Can I listen?" So she was part of our pre-visit planning process and she ended up taking some of these routine tasks that we were doing every day in the course of our pre-visit planning off our plates. So when she was calling patients to remind them of their appointments, she was checking to see if diabetics had their eye exams. She was offering patients to come in for lab work prior to their appointment so we could discuss the results when they were there and so on. I do think that that's an important role for the front desk person. But I think it's just

funny in the context of this particular team implementation when we were told not to engage that person.

W. Daniel Given: Heidi, thank you for spending some time me today to discuss team-based care. If you are interested in learning more about team-based care and how Heidi uses her experience to implement team-based care, she can be reached by phone at 207-233-2502 or email at hlarson@stroudwater.com. For more information about Stroudwater Associates call, 1-800-947-5712 or visit our website at stroudwater.com for information about our advisory services, revenue cycle solutions, data analytic capabilities, free webinars and articles.

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