



ADVANCING INTEGRATED HEALTHCARE

Breakfast of Champions: Improving Care Teams to Support Primary Care

Breakfast of Champions | June 9, 2023

Care Transformation Collaborative of RI

Agenda

Presenter/Topic	Time
Welcome <i>Pano Yeracaris, MD, MPH,</i>	5 minutes
Presentation <i>Paul Del Guercio, MD, Southcoast Family Medicine</i> <i>Steven Moberg, Chief Operating Officer, Team Care Medicine</i> <i>Allyson Manning, RN, Team Care Medicine</i>	40 minutes
Presentation <i>Arnold Goldberg, MD, Associate Program Director, Thundermist Health Center Warwick Site</i>	20 minutes
<i>Q&A / Discussion</i>	25 minutes

CTC-RI Conflict of Interest Statement

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Claim CME credits here:

<https://www.surveymonkey.com/r/ZDZS5HG>



The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Objectives

- Learn about a program expanding the role of Medical Assistants to include training as scribes and other activities to function as “Team Care Assistants”.
- Here reflections from a physician who has experience working in these teams.
- Learn how developing strong expanded clinical teams has helped a high performing Federally Qualified Community Health Center Family Medicine Training Program.



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***Paul Del Guercio, MD, Southcoast Family
Medicine***

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CTC-RI Breakfast of Champions

June 9th, 2023





Solve Burnout and Boost Productivity by Leveraging Clinical Support Staff

Agenda



- 01** Why Leverage Staff
- 02** TCM Model Overview
- 03** TCM Model Financial Analysis
- 04** Other Benefits of the TCM Model
- 05** TCM Model Case Studies
- 06** TCM Implementation Services



Lawyers
Paralegals



Surgeons
OR Nurses



Executives
Admin. Asst.



Judges
Stenographers

Many professionals have direct help in their arena of operation

...help enables greater efficiency and better focus on important tasks/decisions...



Who Helps Providers?

Traditionally, nurses, MAs and other clinical resources help providers...but their help in the provider's arena (the exam room) is limited to capturing vitals and a few bits of data...the rest is left to the provider to do themselves.

If you are wondering what *“the rest is left to the provider to do themselves”* looks like.....



Exam Room



🔥 Burnout 🔥
Frustration
Documentation Overload

...Well, we've given providers Team Based Care...



...however, none are IN the exam room...

Exam Room



Medical Scribe

....So, we also gave them a medical scribe...

....A medical scribe is in the exam room and they do offer some help / relief, but at about a 4-6% productivity gain the impact is minimal and isn't enough...

Exam Room



**Team
Care
Assistant**

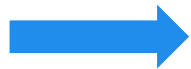
...The Correct Solution is...

A Team Care Assistant

For roughly the same cost as a Scribe, a TCA

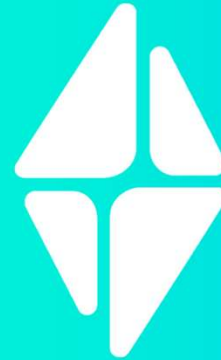
- *Maximizes provider productivity*
- *Increases access*
- *Works independent of the physician*
- *Allows providers to focus solely on the patient*
- *Yields better care*
- *Ensures charts are complete at the end of the visit*
- *Perform all EHR documentation*
- *Reduces provider after-hours documentation work*

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Traditional
Medicine



**Team
Care
Medicine**

Traditional Patient Visit Model

Patient Visit Timeline

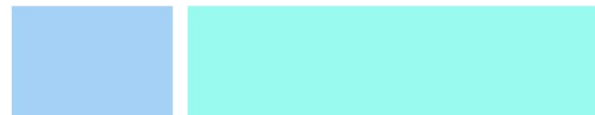
“The Golden Past”

