

Primary Care Collaboratives: Sustainability and the Second Law of Thermodynamics

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Australia, U.K., and U.S. Case Studies: Opportunities for Cross-National Learning

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"Improving Quality of Health Care in the
United States and the United Kingdom:
Strategies for Change and Action"

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Things I've Heard. . .

"I thought I could just walk away after the collaborative and the gains would stay in place."

—Ambulatory Care Director

"Why would anyone go back to the old way after realizing such incredible changes?"

—Health Center CEO

"Don't the process changes in and of themselves ensure sustainability?"

—Health Policy Colleague

"What's the big deal anyway? It's simple. We know what the solutions are. We just need to do it."

—Too many CEOs

PCDC: The Early Years

- Mission: Expand access to primary care in New York City's underserved communities.
- Initial strategy: Established loan fund to provide access to capital to enable health center expansions and improvements.
- Results: 31 primary care centers have been built or modernized, providing over 300,000 low-income NYC residents access to care.
- Investment: \$103 Million

Recognizing the Need for Performance Improvement

- Desire to ensure new capacity translated into more patient visits and better level of care.
- Ensure patient-focused system of care: reduce delays for appointments and cycle time and increase continuity, quality, and satisfaction.
- Substantially improve the health of communities served.

PCDC Responds: Operations Success Programs Are Born

Patient Visit Redesign: Reduce the time it takes a patient to complete a visit to less than one hour—with no reduction in time spent with provider.

Advanced Access: Offer patients an appointment with their own primary care provider at a time convenient for them. (Goal: Same-day availability if patient requests.)

Revenue Maximization: Increase revenue by reengineering financial and other information processes and procedures.

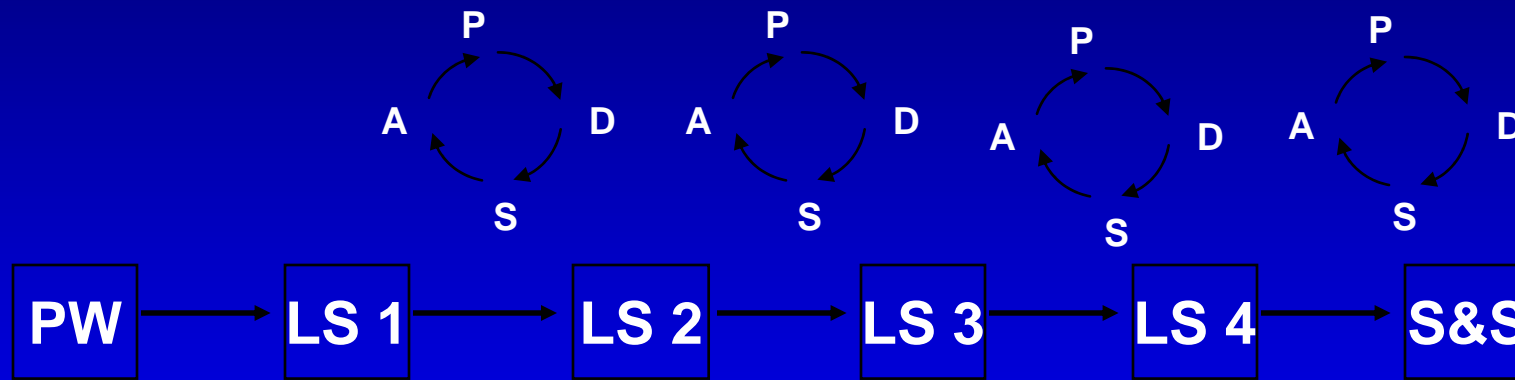
Marketing and Customer Service: Help health centers attract and retain patients using market segmentation.

Clinical Collaborative: Improve access and outcomes of care for pediatric asthma and prenatal care patients.

Key Program Outcomes

Program	Teams	Outcomes
Redesign	20	<ul style="list-style-type: none"> • Cycle time: before—122 minutes; after—53 minutes
Advanced Access	7	<ul style="list-style-type: none"> • Days for next available appointment: before—21 days; after—0 to 5 days • No-show rate: before—50%; after—38%
Marketing	12	<ul style="list-style-type: none"> • 14% increase in patients
RevMax	9	<ul style="list-style-type: none"> • 1st 5 teams: \$512,000 gained • 2nd 4 teams: \$2.4M gained

Collaborative Learning Model



Supports

E-mail	Visits
Phone	Assessments
Monthly Team Reports	

What Is Reengineering?

