Primary Care Innovations: 
Stories from the Field

PCPCC Webinar
Christine A Sinsky, MD
Thomas A. Sinsky, MD
June 29, 2012
In Search of Joy in Practice

Co-Investigators

• Christine Sinsky- PI
• Tom Bodenheimer-PI
• Rachel Willard
• Tom Sinsky
• Andrew Schutzbank
• David Margolius
Advisory Council
Places Where PC Physicians & Staff are Thriving?

- Where the work of primary care is do-able
- Enjoyable as a life’s vocation
Joy in Practice

Site visits to 23 high-performing practices (most PCMHs)

Workflow
Task distribution
Physical space
Technology
Challenges

- Chaotic visits
- Inadequate support
- Teams function poorly
- EHR → work to MD
- Time documentation
Challenges

1. Chaotic visits with overfull agendas

Innovations

Family doctors are overwhelmed with patients, procedures and paperwork. Many are leaving the field, creating a scarcity of primary-care physicians. (Christopher Serra, For the Times / June 27, 2011)
Fairview: Care Model Redesign
MA pre-visit call
Agenda, Med review
Depression screen
Advanced directive
Mayo-Red Cedar arranges for pre-visit lab
Same day pre-visit lab (15 min)
ThedaCare
Annual Prescription Renewals

- Physician time
  - 0.5 hour/day

- Nursing time
  - 1 hour/day per physician

- 80 million PC visits/year

350,000 PCPs x 220d/yr x 1 visit/d
Challenges

1. Chaotic visits with overfull agendas

Action Steps
Challenges  Innovations

2. **Inadequate support** to meet the patient demand for care

- Sharing the care among the team
  - 2:1 or 3:1
  - Rooming protocol
- Between visit
- Health coaching
- Care coordination
- Panel mgmt
Physician centric to team based model Immunization, diabetic foot, lifestyle, HTN visits; even though 25% more visits/day, less harried; proud
Genesis: 3 week vacation

New Model of Nursing

• Doctor to nurse:
  – I was behind an hour every day. Thank God you are back!

• Nurse to doctor
  – I enjoyed my time away from the daily grind that I was tempted not to return.

• Doctor and nurse
  – Our practice needs to change
Challenges

2. **Inadequate support** to meet the patient demand for care

Action Steps

**Educators**
- MA, nurse: MI, SMS

**Institutions/Regulators**
- Staffing
- Scope of practice ↑

**Payers**
- Fund non-MD services

**Technology**
- Team log-in
Challenges

3. Vast amounts of time spent documenting care

More time doc than delivering care

Innovations

"Livin' the dream—how about you?"
I used to be a doctor. Now I am a typist.

Personal communication. Beth Kohnen, MD, internist Anchorage AL 8.3.11
3. Vast amounts of time spent documenting care
Scribing: Newport News Family Practice
Collaborative Care
Newport News

- What we all hoped for
- Team: 3:1 Nurse/physician
Collaborative Care
Newport News

Four Components to Visit

- Data gathering, organizing and documenting
- Data analysis and exam
- Decision making, creating a plan
- Plan implementation, order entry, pt ed
Collaborative Care
Newport News

Four Components to Visit

- Data gathering, organizing and documenting
- Data analysis and exam
- Decision making, creating a plan
- Plan implementation, order entry, pt ed
Pre-visit: Nurse with Pt (8-12 min)

- Nurse gathers, records
  - Vitals, Med Rec.,
  - Previous two notes
  - ER, Consult notes,
  - New lab or x-ray
  - Agenda, HPI
  - ROS guided by templates
Visit: Nurse, Patient and MD

- Nurse gives report
- M.D.
  - Hx, PE
- M.D.
  - verbalizes med changes
  - lab, x-ray orders
  - diagnosis/billing codes
  - next followup appt.
- Nurse records
Post-visit: Nurse with Patient

- Nurse
  - Reviews plan
  - Prints and reviews visit summary
  - Escorts the patient to checkout
- US Army
Scribing at Cleveland Clinic

Kevin Hopkins M.D.
Collaborative Care
Cleveland Clinic: Stonebridge

- Turbo practice
  - 2 MA: 1 MD
  - 2 pt/d cover cost
  - 21 → 28 visits/d
  - 20-30% ↑ revenue
  - Spread to others
  - We’re having FUN
The MA’s are more fully engaged in patient care than they have ever been and they enjoy their work...They have increased knowledge about medical care in general and about their individual patients in particular.

Kevin Hopkins M.D.
Collaborative Care
University of Utah: Redstone

- 2.5 MA: 1 MD
I get to look at my patients and talk with them again. We’re reconnecting…. Our patient satisfaction numbers are up, our quality metrics have improved, our nurses are contributing more, and I am going home an hour earlier to be with my family.

Amy Haupert MD, family physician, Allina-Cambridge 11.29.11
personal communication
Office Practice of the Future
Quincy Family Practice Residency

- 2 MA: 1 LPN: 1 MD
Collaborative Care

- Six sites
- Similar results
  - Access 30% ↑
  - Costs covered
  - Satisfaction ↑
  - Quality metrics ↑
  - Physician
    - home hour earlier
    - no work at home
Challenges

3. Vast amounts of time spent documenting care

Action Steps

"Livin' the dream—how about you?"
Challenges

4. Computerized technology that pushes more work to the clinician

Innovations

I thought you were supposed to be user-friendly!
The task list is unbearable. I spend 1.5 hours clearing out my task list before leaving and another 1.5 hours at home after the kids go to bed.

Primary Care Physician, Des Moines, IA; 2011
4. Computerized technology that pushes more work to the clinician.
Fairview: Filtering Inbox

Reduce “backpack” 90min/d to few min

Line of Sight
Verbal messaging at Fairview rather than getting tangled in a thicket of e-messaging.
Printer in every room
University of Utah Redstone
Challenges

4. Computerized technology that pushes more work to the clinician

Action Steps

• ↓ message generation
• Nurses filter inbox

Regulators

• Security modifications
• ↓ signature requirements

Technology

• Quick log in
• Save a click

I thought you were supposed to be user-friendly!
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Innovations</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. <strong>Teams that function poorly</strong> and complicate rather than simplify the work</td>
<td>support trust and reliance</td>
</tr>
</tbody>
</table>
Flow station at North Shore Physicians Group
Fairview
Co-location of scheduler
Co-location at South Central Foundation, Alaska
Pre-clinic Huddle
Team Meetings

Do Work + Make Work Better
Health coach running meeting “we all own practice, own meeting”
ThedaCare: All staff trained in QI, Pulling in same direction, capacity for change
Clinic walls lined with data
ThedaCare
Lean Problem solving
Harvard Vanguard Medical Associates
26 Improvement Specialists
South Central Foundation, Alaska
5. **Teams that function poorly and complicate rather than simplify the work**

**Innovations**

**Action Steps**

- Co-location
- Line of sight
- Space for huddles
- Time for meetings
- Improvement specialists
- Aligned reporting (MA/nursing to clinical lead)
Key Lessons

For ↓ Burnout and ↑ Joy

• Share the care with team
  – 2:1 or 3:1 staffing in stable
  – Physician-centric to team-based care

• Clear communication
  – Co-location
  – Team meetings

• Systematic Planning
  – Workflow mapping
  – Everyone: do the work & to make work better
Next Steps

- Individual Stories
  - Will be published online at ABIMF paper

- Video project
  - 10 of the 23 sites

- Toolkits/Learning community
  - Practical advice

- Campaign for “envy and demand”
  - BWH
Discussion