10-15 minutes



2023 - Burnout Present

20-30 minutes



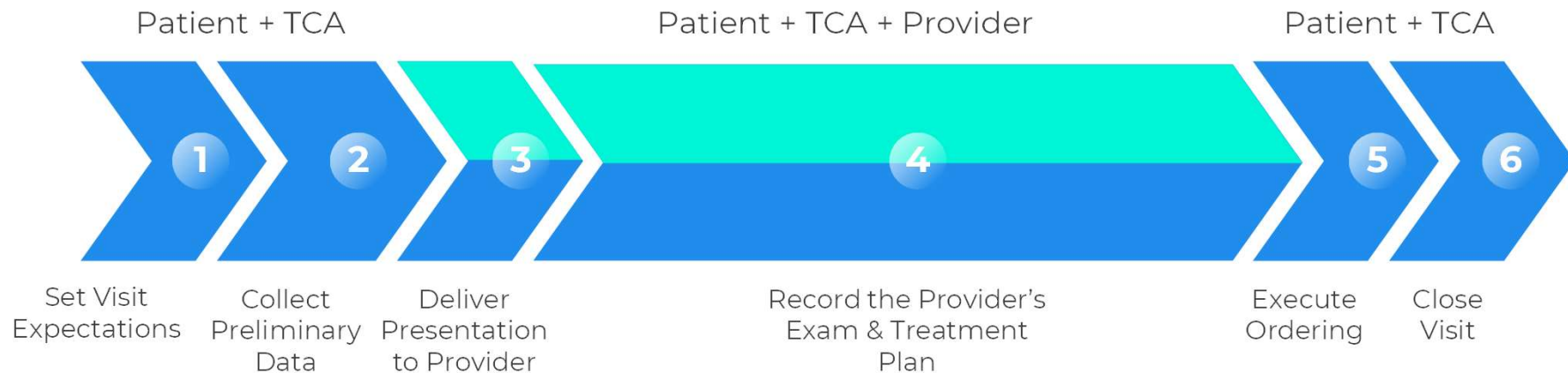
● = nurse/MA ● = provider

Typical visit length has increased due to EHR data entry requirements and more complex comorbidities.

Providers are trying to carry the extra weight, and are being crushed by the load. Many struggle to see two patients per hour.