“The fundamental rethinking and *radical redesign* of business *processes* to achieve *dramatic* improvements in performance.”

—Michael Hammer

Why Reengineer?

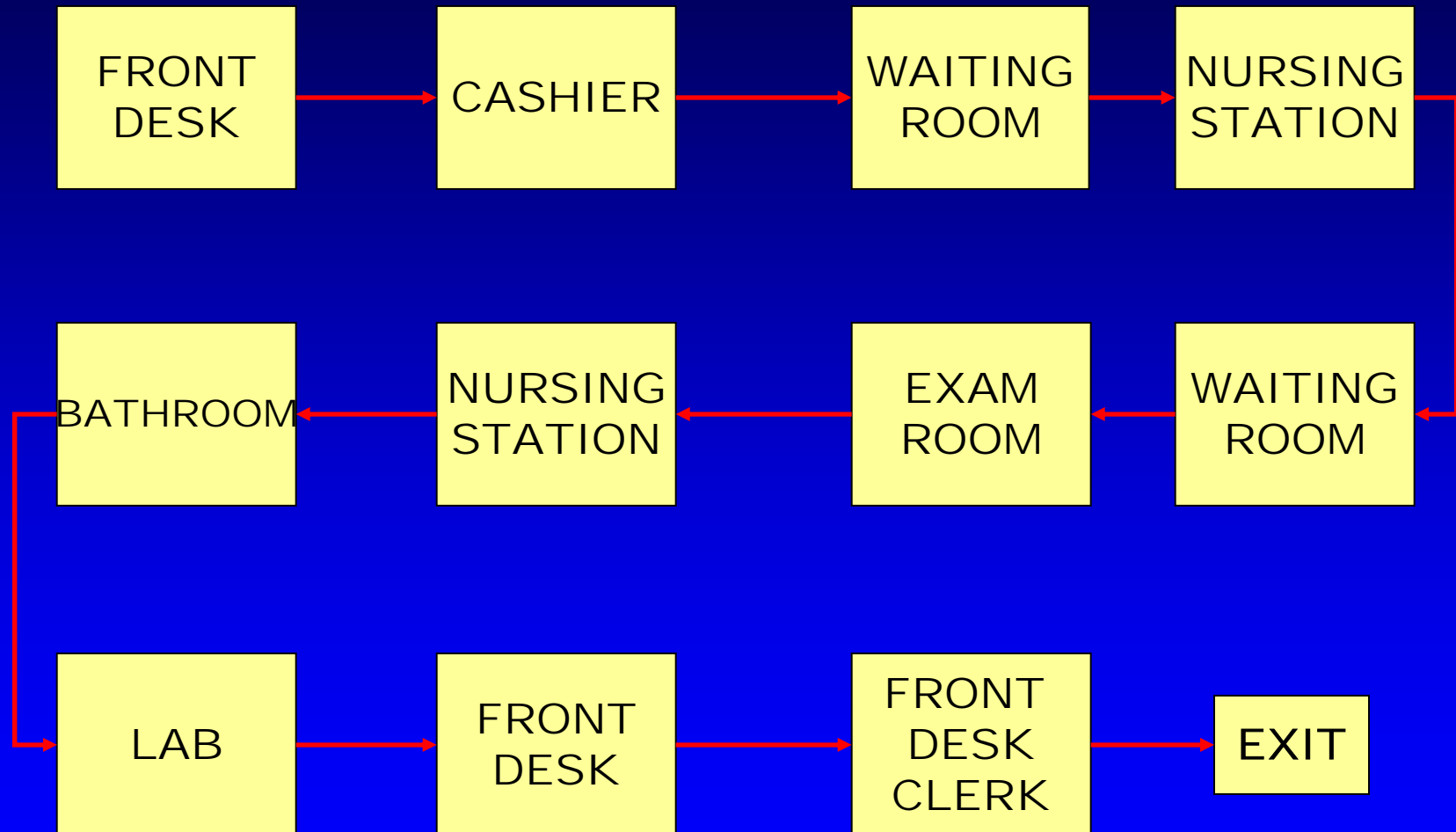
- Patients hate to wait.
- Wait time results from process inefficiencies.
- Process dysfunctions hobble productivity and exhaust staff.
- Lower productivity increases per-visit costs.

