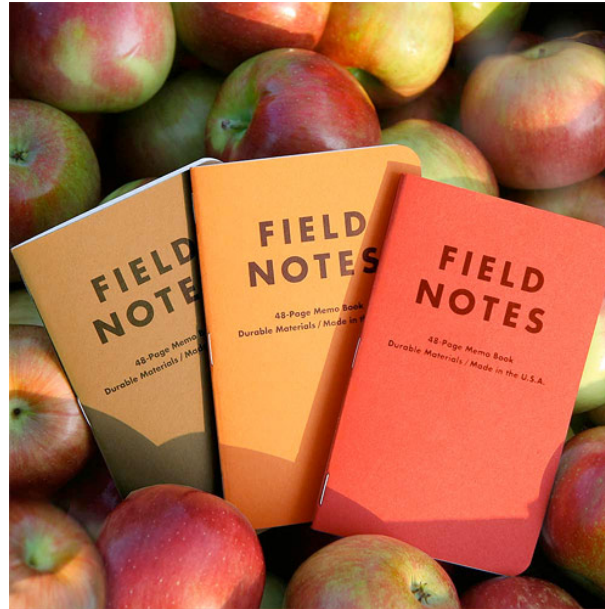


Primary Care Innovations: *Stories from the Field*



PCPCC Webinar
Christine A Sinsky, MD
Thomas A. Sinsky, MD
June 29, 2012

In Search of Joy in Practice

Co-Investigators

- Christine Sinsky- PI
- Tom Bodenheimer-PI
- Rachel Willard
- Tom Sinsky
- Andrew Schutzbank
- David Margolius



Advisory Council



ACP

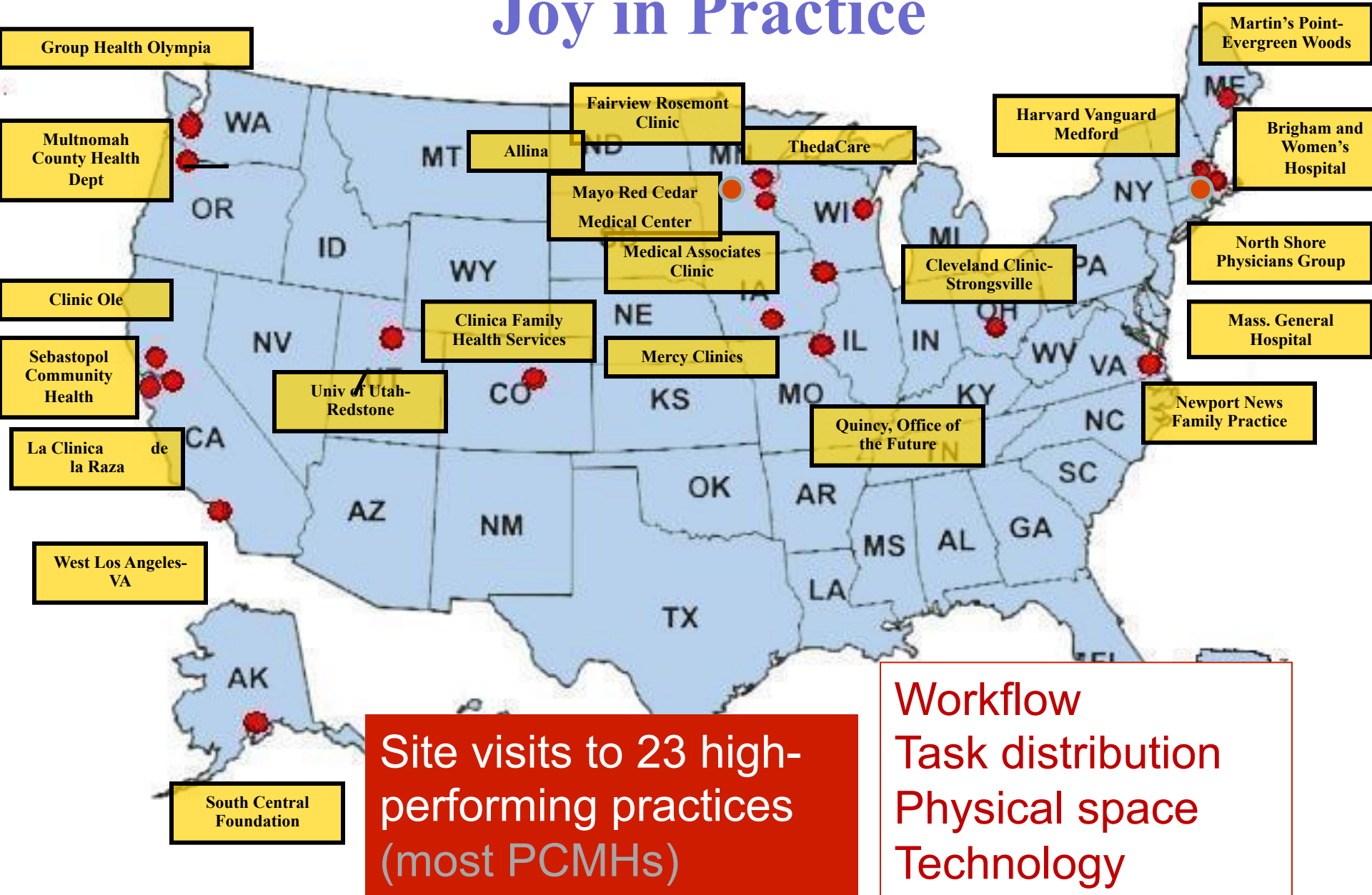


Places Where PC Physicians & Staff are Thriving?



