Closing Patient Treatment Gaps While Maintaining Provider Wellness

Abstract Nathalie May, MD Department of Medicine Clinical Work Flow

Background: Medicine is ever evolving. We have better technology and better guidelines, yet quality of care and patient safety remain goals clinicians struggle to achieve. Since 2007, the goal for healthcare has been to improve patient satisfaction and reduce cost while improving the quality of care delivered. More recently, as a result of increased burnout among providers, the fourth leg of this framework was added to take into account the work-life balance required for all providers to succeed. There is a need to improve the workflow to ensure that we actually achieve the Quadruple Aim. We need a model to enable our providers to deliver quality care with improved outcomes in a cost-effective way that leads to better patient satisfaction and provider well-being.

Significance of Project: Patients are often seen by many providers from different institutions for their many ailments. Communication among providers is lacking. PCPs in particular must devote a lot of time and energy to figure out key developments about each patient to determine next steps. By utilizing a trained Medical Assistant to gather the necessary records prior to the patient's visit, we can shift the burdensome clerical and administrative work away from providers unto another available competent team member.

Objectives: The primary objective is to develop a template for the needs of PCP offices to ensure prompt access to pertinent patient information *before* an office visit following a transition in the patients care from an inpatient facility.

A secondary objective is to improve provider wellness by decreasing job stress specifically related to obtaining patient care data from outside providers or institutions.

Methods: One Medical Assistant was identified as the person who would get the records from providers and hospitals that patients scheduled for Follow-up In-Patient visits identified they saw since their last visit. That MA would scan the records into the EMR and task the provider to review on the day of the patient's visit.

Outcomes: Improved patient satisfaction and improved provider satisfaction and well-being.

Discussion: Pre-intervention surveys confirmed that patients believe it is the providers' duty to collect their laboratory, imaging and procedure results from collaborating hospitals and providers. Providers believe that these expectations lead to burnout. In order for this proposed model to work, sufficient staffing is necessary. The project was piloted in two PCP offices and received excellent ratings; providers had the information they needed to care for their patients and patients were pleased that providers were up-to-date on their health. Shifting the task of data-gathering to another team member allowed us to achieve the two goals of improving both patient and provider satisfaction as shown in the post-intervention surveys. We will only achieve the Quadruple Aim when patients appreciate that they are not simply another patient in a long list of patients, that their health and well-being come first, and that they are receiving cost-effective quality care delivered by energetic providers who sincerely care. Closing the patient treatment gaps is a model that will protect and invigorate providers and genuinely put patients first.



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Abstract

Achieving the quadruple aim requires that providers achieve patient satisfaction when delivering quality cost-effective care while maintaining their own well-being. By training a certified MA to retrieve key results from hospitalizations and ER visits, we would gain access to working diagnoses and therapeutic efforts that apply to our patients when they are being seen. We can then close the care gaps while protecting and invigorating providers who can genuinely put patients first.

Background and Significance

Patients are often seen by many providers from different institutions for their many ailments. Communication among providers is lacking. PCPs in particular must devote a lot of time and energy to figure out the care each patient has received to determine next steps. There is a need to improve the clinical work flow process to achieve three goals: patient satisfaction, provider satisfaction and provider wellness. Without the necessary records from hospitalizations, PCPs cannot accurately bill for Transition Care Management (TCM) visits nor can they provide complete care to their patients. This project will enhance my leadership skills by helping all Drexel primary care providers to be better able to address treatment gaps for their patients without spending extra hours gathering data. If successful, other departments can adopt the same work-flow for their providers.

Goals and Objectives

- 1. Decrease job stress and improve communication.
- 2. Increase provider satisfaction and patient satisfaction.

