Vidant Medical Group Employee Clinic Redesign

Unified Quality Improvement Symposium
March 31, 2017

Background

Employee Clinic

Primary and acute care

- Open to all Vidant Employees regardless of insurance
  - Including dependents over 13 years old with MedCost insurance
- Benefit within insurance coverage
- Freestanding ambulatory clinic
- Clinic History
  - Opened in 2006 with multiple changes in services provided and hours of operation
  - High provider turnover
  - Poor patient satisfaction scores
  - Low moral
  - Limited access
  - Multiple variations in provision of care among providers

Entity Name: Vidant Medical Group

Project Name: Employee Clinic Redesign

Project Leader(s) and Discipline:	Amy McMahon, Nurse Supervisor
	Shelton Nelson, Administrator
	Joseph Pye, MD, Medical Director

Team Member Name(s) and Discipline:	Providers	Clyde Brooks, MD
		Valerie Buffaloe, FNP
		Karen Pilkington, FNP
		Howard Stallings, PA
	Clinical Staff	Ellen Boggs, CMA
		Kim Green, CNA
		Tina Hartley, CMA
		Michelle Jones, LPN
		Ashley Moore, LPN
	PAS Staff	Vivica Lockamy, Office Assistant
		Claretha Morning, Office Assistant
		Darlene Pyle, Office Assistant

Enhance patient experience and quality of care through the use of standardization with methods that can be reproduced for future projects

Goals

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Improve patient cycle times by 20%

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Maintain patient volumes during implementation of change

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Improve CG-CAHPS scores by 10%:

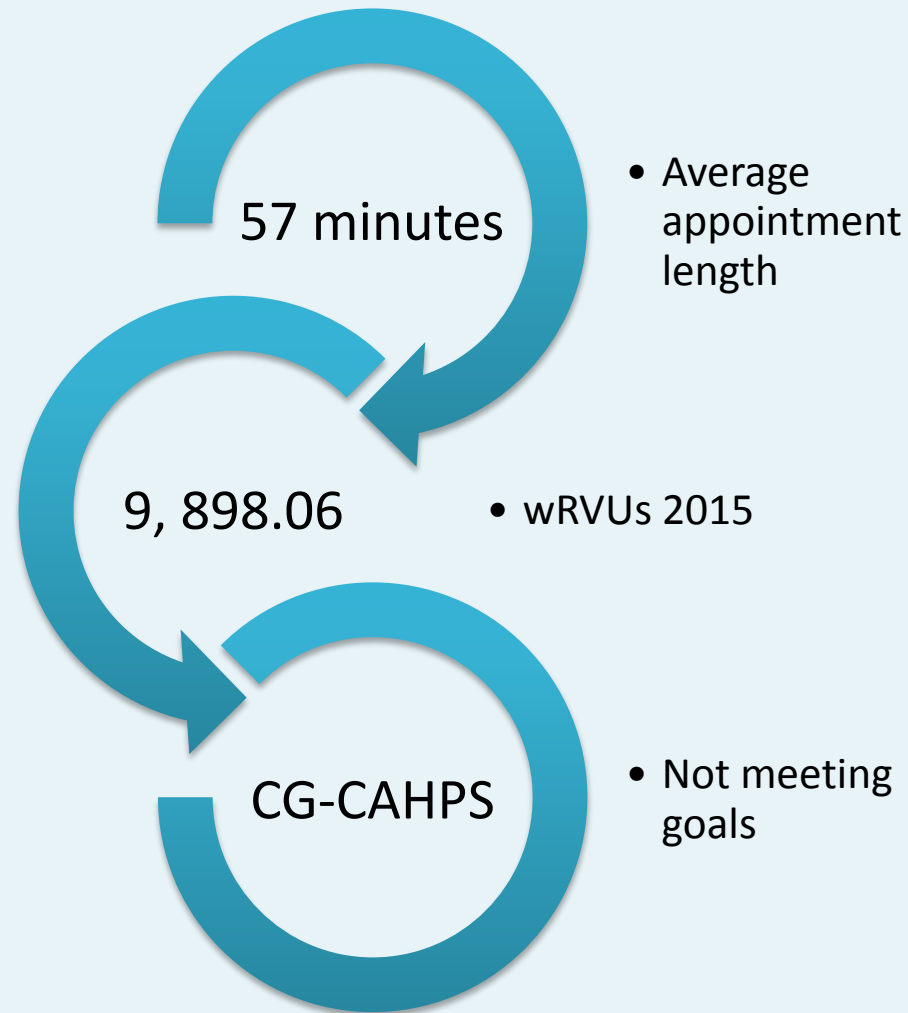| Access to care	Provider seen in 15 minutes	Helpful staff	Prompt responses to questions and needs