- Where the work of primary care is do-able
- Enjoyable as a life's vocation

Joy in Practice



Challenges

Chaotic visits

EHR → work to MD

Inadequate support

Teams function poorly

Time documentation

Challenges

1. **Chaotic visits**
with overfull
agendas

Innovations



Family doctors are overwhelmed with patients, procedures and paperwork. Many are leaving the field, creating a scarcity of primary-care physicians. (Christopher Serra, For the Times / June 27, 2011)



Fairview: Care Model Redesign

MA pre-visit call

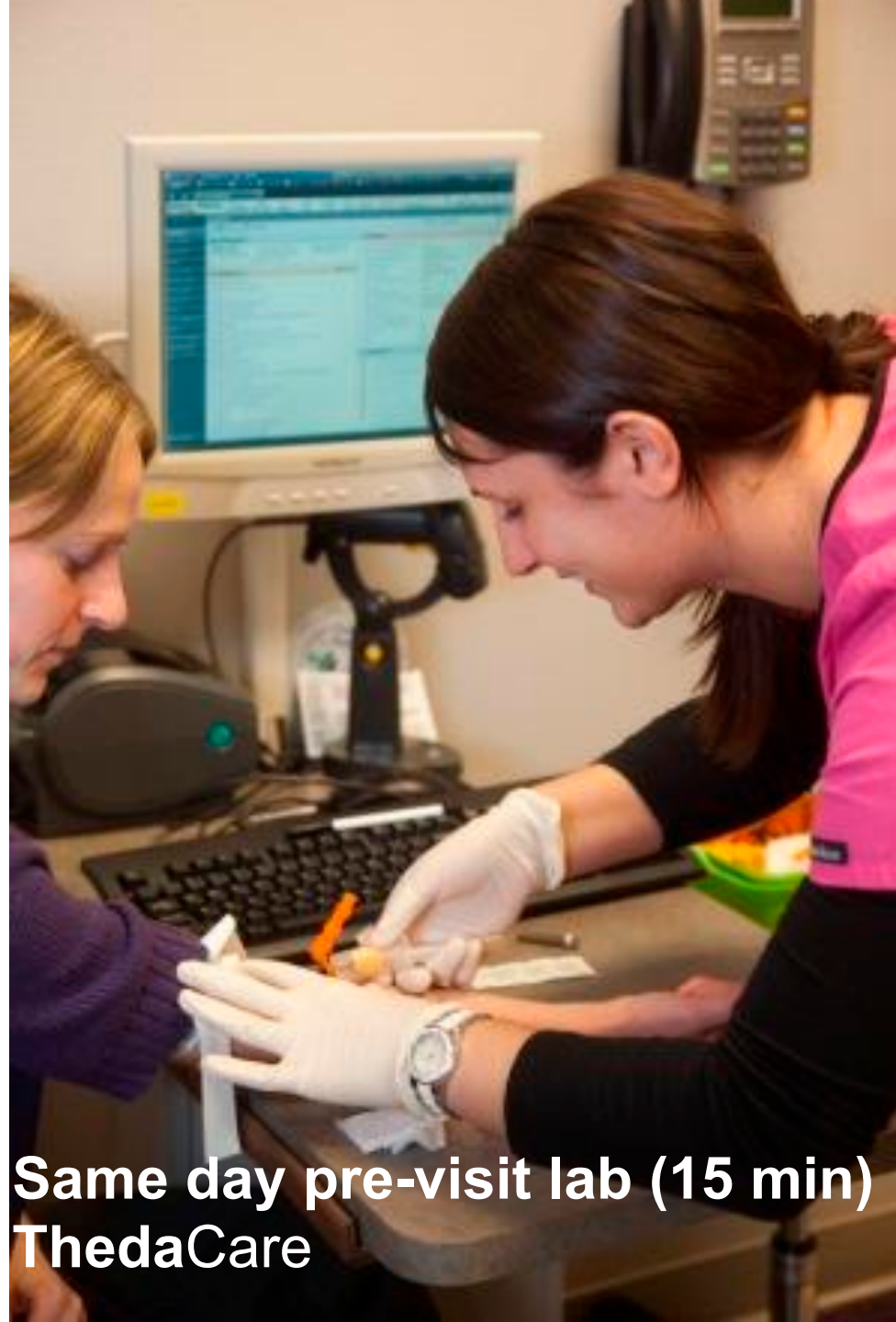
Agenda, Med review

Depression screen

Advanced directive

Mayo-Red Cedar arranges for pre-visit lab



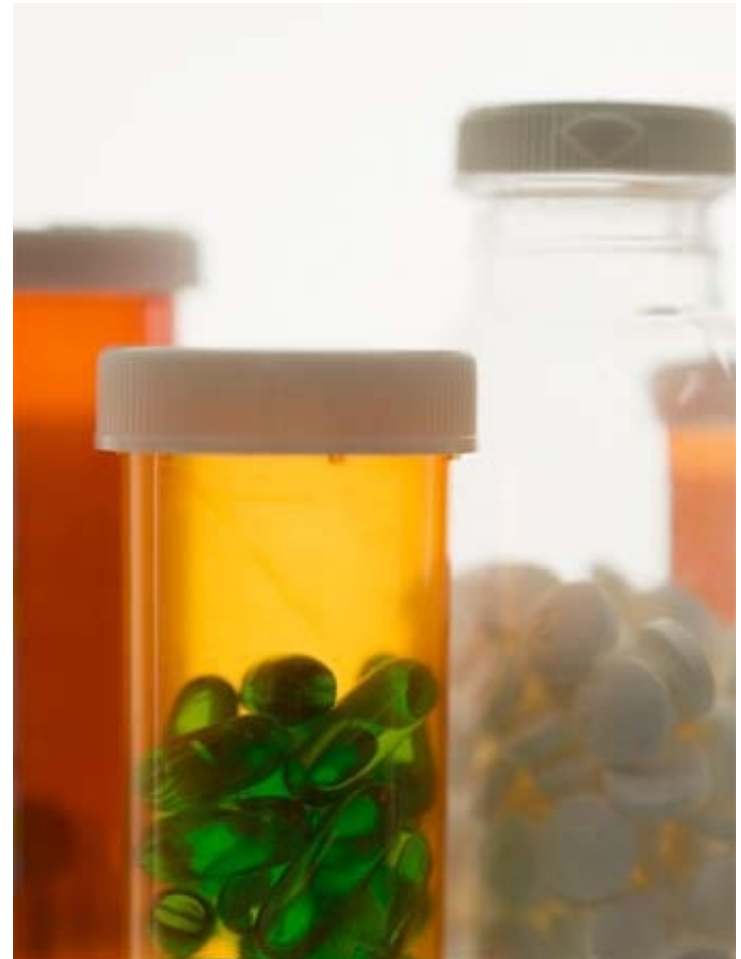


Same day pre-visit lab (15 min)
ThedaCare

Annual Prescription Renewals

- Physician time
 - 0.5 hour/day
- Nursing time
 - 1 hour/day per physician
- 80 million PC visits/year

350,000 PCPs x 220d/yr x 1 visit/d



Challenges

1. **Chaotic visits**
with overfull
agendas

Action Steps



Family doctors are overwhelmed with patients, procedures and paperwork. Many are leaving the field, creating a scarcity of primary-care physicians. (Christopher Serra, For the Times / June 27, 2011)

Challenges

