Fairview Care Model Innovation

Improving Care and Lowering Costs using Teamwork

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"It's the teamwork" cites Dr. Debra Newell, general internist at the Fairview Rosemont Clinic when asked what has made her work better with Care Model Innovation. "I'm not responsible for all of the care by myself anymore."

A visit to Fairview Rosemont clinic confirms that patient care is a group effort. Receptionist, scheduler, MA, RN and MD work closely together, and because there is overlap of roles, they can pitch in and help each other as needs ebb and flow. The core concept is to preserve physician effort for physician level work by leveraging the teamwork and to improve the contributions of each member of the team.

How did this come about? In 2008 Fairview received a large grant from a local health insurer to improve its model of care. A series of rapid cycle changes and pilots started the work, beginning with 4 clinic sites and now rolling out across all 47 Fairview clinic sites. "We developed a new mental model: pull the doctor out of the infrastructure (typing, EHR etc) and get them back to being present to the patient" relays David Moen, then the Director of Care Model Innovation and now President of the Fairview physicians group. As Newell states: "The standardized work is done by the team. I don't have to think about immunization and colonoscopy, for example, the MA takes care of these before I get in the room."

Care Model

Care Team and Pods

The building block of Care Model Innovation is the stable MA-provider care team. Each care team is nested in a pod composed of 3 provider-MA teams, 1 phone triage nurse and 1 scheduler. The two pods in the clinic are further supported by a nurse care coordinator 2 days/week and a pharmacist, health coach, Coumadin clinic nurse and hypertension nurse, each present one day per week. The certified care coordinator nurse works with the top 0.5% of utilizers to help reduce avoidable costs, the pharmacist does pre-visit medication reconciliation for the most complex patients, runs an asthma group visit program is has developed a smoking cessation program. The hypertension nurse does patient education and medication titration for the most difficult to control patients.

Physical Space

The Fairview Rosemont Clinic was designed from the ground up for Care Model Innovation, a model that was first piloted at another Fairview site. Unlike most clinics which must innovate within the confines of space built for another era, the Fairview Rosemont Clinic was specifically designed to support teamwork, patient-centeredness and flow.

One obvious feature of the clinical space is the co-location of staff. In a bright, cheerful room with a wall of windows sit the 3 MAs and the scheduler. The MAs and schedulers have line of site to all of the exam rooms for the pod, and are thus able to see at a glance who is where, and where help is needed. The providers and phone triage nurse share an alcove open to the MAs station. Communication is quick, easy and frequent. The phone triage nurse can lean over and ask one of the physicians about a patient on the phone. This eliminates the need for the cycle of electronic messaging that can burden practices. The physician can come out of an exam room and explain a nuance of a patient's scheduling to the scheduler. Later the scheduler can lean back and tell the triage nurse that there is an opening for her patient at 1 pm. During down times the scheduler will call patients and encourage them to establish advanced directives.

Co-location also allows flexibility across roles and teams. If one MA is tied up, another in the pod will step in and help out. Every team member has the opportunity to improve the care experience for the patient and the work experience for their colleagues. As one scheduler put it "I try to do as much of the clerical work for the nurses and providers as possible." She went on to say "This is the best job I have ever had. I really like being part of the team. I had a patient on the phone who expressed frustration about getting her medical equipment. I sit near the care coordinator and could tell her the situation and she followed up with the patient."

The space is quiet, calm and uncluttered. There is a consultation room, often used by the chaplain/health coach. She may meet with

patients for grief counseling and lifestyle modification. And in a nod to wise resource use, when an examining room is not in use the lights turn off automatically.

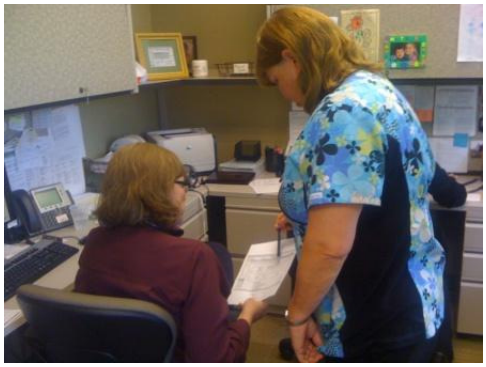
Pre-visit Planning

The MA is responsible for much of the standard work of the practice, and because there is more than can be comfortably done during the flow of a clinic session, the MAs perform much of this work ahead of the visit, either through a pre-visit phone call or by email through Fairview's EHR patient portal. Tasks that were not completed over the phone or by email are done during rooming, but for most patients, the bulk of this work is done before the visit. For example, the MA will call a patient 2 days before a visit. She reviews the medication list with the patient for accuracy, asking about any side effects. She updates the social and family histories, asks about exercise, and inquires about any other agenda items the patient may plan to discuss. For the most complex patients the pharmacist may make a call to do medication reconciliation over the phone. The MAs place these calls during short breaks between rooming throughout the day.

