Building Patient Care Continuity with Prepared Practice Teams

PATRICIA DONOVAN: This is Patricia Donovan from the Healthcare Intelligence Network. Today I am speaking with Beth Waterman, vice president of primary care and clinic operations at Health Partners. Health Partners was awarded a Pursuing Perfection in Health Care grant in 2002 and is one of 13 organizations worldwide that are part of this initiative from the Institute of Health. Beth will talk about her team's work at HIN's audio conference, on "Building Patient Care Continuity with Prepared Practice Teams". Thanks for joining me today Beth. To begin with I know this is going back to 2002, but tell me about the two day rapid design session where everyone got together to flush out the details of the Prepared Practice Teams.

BETH WATERMAN, VICE PRESIDENT OF PRIMARY CARE AND CLINIC OPERATIONS AT HEALTHPARTNERS: Sure. It is going back a ways. It's several years, but when we first started our work with our Prepared Practice Teams we decided to get a group together for 2 days, and it was a methodology that we had used previously for other improvement efforts. But this is the way that we are able to get everyone in the same room and actually hammer out the details of the workflows that we want to change. And so we had teams from several sites, we had three pilot site clinics that were involved in the rapid design session, and we also involved patients in that rapid design session. So the clinic teams were made up of physicians, rooming nurses and we used either a certified medical assistants or LPN's as rooming nurses, RN's and then our clerical staff as well, as well as patients and then facilitators to help with the design. So we looked at workflows, the way they currently were and then how we would like to change them. And to prepare for that session we used a lot of our quality improvement resources. We have a limited number of staff in that area, but very strong staff. So they helped us to design

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the curriculum for those two days and also did the facilitation of the event.

PATRICIA DONOVAN: Thank you Beth. If I could just follow up on that. It's intriguing that you included patients. I know they're at the center of this whole idea, but how did you go about choosing patients included on the team?

BETH WATERMAN: We have several ways that we chose patients to be on our teams as well as on our patient councils. And often times it is the patient who gives us the most feedback, and it's not always positive feedback but we chose those patients that we think could come to the table and represent something beyond their own agenda. Because that's the important thing is that you don't want the discussion to be sidelined by the details of that particular patient's issues. So we try to choose patients that we think could have a broader interest in how to improve what we're doing, not just improve what is best for their particular issue. So we identify patients, usually through physicians in the sites, and the clinical staff identify people they think would be good for that. We also, since then, not at that time, but now we currently on our website ask people if they would like to join our patient council and they essentially go through an application process for that.

PATRICIA DONOVAN: And do you get a good response to that?

BETH WATERMAN: We have a really good response. And in fact have had to be pretty selective and go through an interview process and everything. So we have enough candidates that not everyone gets to be on the patient councils, but then we keep their names and use them in other areas when we're doing things. Like rapid designs, or sometimes we will have a local patient council at one clinic or we may have just a couple of things that we want to test with patients. So we kind of use them in different ways.

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PATRICIA DONOVAN: Thank you Beth. Prepared Practice Teams include administrative staff. What responsibilities would a receptionist or other clerical employee have as a practice team member?

BETH WATERMAN: A couple of areas that they have really begun to focus their efforts; one would be the typical clerical or receptionist duties that they have traditionally done. But we have streamlined those and also standardized their workflows, so that we make sure that they're capturing all of the information correctly and that there's scripting and details that they are doing that make sure that the patient is getting a consistent experience no matter where they would go in our systems. So that's sort of their traditional role, and we've enhanced that a little bit but also streamlined it and made it more consistent. We also have them working as a member of the Prepared Practice Teams that we've identified, and as a member of that team they also get involved in calling patients with reminders for testing or follow up information. So consequently we have seen a definitely less turnover in that role which has been wonderful. They say that they feel much more gratified in their work and feel like they're more a part of the team and have been able to make stronger relationships with the patients, so it's been a positive thing.

PATRICIA DONOVAN: I see, and has their inclusion effected or changed the way that you recruit administrative personnel?

BETH WATERMAN: Well we like to recruit administrative personnel who are friendly and people staff, who that hasn't really changed although we are just now beginning a process where we will interview people ahead of time with some specific criteria about their service strengths, and their people interaction skills. So we have not done that very much in the past but we are starting to do that more and more.

PATRICIA DONOVAN: Do you mean a telephone prescreening interview before you bring them in?

BETH WATERMAN: We actually bring them in; it will be a full assessment. It will be an online tool that we use.

PATRICIA DONOVAN: Thank you Beth. And how have the teams been integrated into continued efforts to improve care?

BETH WATERMAN: We initially started by identifying who are the members of the Prepared Practice Teams and identified Prepared Practice Teams at each of our locations. We have over 20 primary care clinic sites where we started this work. It's now in our specialty areas as well. And we took the Prepared Practice Team which was our first step and then focused on what we call our care model process. And basically defined the workflow for each of those roles on the Prepared Practice Teams, made it consistent from site to site as well as from Prepared Practice Team to Prepared Practice Team. So we defined the roles and basically it's about making sure that the right person is doing the right job as well as standardizing the workflows. So it's really those two components that have really built our care model process, and we have used our electronic medical record to basically facilitate that process.

PATRICIA DONOVAN: I see, and how does the health record come into play there?

BETH WATERMAN: I think it would be difficult to do a lot of the standardization without the electronic medical record. That allows you to really have the reminders, to have the information, to have the after visit summaries. A lot of tools that we use in order to standardize those workflows and basically not rely on memory to do the things that we need to do to improve the care for our patients.

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PATRICIA DONOVAN: And finally, now that Prepared Practice Teams have been implemented organization wide, is the approach periodically evaluated? And how are modifications communicated to all of the teams?

BETH WATERMAN: We have a fairly structured oversight for care model process which includes our Prepared Practice Teams and what we're doing, and we have an oversight team, our care model process oversight team. We send our quarterly modules that are improvement updates because we're making changes all the time whenever we have workflows there's always someone who can improve upon those workflows, so we try to only make changes that can be done everywhere, and we do it all at the same time. So we have ways of communicating that information to all the teams, we also have periodically get the teams together in what we call a collaborative, a team from each location and this Fall we're going to be doing site specific collaborative so we're going out to each of the sites and basically training everyone at the site in some of the work that we're doing with improving our experience for patients. So we have many different methods in which we get the word out and how we make changes, but most important thing is that it needs to be structured and consistent across the whole area.

PATRICIA DONOVAN: Those are all the questions I have today Beth. Thanks for being with us and we're looking forward to hearing more from you during the audio conference. To register or get more information about this conference, please call 1-888-446-3530. This is Patricia Donovan for the Healthcare Intelligence Network.