Redesigning the Patient Visit

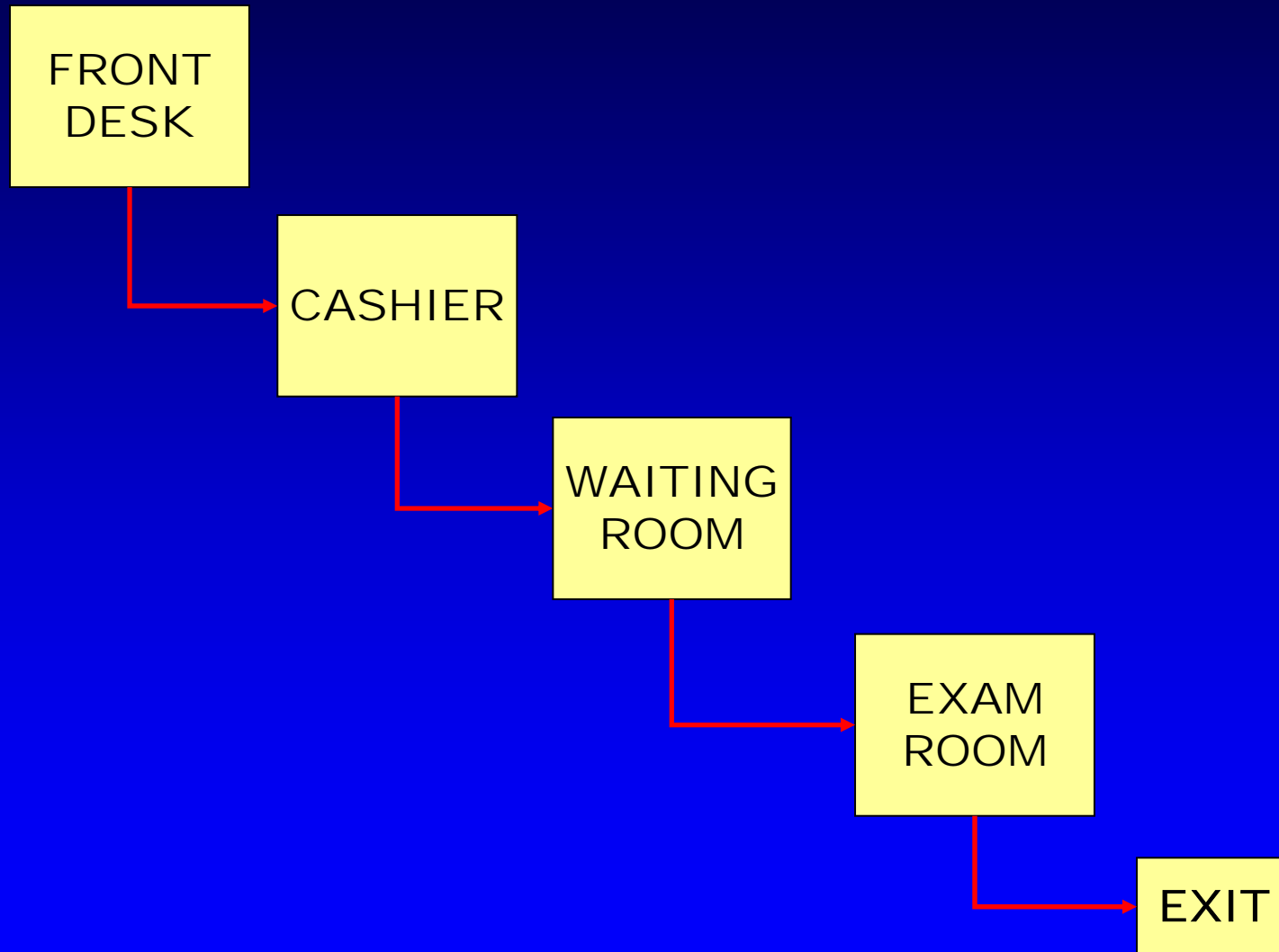
Problem: In many health centers and hospital clinics, it takes at least two hours, if not three, four, or more, for a patient to complete a visit to see the doctor.