Efficient & Effective Care Delivery

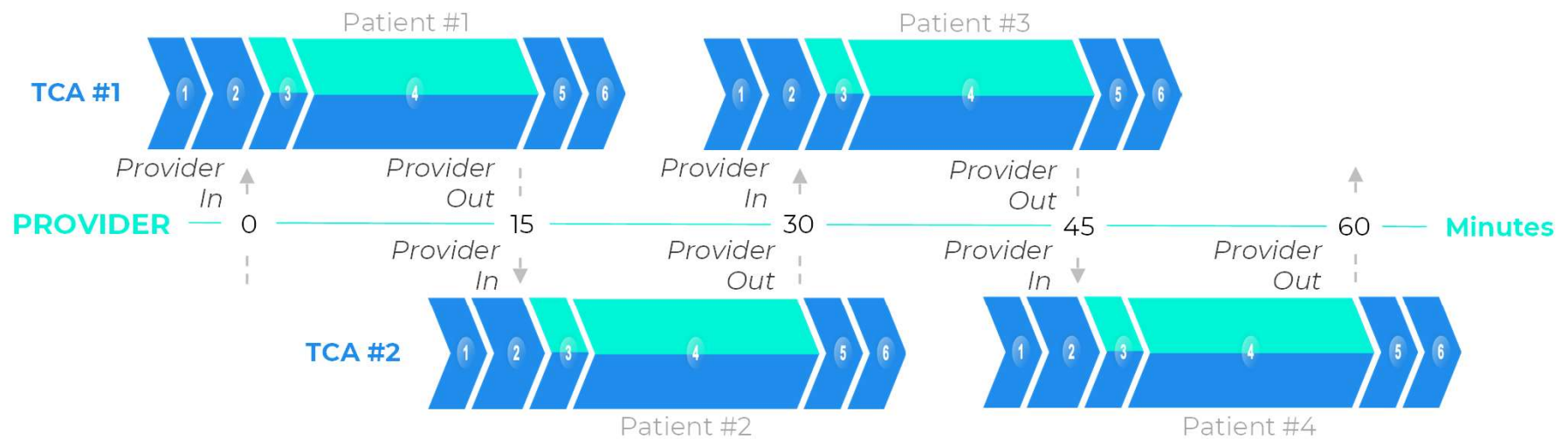
Visit Flow Of The TCM Model



6 TCA Skills

Mechanics of Expanded Access

Provider Hourly Work Flow



Differentiated Solution



Function	Nurse / MA	Scribe	Team Care Assistant (TCA)
Visit Control	⊘	⊘	✓ Expectations managed; schedules met
Preliminary Data Collection & Crisp Presentation	⊘	⊘	✓ Collect preliminary medical data; deliver concise presentation to provider
Recording & Charting	⊘	✓ visit only	✓ Scribe entire visit; update med list; update problem list
Visit Closure	⊘	⊘	✓ Provider moves to next patient; charts updated in real-time
Execute Provider's Ordering	⊘	⊘	✓ To the full extent permitted by license and system rules; protect 'art of medicine'
Stronger Patient Relationship	⊘	⊘	✓ Yes, with trust that extends outside exam room

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More Visits X Higher Rates = Strong Revenue Growth