Baseline Data

57 minutes
- Average appointment length

9, 898.06
- wRVUs 2015

CG-CAHPS
- Not meeting goals

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CG-CAHPS Baseline Data

2015	
Measure	Top Box Percentile
Timely Immediate Care Appointments	49.2
Timely Routine Care Appointments	54.1
Same Day Answer to Medical Questions	51.7
Provider Seen within 15 minutes	40.6
Helpfulness of Staff	70.1
Courteous/Respectful Staff	79.4

Interventions

Patient Centered Care

- Focus on "Voice of the Patient"
- Awareness of complete patient experience
  - Follow up questions, refills, forms, etc.
    - Daily allotment of administrative time
- Written materials for standards of care and expectations
- Waiting room outreach program

Staff Development

- Utilization of certified and licensed clinical support staff
  - Defined top of licensure/scope of practice for delineation of clinical responsibilities
- Staff Education
  - Best practices and standards of care
  - Electronic health record training
  - Utilization of standing orders, policies, and governance

Interventions

Workflow Standardization

- Patient intake
  - Initiate clinic note for provider to complete
  - Health Maintenance
- Configuration and adoption of standardized EHR inbasket messaging workflows
  - Messages initiated through EHR and not voicemail
  - Support staff monitor inbasket pools and messages

Utilization of MyChart

- Medical questions
- Lab results
- Prescription requests
- Appointment requests

Interventions

Provider education and collaboration

- Align care with evidence based practice and regulatory agencies
  - Medication Prescribing
    - Antibiotics, controlled substances, etc
- Emergencies and elevation of level of care
- Ongoing didactic sessions
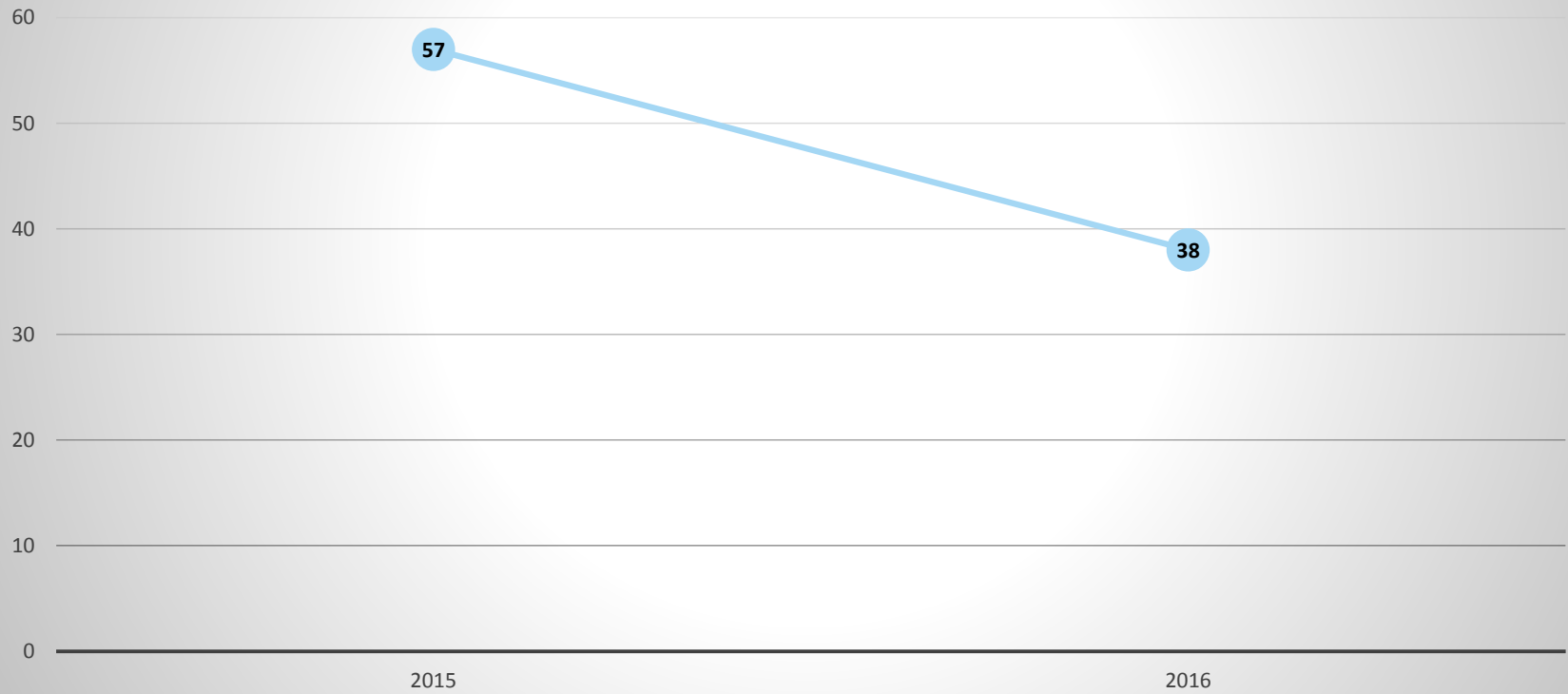
Standard patient scheduling templates