Program Aim: Reduce the time it takes a patient to complete a visit to less than 60 minutes with no reduction in time spent with the provider.

Experience at One Health Center: Before Redesign: 148 Minutes, 11 Steps

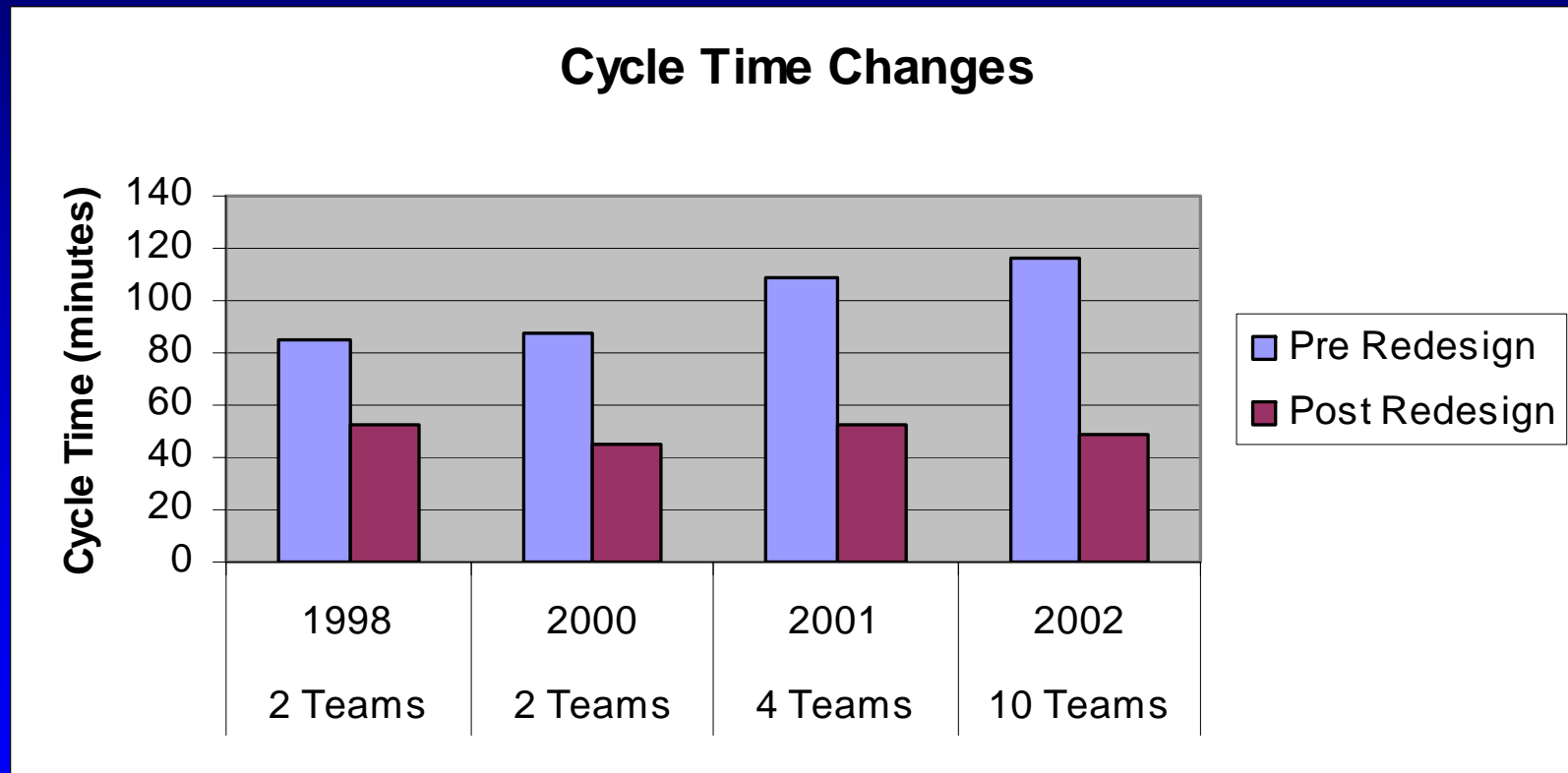


After Redesign: 50 Minutes, 4 Steps



The Results Are Replicable

Redesign of the Patient Visit



Advanced Access

