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
### Project Name: Employee Clinic Redesign

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

<table>
<thead>
<tr>
<th>Team Member Name(s) and Discipline:</th>
<th>Providers</th>
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<tbody>
<tr>
<td></td>
<td>Clyde Brooks, MD</td>
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<tr>
<td></td>
<td>Valerie Buffaloe, FNP</td>
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<td></td>
<td>Karen Pilkington, FNP</td>
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<td>Howard Stallings, PA</td>
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<table>
<thead>
<tr>
<th>Clinical Staff</th>
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<tbody>
<tr>
<td>Ellen Boggs, CMA</td>
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<td>Kim Green, CNA</td>
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<td>Tina Hartley, CMA</td>
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<td>Michelle Jones, LPN</td>
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<td>Ashley Moore, LPN</td>
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<th>PAS Staff</th>
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<tr>
<td>Vivica Lockamy, Office Assistant</td>
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<td>Claretha Morning, Office Assistant</td>
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<td>Darlene Pyle, Office Assistant</td>
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Enhance patient experience and quality of care through the use of standardization with methods that can be reproduced for future projects
Goals

Improve patient cycle times by 20%

Maintain patient volumes during implementation of change

Improve CG-CAHPS scores by 10%:

<table>
<thead>
<tr>
<th>Access to care</th>
<th>Provider seen in 15 minutes</th>
<th>Helpful staff</th>
<th>Prompt responses to questions and needs</th>
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**Access to care**

- Provider seen in 15 minutes
- Helpful staff
- Prompt responses to questions and needs

**Improve CG-CAHPS scores by 10%**
Baseline Data

- Average appointment length: 57 minutes
- wRVUs 2015: 9,898.06
- Not meeting goals: CG-CAHPS
## CG-CAHPS Baseline Data

### Measures and Top Box Percentiles for 2015

<table>
<thead>
<tr>
<th>Measure</th>
<th>Top Box Percentile</th>
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<tr>
<td>Timely Immediate Care Appointments</td>
<td>49.2</td>
</tr>
<tr>
<td>Timely Routine Care Appointments</td>
<td>54.1</td>
</tr>
<tr>
<td>Same Day Answer to Medical Questions</td>
<td>51.7</td>
</tr>
<tr>
<td>Provider Seen within 15 minutes</td>
<td>40.6</td>
</tr>
<tr>
<td>Helpfulness of Staff</td>
<td>70.1</td>
</tr>
<tr>
<td>Courteous/Respectful Staff</td>
<td>79.4</td>
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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
Appointment Cycle Time
(Minutes)

Outcomes
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
Lessons Learned

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