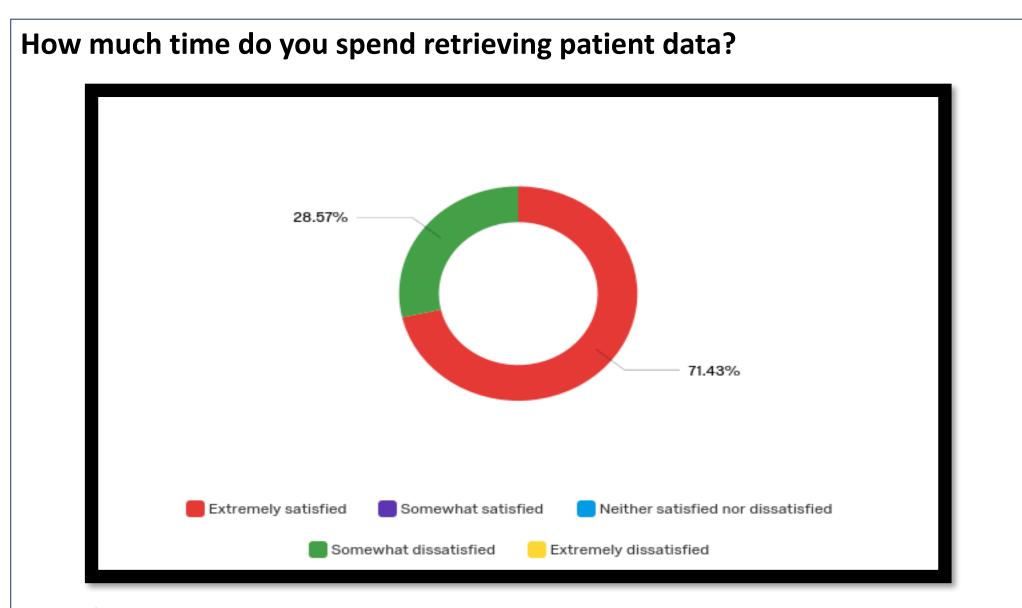
To develop a workable template for one team member to gather necessary patient information from outside providers before their follow up visit to assist in transition of care.

To improve provider wellness by decreasing the job stress related to obtaining data at patient care from outside providers.

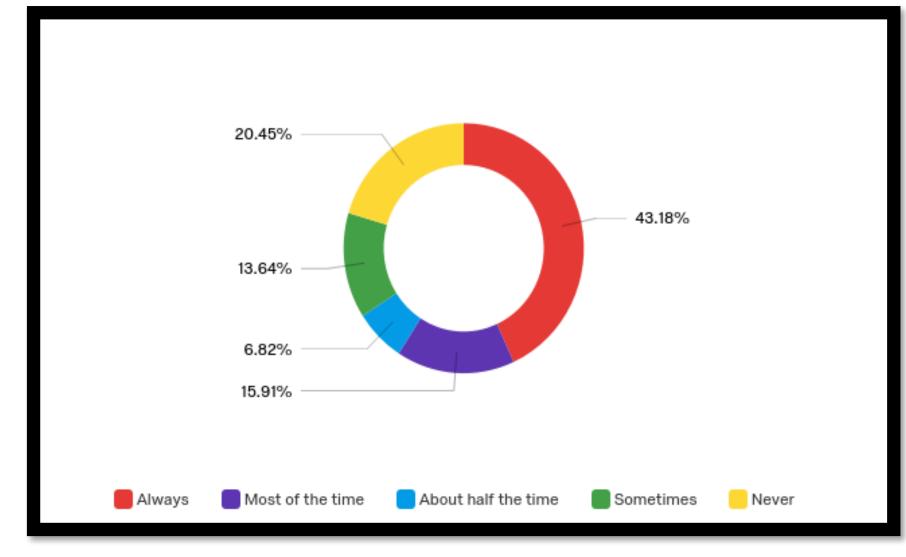
Methods and Approach

- -Identified one MA to gather records for patients who have had transition in their care from the two PCP offices piloting the project.
- -MA receives and reviews the list of patients scheduled for the coming week for FIP visits from area hospitals or Emergency Rooms.
- -Developed a standardized form to guide the MA to including outpatient reports, discharge summaries, imaging and procedure results.
- -MA calls patient to get basic questions answered, called OSH to get results faxed and tasked the provider with the answers.

