

Expanding The Capacity of the Primary Care Team



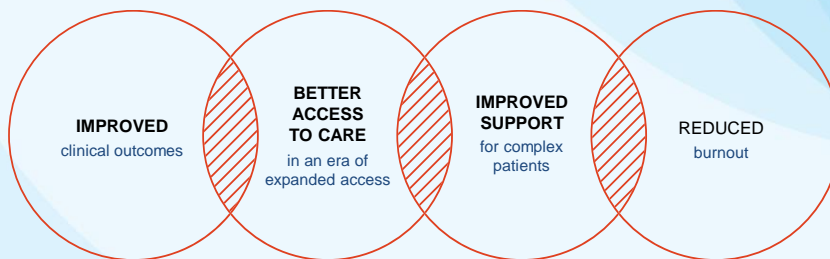
Medical Assistants: The Vital Link!



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Why Primary Care Teams?



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The screenshot shows a web browser window displaying an article on the RWJF website. The article title is "The LEAP Project" with the subtitle "The Primary Care Team: Learning from Effective Ambulatory Practices". The main image shows a doctor in a blue coat talking to a woman holding a child. Below the image, the text reads: "Capturing and Sharing Innovative Practices in Primary Care Delivery". The article describes a project of interviewing, cross-country site visits to exemplary primary care practices, and a meeting in Seattle in late October 2013. It also mentions a 2014 webinar series.

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31 LEAP Sites

The map shows the United States with 31 red pins indicating the locations of LEAP sites. The pins are distributed across the following states: Washington, Oregon, California, Nevada, Idaho, Utah, Arizona, New Mexico, Colorado, Wyoming, Montana, North Dakota, South Dakota, Nebraska, Kansas, Oklahoma, Texas, Minnesota, Wisconsin, Illinois, Indiana, Michigan, Ohio, Pennsylvania, New York, Vermont, New Hampshire, Maine, Massachusetts, Rhode Island, Connecticut, New Jersey, Delaware, Maryland, Virginia, West Virginia, Kentucky, Tennessee, Mississippi, Alabama, Georgia, South Carolina, North Carolina, and Florida.

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Major Findings from Site Visits

WELL-DEVELOPED TEAMS

Sites have well-developed core teams surrounded by an extended team with case managers, pharmacists, behavioral health, etc.

LAY-PERSONS & FLOW STAFF ARE KEY

Lay-persons and flow staff play key patient care roles in most practices.

STAFF AT TOP OF SKILLSETS

Staff play in expanded roles, working at the top of their skillsets.

Sites achieve benchmark performance by using their entire teams to effectively perform key primary care functions.



Is practice in a LEAP site more satisfying?

	All staff	Providers
Most people in the practice enjoy their work	79% agree	84% agree
This practice is a place of joy and hope	64% agree	69% agree
People in our practice actively seek new ways to improve	92% agree	94% agree



How Do PCMHs Achieve the Triple/Quadruple Aim?



- Engaged Leadership
- QI Strategy
- Empanelment
- High-performing teams
- Supportive IT

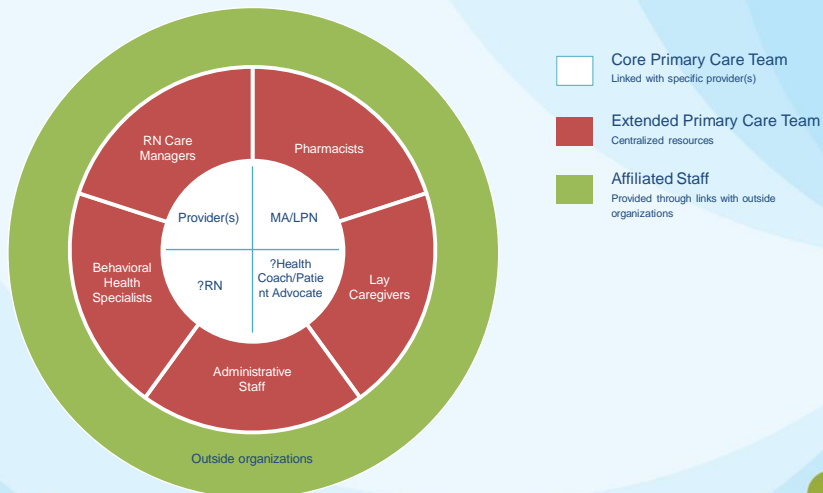
- Timely Services
- Planned Care
- Self-management Support
- Medication Management
- Population Management
- Care Management/ Follow-up
- Referrals & Transition Mgt.
- Behavioral Integration
- Community Linkages

- Improved Health
- Improved Patient Experience
- Reduced Total Costs
- Improved Staff Experience



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What is the Primary Care Team?



