Oregon Medical Group
Team Medicine
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Oregon Medical Group is a physician owned, primary care heavy, multispecialty group practice with over 120 providers in 20 specialties. In existence since 1988, care is provided in 13 locations for 35% of the population in Eugene and Springfield. On average, 425,000 patients are treated per year.

- Audiology
- Behavioral Health
- Dermatology
- Endocrinology
- Family Practice
- Gastroenterology
- Internal Medicine
- Internal Medicine/Pediatrics
- Neurology
- Nurse Practitioners
- Obstetrics/Gynecology
- Otolaryngology
- Orthopedics
- Pharmacist
- Physician Assistants
- Pediatrics
- Physiatry
- Physical Therapy
- Podiatry
- Radiology
- Rheumatology
- Care Manager Service
- Laboratory Service
- Anticoagulation Service
- Imaging Services
  - CT
  - DEXA
  - Mammography
  - MRI
  - Nuclear Medicine
  - Ultrasound
Catalyst for Change

- National Level
  - Accountable Care Act
    - Governmental accountability of healthcare providers
    - Higher demand for services with additional insured patients
  - Provider supply and demand
  - Meaningful Use
  - Older, sicker patients
  - More chronic disease
  - Insurances
    - Competing definitions of quality
    - Risk Contracts

- Local Level
  - Community physician supply
  - Retiring physicians – old guard
  - Difficulty hiring new physicians
  - New physician/PA production not the same
  - Hiring “green” physician assistants
  - Culture Change – physician compact
  - Work – life balance of new physicians
  - Need for a more complex knowledge base
  - Improving patient care and quality
  - Population Management
  - Insurance risk contracts

The Problem

- 3,700 patients displaced over 3 months due to retirements in one Internal Medicine clinic
- Remaining 5 physician’s panel size average 1,200 patients
  - Physicians set their own schedule
  - Long term physicians have no production goals
  - Physicians paid on a production model
- Most physicians didn’t want to expand panel size
  - Meaningful Use
  - ICD – 10
  - EMR documentation time
- 1 provider to 1 medical assistant
- Potential lost of Comprehensive Primary Care Initiative dollars
The CPCI is a CMS four year pilot project aimed to better coordinate care for patients by:

- Manage Care for Patients with High Health Care Needs
- Ensure Access to Care
- Deliver Preventive Care
- Engage Patients and Caregivers
- Coordinate Care Across the Medical Neighborhood
  - RN Care Managers
  - Behavioral Health Integration
  - Pharmacist
  - Diabetes Educator
  - Analysts
  - Population Health Software

- $1.24 million per year for two clinics: based on clinic population

Change is Inevitable, Growth is Optional

“The game of life is not so much about holding a good hand as in playing a bad one well”

H.T. Leslie
The Solution

- **Team Medicine**
  - Two volunteer physicians
  - 6 month transformation pilot project
  - CPCI dollars
  - Pharmacist Grant

- **Oregon Medical Group embracing Lean**
  - Two designated for Virginia Mason Institute Lean Facilitator Training

- **Population Health Management Pilots**
  - High Value Medical Home
  - Patient Centered Primary Care Home Model
  - Comprehensive Primary Care Initiative (CPCI)

- **Physician Compact**

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**Core Team**

- 2-4 Providers (2 PCP-1 APC) goal FTE/4
- 1 Care Coordinator (float)
- 1 Patient Relations (scheduler)
- 6,000 Patients

**Extended Team**

- 2-4 Rooming MA's (to match provider FTE)
- Clinical Pharmacist
- Diabetes Educator
- Triage

**Oregon Medical Group Team Based Care Model**
Team Medicine

• We build teams to serve patients.
• The Team Medicine model asks a lot of staff and providers:
  – Adaptable to change
    • Changing the way you do things
    • Changing schedules and days off
    • Changing locations/work areas
  – Commitment to training and follow through with new work processes
    • Taken off line
  – Empowering staff
  – Standardization
  – Increased communication between team members and patients
  – Being flexible

Team Medicine

• Reorganization
  – Required entire clinic reorganization
  – Provider and medical assistant in one office
  – New, stand up desks
  – Dual Monitors
  – Phones
  – Printers in every exam room
  – Medical assistants rotate weekly
  – Use of specialists to develop protocols
Clearly Identifying Roles
Medical Assistants

