Primary care team perceptions of team-based care and clinic design types across three practices

ZAHER KARP, MPH

SANDRA KAMNETZ, MD

NANCY PANDHI, MD MPH PHD

UNIVERSITY OF WISCONSIN DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

I-PRACTISE

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Background

- Recent emphasis on coordinated team-based care necessitates effective team communication between visits

- New primary care clinic designs can promote team communication by supporting approaches like colocation and experience benefits
  - "Bumpability" (more interprofessional interactions)
  - "Practice talk" (enhanced quality improvement)

Background

- Influence of different clinic designs on the perceptions of primary care professionals has not been studied

  o Literature has focused on inpatient setting

  o Actual effects of environmental optimization is not known

- Purpose: Explore how different primary care clinic environmental designs are related to team perceptions of interactions before and after visits
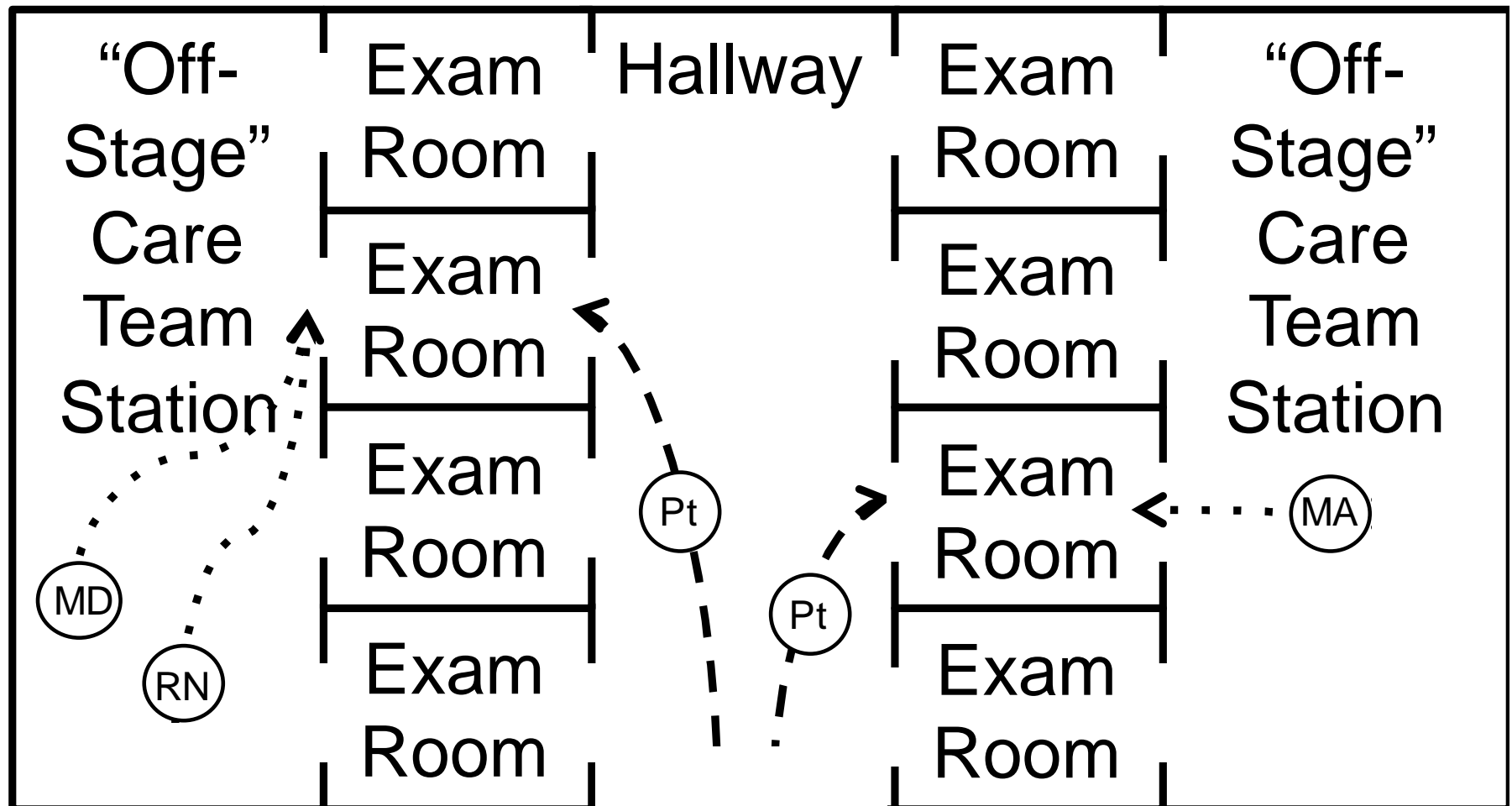
Setting