2. **Inadequate support** to meet the patient demand for care

Innovations



Mayo Red Cedar : New Model of Nursing (2:1)

Physician centric to team based model Immunization diabetic foot, lifestyle, HTN visits; even though 25% more visits/day, less harried; proud

Genesis: 3 week vacation

New Model of Nursing

- Doctor to nurse:
 - I was behind an hour every day. Thank God you are back!
- Nurse to doctor
 - I enjoyed my time away from the daily grind that I was tempted not to return.
- Doctor and nurse
 - Our practice needs to change



Challenges

2. **Inadequate support** to meet the patient demand for care

Action Steps



Educ

Tec

- To

Challenges

3. Vast amounts of **time spent documenting care**

More time doc than delivering care

Innovations



"Livin' the dream—how about you?"

I used to be a doctor. Now I am a
typist.

Personal communication. Beth Kohnen, MD,
internist Anchorage AL 8.3.11

***The Doctor* 1891 Fildes**



Undivided attention

The Doctor 2012



Challenges

3. Vast amounts of **time spent documenting care**

Innovations



"Livin' the dream—how about you?"



**Scribing: Newport News
Family Practice**

Collaborative Care Newport News

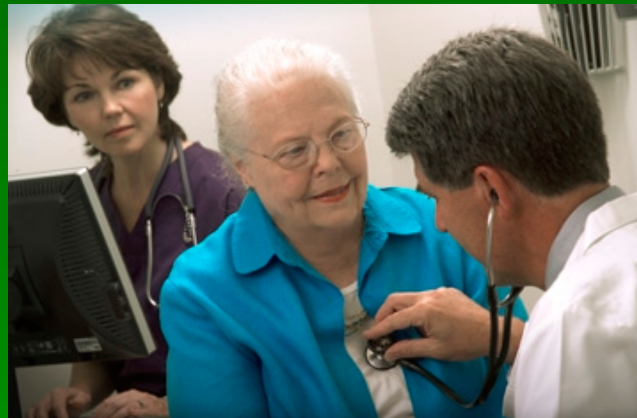
- What we all hoped for
- Team: 3:1 Nurse/physician