<table>
<thead>
<tr>
<th>Care Coordinator MA+</th>
<th>Patient Relations MA</th>
<th>Rooming MA’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>• EKG</td>
<td>• Take Incoming calls</td>
<td>• EKG, Spirometry</td>
</tr>
<tr>
<td>• Spirometry</td>
<td>• One touch</td>
<td>• Chart scrubbing 2 days in advance</td>
</tr>
<tr>
<td>• Assistant Only Schedule</td>
<td>• Document phone message in EMR if can’t take care of issue</td>
<td>• Room patients</td>
</tr>
<tr>
<td>• Desktop Management</td>
<td>• Work with MA+, Doctors, PA’s to resolve patient calls</td>
<td>• Preventative care services</td>
</tr>
<tr>
<td>• Look at all desktops</td>
<td>• Follow-up calls – Back up</td>
<td>• Document family, social and surgery history</td>
</tr>
<tr>
<td>• Take care of what they can</td>
<td>• Schedule same day, follow up appointments</td>
<td>• Other duties, MA workflow team</td>
</tr>
<tr>
<td>• Manage Walk-ins/open access</td>
<td>• Schedule patients with care gaps</td>
<td>• Result calls</td>
</tr>
<tr>
<td>• Forms – Referrals, PA’s, record requests</td>
<td>• Attend Front Office Operations</td>
<td>• Prepare orders</td>
</tr>
<tr>
<td>• Team huddle prep for the day</td>
<td>• scheduling meetings</td>
<td>• Preventative Services</td>
</tr>
<tr>
<td>• Take calls – 1 Touch resolution</td>
<td>• Assist with Desktops</td>
<td>• Known lab requirements</td>
</tr>
<tr>
<td>• Covers breaks and lunches</td>
<td>• Back-up all other MA’s</td>
<td>• Update Med list</td>
</tr>
<tr>
<td>• Assists with high activity patients</td>
<td>• Desktop Management</td>
<td>• Print visit instruction/summary to give to patient</td>
</tr>
<tr>
<td>• Back up rooming MA’s</td>
<td>• Look at all desktops</td>
<td>• Pulse Ox</td>
</tr>
<tr>
<td>• Coordinate with Care Managers and Pharmacists</td>
<td>• Take care of what they can</td>
<td>• Desktop Management</td>
</tr>
<tr>
<td>• Hospital/ED/Nursing Home – Coordinate with Care Managers</td>
<td>• FMRA, IDX’s (during appt)</td>
<td>• Look at all desktops</td>
</tr>
<tr>
<td>• Follow-up calls – when referring patients out</td>
<td>• Workflow</td>
<td>• Schedule f/u appointments in room</td>
</tr>
<tr>
<td>• Faxes and Mail</td>
<td>• Pre-huddles</td>
<td>• Fax outgoing paperwork</td>
</tr>
<tr>
<td>• Attend Back Office lead meetings</td>
<td>• Huddles</td>
<td></td>
</tr>
<tr>
<td>• Copy management with meeting minutes/updates</td>
<td>• Protocols</td>
<td></td>
</tr>
</tbody>
</table>

Team Medicine

• One Touch Philosophy
  – Resolve issues in real-time as they arise without passing to someone else
  – All calls directed to back office
  – Scheduling done by back office
    ➢ On phone
    ➢ In exam room

• Exam Rooms
  – Standard rooming process by all medical assistants
  – Standard exam room set up

• Weekly training meetings
  – Workflow
  – Pre-huddles
  – Huddles
  – Protocols
Team Medicine

- Preventative Care
  - Protocols for Preventative Care Services reviewed at every visit
  - Diabetic protocols reviewed at every visit for diabetics
- Pharmaceutical Protocols
  - Scheduled Med Agreement and Material Risk Notice
    - Patients are held to the terms of the signed agreement
    - All patients on scheduled meds
  - Scheduled meds:
    - 3 * 28 day prescriptions given at office visit
    - Follow Up appointment for Rx refill every 12 weeks
    - Morphine equivalent developed by Pharmacist
  - Random Drug Screen
    - U PAIN MANAGEMENT QUICK PANEL ($99)
    - Doesn’t reflex for positives

Lean

Just In Time
Operate with the minimum resources required to consistently deliver:
- Just what is needed
- In just the required amount
- Just when it is needed

One-piece Flow
Production

Pull System
Production

One-Piece Flow Production System

Lean: Virginia Mason Institute Model

Cost Reduction Through the Elimination of Muda (Waste or Non-Value Added)
Lean

• **5S - Sort, Simplify, Sweep, Standardize, and Self-Discipline:** Benefits of 5S are improved productivity (less time searching and walking, easy access to supplies and equipment), cost cuts (standard supplies identified, each work area has only the needed supplies), promotes safety (removes outdated items, prevent unnecessary bending and lifting). Anyone can identify missing supplies.