- 3 family medicine clinics
  - Staffed and sized similarly
  - Built in past 4-7 years
- 2 clinics were pod-based and teams were not colocated
- 1 clinic was on-stage/off-stage and teams were colocated

Pod-based clinic design
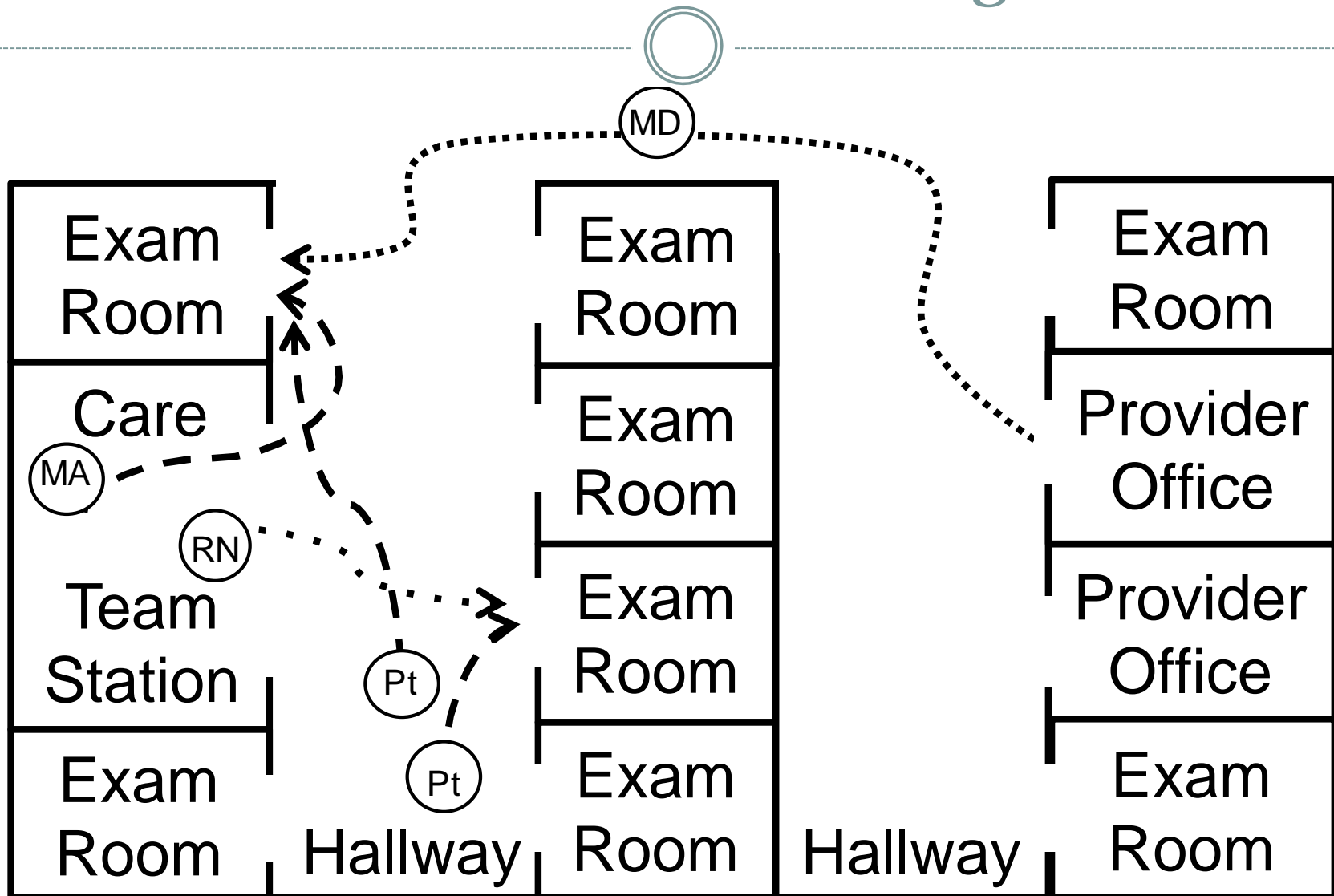
On-stage/off-stage (OS/OS) clinic design
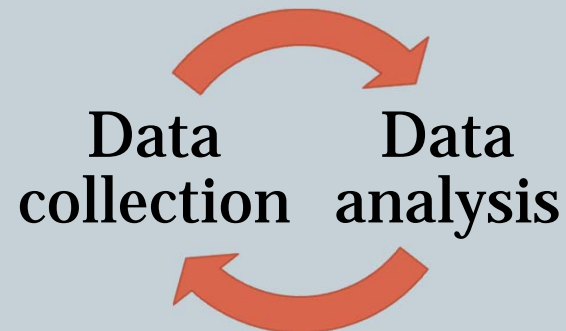
Study Design