Collaborative Care Newport News

■ Four Components to Visit

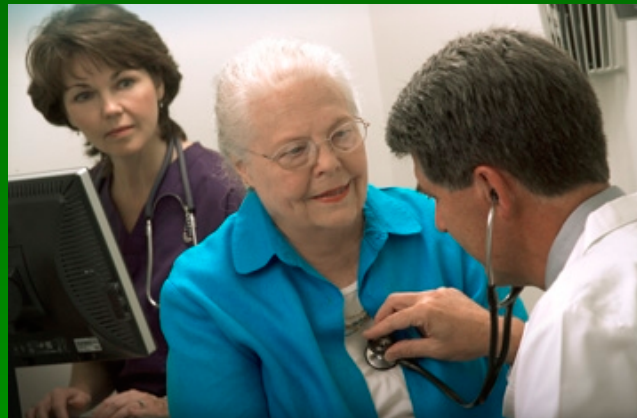
- Data gathering, organizing and documenting
- Data analysis and exam
- Decision making, creating a plan
- Plan implementation, order entry, pt ed



Collaborative Care Newport News

■ Four Components to Visit

- Data gathering, organizing and documenting
- Data analysis and exam
- Decision making, creating a plan
- Plan implementation, order entry, pt ed



Pre-visit: Nurse with Pt (8-12 min)

- Nurse gathers, records
 - Vitals, Med Rec.,
 - Previous two notes
 - ER, Consult notes,
 - New lab or x-ray
 - Agenda, HPI
 - ROS guided by templates



Visit: Nurse, Patient and MD

- Nurse gives report
- M.D.
 - Hx, PE
- M.D.
 - verbalizes med changes
 - lab, x-ray orders
 - diagnosis/billing codes
 - next followup appt.
- Nurse records



Post-visit: Nurse with Patient

- Nurse
 - Reviews plan
 - Prints and reviews visit summary
 - Escorts the patient to checkout
- US Army



Scribing at Cleveland Clinic

Kevin Hopkins M.D.



Collaborative Care

Cleveland Clinic: Stonebridge

- Turbo practice
 - 2 MA: 1 MD
 - 2 pt/d cover cost
 - 21 → 28 visits/d
 - 20-30% ↑ revenue
 - Spread to others
 - We're having FUN



The MA's are more fully engaged in patient care than they have ever been and they enjoy their work...They have increased knowledge about medical care in general and about their individual patients in particular.

Kevin Hopkins M.D.

Collaborative Care

University of Utah: Redstone

- 2.5 MA: 1 MD



I get to look at my patients and talk with them again. We're reconnecting... Our patient satisfaction numbers are up, our quality metrics have improved, our nurses are contributing more, and I am going home an hour earlier to be with my family.

Amy Hauptert MD, family physician, Allina-Cambridge 11.29.11
personal communication

Office Practice of the Future

Quincy Family Practice Residency

- 2 MA: 1 LPN: 1 MD



Collaborative Care

- Six sites
- Similar results
 - Access 30% ↑
 - Costs covered
 - Satisfaction ↑
 - Quality metrics ↑
 - Physician
 - home hour earlier
 - no work at home



