7) Partners in Care Practice Redesign Workshops / Improving Organizational Efficiencies

Partners HealthCare Population Health Management

Timothy Ferris, MD, MPH, SVP, Population Health Management, Partners HealthCare, Massachusetts General Hospital, and Massachusetts General Physicians Organization

PROJECT DESCRIPTION

As part of our efforts to ensure that all primary care practices across the network are recognized as Patient-Centered Medical Homes (PCMH) by 2018, we implemented practice redesign workshops. The Patient-Centered Medical Home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care developed by the National Center for Quality Assurance (NCQA).

Our overall strategy began in 2012, and has two phases. The first phase (Phase 1) focused on the fundamental components of the PCMH model and is referred to as “Primed Status,” which is a framework used to measure our evolution towards comprehensive, patient-centered, team-based care. Primed Status is composed of several foundational elements that are designed to position practices so that they are ‘primed’ for further transformation, including NCQA PCMH recognition. One of the building blocks is practice redesign using lean methodologies and team-based care, which is the focus of our application.

The second phase (Phase 2) focuses on supporting practices to implement the various components of the PCMH application, with an end goal of submitting an application to NCQA to be formally recognized.

Phase I:
Practice Redesign Workshops:

The practice redesign workshops are offered to primary care teams and include a 2 ½ day workshop focused on lean methodologies and resources/tools. The last day is a half day and onsite practice implementation lead by Advanced Lean Trained Coaches. The primary care teams include providers, clinical support staff and practice managers.

The Redesign Workshops teach practices to identify and eliminate waste and inefficiencies in the health care delivery process, making it possible to deliver both high quality and safe patient care. By streamlining repetitive and low-touch aspects of care delivery, staff members are free to spend more time treating patients and creating the capacity to operate as a PCMH (e.g. improving lab/referral tracking, continuous quality improvement projects, care management).

In 2014, phase II of the program was launched, which provides each practice with intense, high-touch, support from PCMH Consultants as well as a variety of training and education seminars. The role of the PCMH Consultant is to interpret the PCMH standards, brainstorm and share system workflows and review documentation to ensure the detail meets NCQA criteria.

OUTCOMES ACHIEVED

- 1,174 primary care providers, care team members, and administrators have attended the Redesign Workshops (as of Sept. 2015)
- 78% of Primary Care providers in practices have met the Primed Status metrics (as of Sept. 2015)
- 27% of Primary Care practices that have achieved NCQA/PCMH Level 3 Recognition with at projection recognition rate of 44% by year end 2015 (as of Dec. 2014)
- Statistically significant improvements in quality measures by Primed Status practices

LESSONS LEARNED

- Practice transformation requires a multi-pronged effort that includes ongoing education, best practice sharing, incentives, measurement, and coaching.
- Engaging the minds and hearts of practice leadership and staff are crucial in any change efforts. They must have a say in all aspects of implementing process change.
- Replicating and sustaining change efforts needs to permeate all levels of the organization. When continuous process improvement becomes “the way we do things,” successful change happens.