Problem: In many health centers and hospital clinics, patients are unable to obtain an appointment with their own primary care provider on the timetable in which they want the care.

Program Aim: Provide patients with an appointment with the provider of their choice at a time convenient for them.

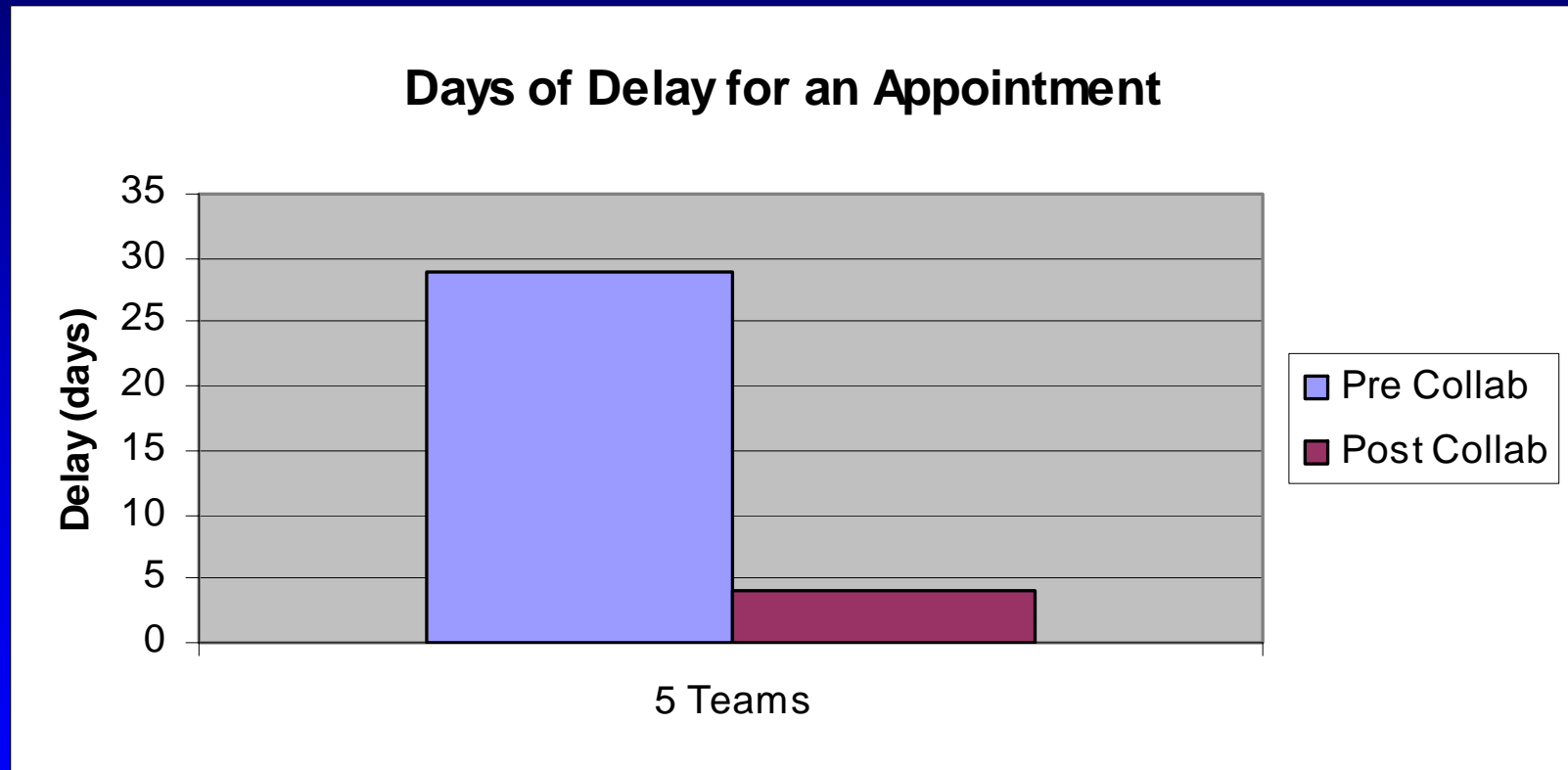
Characteristics of System Before Advanced Access

