Building a Medical Neighborhood: Improving Access and Teamwork
Wednesday, September 21st, 2011
Key Learning Points from the Breakout Sessions

**Group Visits**
Stephanie Eisenstat, MD
Terence Doorly, MD
Giuseppina Romano-Clarke, MD
Presentation topics:
1. Pediatric Asthma
2. Neurosurgeon consultation
3. Primary Care conditions
   - There is no one way to do a group visit; try it, make changes.
   - Make the group you are working with a ‘targeted’ audience.
   - Group visits increase access, efficiency, and education.
   - Group visits decrease the wait time for patients.
   - The patient needs to be the center of the plan, but MDs and worker bees need to be very involved. It takes a lot of work.
   - Important note: patients must sign a confidentiality agreement to participate.

**Identifying and Managing High Risk Patients**
Eric Weil, MD
Namita Mohta, MD
- The presentation offered an overview of Eric and Namita’s proposed model for a system-wide approach to identification and management of high-risk (chronically ill, medically complex) patients. Care coordination models play an important role in the model. The audience offered thoughts and feedback.
- Must take into consideration the diversity of all practices throughout the network, especially when thinking about support and resources provided at both central and local levels.
- A "one size fits all" approach will not work in our system.

**Practice Organization and Flow Management**
Henry Otero, MD
Craig Grimes, MD
- The presentation discussed batching work and flow management in the office.
- Gave examples on transforming the office and improving work life.
- The format of the presentation was particularly effective: Dr. Otero explained, step by step, the process for transforming practice organization and flow, and at each step in the process, Dr. Grimes shared his own experience, which allowed participants to understand the benefits of change as well as some of the challenges.
Creating Effective Quality Improvement Teams
Elaine Skoch
- Basics of who is on the team
- Role of the team leader
- How do we start implementing new ideas; involves “starting small”
- Conversations around involving patients on teams
- Small incentives to motivate
- Being consistent with teams

Improving Specialty Referrals
Stuart Pollack, MD
Lance Rachelefsky
Jennifer Lail, MD
- Lance Rachelefsky – Bidirectional referrals
- Stuart Pollack – Referral Manager; embedded psychiatry in the PC workforce
- Jennifer Lail – local examples
  - Issues:
    - Initial fiscal support
    - How to create will for change
    - Non-interoperable IT systems across networks
    - Structuring compacts

IT: Populations/Health Tools & Registries
Mike Coffey, MD
Steve Morgan, MD
Jennifer Lail, MD
- EHRs → necessary, but not sufficient
- How new tools could meet meaningful use
- Issue – how do we motivate practices with so many IT challenges/how to prioritize
  - Steve Morgan – role of clinical support decision tools
  - Mike Coffey – how to get started on population management
  - Jennifer Lail – how Jennifer’s practice uses registries with patient specific tasks that are repetitive
    - Routine
    - Episodic care visits
    - Not IT based tool; started with notebooks and only later became electronic
Developing Care Management Teams in the PCMH
Elaine Skoch
Barbara Roberge

opportunities
• Partnership with the patient (creating shared expectations and goals of care)
• Eliminating duplications
• Creating clarity on roles
• Standardization of roles.

Challenges
• Expanding EMR
• Practice variation across system
• Space
• Staffing
• Building team/individual ownership within the team need
• IT, staff training, HR support, outcomes measures, data analytics.
• Centralized consultation → to move PCMH agenda forward
• Central support within local practice and hospital change management

E-Communication and Patient Gateway
Geoffrey Burns, MD
Louise Schneider, MD
Chris Giuliano, MD

Advantages
• Patient communication, not so many phone calls, asynchronous nature
• Test results (patient safety)

Challenges
• How to use it most effectively
• Currently not using it to full capacity (previsit forms, shared decision making, etc.)
• Use in pediatrics, adolescents and adult PCPs

Team Building: A local example
Somava Stout, MD & team members

• Presentation featured frontline stories and challenges
• How to get started – start small!

Key points
1. Shared purpose of the team (focusing on the patient experience of care)
2. Shared knowledge among all team members (appropriate knowledge of task being asked)
3. Open communication across all team members
4. Team Responsibility (who owns what)