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To be edited by Pyramid

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Assess Your Practice; Build Your Team



The Medical Assistant (MA)

MAs are a vital part of the primary care team. To make the best use of their skills and expertise, most practices will need to expand the role MAs play in patient care.

ASSESS YOUR PRACTICE ✓

PRINT TOPIC 🖨

OVERVIEW

ACTION STEPS

TOOLS & RESOURCES

PROVIDE FEEDBACK

Why is it important to rethink the role of the MA?

Medical assistants (MAs) are essential staff at most primary care practices. They keep patients flowing through the clinic and ensure that providers have the information and tools they need. But MAs are often capable of doing much more. As one of the first points of contact for patients, they often have a deep knowledge of patients' personal and medical histories. Most are also adept at using the electronic health record (EHR), and with proper training, they can play major roles in preventive care, coaching patients, and population management.

Envisioning New Roles for Medical Assistants: Strategies From Patient-Centered Medical Homes

[Read more](#)

[View](#) ➔

Related Work Topics

- Improving Care Through Teamwork
- Self-Management Support
- Population Management
- Care Management
- Medication Management
- Behavioral Health Integration
- Communication Management
- Clinic-Community Connections



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Medical Assistants as Coaches on Teamlets

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The Teamlet Model of Primary Care


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Abstract

The 15-minute visit does not allow the physician sufficient time to provide the variety of services expected of primary care. A *teamlet* (little team) model of care is proposed to extend the 15-minute physician visit. The teamlet consists of 1 clinician and 2 health coaches. A clinical encounter includes 4 parts: a previsit by the coach, a visit by the clinician together with the coach, a postvisit by the coach, and between-visit care by the coach. Medical assistants or other practice personnel would require retraining to assume the health coach role. Some organizations have instituted aspects of the teamlet model. Primary care practices interested in trying out the teamlet concept need to train 2 health coaches for each full-time equivalent clinician to ensure smooth patient flow.



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Our Vision: Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and key populations and focused on improving health outcomes, as well as building healthy communities.

CHC Inc. Profile:

- Founding Year - 1972
- Primary Care Hubs - 13
- No. of Service Locations - 216
- 50 School Based Health Centers across Ct.
- 130,000 active patients
- Fully integrated medicine, dentistry, nursing, behavioral health

Innovations

- Pod redesign to support team care
- Fully integrated E.M.R. (med/dental/bh)
- Patient portal and HIE
- "Wherever You Are" Health Care
- Post-grad Residency training for nurse practitioners and clinical psychologists
- Project ECHO-Ct in HIV, Hep C, opioid treatment, chronic pain, adolescent BH



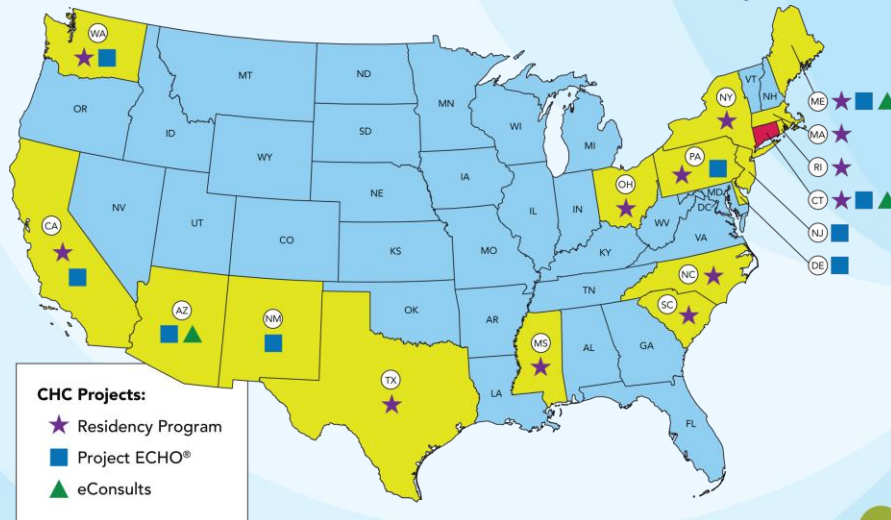
Three Foundational Pillars
 Clinical Excellence
 Research & Development
 Training the Next Generation



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CHC's Educational, Technical & Innovation Projects



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Interdisciplinary and Interprofessional Care “Every CHC Patient has a Team!”



