Care by Design

University of Utah Redstone

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Introduction

"Care by Design" at the Redstone Clinic in Park City, part of the University of Utah Health Care System, was designed in 2005 to deliver primary care differently. Workflows, staffing and the facility itself were built to enhance the patient experience, support team based care, and fully leverage the training of physicians. The goal is to provide a no-waiting, one-room care experience for the patient. The facility, with a bit of a hotel concierge feel, reflects and supports this goal, with little space dedicated to waiting, seamless flow between areas and co-location of teams for clear communication. A higher than usual staffing ratio (5 MAs for 2 physicians) with the MAs responsible for scribing much of the visit, frees up the physician to more fully attend to the patient.

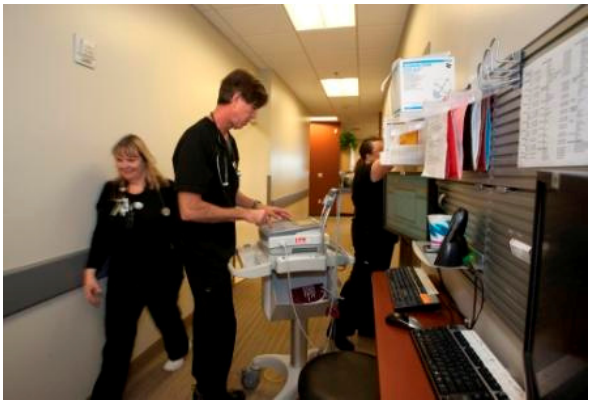
Facility

One of the first thing a visitor notices on entering the clinic is the quiet, calm atmosphere. There are no blaring televisions. No crowded waiting areas. The physical space mirrors the design principles of seamless flow without rigid boundaries. Line of sight allows the clinic manager to keep a finger on the

pulse of reception, and help out as needed. The retail pharmacy flows into the reception space which flows into the clinical areas. The reception area, with plenty of natural light, includes a

coffee stand and wireless internet.

In the clinical area each row of exam rooms is bounded by a patient hallway on one side and a service hallway on the other, so that patient flow is separated from work spaces. The patient hallway is a quiet corridor by which the patient is brought to the examining room. The service hallway is the area where staff interact and prepare outside of the room. This layout avoids the common clinic experience of patients walking through clinical work areas overhearing conversations about other patients, or families navigating wheelchairs around EKG machines stationed in a crowded multi-purpose hallway. Patients enter the exam room from one side, the staff from another. There are no desks in the exam room, instead there is a movable computer cart used by both the MA and the physician. A printer in every room eliminates multiple trips in and out of the room.



There are workstations between exam rooms in the service hallways. This is where staff prepare for the patient visits, and do work between appointments. A large white board in the common area allows “situtational awareness” identifying what teams are in that day and who is working with whom. A large screen monitor reflects patient calls to be returned.

Workflow: Start to finish all in one room

Huddles: The staff huddle for 15 minute at beginning of day, with 5 min of general announcements for the entire clinic, followed by team-specific previews of today's patients.

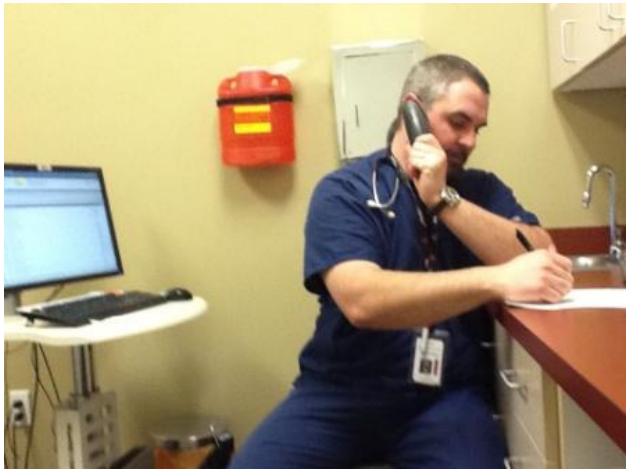
Check-in: On arrival the patient checks in with the facilitator. The reception area is small, about 10 chairs, reflecting the goal that patients spend very little time in this area. Under ideal circumstances, the patient is immediately brought back to the clinical space by one of the MAs who has been up front waiting their arrival. Most functions traditionally performed by a receptionist, such as insurance verification and collection of co-pays, are done by the MA in the exam room. Whereas many clinics have one receptionist for every two physicians, the Redstone Clinic has one receptionist for 8-10 physicians on any given day. Some of the resources saved on reception staffing are applied to a higher ratio of MAs per provider.