28% More Daily Visits



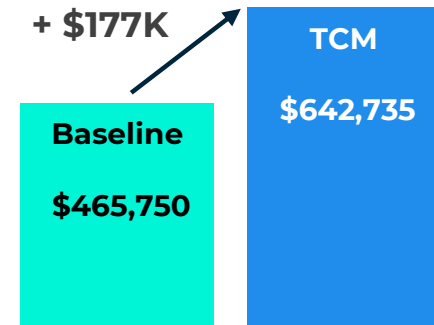
Daily Visits per Provider

8% Higher Avg Billings



Billing Rate

38% More Revenue

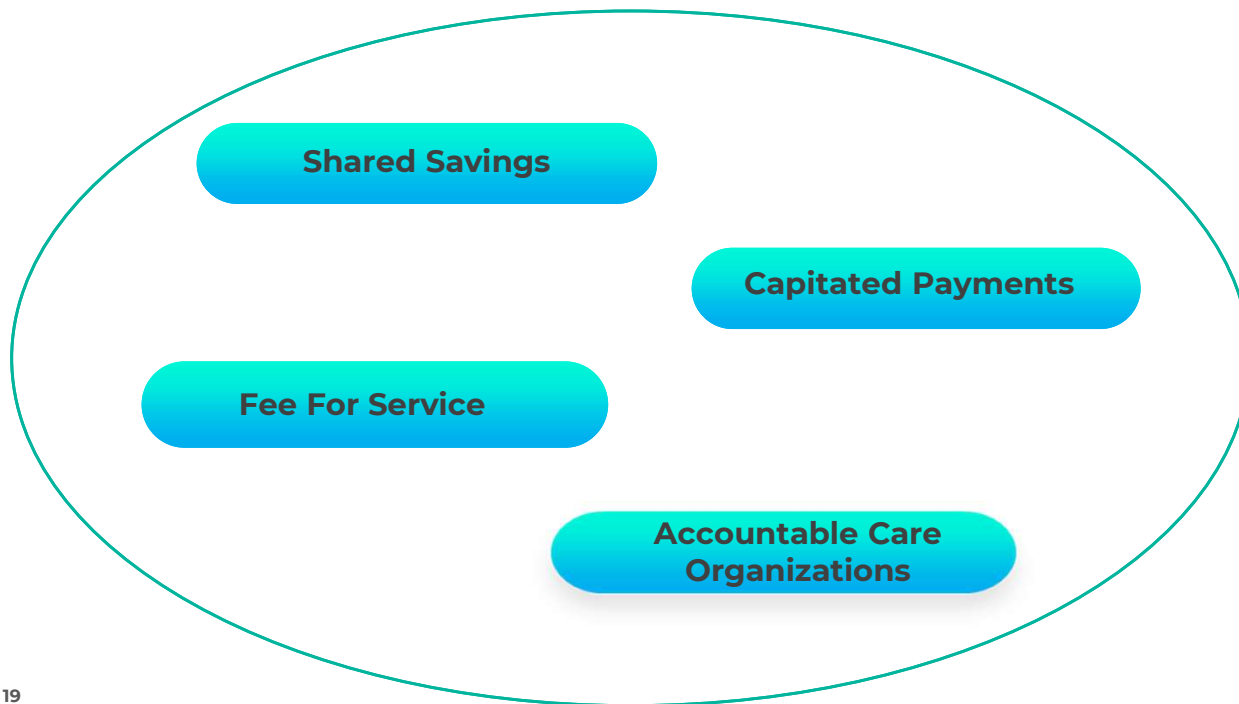




**= 350%
ROI**

TCM Model Works In Any Payment Structure

.....but especially capitated payments



Capitated Payment Model Benefits

- Enables larger panels...larger panels equates to more revenue
- Improves access to the patient's known provider
- Keeps patients out of the ER and UCC's.
- Engages patients in their care
- A provider with a "Team" yields better care than an individual provider.

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Provider Benefits

- Maximizes provider access & productivity
- Charts finished when patient visit ends
- Greatly reduces after-hours work
- Lets providers focus solely on the patient
- Enables best care possible
- Gives providers their personal lives back
- Restores the Joy of Practicing Medicine

Patient Benefits

- They know they've been heard

- They can see the provider when they need to

- They get the undivided attention of the provider

- They get the best care possible

Clinical Staff Benefits

- They enjoy the patient engagement
- They learn a ton of medicine
- They feel the work they do is important & meaningful
- They can earn a little more than a typical clinical assistant

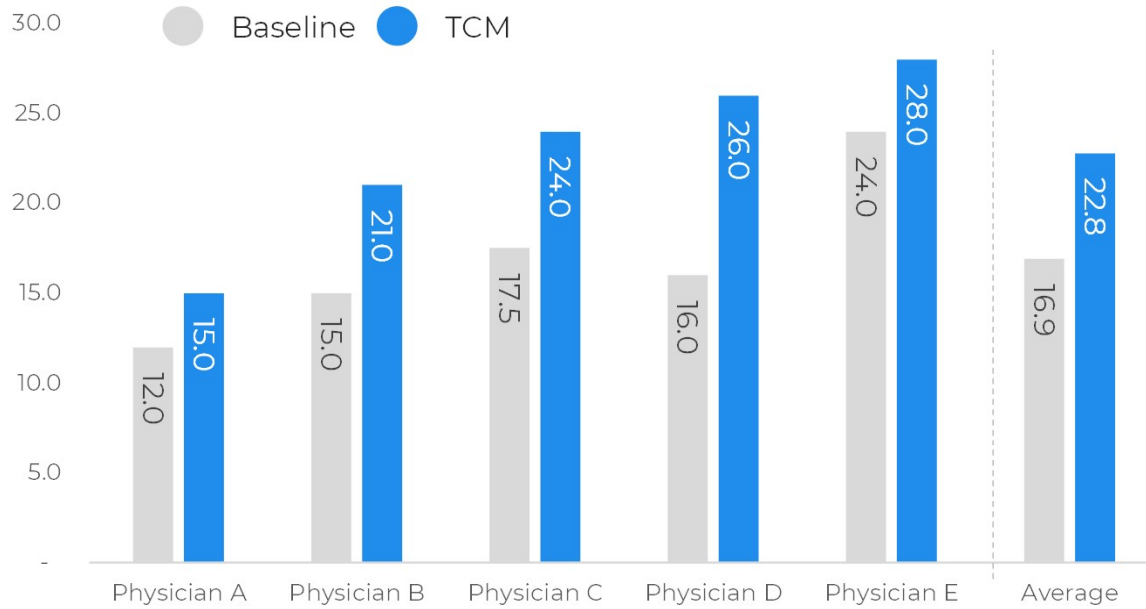
Administration / Practice Benefits

- Maximizes provider productivity & revenue
- Provider retention improves with satisfaction
- Billing cycles tighten with on-time charting
- Staff retention improves with satisfaction
- Recruiting advantage with happier staff