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Integrated at the level of the pod, the data, the care, and the leadership



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Interdisciplinary Care Initiatives

Initiative	BH	Medical	Nursing	Dental
Integrated Care Meetings	×	×	×	
Recalls	×	×	×	×
BH Groups	×	×		
Shared Medical Visits	×	×	×	
Warm Hand-Offs	×	×	×	
Prenatal-Dental Project		×	×	×
Shared Care Plans	×	×	×	
Complex Care Management	×	×	×	
Trauma Screening & TFCBT	×		×	
Standing Orders		×	×	
Fluoride Varnish		×	×	×
SBIRT	×	×	×	
BH Dashboard	×	×	×	×
Appointment Allocation	×	×	×	×

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Role of Nursing on the Primary Care Team

Essential member of the primary care team

(1) RN supports (2) primary care providers/panels

Key activities: pod /team nursing care, complex management, systems leadership

- Patient education and treatment within provider visits
- Independent Nurse Visits under standing orders
- Delegated provider follow up visits using order sets
- Self management goal setting and care management
- Care Coordination and complex care management
- Telephonic Advice and Triage via dedicated triage line
- QI/ clinical microsystems leaders, coaches, and participants
- Leaders and participants in research
- Clinical mentoring of RNs, Medical assistants and students



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Actionable Data. Complex Care Dashboard

Care Coordination

Patient ID	2 ER Visits in Last 12 Mths.	Hosp. in Last 12 Mths.	Uncontrolled DM	Uncontrolled HTN	Uncontrolled Asthma	4 Chronic Cond.	Smoking Status	A1C	Blood Pressure	LDL	Gender	Age
							current every day smoker	9.5	138/74		F	61
		9/13/2015					former smoker		98/75		F	64
							current every day smoker		147/86		F	52
							former smoker		107/70		M	67
							former smoker		115/77		F	22
							never smoker		107/71		F	71
		8/31/2014					former smoker		136/86		F	39
							never smoker		112/75		M	18
							never smoker		155/73		F	77
							current every day smoker	8.1	134/82		M	57
							never smoker	7.4	112/75		M	32
							former smoker	9.9	154/82		M	66
							never smoker	7.8	116/83		F	48
							current every day smoker		108/73		F	36
		6/5/2014					current every day smoker		109/86		M	64
		9/11/2014					former smoker		138/93		M	59
		12/11/2014					former smoker	7.1	121/81		F	61
							never smoker		132/86		F	59



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Role of the Medical Assistant

- Planned Care Dashboard
- Delegated Ordering
- Panel Management
- Scanning/Faxing/handling of incoming faxes
- Retinal Camera Operation
- QI/Microsystem Participants
- SBIRT Screening

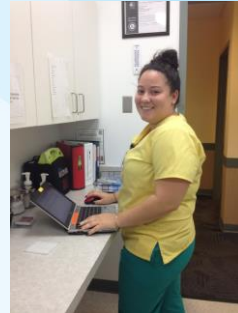


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Medical Assistant Yearly Competency

- Waived Testing
- Vital Signs
- EKG Lead Placement
- Set-up for Emergency Equipment (ie. O2, Nebulizer)
- Specialty Appointment Set-up (ie. well woman, procedures, podiatry)
- Infection Control Standards (ie. Handwashing)
- Smoking Assessment
- Asthma Control Test
- SBIRT Screening
- Developmental Screening
- Depression Screening: Post-Partem, Adolescent, Adult
- Policy Review (ie. Chaperone), proper draping



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Medical Assistants Planned Care Dashboard

Patient	PCP Name	Adult Weight Screen and Edu	Smoker Intervention	Breast Cancer Screen	Cervical Cancer Screen	Colon Cancer Screen	Child Immun	DM A1c Control	Asthma Control Med	CAD Lipid Med	IVD Aspirin	HTN Control	Bubbles			
													TE	Rx	Doc	Lab
													1		4	
		ALERTS		Last Date	Due Date	Value	Notes									
		Needs Flu Vaccine 2014-2015														
	Next Medical Appointment: 3/24/2015 9:00:00 AM	DM HbA1C		7/1/2014	1/1/2015	7.7										
	Last Dental Visit: Never Done	DM Retinopathy		5/23/2011	5/23/2012											
		Blood Pressure		1/21/2015		178 / 98										
		LDL Cholesterol		7/1/2014		110										
		Body Mass Index		9/15/2014		28.95	Needs Education									