Challenges

3. Vast amounts of **time spent documenting care**

Action Steps

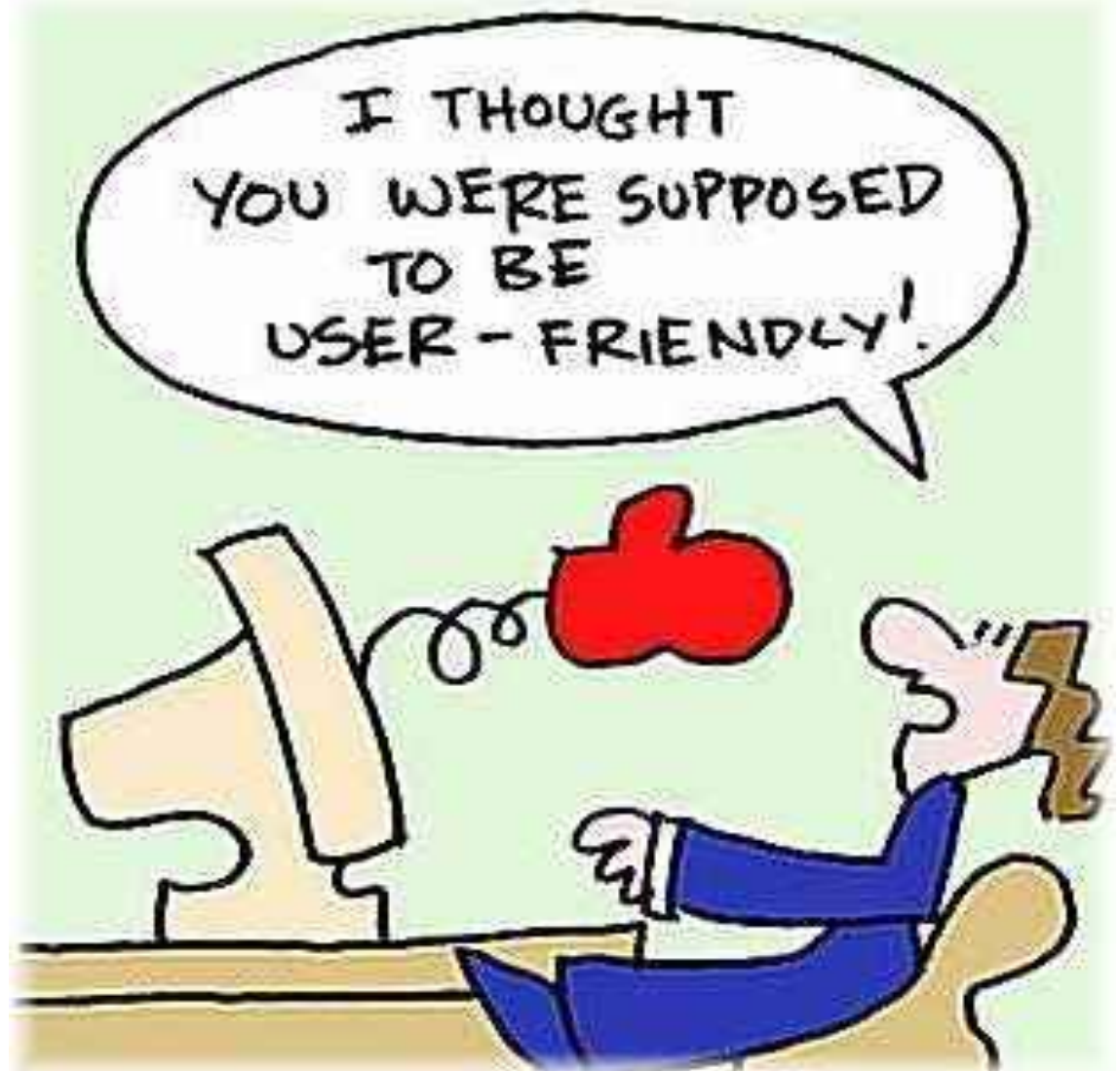


"Livin' the dream—how about you?"

Challenges

4. Computerized **technology that pushes more work** to the clinician

Innovations



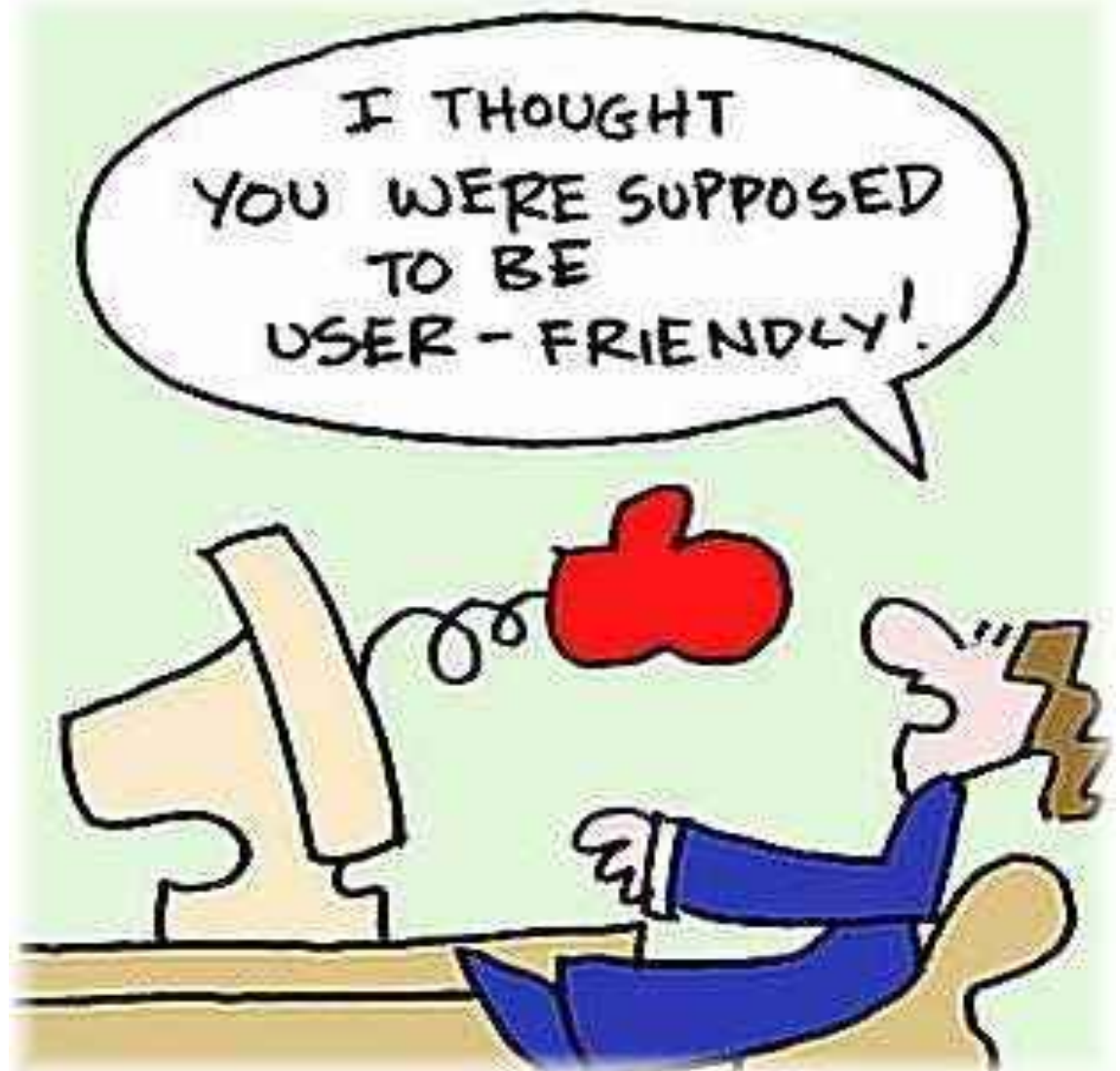
The task list is unbearable. I spend 1.5 hours clearing out my task list before leaving and another 1.5 hours at home after the kids go to bed.