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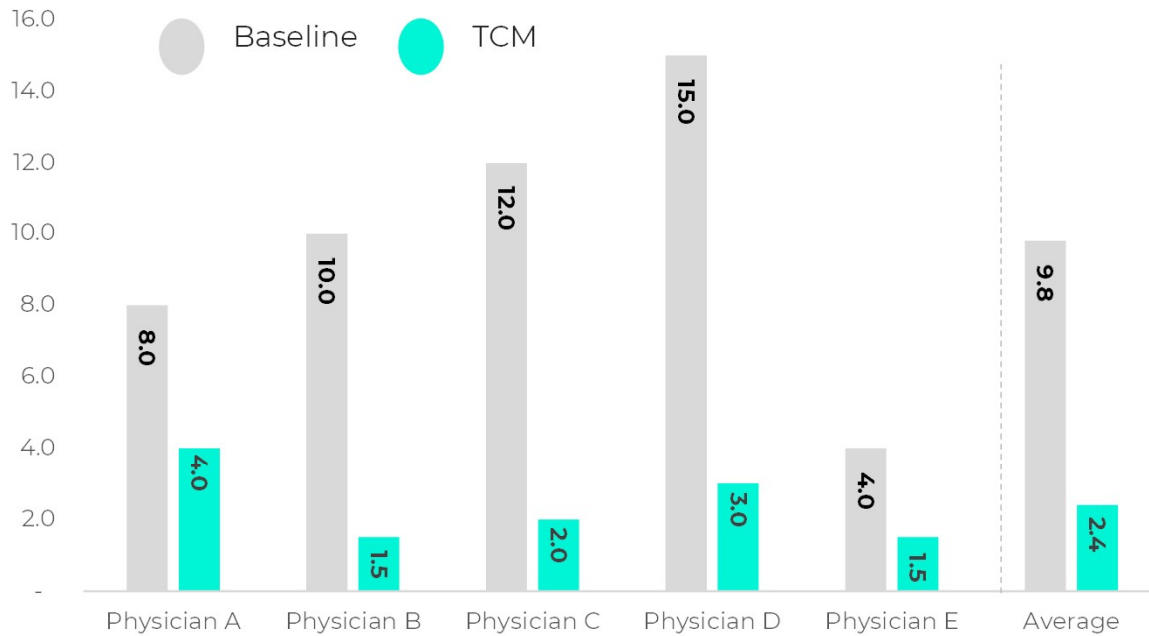
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35% more patient visits per day



**More
Visits
=
Better
Access**

75% less take-home work hours per week



**Less
Homework
=
More Provider
Retention**

Prisma Health (Greenville, SC)

In their own words

- Revenues + \$180,000/year/provider
- Work RVUs +38% with costs per Work RVU remaining flat
- Daily Visit Volumes up 29%
- Physician job satisfaction greatly improved
- Encounters closed on time (same day)
- TCM Model used as a recruiting advantage/market differentiator
- Big Increase is MA skills, knowledge & job satisfaction
- Decision made to roll out to large group of Primary Care Providers




