

Less Tinkering, More Transforming:

Building Blocks of High-Performing Primary Care

David Margolius
Grand Rapids, MI
June 16, 2016

Objectives

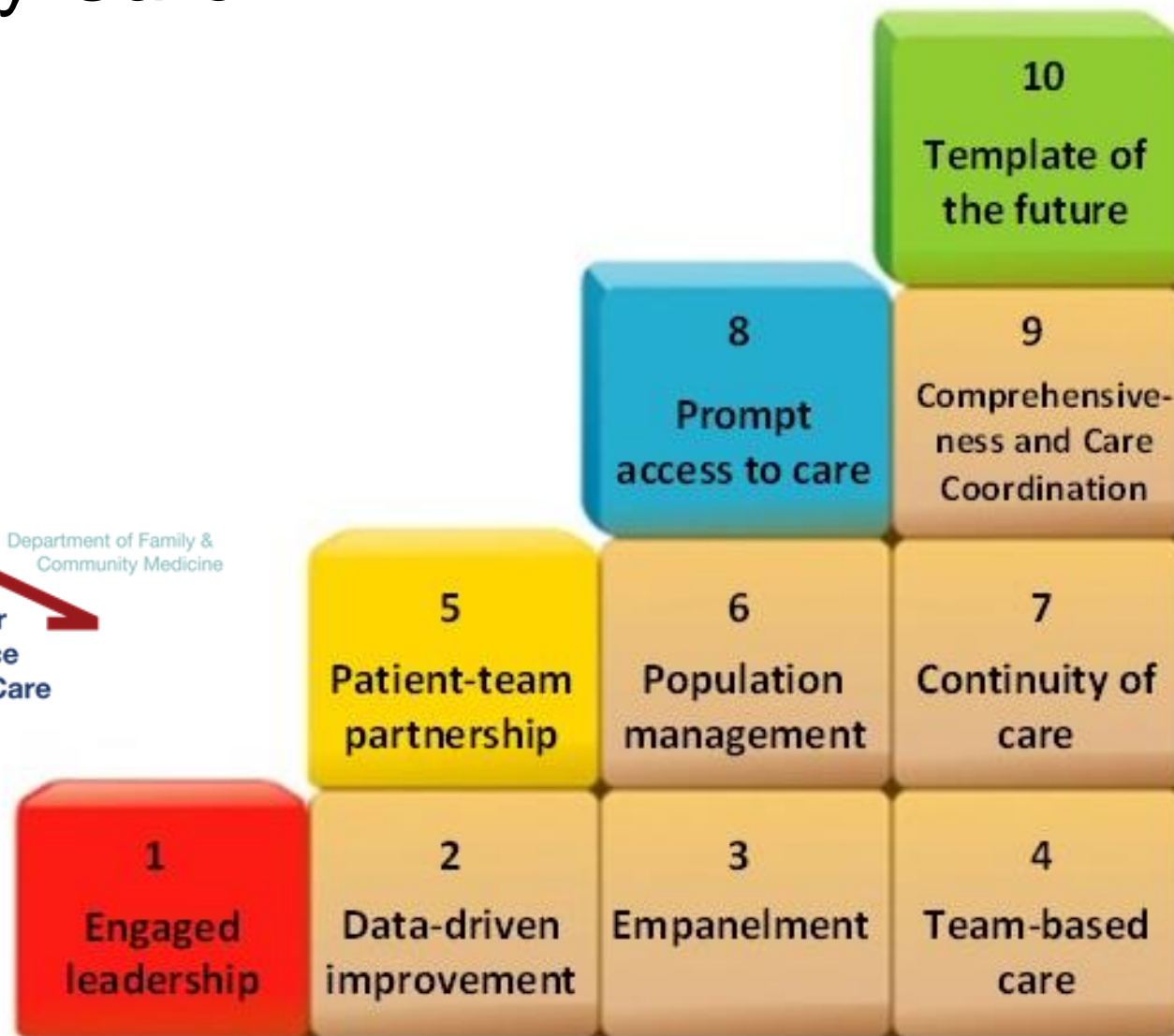
1. Describe the process we used to find high-performing primary care practices.
2. Illustrate each of the 10 building blocks.
3. Identify ways our practices can improve.

High-Performing Primary Care: Site Visits

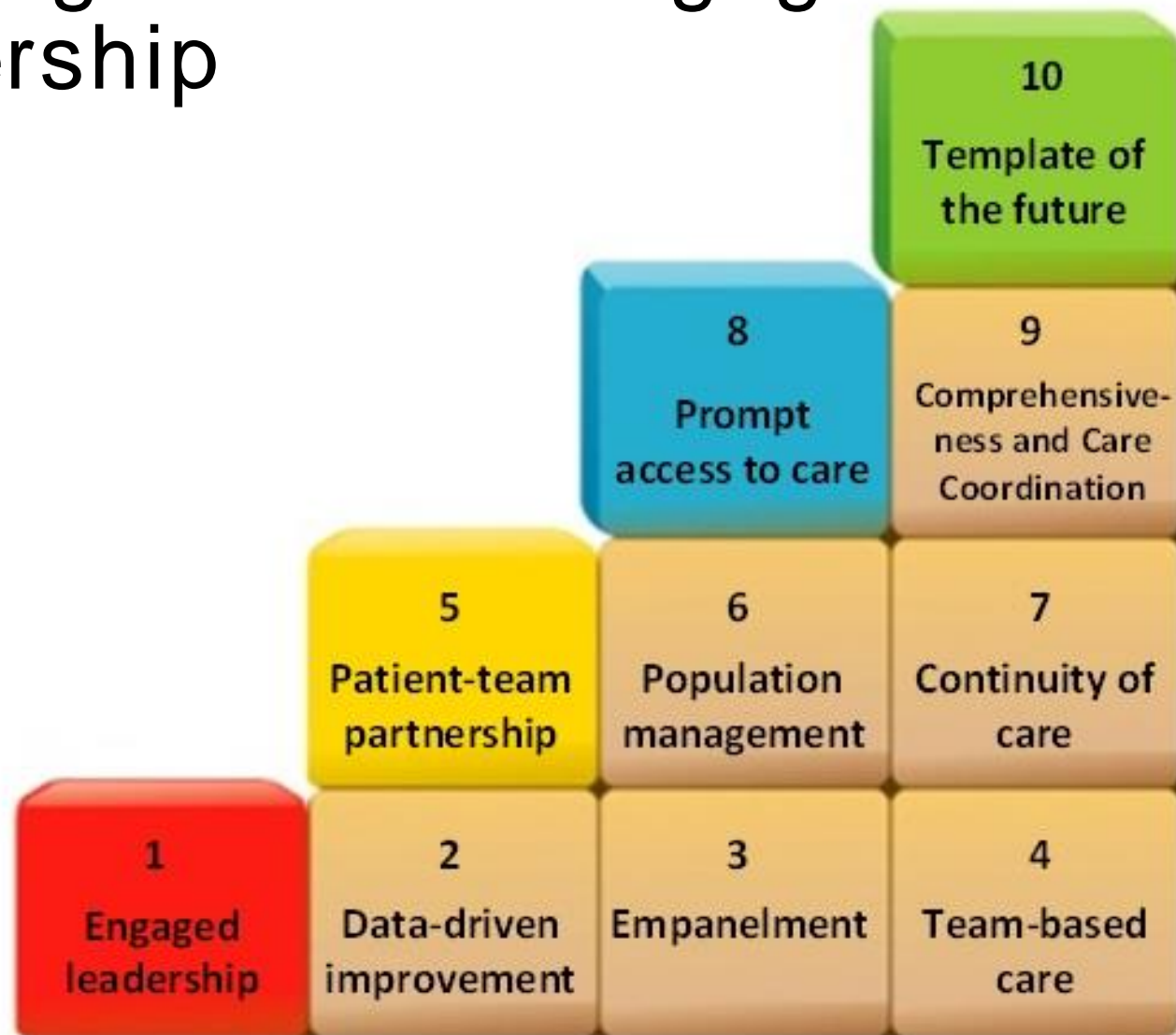


**Who does what?
How do they do it?
Where do they do it?**

10 Building Blocks of High-Performing Primary Care



Building Block #1: Engaged Leadership



Building Block #1: Engaged Leadership

Leadership understands what primary care is...

