



# Non-Billable Staff in Care Teams for Quality Outcomes

**Bessie Mathew, MPH**  
Project Manager

**Judy de la Torre, RN**  
Nurse Manager

**Rigoberto Garcia, MPH**  
Director of Health Education

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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.

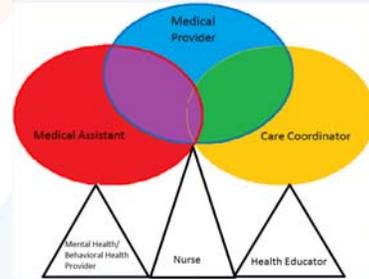
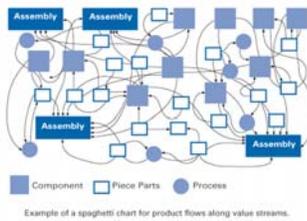
MY QUESTION IS ... WHERE EXACTLY DO YOU AND I FIT INTO THIS PICTURE?



[www.penroseonpolitics.wordpress.com](http://www.penroseonpolitics.wordpress.com)

PENROSE  
11-24-09 ©

## 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



"What if we don't change at all ... and something magical just happens?"



# 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)



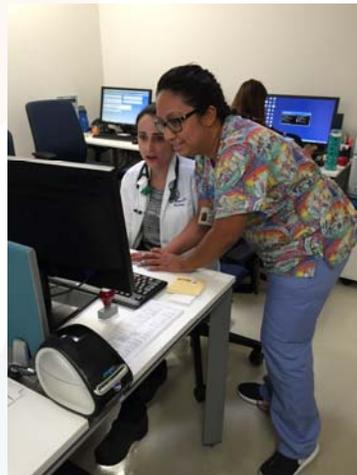
## Role of MA

- **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



# Pre-Visit Planning: Huddles Tool

PROVIDER:		CHART PREP CHECKLIST						
		Date:						
Patient Name	Age	Diagnostic Referrals	Pediatrics Last visit (DOB)	Last F/U Test Date	Last Pap Date	Last Mammogram Date	Last PHQ Date	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Immunization Update: Adult Boosting Slip for Adults and Kids  
 Flu shot: \_\_\_\_\_  
 Pediatric: Healthy adults: 1 dose on or after age 65  
 Compromised adults: 1 dose then booster at 65  
 PHQ: age 12+ annually  
 Provider initials: \_\_\_\_\_  
 MA initials: \_\_\_\_\_

Thursday, June 04, 2015 through Thursday, June 04, 2015

### Visit Planning

Plan # 88448919 10:30:12

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**Star, Myles**

Thursday, June 04, 2015

8:45 AM **[REDACTED]** M, 21 English PCP Unassigned Provider Risk Factors: -NEW PATIENT

Adult Lead Missing  
 Adult Weight Screening Missing  
 BP Missing  
 Cholesterol Screening Missing  
 Vision Status Missing

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Thursday, June 04, 2015

9:00 AM **[REDACTED]** M, 52 English PCP Star, Myles Risk Factors: CBS

Adult Lead Missing  
 Adult Weight Screening Missing Follow-up 3/5/2015 35.32  
 Colorectal Cancer Screening Overdue  
 \*WF STAFF ONLY  
 \*UNSPECIFIED DISORDER OF THYROID  
 \*FAL LABS

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Thursday, June 04, 2015

9:15 AM **[REDACTED]** M, 43 English PCP Unassigned Provider Risk Factors: CBS, SBP

Distalve Hypertension-Overdue  
 Adult Lead Missing  
 Adult Weight Screening Missing Follow-up 4/30/2015 21.27  
 BP Result out of range  
 EKG Date Missing  
 Foot Exam Missing



# Provider-MA Communication during Clinic

- 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

Allergen

ACETAMINOPHEN

DIVALPROEX SODIUM

KETAMINE

PEANUT BUTTER FLAVOR

RASPBERRY

SIMVASTATIN

Office Services

Panel Control: Toggle Cycle

Office Services

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:

\*Diagnosis:  Dx code:  Status:

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



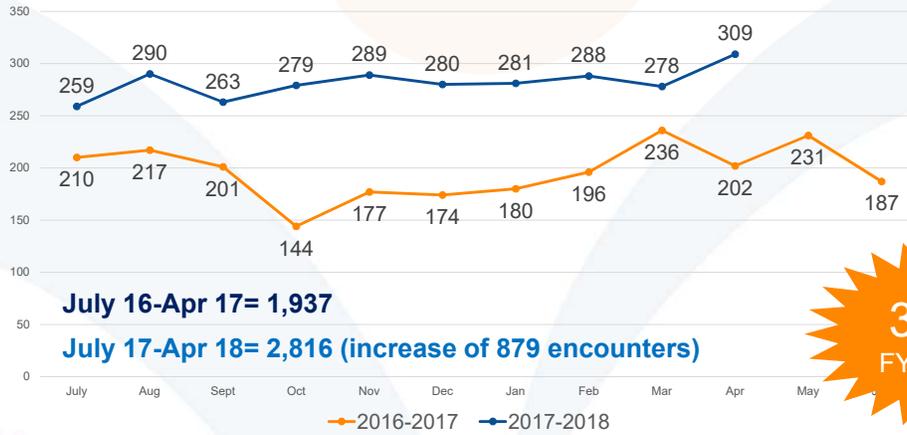
- **Valued Base Care**

- 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!**

**Bessie Mathew, MPH**  
Project Manager  
BMathew@mednet.ucla.edu

**Judy de la Torre, RN**  
Nurse Manager  
JdelaTorre@mednet.ucla.edu

**Rigoberto Garcia, MPH**  
Director of Health Education  
RigobertoGarcia@mednet.ucla.edu