Patient	PCP Name	Adult Weight Screen and Edu	Smoker Intervention	Breast Cancer Screen	Cervical Cancer Screen	Colon Cancer Screen	Child Immun	DM A1c Control	Asthma Control Med	CAD Lipid Med	IVD Aspirin	HTN Control	Bubbles			
													TE	Rx	Doc	Lab
		ALERTS		Last Date	Due Date	Value	Notes									
		Needs Flu Vaccine 2014-2015														
	Next Medical Appointment: 3/24/2015 9:00:00 AM	Colonoscopy Screening		Never Done	Never Done		Declined in last 30 days.									
	Last Dental Visit: 10/29/2007	Blood Pressure		3/13/2015		151 / 101										
		Body Mass Index		3/13/2015		33.08	Needs Education									
		HCV Screening Needed					Needs HCV Screen									



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Supporting team integration

Panel Management: Dashboards

- Medical Dashboard integrated with BH dashboard
- Behavioral Health Dashboard (shown) integrated with medical and dental
- Manage patient needs effectively without searching different areas of patient record

From Reception to Recalls

- All appointments needed are scheduled at once
- Calls are centralized – greater capacity to meet patient needs by phone

ID	Total Therapy Visits	Intake	Last Therapist	Last Psychiatry Provider	Initial CarePlan	Last Review	Last Discharge	Last PHQ	Controlled Substance	Auth Reqd	Alerts	Flu Shot Due	Fluoride Varnish due
	3	8/27/2015			N/A	N/A	N/A	8/27/2015	N/A				
	107	6/29/2012			N/A	9/7/2015	N/A	12/4/2013	4/4/2013				
	79	10/8/2012			N/A	9/7/2015	N/A	4/2/2015	11/26/2013	Yes			
	10	4/2/2015			4/29/2015	7/29/2015	N/A	3/31/2015	N/A				
	9	10/13/2012			N/A	7/29/2015	3/10/2015	7/15/2014	8/14/2015				
	9	8/18/2015			N/A	N/A	1/24/2013	1/6/2015	N/A				
	55	11/26/2013			10/29/2014	8/24/2015	11/19/2014	8/25/2015	N/A				

for New Britain Medical

Appt Start	Appt Stop	Resource Name	Appt status	Reason
9:20:00 AM	9:40:00 AM		Scheduled	BH Diagnosis
9:40:00 AM	10:00:00 AM		Scheduled	Opioid Patient
9:40:00 AM	10:00:00 AM		Scheduled	Opioid Patient, Last PHQ >= 15

Medical Assistants Leading Innovation

Medical Assistants are expanding their roles as:

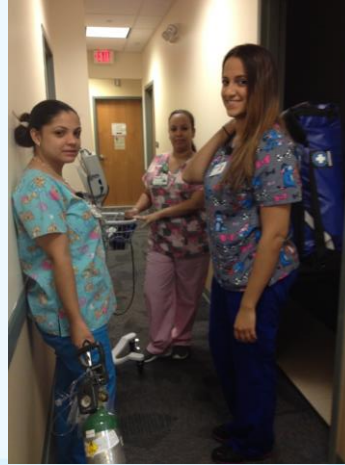
- Health Coaches
- Self Management Goal Setting
- Leading team huddles
- Taking charge of patient “Flow”
- Scribing for providers
- Take on roles as Promotoras and Patient Navigators
- Training as Doulas
- Building career ladders

First and foremost: medical assistants consistently identify themselves as a patient advocate, provider support, and team builder.



Current Challenges in Medical Assistant Education

- Finding jobs
- Finding full-time positions
- Cost of education / loan repayment
- Quality of programming
- Quality of the Externship Experience



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National Cooperative Agreement (NCA)

Funded by the Health Resources and Services Administration, the National Cooperative Agreement addresses the most fundamental need of health centers now and for coming decades : *a clinically expert staff representing all roles in primary care that is trained to a high performance model of team-based care.*

Through a series of educational webinars and learning collaboratives, CHC will provide education, information, and training to interested health centers around the country in:

1. Training the Next Generation

- a. Establishment of post graduate Nurse Practitioner or Post-doctoral Clinical Psychology residency programs.
- b. Developing a systematic approach to engaging health professions students and trainees from academic partners for a portion of their education.

2. Team-Based Care

- a. Implementing and advancing team-based practice models.

Want to participate? Email your contact information to nca@chc1.com.



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