- Barbara Starfield: 4 pillars of primary care

First-**C**ontact

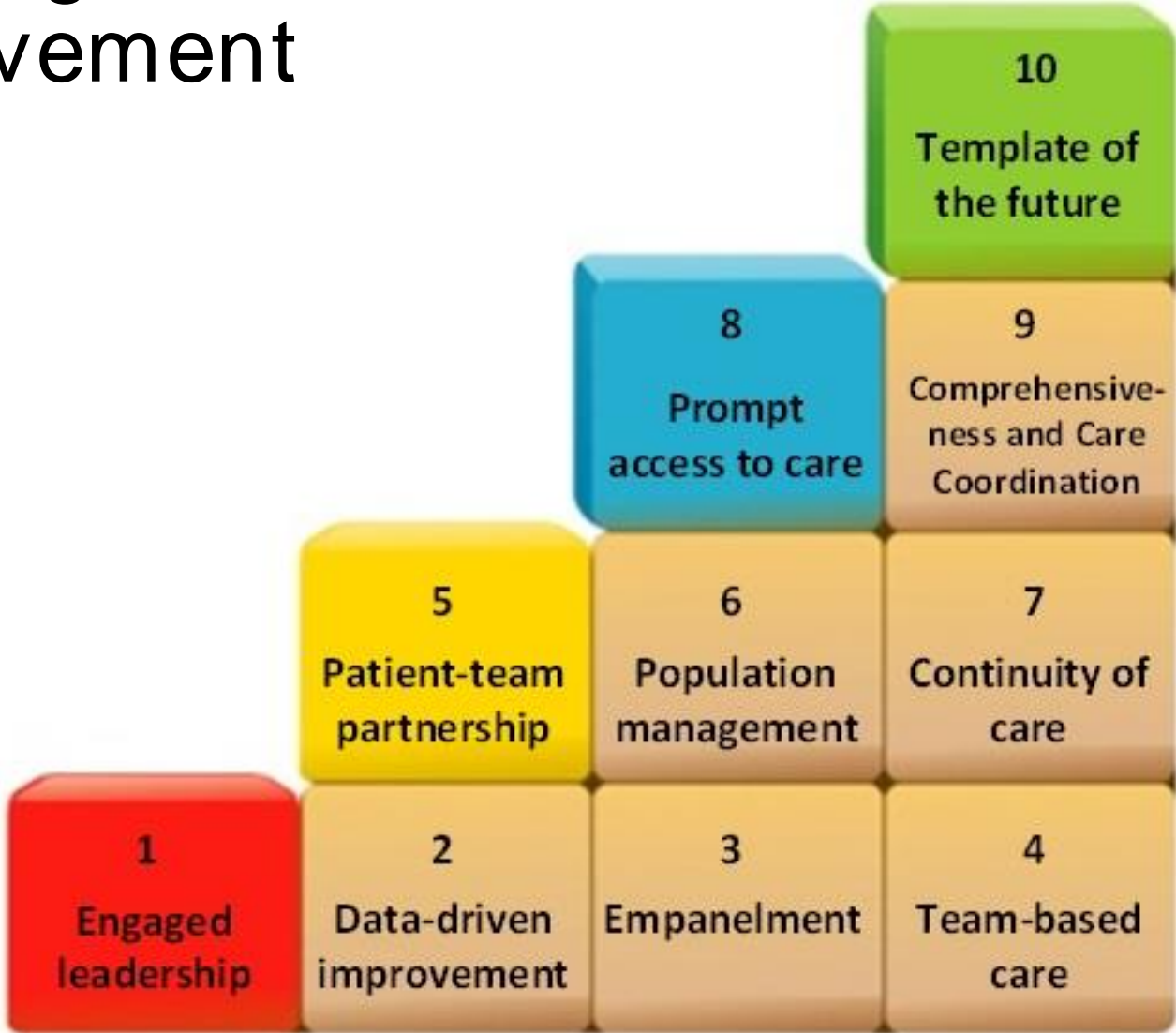
Continuous

Coordinated

Comprehensive

Starfield B. *Primary care: balancing health needs, services, and technology*. New York (NY): Oxford University Press; 1998.