Coding Mix Shift per Team = \$48K per year

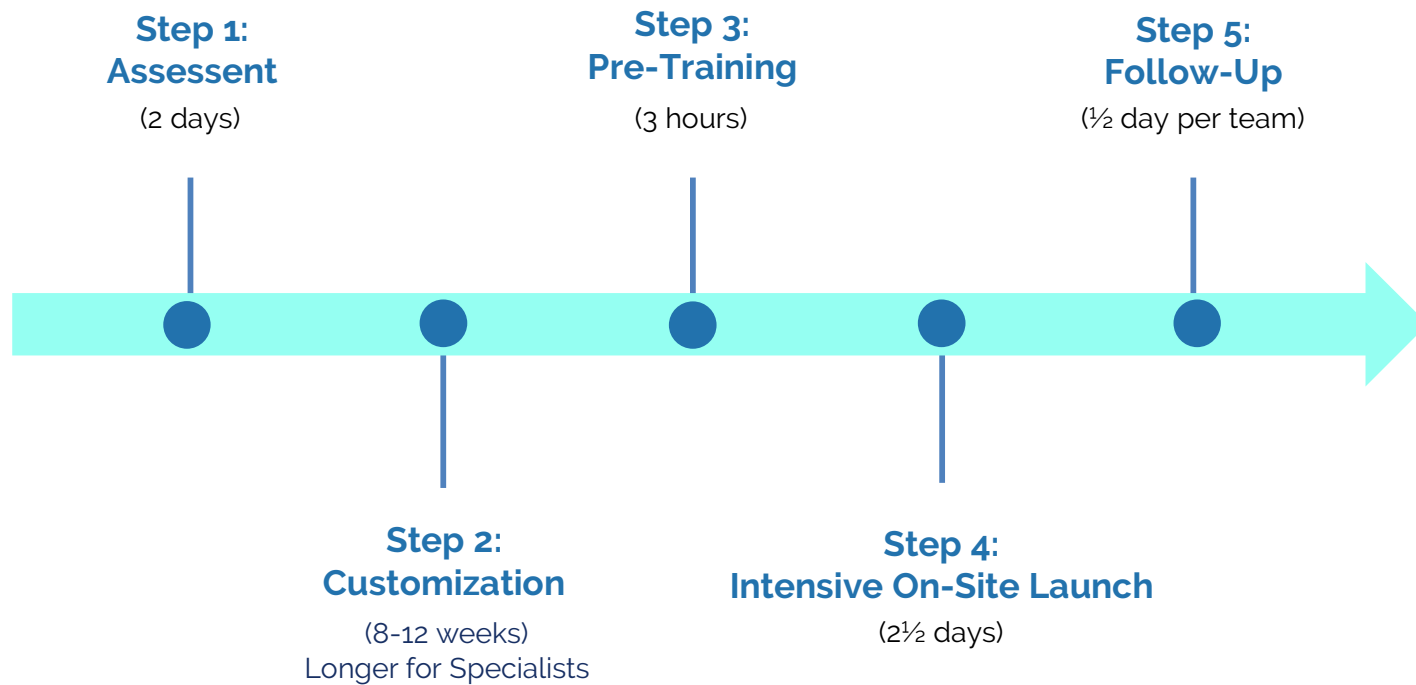
Code	Mix	Units per Month	Reimbursement per Unit	Revenue per Month
Baseline (pre-TCM Model)				
99213	60%	186	\$136	\$25,296
99214	40%	124	\$201	\$24,924
Total	100%	149	\$162	\$50,220
TCM Model (5 mo. post-launch)*				
99213	40%	124	\$136	\$16,864
99214	60%	186	\$201	\$37,386
Total	100%	161	\$175	\$54,250
Monthly Gain		+12	+\$13	+\$4,030