Primary Care Physician, Des Moines, IA; 2011

Challenges

4. Computerized **technology that pushes more work** to the clinician

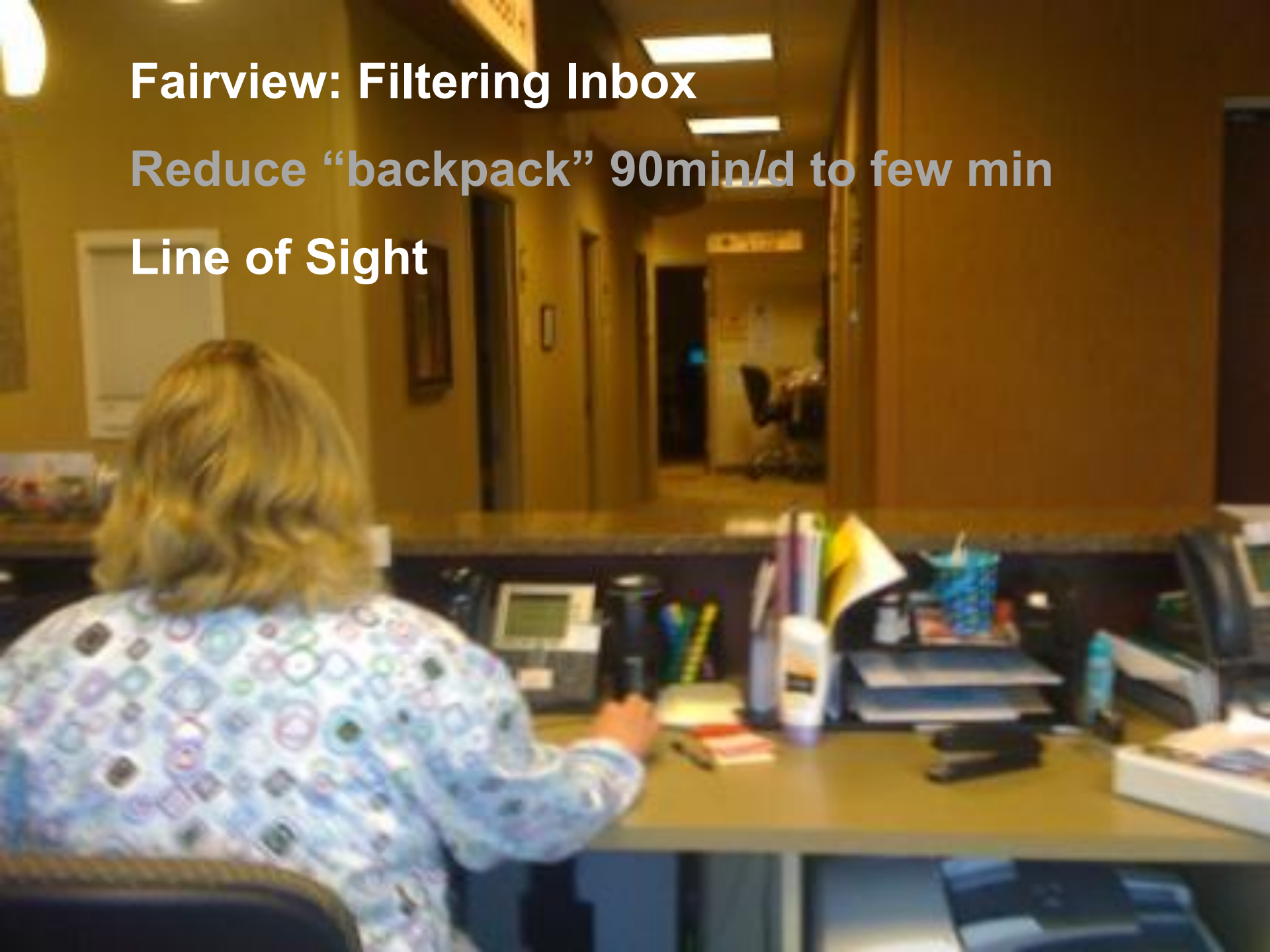
Innovations



Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min

Line of Sight





Verbal messaging at Fairview rather than getting tangled in a thicket of e-messaging.



