



Non-Billable Staff in Care Teams for Quality Outcomes

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Learning Objectives

- Learn how Venice Family Clinic (VFC) approached practice transformation and created a culture of team based care
- Learn about the role of MAs, Nurses, and Health Educators at VFC
- Learn how VFC implemented standing orders, huddles, and other communication mechanisms
- Learn about successes, challenges, and next steps



Venice Family Clinic

Mission:

To provide quality primary health care to people in need.

Vision:

To improve the health of people and communities through accessible, quality care.



We Serve

27,000 served each year

- 73% live below the Federal Poverty Level
- 77% are minority group members
 - 61% Latino
 - 11% African-American
 - 3% Asian
- 15% are homeless
- 29% children; 71% Adults



Services are provided at 12 locations across West Los Angeles.



Comprehensive Services

- Primary Medical Care
- Pediatrics & Teen Services
- Chronic Disease Management
- Reproductive Health
- Homeless Health Care
- Specialty Care
- Dental
- Vision
- Behavioral Health
- Health Education & Wellness
- Prenatal Care
- Laboratory
- Pharmacy
- Children First Early Head Start
- Integrative Medicine
- Common Ground HIV/AIDS
- Substance Use Services



Partnerships and Training

Significant partnerships with:

- Quest Diagnostics
- Cedars-Sinai Medical Center
- Kaiser Permanente of Southern California
- Providence Saint John's Health Center
- David Geffen School of Medicine at the University of California, Los Angeles (UCLA)

These partnerships provide vital in-kind services, residents in training and operating funds.



PRACTICE TRANSFORMATION APPROACH



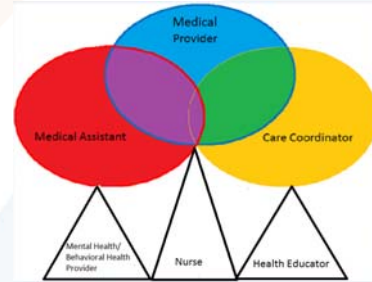
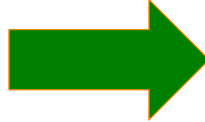
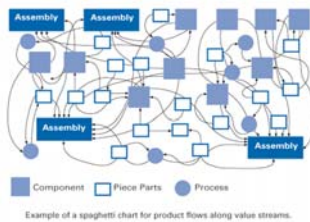
SO, HELP ME HERE, DOC. THE GOVERNMENT EXPERTS AND INSURANCE FOLKS SAY I SHOULD GET A MAMMOGRAM AFTER 50 INSTEAD OF AFTER 40, AND A PAP SMEAR EVERY THREE YEARS AFTER 30 INSTEAD OF EVERY OTHER YEAR AFTER 30.

MY QUESTION IS ... WHERE EXACTLY DO YOU AND I FIT INTO THIS PICTURE?



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From Spaghetti to Team Based Care



Cultural and Operational Shift

Our Approach

- Empanelment: April 2014
- Team Composition and Assignment
- Team Communication
- Redesign Care Team Roles & Processes
- Continuously Monitor & Adjust



THE ROLE OF MAS AND NURSES



Ratios

- 1 MA per provider
- 1 Flow MA per session (if available)
- 1 LVN per site
- 1 RN per site (except at 1 site)
- 1 Care Coordinator per 3 providers (discharge & process referrals)



Role of MA

- **Prep patient for visit**
 - Vitals
 - Screeners
 - Point of Care Services
- **Vaccines**
- **Auxiliary Services**
 - PPD placement
 - Pregnancy test
 - Injection only
 - Wound Care (no packing)
- **Lab Draw & Processing (at some sites)**



Pre-Visit Planning: Huddles Process

1. **Print Patient Visit Summary (PVS) from Azara**
2. **Review PVS prior to huddle**
3. **Find assigned provider**
4. **Initiate huddle**
 - Short
 - Discuss care needs for visit beyond PVS
 - Discuss MA and/or provider schedules for session