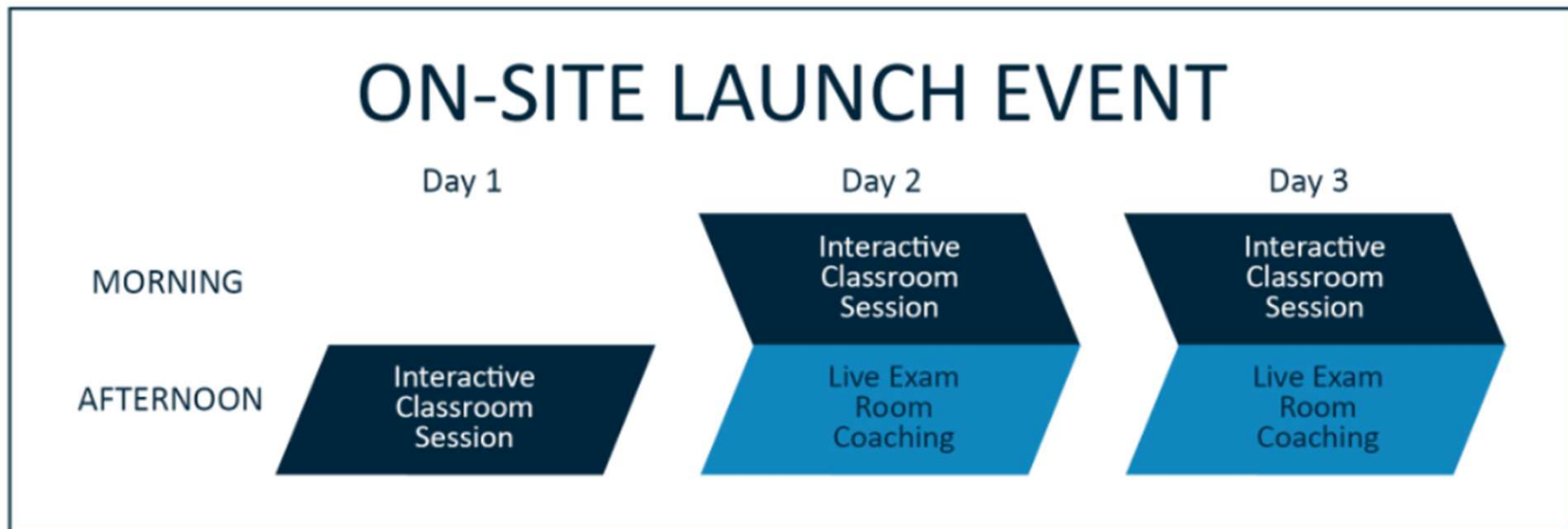
**Based on recent client experience*

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TCM Typical Engagement Timeline





 = Interactive training and role playing  = Live exam room coaching



Thank You!

Questions?



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Arnold Goldberg, MD, Associate Program Director, Thundermist Health Center Warwick Site

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**THE BROWN/KENT RESIDENCY AT
THUNDERMIST WEST WARWICK**

Arnold Goldberg MD

THE TEAM: OUR POD

- The SouthEast Pod at THC: Full Scope FM: Level 3 PCMH
- 12 Family Medicine Residents: 4 per year made up of 7 DOs and 5 MDs
- 4 Core Faculty: 1 Behavioralist and 3 Physicians
- 2 Nurses
- 1 Telephone MA
- 1 Lead MA
- 4 Team MAs
- Medical students

THE TEAM

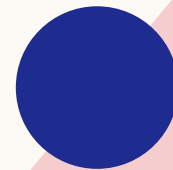
- The Other members outside of the POD
 - The PSRs
 - Our NCMs
 - The Integrated Primary Care Team: MAT, THAT, BH, NP psych and psychiatry
 - The adjunct Faculty to Precept the residents for Adult and pediatric patient care, procedures, OMT, and OB, Home visits and Nursing Home visits
 - Telephone TRIAGE Group

THE TEAM

- Our Administrators: 1 at Kent and the rest at THC
- Our Leaders
- Pharmacy Team: Chris Durrigan and Jessica Ryan
- Pharmacy Technicians
- The Community Health Team
- The Referral Team
- The Prior Authorization Team
- NPs and NP Fellowship and Convenient Care

TEAM

- It takes a village to raise residents and NP fellows and care for our patients



SOME OF OUR CARE PROJECTS

Clinical care of patients and families “Care for a Lifetime”

Osteopathic care

High risk and general risk OB care: prenatal, postnatal, 4th trimester

Family Planning, Title X care

Group Medical Visits

Balint Groups for residents and students

Geriatric care : GWEP, Medicare AWVs, Home visits, NH, palliative care, hospice care