| Observations in clinic | → | Interviews with managers | → | Focus groups with staff and providers |

- **Multiple methods informed focus group topic development**
- **Grounded theory-guided**
  - ○ Constant comparison

Data collection   Data analysis

Data Collection

At each of 3 clinics...

- 40 hours of observations
  - Excluding the examination room
  - Field notes
  - Spaghetti diagrams
    - High traffic areas and walking paths

- Interview with clinic manager (45 min.)

- 2 focus groups using photo elicitation (90 min.)
  - Providers (physician, physician assistants)
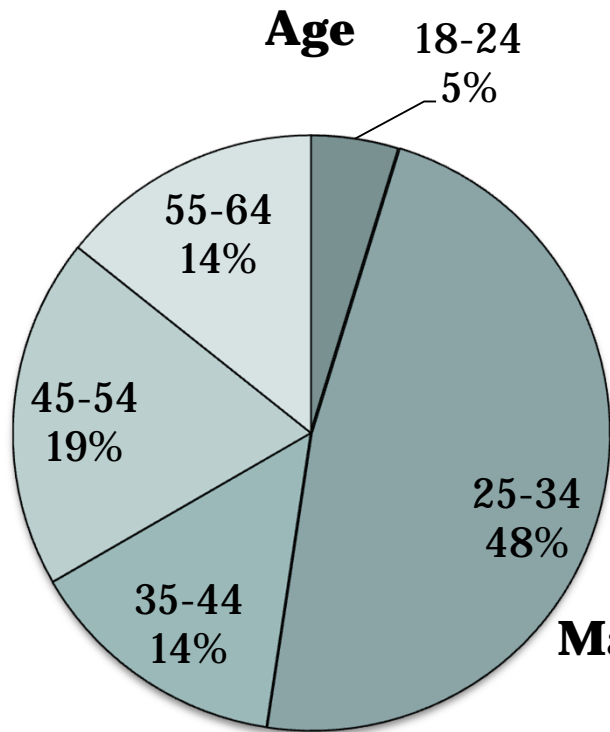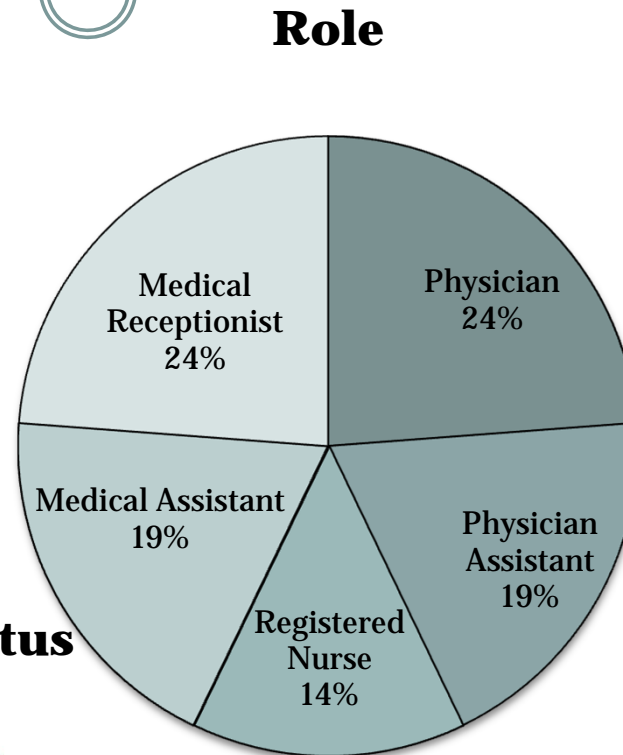 - Staff (registered nurses, medical assistants, receptionists)
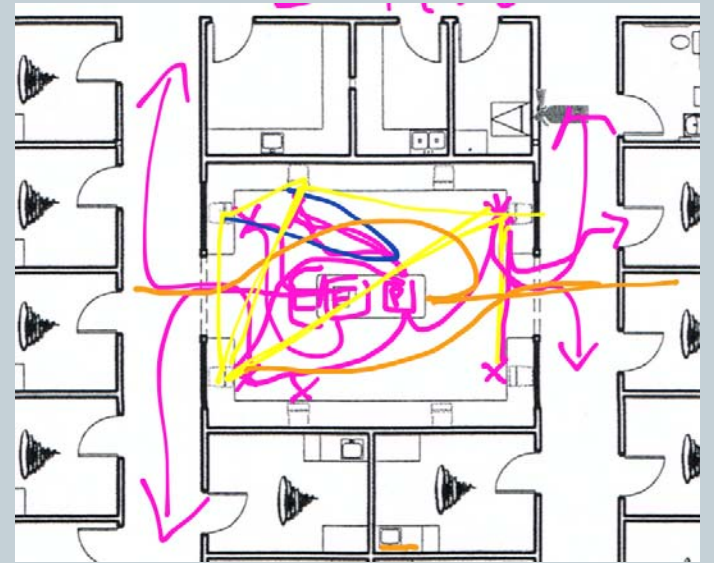
Data Analysis

- Interview and focus group audio recordings transcribed
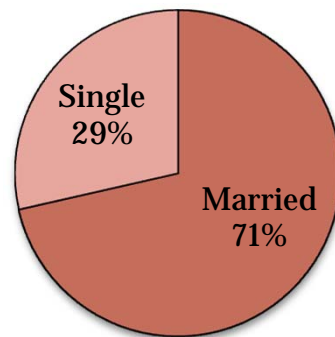 - Compared with field notes
- Commonalities and contrasts between clinics were organized into categories and ultimately major themes
- Categories and themes presented with quotes at various stages to two expert groups for feedback
  - Clinical feedback from experts at PATH
  - Methodology feedback from experts at QRG
- Feedback used to revise analysis and focus group topics

Results: Focus Group Demographics (n=21)

Age

- 18-24 5%
- 55-64 14%
- 45-54 19%
- 35-44 14%
- 25-34 48%

Role

- Medical Receptionist 24%
- Physician 24%
- Medical Assistant 19%
- Registered Nurse 14%
- Physician Assistant 19%

Group had **13 years** of health care experience on average (median = 9 yrs.)