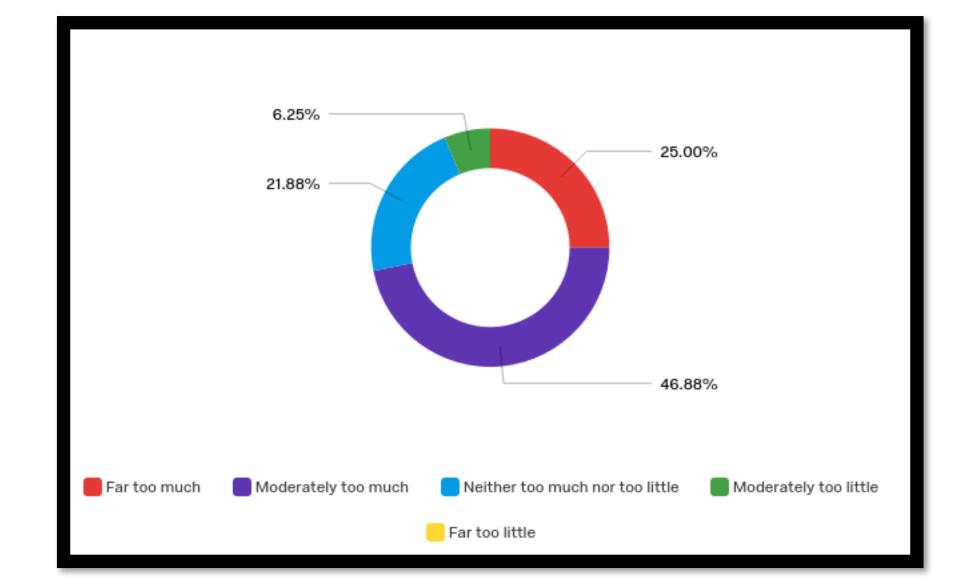
Pre-Intervention Results





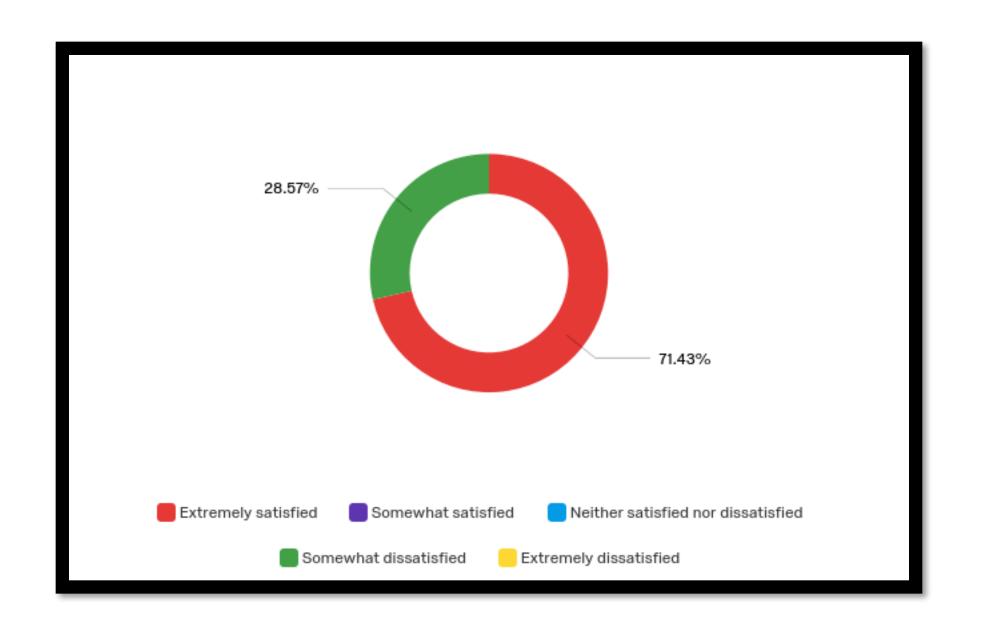


How much of a burden is the FIP retrieval process?