Building Block #2: Data-Driven Improvement



Building Block #2: Data-Driven Improvement

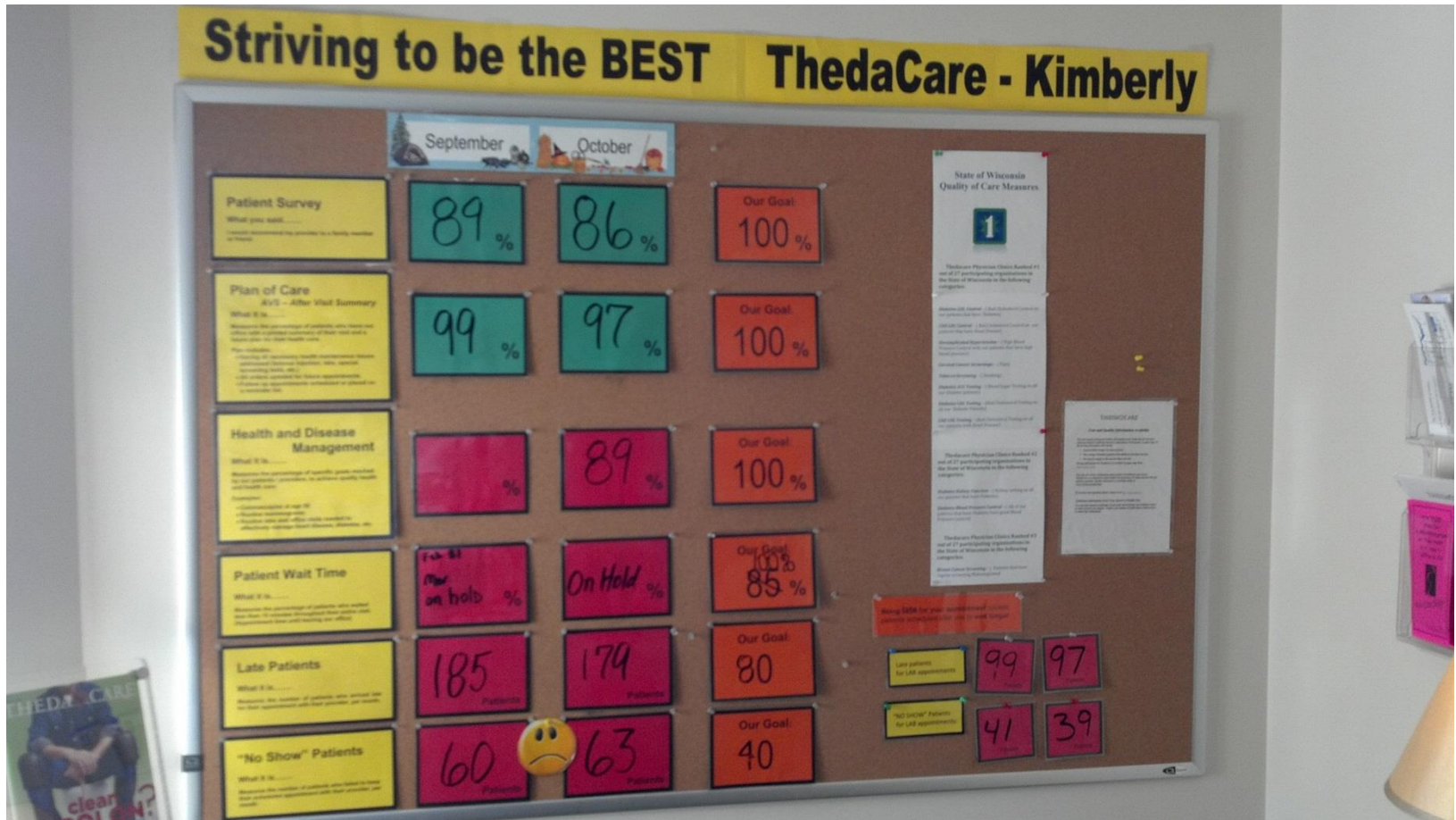


Data is used for good, not evil!



Photo by Chris Sinsky @ ThedaCare in Wisconsin

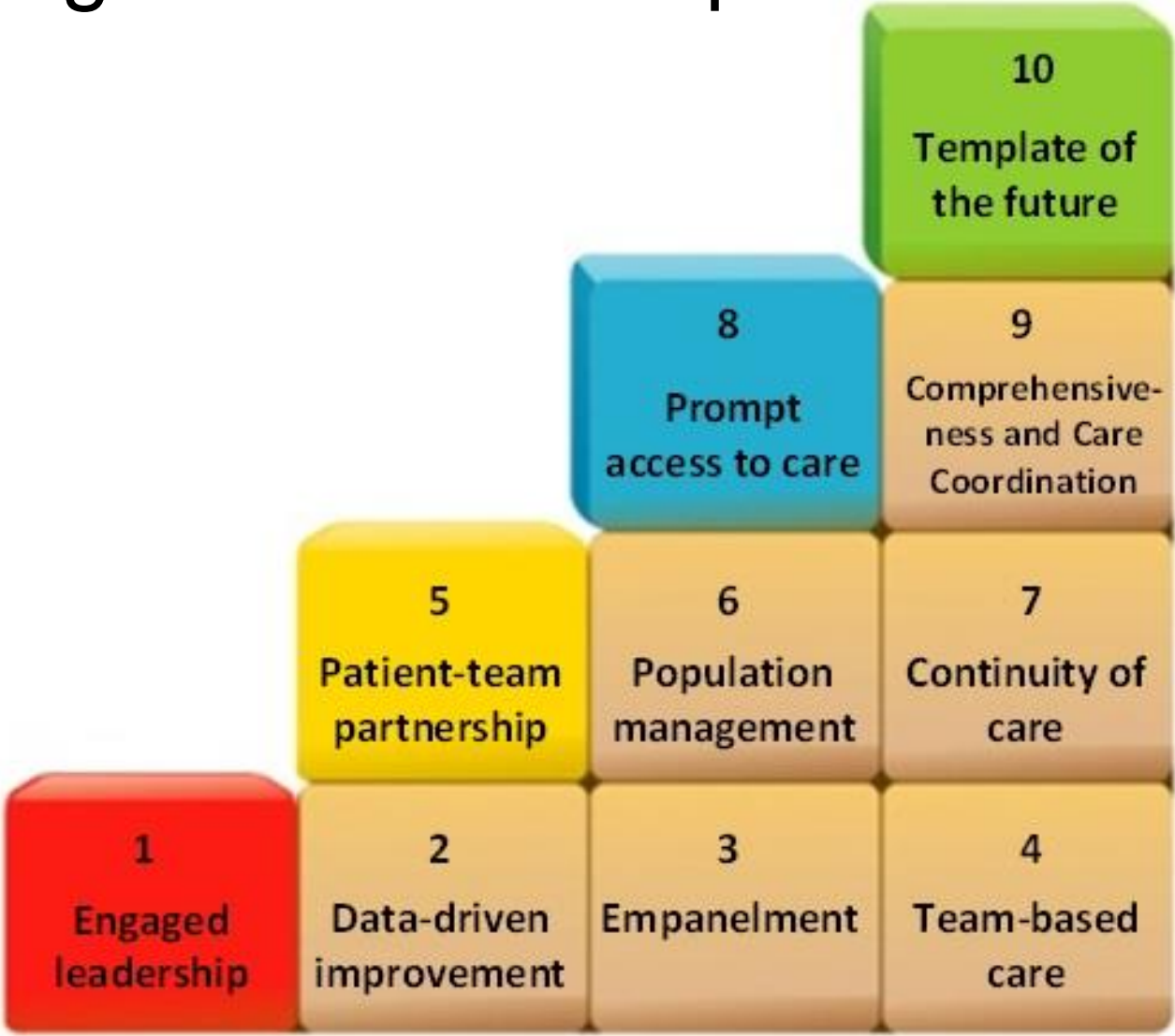
Building Block #2: Data-Driven Improvement



Even in the waiting room

Photo by Chris Sinsky @ ThedaCare in Wisconsin

Building Block #3: Empanelment



Building Block #3: Empanelment

- A primary care physician with an panel of 2500 average patients will **spend 7.4 hours per day** doing recommended preventive care.

Yarnall et al. Am J Public Health 2003;93:635

- A primary care physician with an panel of 2500 average patients will **spend 10.6 hours per day** doing recommended chronic care.

Ostbye et al. Annals of Fam Med 2005;3:209



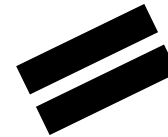
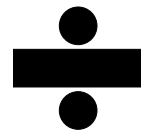
Building Block #3: Empanelment

2025 Hours

(average hrs worked per yr by PCP)

983

Patients



2.06 Hours

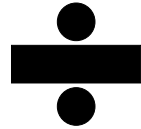
(average time per pt needed for preventive, chronic, acute care per year)

Average panel size: 2500 patients

Building Block #3: Empanelment

2025 Hours

(average hrs worked per yr by PCP)

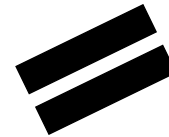


1.04 Hours

(average PCP time per pt needed for preventive, chronic, acute care per year)