"Arriving" : In addition to the insurance tasks the MA is also responsible for obtaining vital signs, reconciling medications and documenting the reason for the appointment. For a problem oriented visit, such as sinusitis, the MA asks the patient a sequence of questions prompted by a condition-specific template within the EHR. At the time of the annual exam, the MA may also record the family and social histories.

Physician visit: After alerting the physician to the nature of the visit the MA returns with the physician and scribes portions of the note in real time. Some doctors chose to type the history themselves while talking with the patient, others delegate this task to the MA**.** While the doctor performs the physical exam, the MA records the findings using a series of templates customized for visit type. The MA may also

queue up orders requested by the physician for labs, x-rays, and medications. The physician signs in as herself, and the MA scribes under the physician's password. We observed a ballet-like choreography between the MD and MA as they used the same computer at different times during the visit. This fluidity and task sharing would not be possible if the MA and MD were required to sign in and out between each transition.

After visit: When the physician completes her work she leaves the room. The MA remains with the patient, draws bloods, schedules x-rays or referral appointments, and then prints and reviews the after visit summary with the patient. The goal is to accomplish all of the care elements for the patient in the exam room.



Between visit work: For every 8 hours of direct patient contact there is another 3 hours of between visit work for the physician: finishing the visit note, signing prescriptions, responding to patient emails, and inbox messages from staff. Workstations in the service hallways immediately outside the exam rooms allow the physicians to do bits of this work in the moments between patients, but the majority of this work is done outside of clinic sessions.

Messaging: All patient calls are first directed to a call center in Salt Lake City where a nurse reviews and then directs the message to the appropriate physician's medical assistant, who sends it on to the physician. The physician will review, and forward instructions to the MA, who will then contact the patient. If the call is for a prescription refill it will first be directed to a pharmacy tech who will research the request, extract pertinent information for the physician (i.e. dates/results of last TSH and last appointment for a request for renewal of thyroid

replacement). The physician then types a response ("refill and schedule patient for an appointment") and forwards to an MA.

Everyone on staff wears a Vocera communication device with ear piece. Voice activated commands allow staff to connect with whomever they request. We saw this used between the facilitator and the clinic manager and between facilitator and MA.

Workforce: To support the Care by Design model there are 2-2.5 MAs per provider, grouped in teams of 4-5 MAs and 2 providers. There is one nurse, who places IVs and trains and yearly recertifies the MA's. The newly hired pharmacist's role is still under development, but includes managing the diabetes registry, preparing prescription renewal requests for providers, and performing medication reconciliation and medication instruction for complex patients. A nurse care manager position is under consideration.

Change Processes

Standard Work/Standard Room Set Up: Standard workflows for MAs and standard room set ups allow flexibility for staffing and room utilization. Any provider can work equally well in any of the exam rooms, knowing how to reach for supplies. Although the 4-5 MA team typically works with the same 2 physicians any MA could work with any provider.

Role Modification: As MAs acquired new skills and responsibilities, such as check-in and billing, they were rewarded with increases in pay scale. MAs also report satisfaction from learning more. Some physicians were initially reluctant to have another person in the room, but quickly learned that the scribing model allowed them more face-to-face time with the patients.

Flexibility: Providers are allowed to implement scribing to the degree they are comfortable.

Next Steps: The clinic director expressed the hope for three further improvements: a kiosk check-in in the reception space; improvements in the call center, which is currently the biggest source of patient dissatisfaction; and pre-visit planning as part of the medical home activities. The clinic has plans to apply for NCQA medical home.

Change lessons: The clinic medical director emphasized that during a change process doctors need to be heard; they have found it useful to allow some flexibility at the level of the individual practice, for example, some physicians have their MAs scribe all of the visit, some only portions.

Meet often: Redstone has monthly meetings of providers and staff working out little details such as docs requesting that MAs get the messages to them before lunch, so they can work on these during lunch.