- Separation of acute providers and primary care providers
- Single appointment length

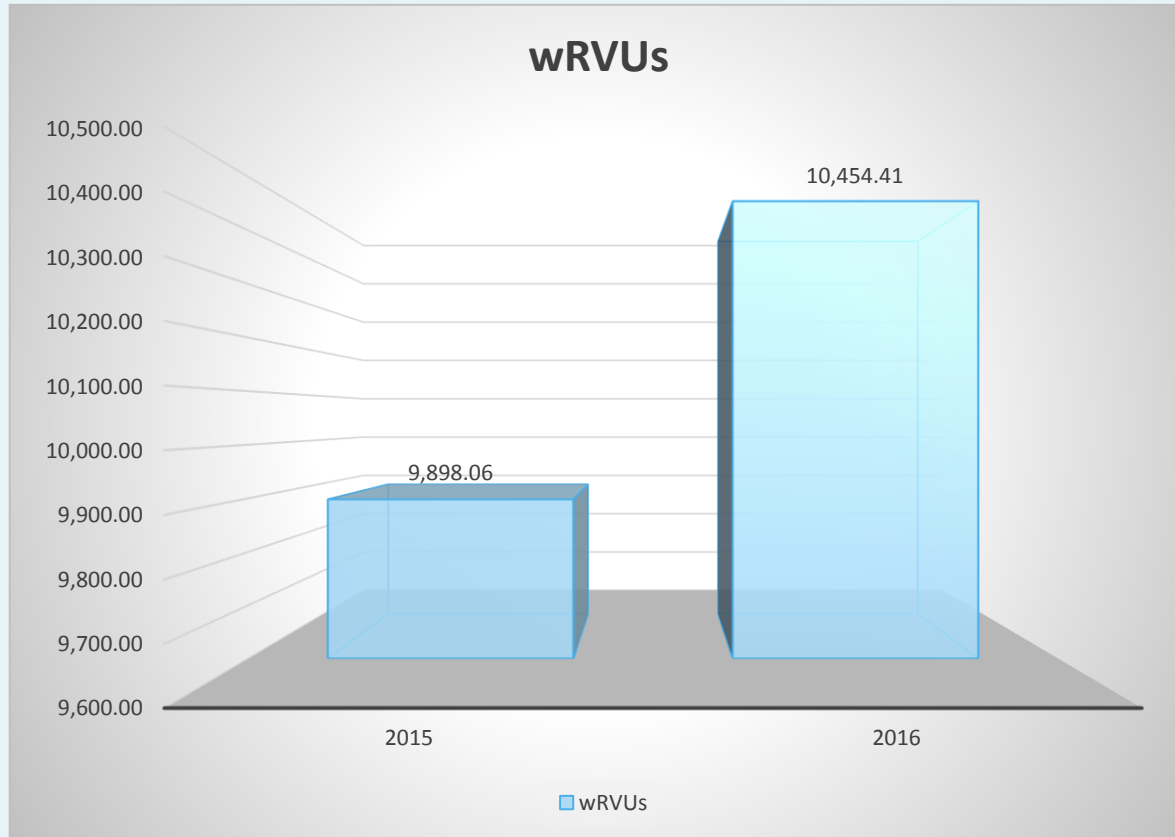**Decentralized outgoing referral completion**
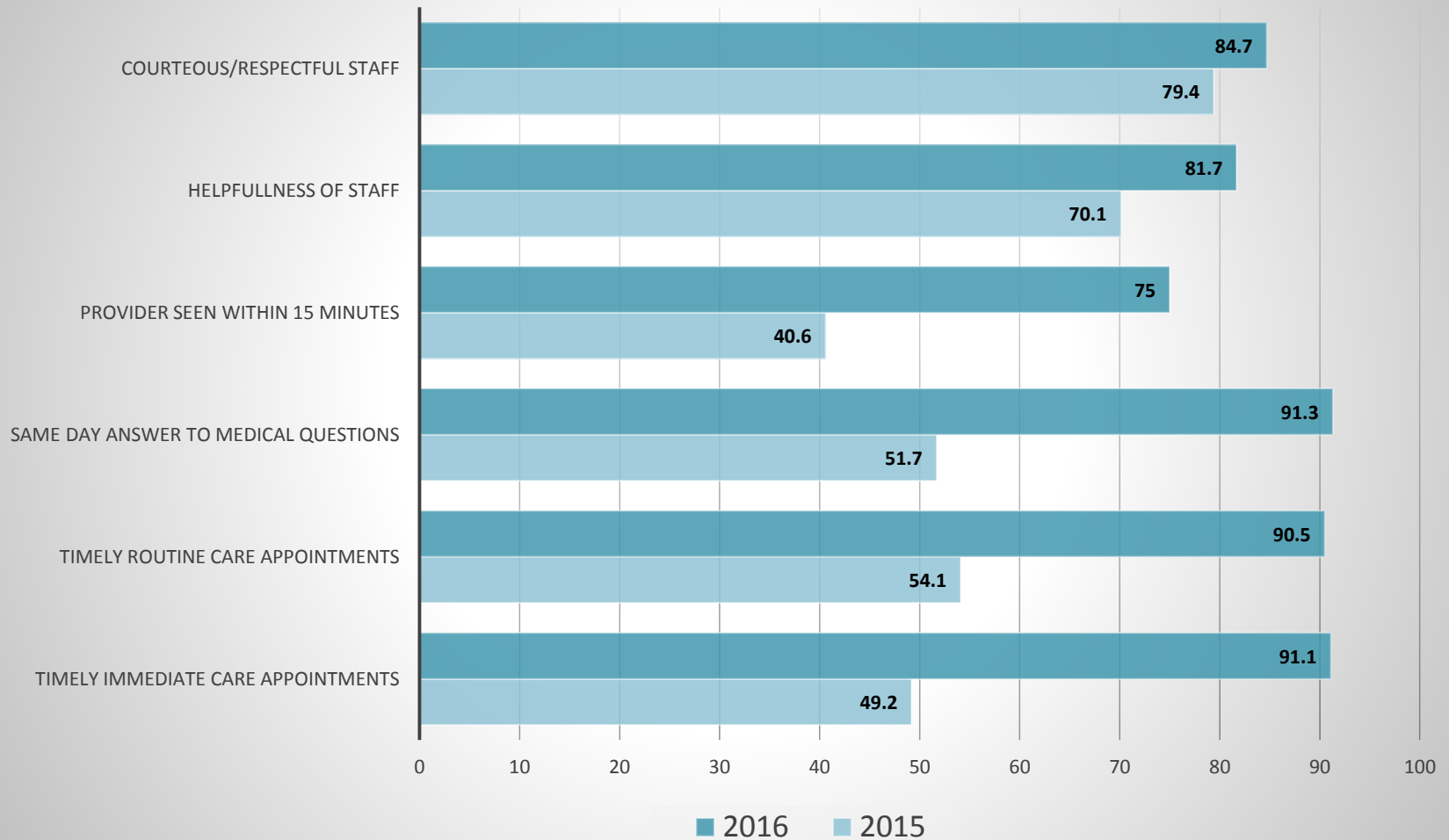
Outcomes