  – **Exam Room Standardization:** Standardizing various clinic’s exam rooms. With standard exam rooms any provider can see any patient in any room. By providing exam rooms that are uniform, consistent and efficient, providers don’t have to leave the rooms and waste time looking for supplies and will have more valuable patient contact time.

  – **Supply Room Standardization:** Removed unused and expired inventory. Redistributed unused throughout the Group. Anyone at the clinic can now do reordering due to standardized labeling, par values and location.

Lean

• **Waste Walks:** Looking for waste of supplies in the form of overstock or items not being used, waste of motion (taking unnecessary steps to retrieve items that are not in exam rooms) waste of time (patients, staff or provider time spent waiting on a processes or digging through unorganized items) and defects (things not done right the first time causing rework).

• **Timed Observations:** Using Lean processing in the timed observation of processes to help identify a work flow that eliminates variances
Team Medicine Lessons Learned

• Critical to success:
  – The patient is placed first in all decision making.
  – Volunteers
  – Accountability is needed 100% of the time
  – Every team member is to work at top of license/capabilities
  – Workflows created by the team doing the work
  – Changes in workflow are decided by the team
  – Quickly making team member changes

Team Medicine Lessons Learned

• This takes months to organize and start
  – Over educate
• There will be fear
  – Not everyone is a team player
• Evaluate staff skills before assigning requirements to the staff
• Ensure providers have EMR skills
  – No new providers
• Provide an EMR tip at every meeting
• Continuous Improvement
  – Reeducate
  – Frequent discussions
• Documentation
  – Don’t assume it is done or done well
  – Develop a standard for a complete and accurate EMR document
Team Medicine Lessons Learned

• Medical Assistants control more, (or less), than you know
  – Schedules
  – Flow
  – Panel size
  – May not want to work to the highest level of certification
  – May not be a team player
  – No one watching me syndrome
    • Overtime
    • Cell phones usage, calls and texting
    • Internet usage
      – Social Media
      – Shopping

Team Medicine Lessons Learned

• Medical Assistants become accountable to each other in a team
  – No one watching me syndrome is defeated
  – Empowered to do work (work lists, lab results, etc)
  – Complete work on time
  – Prescription refill protocol
  – Preauthorization prescription protocols
  – Preventive service protocols
  – Can call out a provider when he/she is not following a process
  – Can hold a provider accountable – providers can’t make arbitrary changes

• Meaningful use is easily met
• Acuity coding increases
• Charges increase
Team Medicine Lessons Learned

- Implement small changes to speed up team medicine implementation across organization
  - Physician compact
  - Pre-Huddles
  - Huddles
  - Protocols
  - Lean Processes
    - Standard patient rooming
    - Standard exam rooms
    - Standard supply rooms
  - .rf quick text
  - Population management
    - Move away from episodic care

Team Green Doc A Production encounters

- Every team member leaves the office by 5:30 pm.
- The team, with 2.6 FTE providers, is currently responsible for 5,200 patients.
Team Medicine Moving Forward

- Not everyone is a team player
  - What to do with providers who can’t play nice
  - How to select medical assistants
  - How long to try it before removing physicians or staff
- Labor intensive process
  - How to quickly reproduce
- Develop and enforce standards
  - What to do with those who don’t follow
- Measure before and after
  - Production
  - Patient satisfaction
  - New providers production

Team Medicine Philosophy

- Quality Comprehensive Care
- Anticipating the Patients Needs
- Continuous Improvement
- Standard Work Process
- One Touch Philosophy
Questions?

- “Excellence is never an accident. It is always the result of high intention, sincere effort, and intelligent execution; it represents the wise choice of many alternatives – choice, not chance determines your destiny.”

Aristotle