Marital Status

- Single 29%
- Married 71%

Gender

- Male 10%
- Female 90%
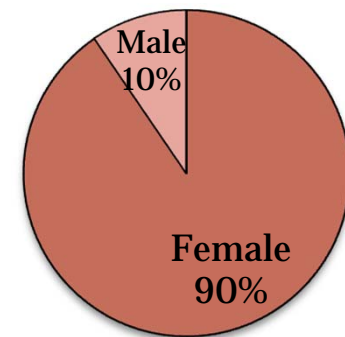
Differences in connecting with patients outside of the office visit

OS/OS Clinic

- Providers dissatisfied with being physically separated from patients
  - … I mean there's nice workflow advantages, but… I **miss sitting and working and seeing families walk out of the exam rooms**… (P)
  - It almost feels like all this is **separate from me and my practice**. (P)

Pod-Based Clinics

- Some staff satisfied seeing patients
  - **I do like to see [patients]… I talk to our patients more than I actually physically see them** because I'm not rooming patients. It's nice when they come out of an exam room and introduce themselves. (S)
- But overall team dissatisfied
  - **… biggest issue is screens being open… patient information**. (S)
  - **… patients get lost** and come back thinking it's the exit and say hi. (P)

Differences in how providers communicated with teams

OS/OS Clinic

- Colocation made interactions easy
  - **I think it's helpful just to have the proximity**. (P)
  - It's also really efficient having a nurse in a pod if there are specific things you need, [rather] than having to run around and chase someone down. **It's nice having someone right across from me that I can just talk to.** (P)

Pod-Based Clinics

- Difficulty interacting with support staff
  - Well, the [clinic] design is dysfunctional because I **can't communicate with my nurse easily**, and it wastes time. (P)
  - I would prefer to have a closed space to work in and **have my MA within a few steps.** (P)

Differences in provider and support staff meetings

OS/OS Clinic	Pod-Based Clinics

• Regular in shared work areas
 	
   ○ **…[the armpit] is used during the diabetic huddles**… **right in the morning…** (S)
	• Irregular in physician offices
	
	   ○ …the one provider who leaves early… she always does a great job **coming to us physically and** saying 'is there anything else I should help you with before I go.' Things like that are nice too. (S)

OS/OS providers relations within and across teams

- Cross-team communication is limited
  - It's very much like your staff goes in the back door, goes into your areas, you go into your exam rooms, and **you don't know at all what's going on in the rest of the clinic**. (P)
- Enhanced teamwork
  - I feel like **the pods are segregated** and I feel like we don't get to know people in the other two pods because you're not interacting with them... **while it's a nice sense of teamwork in your pod, you lose that with the other two pods.** (P)
- Improved social environment
  - There's a social aspect about it, which is really nice. **Medicine can be isolating.** You can be working by yourself in a corner, seeing patients and not interacting with other people. **I like that our pod has this social aspect.** (P)

Pod-based providers preferred private over shared areas and dissatisfied with inefficiency

- Pod-based providers perceived inefficiencies due to lack of accessible, private work areas to use between clinic visits
  - In between patients is really the time I have to catch up on charts and notes. **But if it's only going to be a couple of minutes I don't have a place in this hallway where I can go consistently to do quick computer things. If another provider is not seeing patients in that hallway, I can slip into an exam room** to do it, but the time it takes to walk back to my office and do it feels like wasted time, and if I'm just standing in the hall doing nothing, that's also **wasted time**. (P)
- Dissatisfied with working in care team stations
  - I feel like I'm more efficient going through things when I'm by myself. I love having my office and I **never do anything in the nurse's station**. (P)

Discussion

- Trade-off between patient contact and privacy issues
  - Closed off-stage areas prevented patient interruptions that pod-based teams experienced
  - Some staff missed that informal patient contact
- Trade-off between frequent face-to-face collaboration and communication with other clinic teams
  - Added value beyond existing provider-staff communications
    - Supplementing/replacing EHR messaging/notes

Conclusions

- Colocation can improve team social relationships
  - Dedicated workstations in care team stations may promote colocation
- Off-stage, enclosed areas address team environmental dissatisfaction related to privacy and patient interruptions in traditional, pod-based clinics
- Off-stage areas, intended to promote patient privacy, instead risk teams feeling isolated from other clinic teams and patients

Acknowledgments