Appointment Cycle Time
(Minutes)

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Outcomes

HealthStream CG-CAHPS Top Box

Category	2016	2015
COURTEOUS/RESPECTFUL STAFF	84.7	79.4
HELPFULLNESS OF STAFF	81.7	70.1
PROVIDER SEEN WITHIN 15 MINUTES	75	40.6
SAME DAY ANSWER TO MEDICAL QUESTIONS	91.3	51.7
TIMELY ROUTINE CARE APPOINTMENTS	90.5	54.1
TIMELY IMMEDIATE CARE APPOINTMENTS	91.1	49.2

Challenges

Defining clinic culture and care model

- Building trust
- Developing education plans
- Defining scope of practice for clinical staff
  - Broad regulations and standards for ambulatory care
- Patient Centered Care
  - Realigning providers as part of a care team rather than independent agents
  - Emphasizing evidence-based care and the value of diagnostic and therapeutic consistency across providers

EHR Integration

- Validation and utilization of workflows
- Development and revision of policies to support care through use of EHR
- Staff education and training

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Changing a culture

- Staff and provider participation enhances buy-in
- Consistent, cohesive and engaged clinical and operational leadership is critical
- Team-based culture begins at provider and staff recruiting and must be reinforced regularly
- Adapting to patient's expectations for convenient options for care
  - E-visits, MyChart correspondence, Scheduling tickets

QUESTIONS