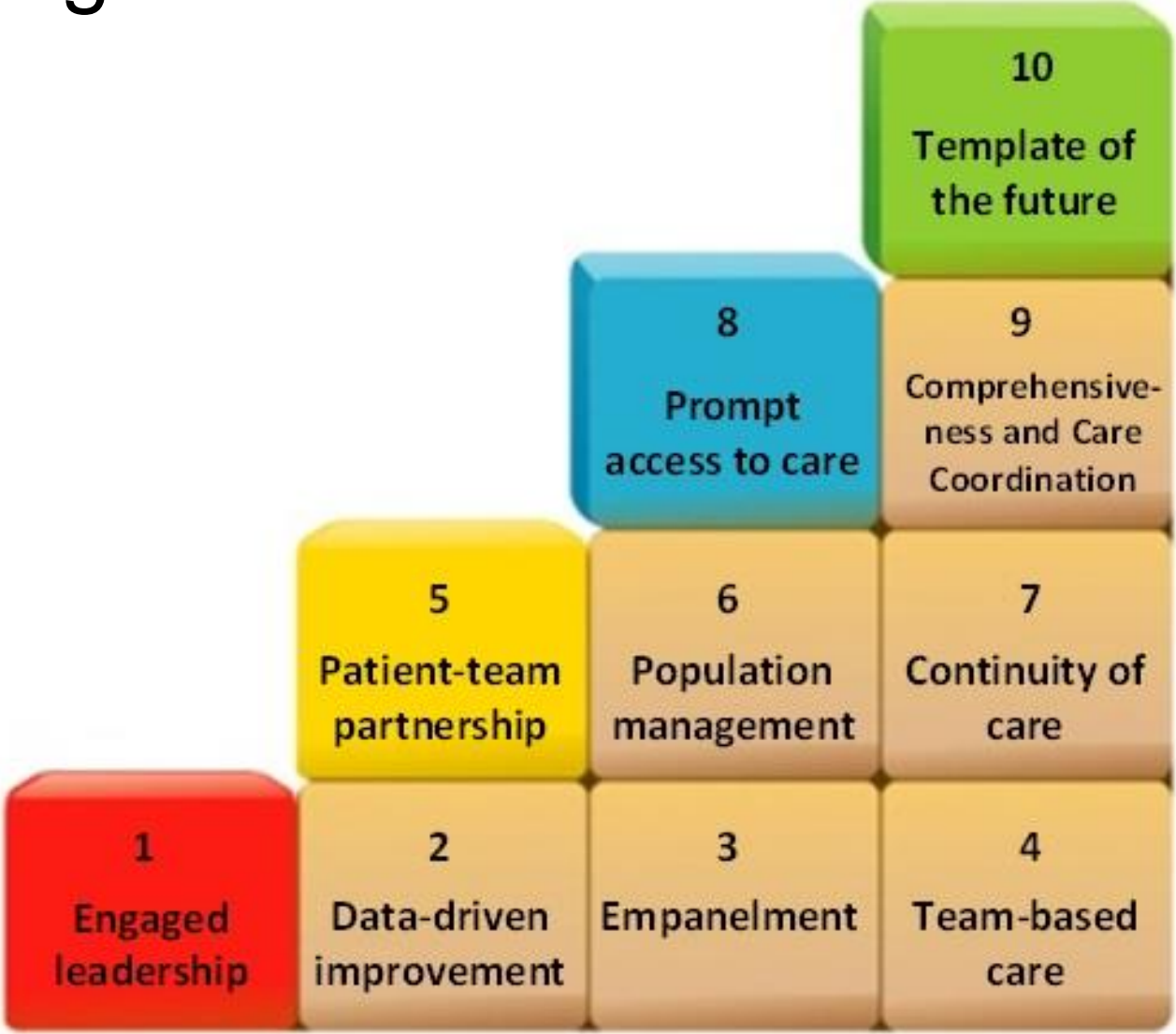
1947

Patients



Most preventive and chronic care delivery can be shared with the team

Building Block #4: Team-Based Care



Building Block #4: Team-Based Care



**CO-LOCATION
=
TEAMWORK?**

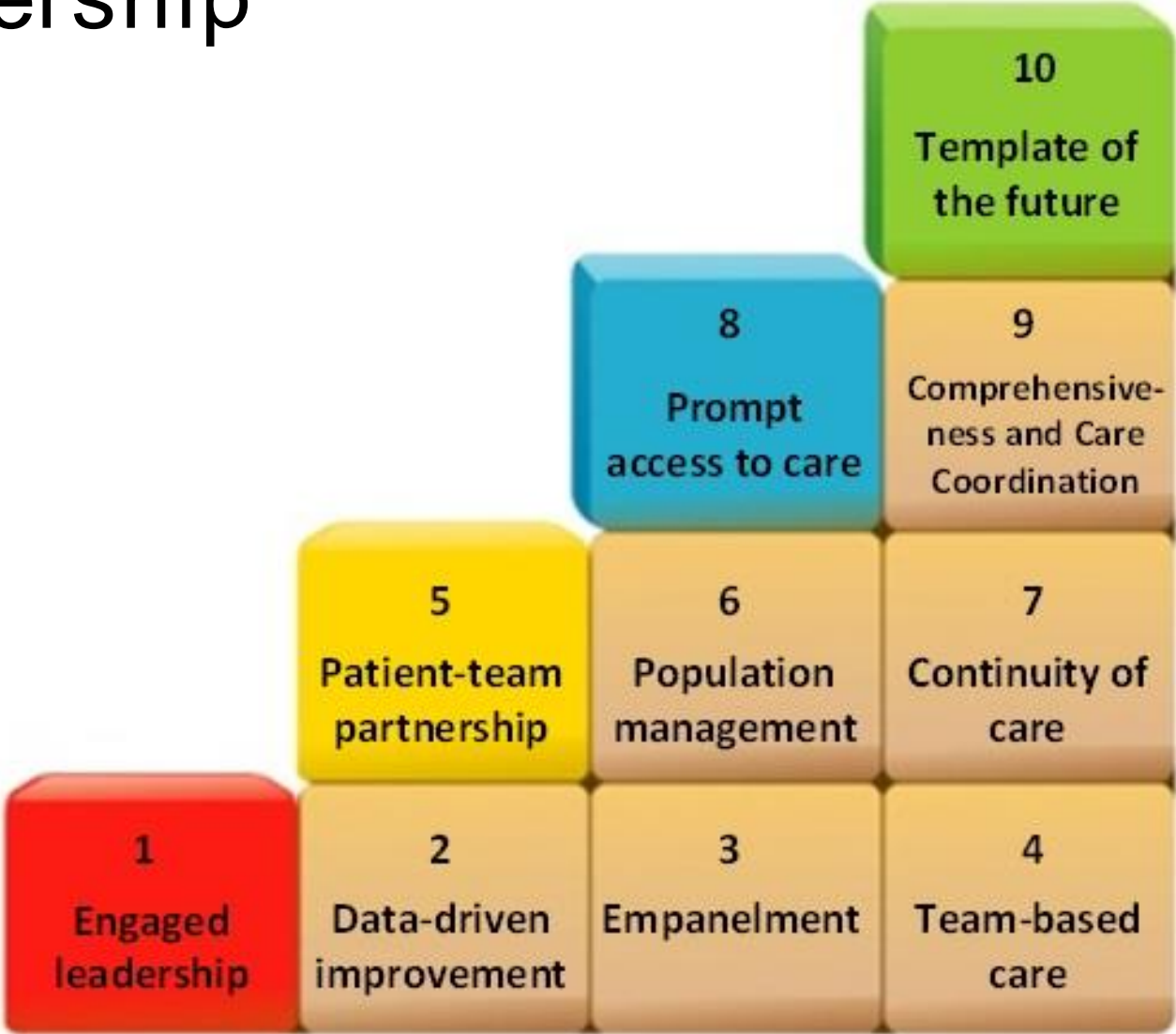
Photo of SouthCentral Foundation,
Anchorage, Alaska

Building Block #4: Team-Based Care

Keys to Team-ness:

- **Protected time and space to be with team**
 - **Meetings, Huddles, workgroups, parties**
- **Shared mission, vision, and goals**
- **Team orientation and training**
- **Strict rules about culture, not procedures**
 - **First names, meeting ground rules**
- **Others?**

Building Block #5: Patient-Team Partnership



Tools for Patient-Team Partnership:

Panel management

“Panel manager” systematically reviews panels of patients to detect clinical quality performance gaps.

Phone visits

E-mails

Health coaches

Health coaches give patients the knowledge, skills, and confidence to self-manage their chronic conditions.