Semi-circular desk, APF





Iora Health, Dartmouth-Hitchcock



**Printer in every room
University of Utah Redstone**



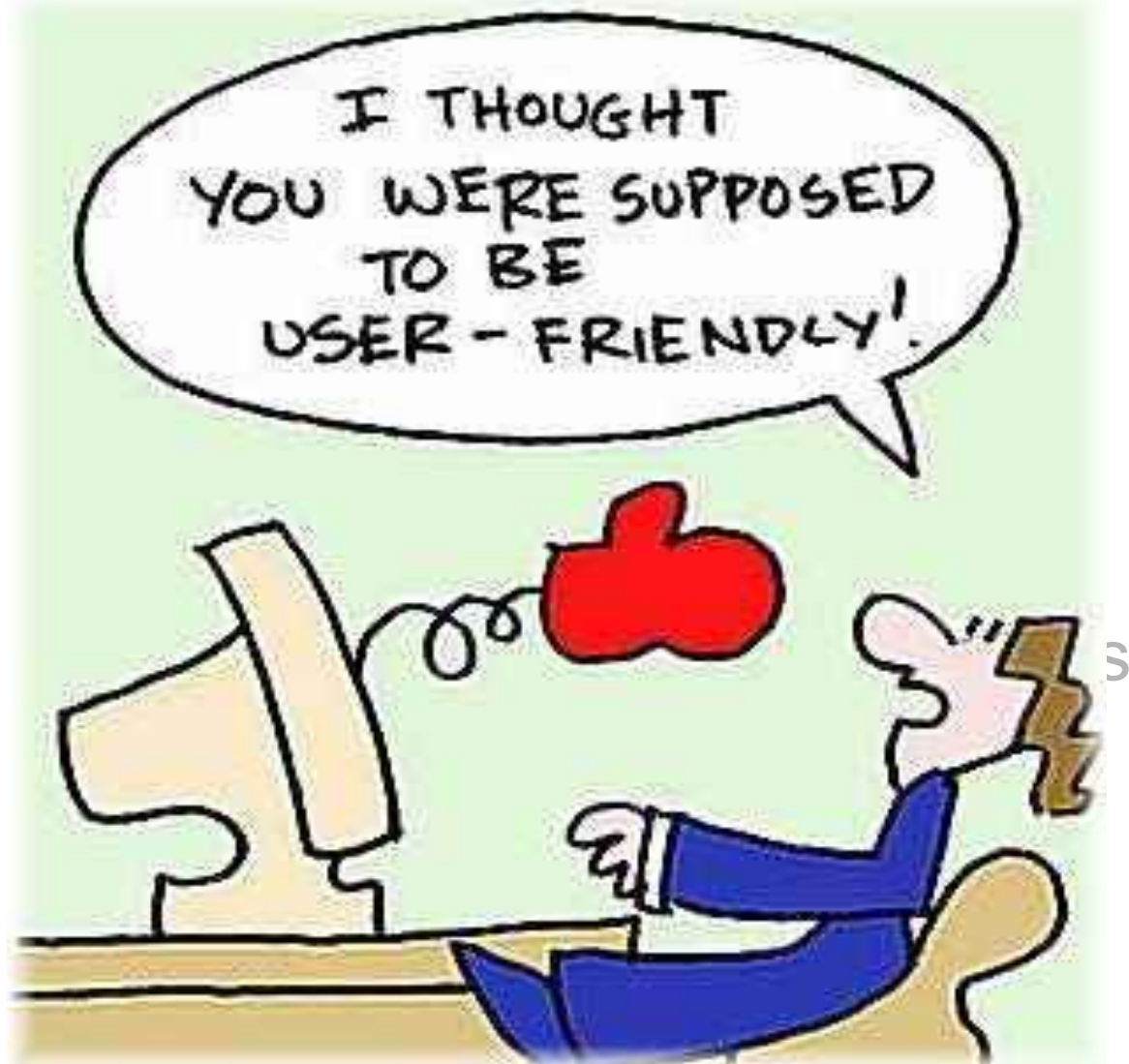


**APF, Massachusetts
General Hospital**

Challenges

4. Computerized **technology that pushes more work** to the clinician

Action Steps



Challenges

5. **Teams that function poorly** and complicate rather than simplify the work

Innovations



support trust and
reliance



**Flow station at North Shore
Physicians Group**



Fairview
Co-location of scheduler



**Co-location at South Central
Foundation, Alaska**



**APF, Massachusetts
General Hospital**

Pre-clinic Huddle



Team Meetings

Do Work + Make Work Better



Health coach running meeting “we all own practice, own meeting”