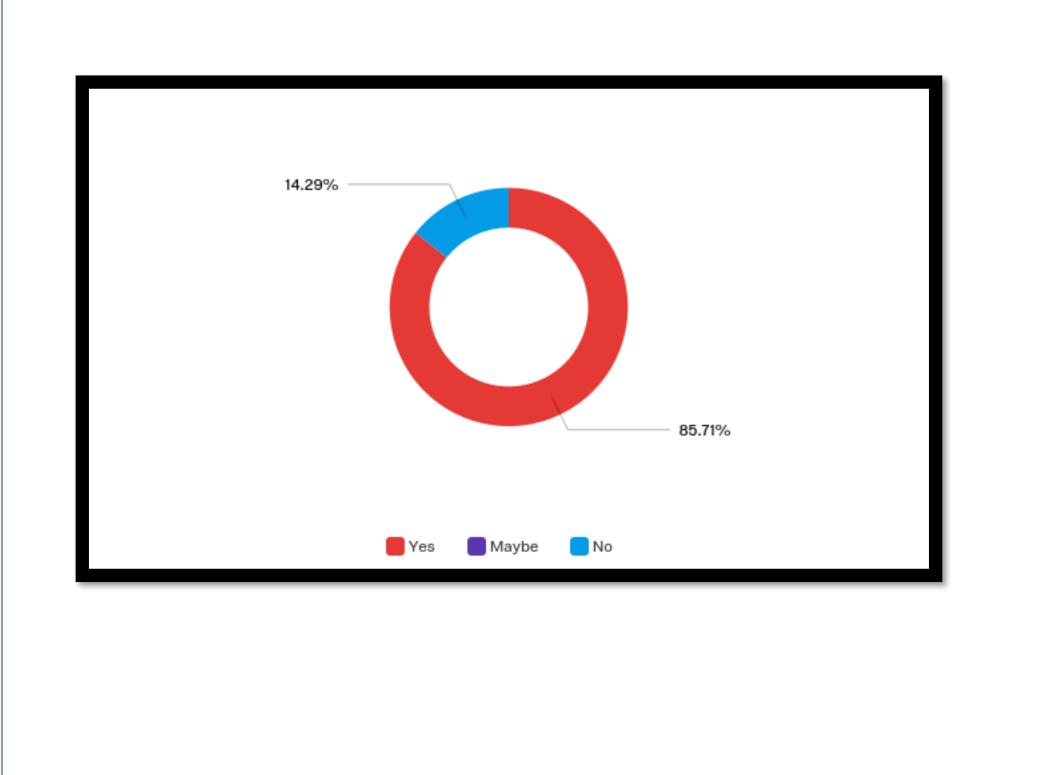


Post-Intervention Results

How satisfied are you at FIP/TCM visits you know what happened to your patients?



Would a staff assigned to retrieve the data needed for FIP-related visits decrease your risk of burnout?



Short Term and Long Term Outcomes

Use post-intervention surveys to track improvement in provider satisfaction in the short term and long term.

Use post-intervention surveys from patients to track their satisfaction in the short and long term.

Review our billing dashboard to track any increase in revenue from billing more TCM services

Challenges

Lack of funding and staff shortages in every PCP office from January through June prevented us from being able to pilot a program where the trained MA was truly embedded in the practice. A second barrier was the inability to prevent FIP patients from coming in within 48 hours of discharge, before we could make arrangements to retrieve records

Evaluation and Assessment Strategies

Surveys to demonstrate decreased job stress and improved quality of life.

Billing report to show increase revenue from TCM visit reimbursements.

Discussion and Impact

The surveys confirm that patients believe it is the provider's job to obtain and learn what happened to them at outside institutions. Patients believe their providers are indeed aware. The providers are not as confident and would welcome assistance. The goal of the project was to implement a mechanism that would allow providers to have necessary transition of care data at the time of the follow-up appointment, thereby allowing the provider to have full knowledge of medical tests and events impacting their patient. Getting this data before the visit is beneficial since providers don't have to spend time after the visit retrieving such data. This will achieve the goals of improving patient satisfaction, provider satisfaction and improving provider well-being since all the pertinent data is captured and available at the point of service.

If successful in PCP offices, this project can be implemented in other departments and subspecialty offices to achieve the same goal. A secondary benefit is being able to bill more TCM services which will help increase our revenue.

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