The Right Mix to Create Dramatic Sustainable Change

Access Community Health Network Overview

- One of largest FQHC's in Nation
- 36 locations in Cook and DuPage Counties, including city and suburbs of Chicago
- Over 180,000 patients served comprising about 600,000 annual visits
- PCMH Level 3 designation
- Joint Commission accreditation since 2000
- Achieved all 19 HRSA requirements
- Presented by Donna Thompson, RN, CEO, Access Community Health Network along with Janie Gawrys, COO and Jairo Mejia, MD, CMO
Background: A Case for Change

- External Considerations:
  - Changing Business Model
  - ACO evolution
  - Population Health
  - Vision of greater patient liability

- Internal Considerations:
  - Gap Assessment & Competencies check
  - Long-Term ROI perspective on change
  - Short-Term Gains needed: Employee and Patient Engagement, Slot Utilization, ...
  - Deeper review of processes and standard workflows
Background: The Patient Experience

- Long wait times regardless of having a scheduled appointment
- No ability to get appointment based on when convenient for the patient with often weeks before availability of next scheduled appointment with many providers
- Staff found it difficult to plan for a patient visit because of high ‘no show’ rate by patients

Background: The Staff Experience

- No predictability of how many patients were going to show up resulting in frequent gridlock in the waiting room
- Care needs often based on episodic rather than a planned approach to care
- Inconsistency in organization health center operations, creating staff frustration and burn out
- Patients leaving without being seen or during process because of length of visit
Leadership Challenges

- Medical staff alignment
- Management alignment
- Processes can ‘feel slow’
- Upfront costs that focus on long term results
- Engage the entire organization in the process and transformation
- All aspects of the work will be questioned

Leadership Responsibilities

- Actively engage the Board and solicit feedback from consumer members
- Establish measurable objectives of success
- CEO and senior staff are the ‘biggest champions’ of the process
- Develop and implement ongoing organization communication plan
- Methodical focus on the process/ learnings as well as changes that need to be implemented
- Don’t waffle around the conflicts, address head on and keep the process moving
- Be open for the evolution of new leaders
The ACCESS Quantitative Story

Metrics

Cycle Time
No Show Rate
Patient Satisfaction
Communication with Patients and Staff

Median Cycle Time 30 minutes
69% decrease from baseline
The ACCESS Quantitative Story

Average no-show rate 15%
32% decrease from baseline

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Average TNAA  Full-time PC= 3 days; Full time OB= 5 days
Full-time PC= 75% decrease from baseline;
Full time OB= 50% decrease from baseline
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Patient Satisfaction Results FY 2013 – FY 2016 Q-2

You Are the Focus of All We Do.
Usted está en el centro de todo lo que hacemos.

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The ACCESS Quantitative Story

Highlighting Provider and Patient Satisfaction

One Provider’s Favorite DPI Change

By Davida Gerena, M.D., ACCESS Genesis

“The most dramatic change since implementing DPI is on patient satisfaction,” says Dr. Gabriela Novota, a pediatrician at ACCESS Genesis. “When patients are seen on time, they know their time is valued and protected.”

As one of the busiest health centers in our ACCESS network, ACCESS Genesis has seen it all. Prior to DPI, patients lined up beginning at the front desk and curved like a snake throughout the waiting room. Now, everyone has a set appointment time and knows they will be seen at that set time.

“Patients that otherwise would have expected to be seen anytime, regardless of their appointment, now come in on time,” reflected Dr. Novota. She went on to say that her favorite component of DPI is knowing her schedule. “I don’t have to rush to see patients that come in late, which causes distress to others who end up waiting because of another patient’s tardiness.”

The improved process ensures that patients have a designated time slot and that they are seen in a timely manner. DPI has provided increased satisfaction and peace of mind for both providers and patients.
The ACCESS Qualitative Story

- Impact on Board Meetings
- Impact on JCAHO visits
- Impact on Staff
- Impact on HRSA Site Visits
- Move toward organizational standardization

Coleman Background

- Read more @ ColemanAssociates.com
- Founded by Roger Coleman, MBA in 1993
- Melissa Stratman, owner and CEO joined in 1999
- Patient Visit Redesign™ (PVR) + Patient Centered Scheduling (PCS) → DPI Dramatic Performance Improvement™
- Under new leadership DPI™ honed further to provide data-driven decision making support, leadership and Infrastructure development, hands-on training and tools and honed coaching with experienced and relatable vibrant coaches
The DPI™ Methodology

- Patient-centered approach to processes improvement
- Includes best practices from hundreds of CHCs across the country
- Transformational experience for STAFF, MANAGERS and PATIENTS
- Internal goal setting – regardless of starting point
- Top Down and Bottom Up approach to change
- Change methodology that allows front line staff to build the standardization
- Nuts and Bolts task/workflow advice that infiltrates into the culture
- Head on approach to needed cultural changes

DPI™ Provides

- Scalable, replicable reliable change methodology;
- Regular check-ins and accountability points;
- Data-driven decision making support;
- Leadership and Infrastructure development;
- Hands-on training and tools;
- Targeted training around Tactical Nurse™, Group Visits, Performance Dashboards, etc.;
- Honed regular coaching by experienced, relatable, vibrant coaches trained as physicians, nurses, front desk-ers, MAs, clinic managers, and EMR super users.
Key DPI™ Methodology Elements

- **Patient-Centered approach** first provides greater staff satisfaction in the long run
- Create **sense of true team based care**
- **Schedule Corrections**: No Shows, Schedule Template work, Visit Throughput/productivity
- **Increased volume** creates need to work more efficiently
- **Teach Team Dance**: http://colemanassociates.com/tool/the-team-dance/
- **Anticipation**: pro-active vs. reactive approach to patient care, Chart preparation and pre-registration, Robust Confirmation calling,
- **Team based care**: role definition and care coordination, Engineered team communication, sheep and shepherd concept

DPI™ Team Dance Steps

- Visit Prep (& Financial Prep)
- Robust Confirmation Calls
- Patient Care Team Huddle
- Jockey-ing the Schedule
- Red Carpeting the Patient
- Robust Intake
- 30-second Report
- Midway knock
- Chart at the Time of Visit
- Communicate, Communicate, Communicate
- Sheep and Shepherd
- QuickStart and Soft Landing
- Care Team Cuddle
- Scrubbing and Raking the Schedule
Keys to Coleman Support

- Coleman FQHC roots and experience
- Trainers and coaches who have “walked a mile in staff shoes”
- Engaging staff in training through a variety of approaches
- “Wounded warriors” provided a place to get re-charged, re-engaged and re-inspired
- Weekly Coaching Calls/Webinars/Site Visits/Timeline Tools/Socratic coaching with expert advice
- Shoulder to shoulder support and consistent consulting team
- True partnership between Access Community Health Network and Coleman

Sustaining
Especially when the going gets tough...

- When the going gets tough... the tough have to get even more resolute.
- A clear vision is required.
- A steely nature in leadership is needed to stay the course
- The clinical eyes of leadership give a new perspective