30-minute visits

Coordinate with team members

Coordinate with specialists

15-minute visit

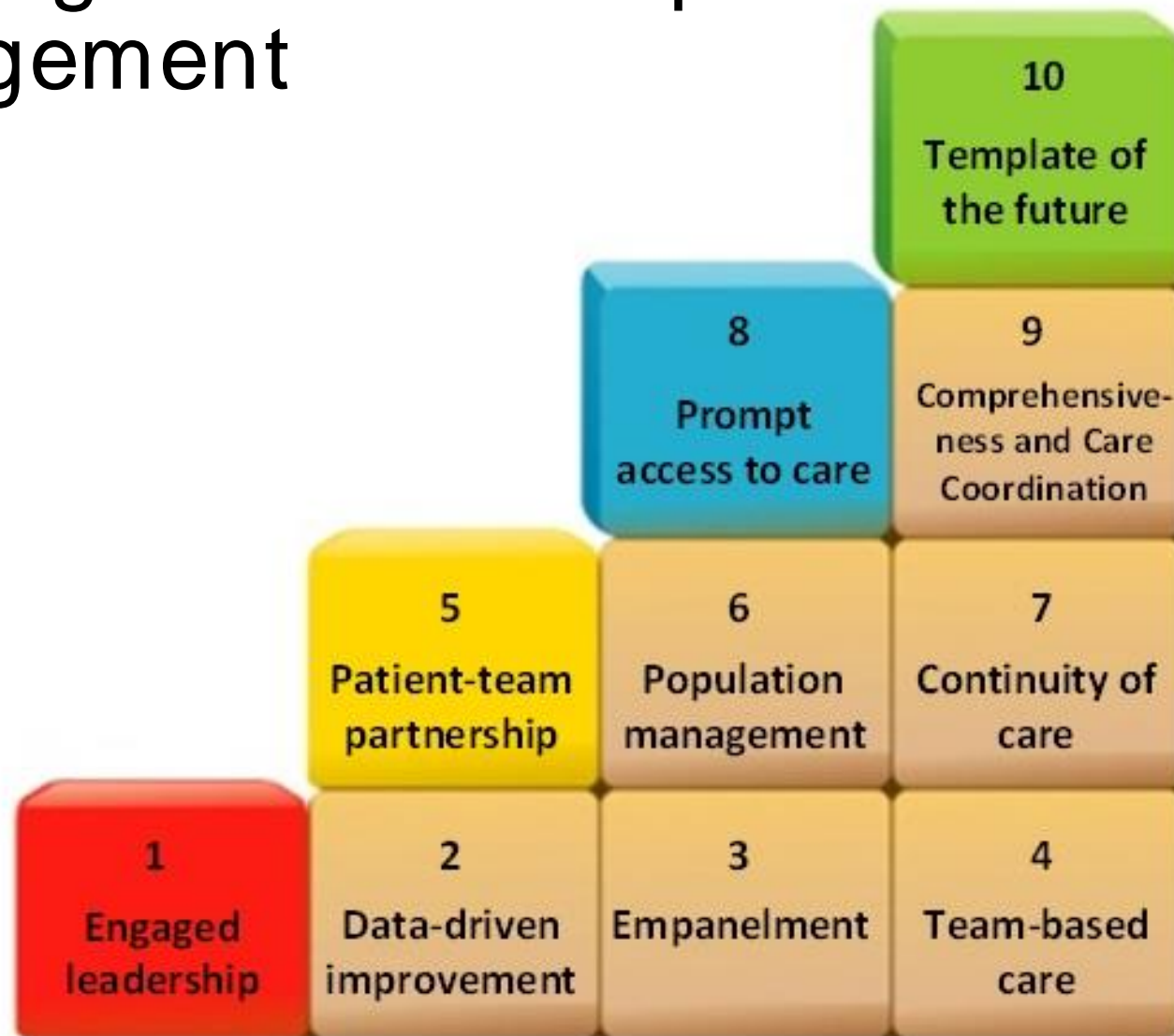
Nurse care managers

Nurse care managers coordinate health care for certain high-needs groups.

Group visit



Building Block #6: Population Management



How do we take care of our panel of patients?