Procedures : NSTs, vasectomies, LARCs, biopsies, steroid injections, sports medicine, dermatology, gynecological procedures

Behavioral medicine

LBGQTA+ care and transgender care

HIV, Hep B and Hep C and STD care

School base care



BENEFITS OF INTERPROFESSIONAL COLLABORATION

- Improve patient care and outcomes from the power of combined knowledge and expertise
- Reduction of medical errors
- Coordination and shared responsibility
- Reduce inefficiencies and health care costs
- Improve staff relationships and job satisfaction

THE QUINTUPLE AIM

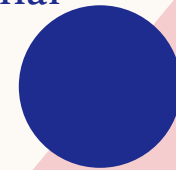
- Started as the Triple Aim:
 - Improving the patient experience of care (quality and satisfaction)
 - Improving the health of populations
 - Reducing the per capita cost of health care
- Quadruple Aim: added Joy, addressing provider burnout
- Quintuple Aim: Added advancing health equity: SDOH

HOW IS THIS ACCOMPLISHED

- High performing teams are built on high levels of trust and clarity of purpose and vision
 - Trust the leaders and their peers: I am confident my peer will do the best job possible
 - Enhance trust and clarity
 - We do this by listening, communicating, having an open-door policy and having a watchful and protective eye for issues and problems.
 - Celebrate our people and successes

7 KEY CHARACTERISTICS OF OUR HIGH PERFORMING TEAM

- **Trust: trusting one another's expertise**
 - Making sure they have the tools and knowledge to perform the tasks
 - Procedure books, mentorship, education
- **Open and Clear and Safe and Brave Communication**
 - Pod meetings
 - Provider and staff meetings every Friday: interprofessional

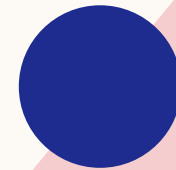


7 CHARACTERISTICS

- Team-First
 - Relish collaboration, coordination and creativity
 - Result of our work is a Group Effort, one that is better than could possibly come from any single person
 - We acknowledge at the CENTER is the PATIENT and the family : The concept of PCMH
 - Align purpose: to educate and graduate the highest quality Family Physicians

7 CHARACTERISTICS

- Diversity
 - Allows for open and brave conversations
 - Breaking down of barriers, promoting authentic connections
 - Integrating different strengths, perspectives and experience : leaders, members, different professions

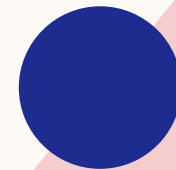


7 CHARACTERISTICS

- Purpose-driven: A collective Purpose
 - The quality of care of the Patients
 - Discussion of patient care, efficiency and quality
 - The review of RELEVANT our quality improvement program
 - Bonus benefits Shared among the team members
 - Satisfaction surveys of patients, providers and teammates

7 CHARACTERISTICS

- **Willingness to Learn**
 - Change is forever and need to embrace this
 - Need to learn and develop to keep up with the demands of change
 - Staff in the Pod changes
 - 4 residents leave each year, and 4 new ones arrive
 - Continuous learning propels growth and keeps teams striving for higher achievement and serves as an excellent motivator
 - High performing teams value feedback, learn from their mistakes and are eager to better themselves.
 - “Fail frequently and furiously”



LEADERS: FORMAL AND INFORMAL

Power

Legitimacy

Competencies

Motivations

Respect of all members

Personality characteristics

Definition of the situation

Knowledge of communicating

Understand when to lead and when to follow

Source: Drinka & Clark (2000)

TEAM MEMBERS: FOLLOWERS AND PEERS

Power

Expectations

Competencies

Motivations

Personality characteristics

Respect

Definition of the situation

Knowledge of communicating

Understand when to lead and when to follow

Source: Drinka & Clark (2000)

THANK YOU

To our Leaders

To our Colleagues and Teammates

To our patients

Arnold Goldberg MD

arnoldg@thundermisthealth.org

CME Credits & Eval

Reminder to please complete the evaluation in order to claim CME credits!

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THANK YOU

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