Rooming

In addition to standard rooming tasks and medication reconciliation (if not done by pre-visit call), the MAs perform a PHQ2 depression screen on all patients. Those who screen positive are given the PHQ9 test, and the results passed on to the physician. She will also address prevention issues. For patients with asthma, an asthma control test screen is performed.

During one visit of an elderly woman who presented with a rash and blood pressure issues the MA checked the date of the last bone density (it had been more than 3 years, so she scheduled another bone density test), reviewed advanced directives, colonoscopy, diabetic metrics, lipids, and pneumococcal vaccine status. Because the patient had screened positive on the PHQ2 she administered a PHQ9 survey. The MA uploaded all of the answers in the computer and left paper notification on the desk for the physician.

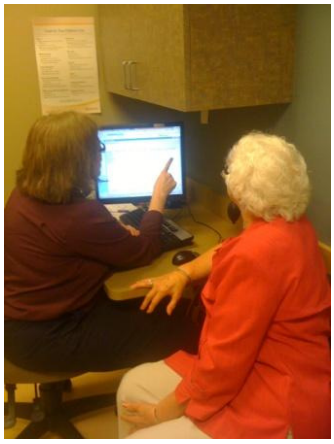


Care packages for adult prevention, diabetes and cardiovascular disease, low back pain, asthma and migraines have been developed to provide seamless care that starts in primary care and proceeds to secondary care if needed. The MA is prompted by the EHR to obtain the relevant information or perform the appropriate condition-specific tasks prior to the doctor component of the visit.

After-visit Summary and Patient Feedback

At the conclusion of the visit either the MA or the MD "checks the patient out." There is a printer in every room and the patient is given a printed summary of the visit, including

instructions for behavioral change and medication adjustment. The patient may also later look up their results on line through the patient portal.



Virtual Visits

Patients have the option of virtual visits, either by secure email or phone. Fairview has negotiated $20 insurance payment from the local payers and also a $25 payment from the patient for email visits. Phone visits are scheduled for a specific time with the provider and have been especially useful for depression follow-up.

At the conclusion of each visit patients are given the opportunity to reflect on the quality of the care they received today. The physician or MA will pull the 4 question survey up on the computer for the patient and leave the room. It is part of an organizational effort to solicit the patient voice in everything that is done.

Inbox Management

Most physicians in the electronic world are deluged with inbox messages, notifications of patient calls, requests for prescription renewals, normal and abnormal results notifications. Fairview has decreased the amount of what they call this "backpack" work from 90 minutes per day to only a few minutes for many of their physicians, by empowering the MA and RN to filter the doctor's inbox and manage by protocol most of the messages. Efficiency of message handling has also been considered, for example: rather than forward an electronic message, the MA may print a consultation report from another physician and give to her provider, who can circle or briefly note the "to-do" for the MA to carry out.

Prior Authorizations

Prior authorizations are one of the frequent sources of job dissatisfaction for primary care nurses and physician, consuming several hours per week in most practices. At Fairview the goal is to remove these tasks from clinical personnel. Thus imaging prior-authorizations are obtained within the radiology department (to whom the revenue for the imaging tests flows), rather than the ordering department. Medication prior authorizations are done by an MA float who comes to this clinic 2 days/week and has developed expertise in this task.

Change Process

Aligning incentives

Moen's goal is to increase PCPs salaries by $100,000 per year. "The key to making healthcare sustainable is changing the compensation model." At Fairview compensation is impacted by efficiency (global costs of care, measured by surrogate markers of whether there was a 1 week follow-up appointment after hospitalization and whether medication reconciliation was

performed), quality (measured by surrogate markers of A1c, LDL), patient satisfaction (patients have the opportunity to rate each patient visit before leaving the office to give the team immediate feedback) and productivity (measured by surrogate markers of panel size and acuity).

Data transparency

Each pod receives a report of their clinical, productivity and satisfaction metrics weekly.

Sharing Success and Challenges

Fairview has established an internal message board where leaders and practitioners can post their challenges or their solutions so different clinic sites can learn from each other and problem solve together.

Success by Approximation

Moen brought in outside expertise, drawing on resources from in and outside of healthcare to inform and drive change, consulting with analysts from the insurance industry, industrial engineers, and leaders from other industries with experience transitioning business through chaos and change. They discovered, for example, that their patients with back pain who started in primary care had lower costs and better quality than patients who started in neurology or orthopedics. Thus a Back Pain Care Package was developed outlining how these patients would be directed through the system, starting with their primary care provider.

Fairview has learned to normalize change and failure, using the motto "Fail fast, fail often…and learn." They have also recognized the disruptive nature of change, and prepare staff that they may need to move through a period of chaos to get to a new practice model.

"Change management is both an art and a science," says Maureen Ward, program manager for Care Model Innovation. "We create goal statements about an activity, design for it, prototype it, create incentives or rewards for it, implement it, measure it and evaluate the results to see if we want to continue or stop and try something else. We want to do this work quickly. Perfection is not desired—we're looking for success by approximations."