UCSF

Department of Family &
Community Medicine

Center for
Excellence
in Primary Care

Health Coaching

Helping patients with chronic conditions to improve their self-management

Health Coaching

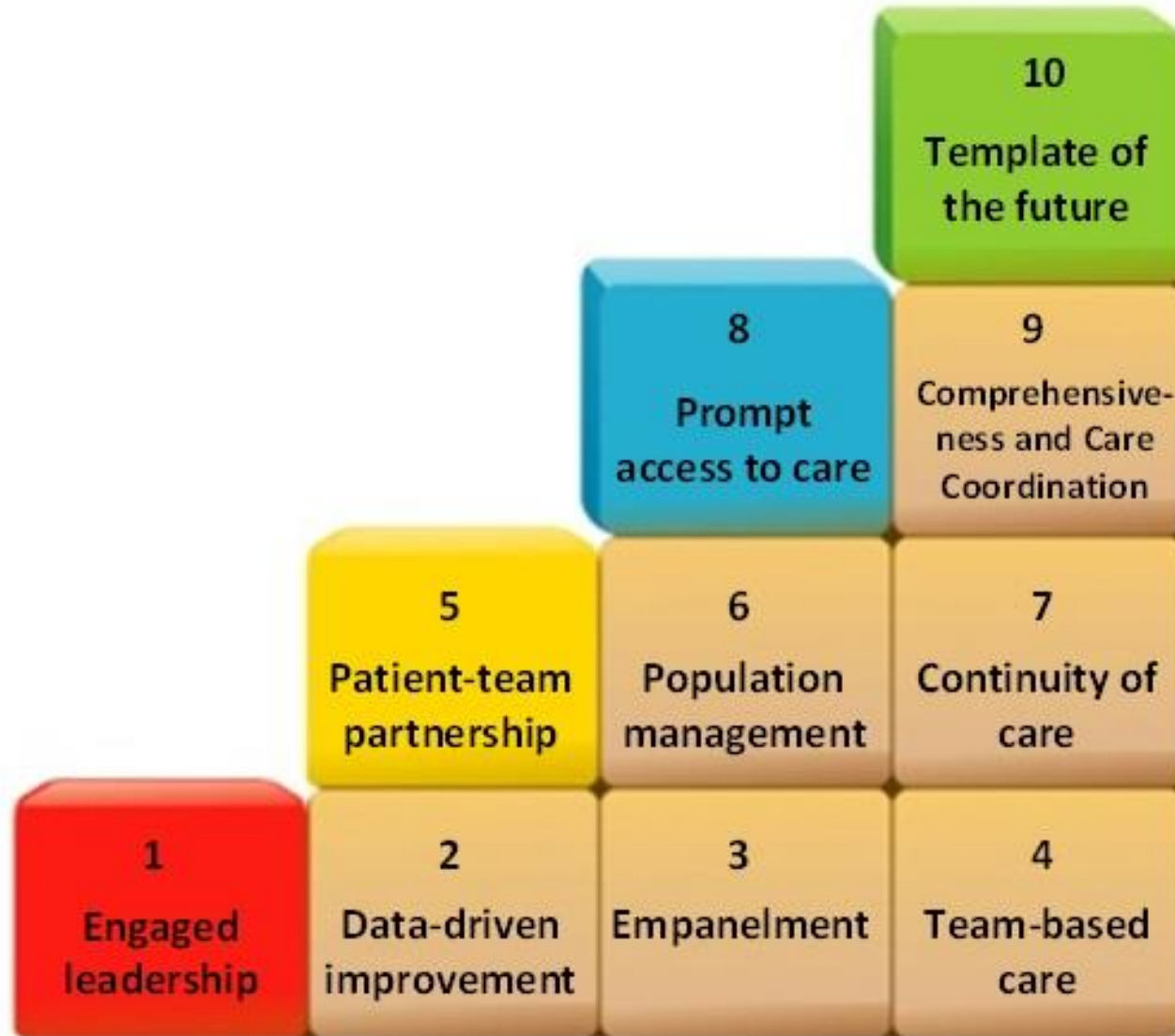
Complex Care Management

Targeted, usually nurse-driven management for patients with complex care needs

Complex Care Management



Building Block #7: Continuity of Care

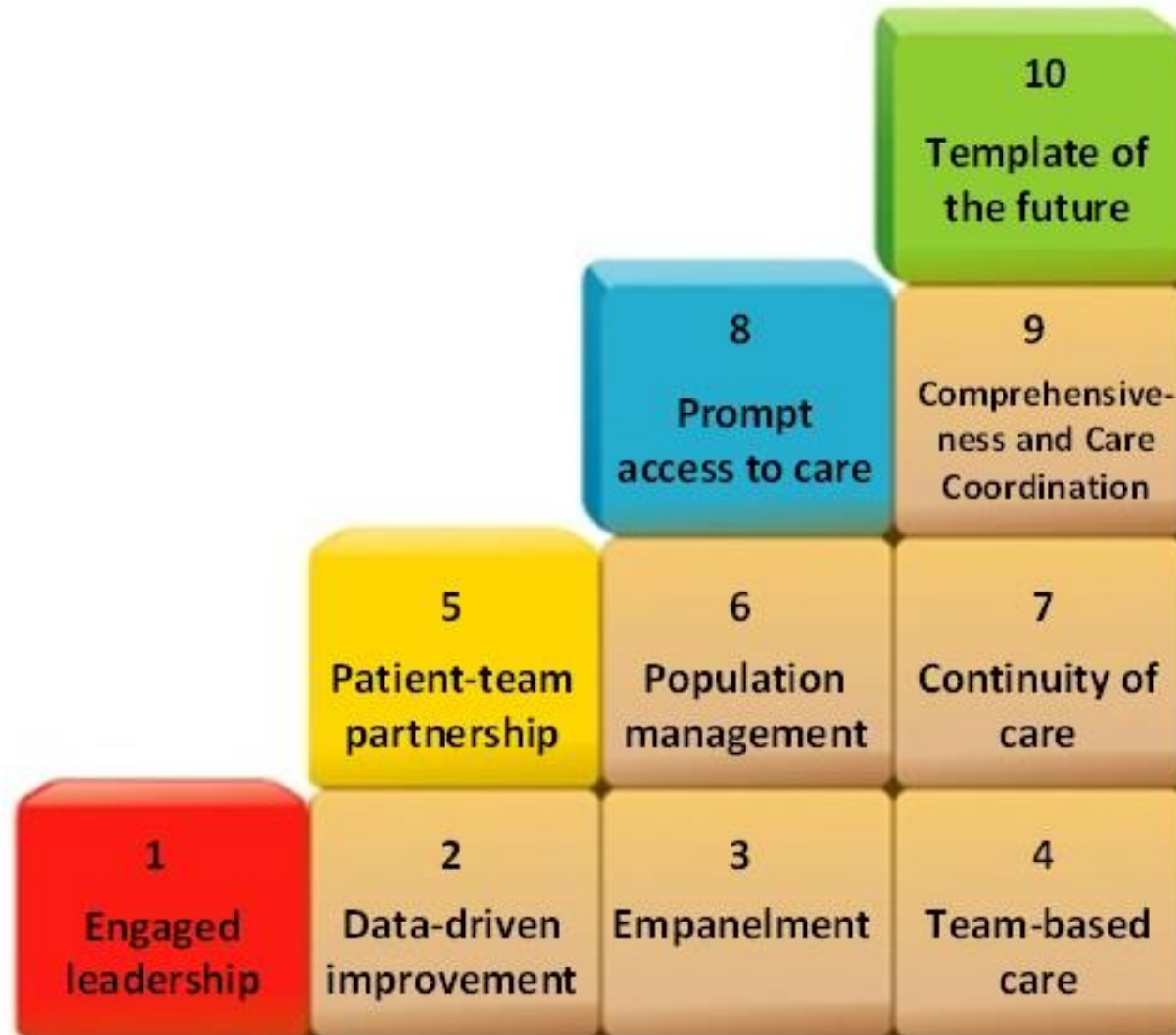


Building Block #7: Continuity of Care

Keys to Continuity of Care:

- **Is it a priority in all aspects of your organization?**
- **Do you measure it?**
- **How do patients choose their provider?**
- **How do you overcome the challenge of part-time providers?**

Building Block #8: Prompt Access to Care



First-Contact Care *From 5PM to 9AM...*

- Researchers telephoning U.S. primary care practices after hours found that **58% of calls went to answering machine at 5 PM...** Please call 911 if this is an emergency.



Hildebrandt DE et al. After-hours telephone triage affects patient safety. *J Fam Pract.* 2003; 52:222-7.

Building Block #8: Prompt Access to Care

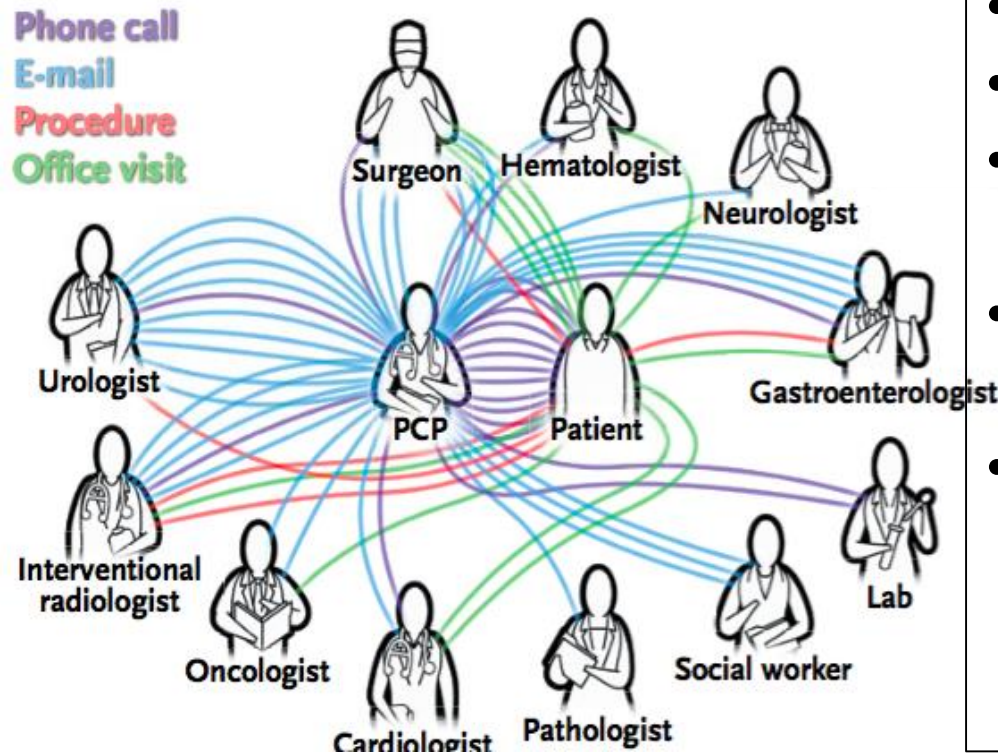
Keys to improving access to care:

- **Measure panel size, demand, and access (TNAA).**
- **Build capacity-enhancing teams and services.**
- **Recognize tension between access and continuity – allow people to choose.**