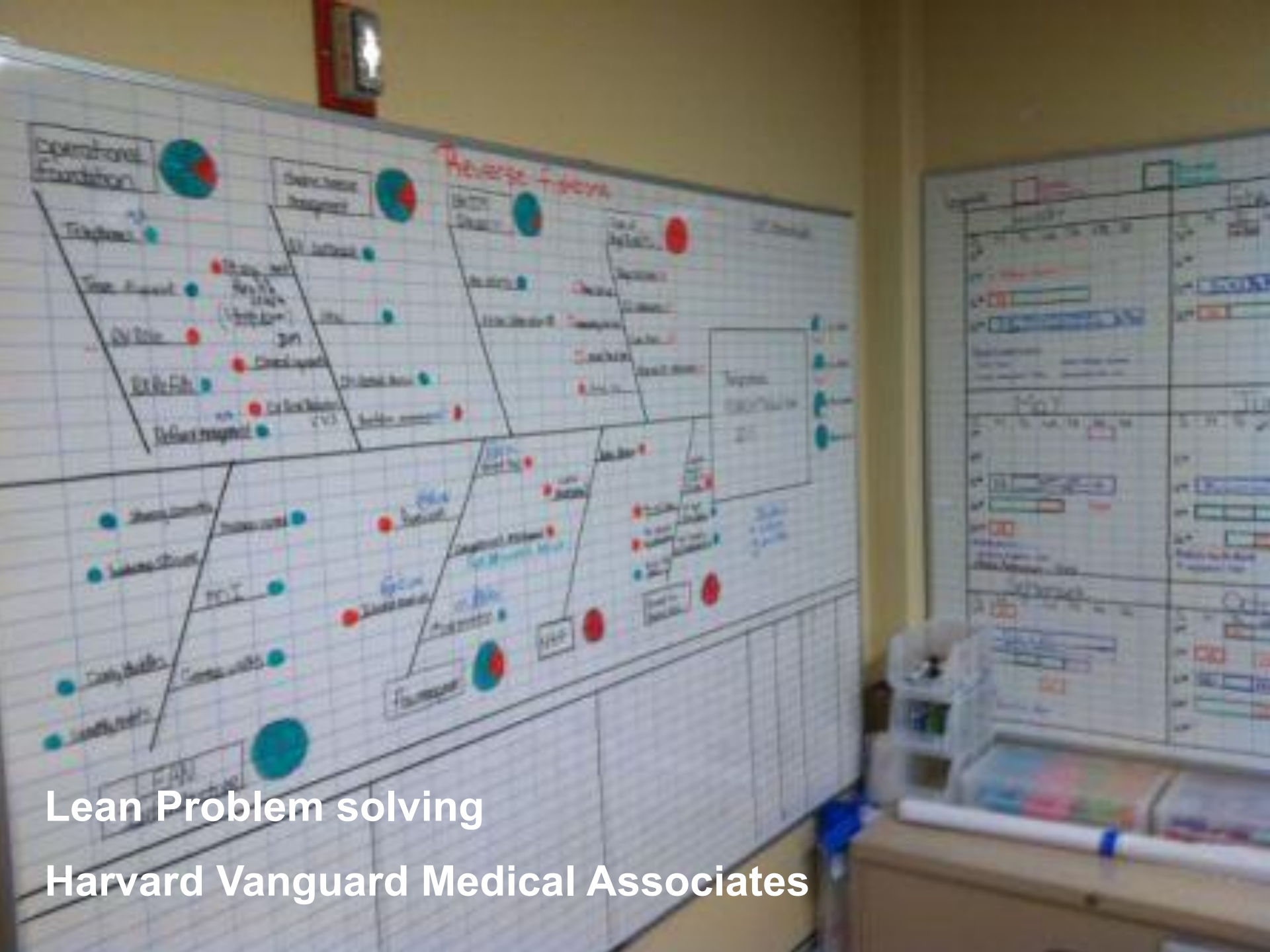




ThedaCare: All staff trained in QI, Pulling in same direction, capacity for change



Clinic walls lined with data
ThedaCare



Operational Foundation

Operational Foundation

Reverse Factory



Lean Problem solving

Harvard Vanguard Medical Associates

Priority of Problems Identification

BENEFIT

HIGH

LOW

Implement

Plan to do

Check to do

KICK OUT

[Yellow sticky note with handwritten text]

[Yellow sticky note with handwritten text]

[Yellow sticky note on a clipboard with handwritten text]

Harvard Vanguard Medical Associates



**26 Improvement Specialists
South Central Foundation, Alaska**

Challenges

5. **Teams that function poorly** and complicate rather than simplify the work

Action Steps



nursing to clinical lead)

Key Lessons

For ↓ Burnout and ↑ Joy

- **Share the care with team**
 - 2:1 or 3:1 staffing in stable
 - Physician-centric to team-based care
- **Clear communication**
 - Co-location
 - Team meetings
- **Systematic Planning**
 - Workflow mapping
 - Everyone: do the work & to make work better

Next Steps

- Individual Stories
 - Will be published on line at ABIMF p paper
- Video project
 - 10 of the 23 sites
- Toolkits/Learning community
 - Practical advice
- Campaign for “**envy and demand**”
 - BWH

Discussion