- Patients wait for weeks or sometimes months for an appointment.
- Many appointment types and time slots create a complex and nonresponsive system and impede the ability to see patients promptly.
- Patients often use Emergency or Urgent Care Department for care.
- Enduring the Grand Inquisition.

Before Advanced Access

- Continuity with patient's own primary care provider is poor, compromising quality of care.
- Failure to keep appointment rates are high.
- Resources are wasted; patient and staff satisfaction is low.

Advanced Access: Getting an Appointment Sooner



Patient Testimonials

- *"I wouldn't go anywhere else."*
- *"It's a pleasure to write about the service I received."*
- *[My visit was] "quick and efficient."*
- *"I was extremely satisfied."*
- *"You're kidding."*
- *"I was extremely satisfied and agree completely with the new system being used."*
- *[The new system] "works very well."*
- *"I was so impressed [with] how quickly and nicely I was treated."*
- *"This is who calling?"*

Obstacles and Challenges in Implementation

- Goals and priorities not aligned
- Financial incentives not aligned
- Impatience/Looking for shortcuts
- Lack of vigilance
- Failure to recognize that it takes work to make the changes and work to sustain the changes

Obstacles and Challenges in Implementing Change Concepts

- Don't move the patient
- Increase clinician support
- Create broad work roles
- Organize care teams
- Communicate directly
- Start all visits on time
- Exploit technology
- Prepare for the expected
- Get all the tools you need
- Eliminate needless work

The Bottom Line

- We know how to get the results.
- Those results are fragile, require vigilance to maintain, and take much longer to achieve than we realize.
- We have to better prepare our centers and clinics to sustain the gains.

Wait Watchers

Reducing Pounds

- Eat less
- Move more
- Drink eight glasses of water a day

Reducing Hours

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- Create broad work roles
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Wait Watchers

- Simple to understand what to do.
- So hard to do what needs to be done.
- Both programs require us to face and vanquish our inner demons and maintain the same passion before and after the collaborative.

What Does It Take?

- Focus—Communicating organizational clarity
- Honest, open, and direct communication
- Vigilance against slippage—What is hot gets cold and what is cold gets hot
- Alignment of the human systems
- Monitoring and correction of deviations
- Maintaining a level of resources and support
- Leadership versus management

Program Implications

- A different framework for the change process: what comes after the collaborative is just as important
- Leadership track
- Lifetime membership: maintenance and tune-ups

Crossing the Quality Chasm: Our Passion for Reengineering

“In sum, [American] health care is plagued today by a serious quality gap. . . .

As we strive to close this gap, we must seek health care solutions that are patient-centered, that is, humane and respectful of the needs and preferences of individuals.

And, most important, we must build a 21st century health care system that is more equitable and meets the needs of all Americans without regard to race, ethnicity, place of residence, or socioeconomic status, including the nearly 43 million people who currently lack health insurance.”

—Institute of Medicine, *Crossing the Quality Chasm*, p. 35

83,500 Hours of Idle Patient Waiting Time Saved in One Clinic on an Annual Basis

- 16,006 Viewings of the First Two Harry Potter Movies
- 5,825 Roundtrips Across the Atlantic Ocean
- 3,479 Spins Around the Earth's Axis
- 40 People Working 40 Hours per Week for One Year
- 9.5 Orbits Around the Sun

The Underground Cries Out Repeatedly to Mind the Gap: A Call to Arms

- More health care organizations need to lose wait.
- We must demand care that is safe, effective, patient-centered, timely, efficient, and equitable.
- We know how to make it happen.
- We need to get more organizations on the scale.
- We need to work together to stay on the scale.