Building Block #9: Comprehensiveness and Care Coordination

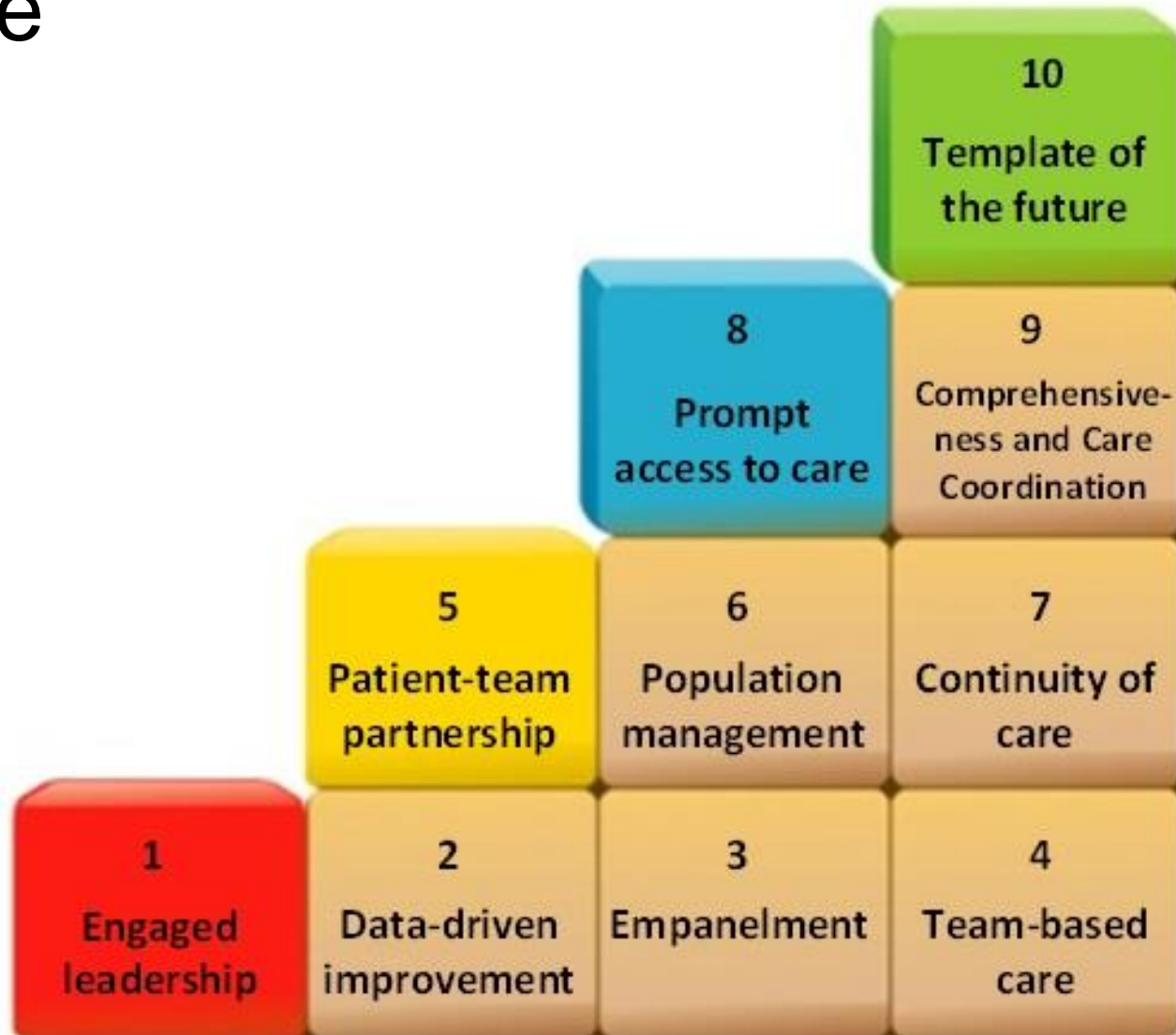


Building Block #9: Comprehensiveness and Care Coordination

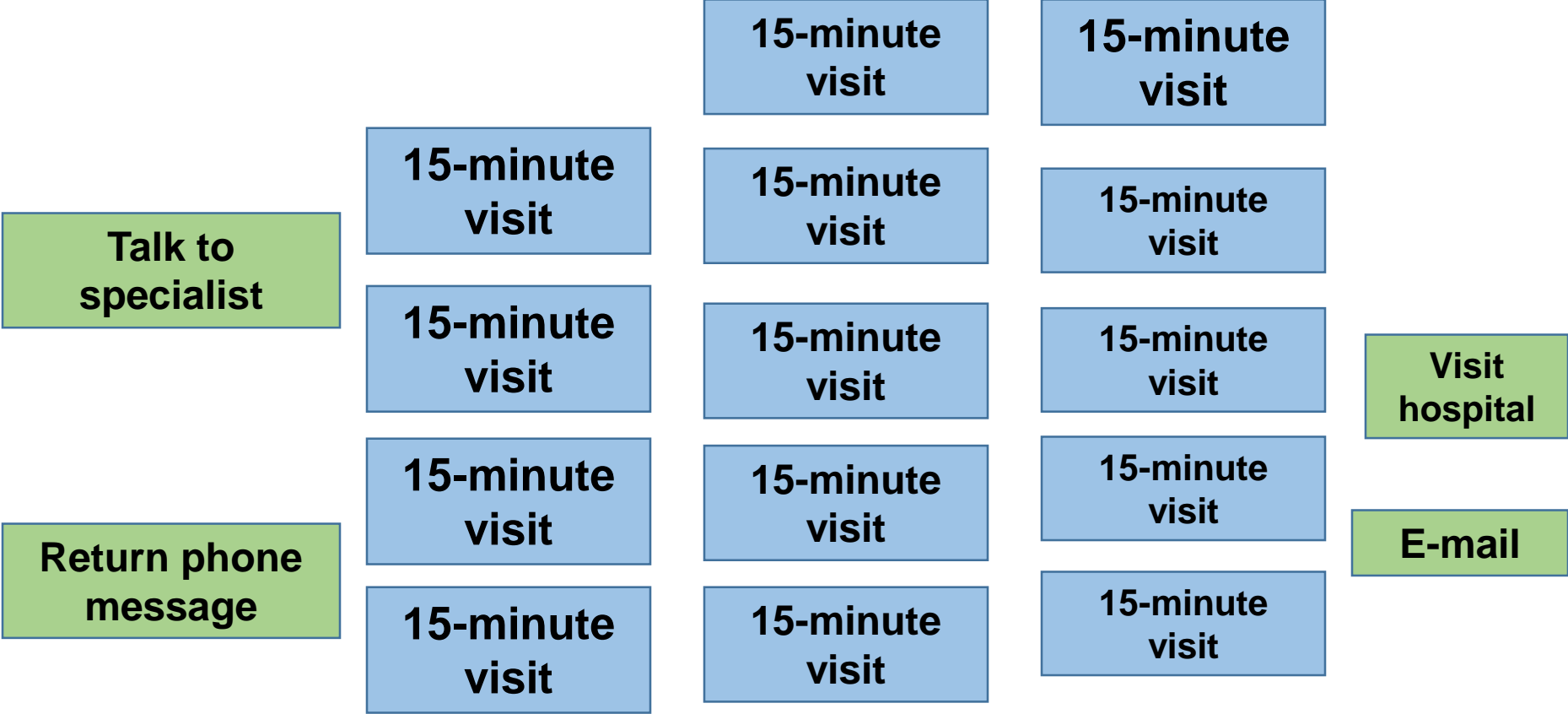


- Tracking referrals
- Pre-visit planning
- Hospital – Primary Care communication
- Curated Medical Neighborhood
- Primary care providers working to the TOP of their license – reduce unnecessary referrals