PROVIDER				CHART PREP CHECKLIST						
Patient Name		Age	Diagnosis (Icd9/10)	Products (Last MTC 01/03/20)	Date					Last PHD Date
					Last Fag Date	Last Fag Date	Last Fag Date	Last Fag Date	Last Fag Date	Last Mammogram Date
1					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
2					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
3					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
4					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
5					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
6					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
7					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
8					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
9					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
10					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
11					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
12					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
13					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
14					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
15					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
16					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
17					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
18					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
19					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6
20					CIN1	CIN2	CIN3	CIN4	CIN5	CIN6

Immunization Updates: Adult Shingles (yes for Adults and Pre-65)
 H1N1 - less than 10 years: 10 years
 Hep B - yearly
 Pneumonia - Healthy adults: 1 dose once after age 65
 Compromised Adults: 1 dose then booster at 40

65 then - age 70-75 annually
 Hepatitis - 1 dose Age 70 then every 5 years up to age 75
 Pap - 1 year age 20 then every 5 up to age 65
 PSA and DEX annually

Promoter Initials: _____
 Mkt Initials: _____

Thursday, June 04, 2015					
Through Thursday, June 04, 2015					
Spar, Miles					
Thursday, June 04, 2015					
8:45 AM	[REDACTED]	M, 21	English	PCP Unassigned Provider Risk Factors:	
	Visit Date	Unassigned	New Health Date	New Reason Round	
	Adult Weight Screening	Overview			
	BH	Missing			
	Depression Screening	Missing			
	Tuberculin Status	Missing			
* NEW STAFF ONLY *					
Thursday, June 04, 2015					
9:00 AM	[REDACTED]	M, 52	English	PCP Spar, Miles Risk Factors: CBS	
	Visit Date	Unassigned	New Health Date	New Reason Round	
	Adult Weight Screening	Missing Follow-up	3/30/2015	30.52	
	Cervical Cancer Screening	Overview			
* UNEXPECTED DISORDER OF THYROID * * FAL LABS *					
Thursday, June 04, 2015					
5:11 AM	[REDACTED]	M, 45	English	PCP Unassigned Provider Risk Factors: CBS SBAP	
	Diabetes Hypertension Depression Screening	Missing	New Health Date	New Reason Round	
	Adult Weight Screening	Missing Follow-up	4/30/2015	31.27	
	BH	Result out of range	5/4/2015	150/90	
	EKG Exam	Missing			
	Fetal Exams	Missing			
* DM1 / B5 *					



- MA checks in with provider throughout clinic session
 - Co-located in team room (at some sites)
 - MA goes to charting room between patients (at other sites)
- Provider puts up orders for MAs
- Walkie-talkies



Role of Nursing

- **LVN Role**

- Serve as resource for MA during clinic
- Address clinic flow issues
- Provide direct patient care
 - Wound care (including packing)
 - IV- starts and dc
 - BP checks
 - PPD readings
 - Nursing Injections: Vivitrol, Insulin, Ceftriaxone

- **RN Role**

- Telephone and face-to-face triage
- Provide direct patient care
 - INH
- Support LVN and MAs



Standing Orders

- **Standing Orders**

- Guide MAs and Nurses
- Helps initiate service prior to patient being seen by provider

- **Sample Workflow: Vaccines**

- MA identifies vaccine needed and begins process
 - Does not interrupt provider to put order
 - Does not rely on provider to remember to put order
 - Streamlines process for good patient care
- Verifies vaccine with provider
- Administers vaccine



Standing Orders in EMR Example

Specialty ▼ Family Practice Visit Type ▼ Office Visit

Intake | Histories | SOAP | Checkout | Finalize

Standing Orders

Care Guidelines

Medications

Allergies

Office Services

Panel Control: Toggle Cycle

Office Services (0)

Orders

Medication ordered here are not compared with patient allergies; an allergic reaction could occur for which no warning will display.

