Watertown Regional Medical Center
Lake Mills Clinic

TEAM Primary Care
Together Each person Achieves More

Designers:
Jim Milford, MD
Carol Field, MA
Stacy Fitzgerald, MA
Valerie Lessner, MA
Jonas Mosey, Clinic Coordinator
Elizabeth Williams, RN, Process Deployment
Mike Strasser MPA, Health System Engineer
What do our patients want?

What we heard…………

• You should be expecting us (be prepared)
• We don’t like to wait
• We don’t like it when you ask us the same questions repeatedly
• We would like to tell our story just once
• Give us your undivided attention when we are here
• Speak to us in terms that we understand
• Help us make sure we know what is next
• Don’t confuse us
Driving Principles

– Design a system that our patients will value
– Test the new system, make sure it gets the results we expect
– Don’t be afraid to fail – experiment with the process
– Engage the whole clinic in the process
– Approach this as a continuous improvement effort – PDSA
– Create joy in practice!
Design Concepts

• Create a Team approach to Primary Care –
  – Ask questions! Learn
  – PDSA every day
  – Respect for each other
  – Practice at the top of your position
  – Communicate (Huddles)
  – Celebrate our patients success – share stories
Design Concepts

• Finish the day on time, with documentation completed
• Use Flow Cell Design
  – Flow Cell = 3 MAs, 2 Providers
• Locate the team in the same space, no walls
• Incorporate MA scribe process
• Fix the visit process - Flow/ Sequence
TEAM Goals

• Reduce errors
• Improve patient satisfaction
• Improve associate/physician satisfaction
• Improve documentation quality
• Improve communication between Clinical Support/Provider/Patient
• Improve continuity between visits
• Every patient leaves with clearly understood plan in hand
• Make time to offer Advanced Care Planning
• Improve workflow - Reduce non-value added time

So what did we do? A deep dive into who does what, when?
Who Does What? When?
Off-Stage MA

- Pre-visit Planning
- Patient Care Tasks
- Rx Refills
- Answer patient questions
- Deal with faxes, medical record requests etc..
- Water Strider - Cue work for provider to do when they return to the flow cell
- Clean exam rooms
Who Does What? When?
On-Stage MA (scribe)
- MA gets patient from waiting room and completes rooming process
- MA logs out as MA and logs in as a Scribe
- Signals Provider to join them
- Documents the following while the provider is examining the patient
  - Chief Complaint/ HPI/ Immunizations/ Labs/ Tests
  - Medications
  - Review and discuss Health Maintenance checklist deficiencies
  - Physician exam
  - Diagnosis and treatment plan
  - Set Plan - Discuss Advanced Care Planning, enter order if patient agrees
Who Does What? When?
MA On-stage – Provider leaves

• Schedule needed appointments
• Conduct Health Coaching/ patient education
• Give patient printed Up-To-Date information, referral contact information, printed prescriptions, problem specific handouts, Rx specific handouts
• Print the After Visit Summary, review it, revise it and give to patient – walk patient out
Who Does What? When?
Provider - Off-Stage

• Go to flow cell to finish documentation/dictation
• Review and sign off on MA documentation
• Completed cued-up tasks
  – cued by Water Strider (MA)
• Prepare for next patient – review record…
• Wait for signal from MA to enter exam room for next patient
What happened?

- Pre-visit planning is consistently done, and done right which reduces rework/ defects
- Provider documentation completed sooner (un-batched)
- MAs like scribing – Providers love it!
- Patients leave with a very clear plan – not just an AVS
- Decreased duplication of questions
- Virtually eliminated patient waiting
- We made time for Advanced Care Planning
- Trust grew
- A team began to form!
Team work begins...
Confidence/trust grows, defects are avoided.
## Outcomes

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<thead>
<tr>
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<th>Before</th>
<th>After</th>
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<tbody>
<tr>
<td>Provider to MA Ratio:</td>
<td>1:1</td>
<td>2:3</td>
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<tr>
<td>Non Value Added Time:</td>
<td>20 - 22 Minutes per patient per visit</td>
<td>3 - 5 Minutes per patient per visit</td>
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<tr>
<td>MD Work after hours:</td>
<td>10 - 15 hours per week</td>
<td>3 - 5 hours per week</td>
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<tr>
<td>MA/ MD Satisfaction:</td>
<td>High stress, low satisfaction</td>
<td>Much lower stress, high satisfaction</td>
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## Outcomes

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<tr>
<td><strong>Visit Summaries:</strong></td>
<td>Printed and given to patients on their way out</td>
<td>Printed, reviewed with patient, revised if needed</td>
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<tr>
<td><strong>Documentation Quality:</strong></td>
<td>Batched, done from memory, omissions</td>
<td>Un-batched - nearly one piece flow, better coding</td>
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<tr>
<td><strong>Pre-visit Planning:</strong></td>
<td>Typically no time for this</td>
<td>Complete and accurate for all scheduled patients in advance of their visit</td>
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<td><strong>Provider Driven:</strong></td>
<td>Command and control – MA follows orders</td>
<td><strong>Team Driven:</strong> MD is the leader, but the TEAM owns responsibility for patient care</td>
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Voice of the Customer

– “This was good, I am glad the nurse stayed so in case I have to call she will be more able to help me”
– “I didn’t get the same questions asked more than once”
– “It was nice to have someone else in the room to absorb all of this information”
– “This was fine, in fact this is how it used to be a long time ago when I had a doctors appointment”
– “I hardly noticed she was in the room after a few minutes”
– “I thought the visit went well with both in the room”
– “The room was a little too small but it went ok”
– “One of them couldn’t remember the name of a drug but the other one did and that was really good….I liked it”
Challenges

• 3 MAs for 2 providers costs more than 2MAs for 2 providers…however…….
• Keeping the team staffed and trained – vacations, illnesses, MAs leave….
• Buy-in from providers – in spite of how rough they have it, resistance to change is strong
• Training
  – For MAs - learning how to scribe, and to be more assertive with the MD
  – For MDs – learning how to be a team member, and to trust and follow the process