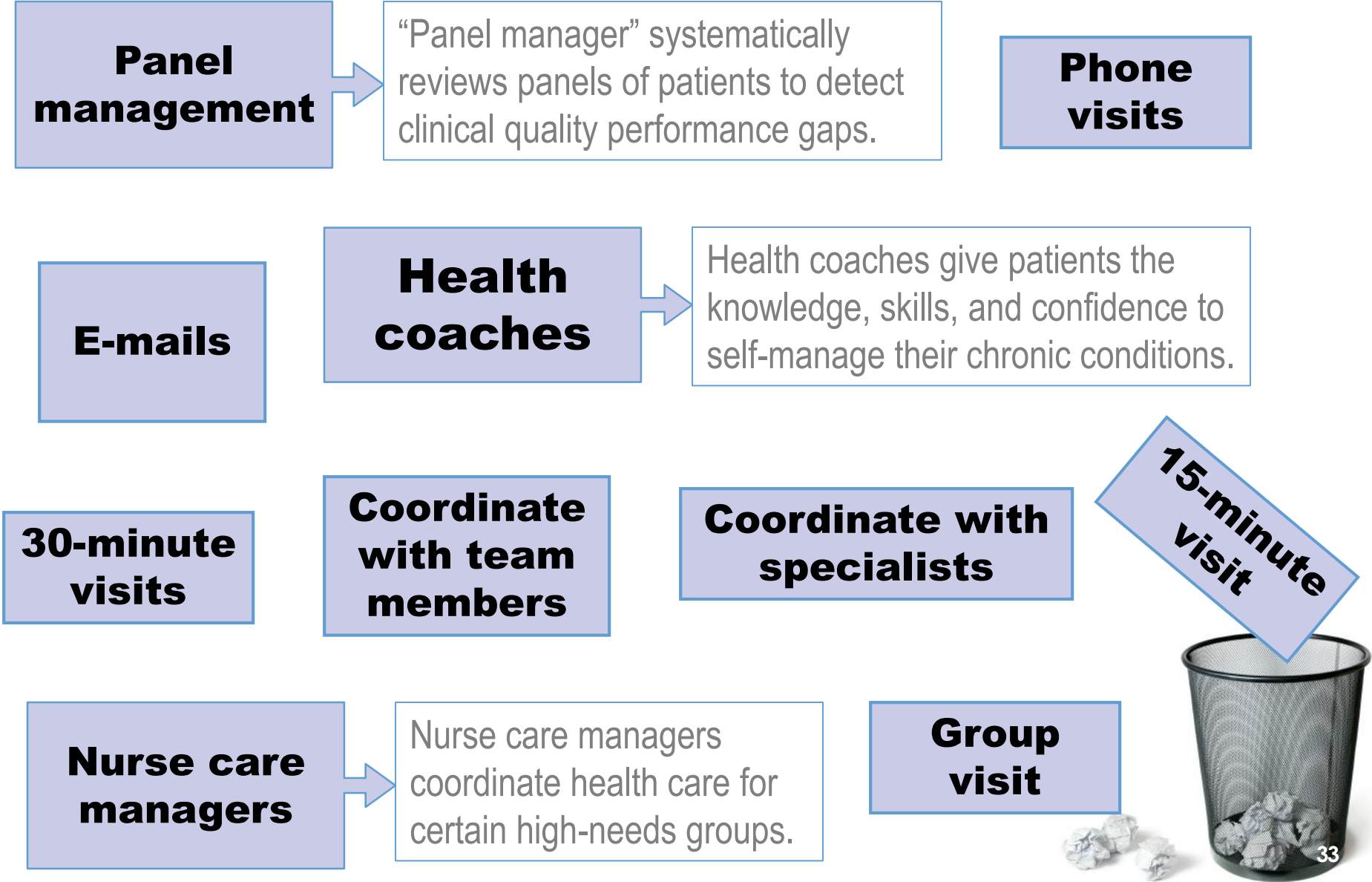
Building Block #10: Template of the Future



How do we take care of our panel of patients?



How we take care of our panel (Transformed)



Template of the Present

Time	Primary care physician	Medical assistant 1	RN	Nurse Practitioner	Medical Assistant 2
8:00	Patient A	Assist with Patient A	Triage	Patient H	Assist with Patient H
8:10	Patient B	Assist with Patient B		Patient I	Assist with Patient I
8:30	Patient C	Assist with Patient C		Patient J	Assist with Patient J
9:00	Patient D	Assist with Patient D		Patient K	Assist with Patient K
9:30	Patient E	Assist with Patient E		Patient L	Assist with Patient L
10:00	Patient F	Assist with Patient F		Patient M	Assist with Patient M
10:30	Patient G	Assist with Patient G		Patient N	Assist with Patient N

Template of the Future

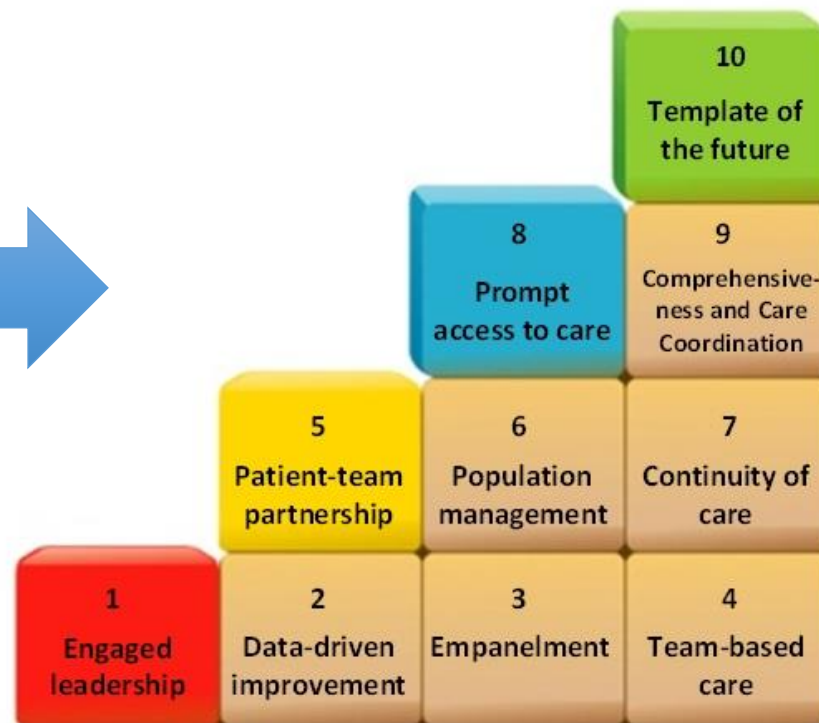
Time	Primary care physician	Medical assistant 1	RN	Nurse Practitioner	Medical Assistant 2
8:00	Huddle				
8:10	E-visits and phone visits	Panel management	RN Care management	Acute Patients	
8:30					
9:00	Complex patient			E-visits and phone visits	Panel management
9:30	Complex patient				
10:00	Coordinate with hospitalists and specialists	BP coaching clinic	Huddle with MD		
10:30	Huddle with RN, NP				

•30 patients are seen or contacted in the first 3 hours of the day

How do we become a high-performing primary care practice?



© Can Stock Photo



- ✓ We need a vision for transformation (must be beyond NCQA PCMH criteria).
- ✓ Rethink how we measure “productivity” (payers will move away from the fee-for-visit, when will our managers?).
- ✓ This is a long journey—plan for and celebrate short-term wins.

Questions?

Dave Margolius
Margolius@gmail.com