Display category: ALL

Order Category	Lab Name	Proc. Code	Side	Diagnosis Description
Nurse Standing Orders	HEMOGLOBIN (HGB)	85018		Encntr screen for dis of the bld/bld-form or mechanism
Nurse Standing Orders	LeadCare II Test Kit	83655QW		Contact with and (suspected) exposure to l
Nurse Standing Orders	OraQuick	86703QW		

Diagnosis

*Order: Procedure code: Side: Status:

*Diagnosis: Dx code:

Add or Update Assessment Clear

List of Standing Orders for MAs and Nurses

- Immunizations
- Chest x-ray for Positive PPDs
- Chlamydia Testing
- Colorectal Cancer Screening
- Emergency Inhalation Treatment for Asthma
- Diabetic Foot Exam
- Hearing Screening
- Hemoglobin Testing
- HIV Rapid Test
- Lead Screening
- Peak Flow Testing
- PPD Testing
- Pregnancy Testing
- Pulse Oximetry
- Retinal Camera Screening
- Urinalysis
- Urine Drug Screen
- Vision Screening
- Dressing Change- RN, LVN only
- Blood Pressure Check- RN, LVN only

* Not complete list. Created new standing orders that are not reflected in list.

THE ROLE OF HEALTH EDUCATORS



Integrating Health Education into Primary Care

- **Integration Through Alignment**

- Schedules
- Physical Space
- Mental Change

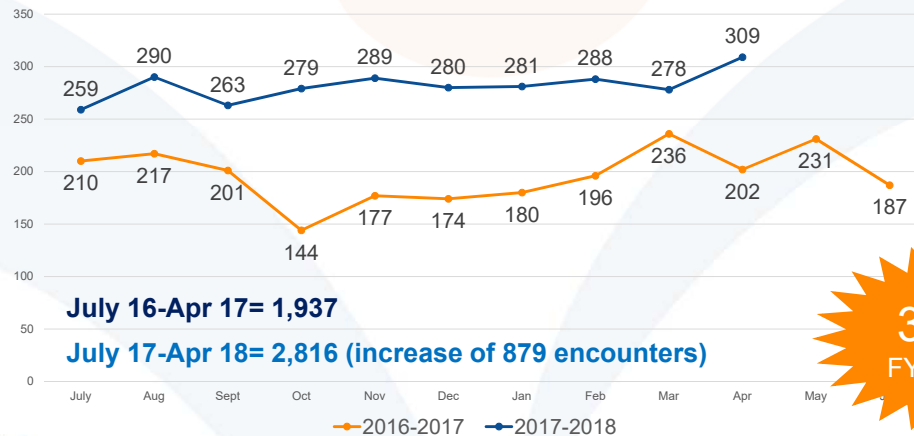


- **Valued Base Care**

- Face to face visits
- Group Education visits
- Phone call visits
- Email communication

Integrated Health Education Services into Primary Care

Health Education One on One Visits



37%
 FY: 17-18



Health Education Services



Josefina's Story



Josefina's HbA1c Level
 10.8%

 6.9%



SUCCESSSES, CHALLENGES, NEXT STEPS



Successes

- Engaged Leadership
- Culture shift to empower and develop staff
- Change management approach
- Improved accountability, communication, and satisfaction in high performing teams
- Staff buy-in and champions
- Strong MA and PCP relationship
- Improved metrics and patient satisfaction
- Higher expectations is the new norm... a success and a challenge



Challenges

- Financing
- Need for better standardization
- Staffing fluctuations
- Part-time providers and residents
- Fixed job descriptions and schedules
- Competing priorities: too many changes at once



Our Future

- Prepare for value based care
- Develop a more engaged workforce
- Strengthen relationships with patients & external partners
- Create an innovation program complementing QI efforts





THANK YOU!

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