A-Mo Health Center: The Story Behind the Numbers

At A-Mo Health Center in Salina, Oklahoma, the numbers are looking good:

- Intake screening bundle is up from 78 percent in October 2007 to 91 percent in May 2011.
- Cancer screening bundle is up from 76 percent in September 2007 to 84 percent in May 2011.
- Physical activity screening is up from 20 percent in December 2009 to 96 percent in May 2011.
- Diabetes Comprehensive Care is up from 60 percent in April 2007 to 74 percent in May 2011.
- Continuity of care with primary provider is up from 67 percent in March 2009 to 75 percent in May 2011 .
- Continuity of care with a team is up from 80 percent in March 2009 to 96 percent in February 2011.[1]

One number is down—way down. Average office visit cycle time—the time from registration to check out, including a stop at the pharmacy —is down from a high of 150 minutes to just under an hour. For a visit that doesn't require pharmacy, cycle time hovers around 45 minutes.

While numbers are an important measure of success, the real story lies in what led to those impressive results.

A-Mo Health Center was one of the first 14 sites to pilot the Improving Patient Care Collaborative, and the Center moved through the paces pretty quickly. Through it all, the spirit of teamwork helped ensure success.

"Optimizing the care team, getting everyone interested in what we were doing, and trying to help people work at the top of their licensure really helped us move along in improving those measures," says Brett Gray, MD, medical director at A-Mo Health Center.

With Dr. Gray, an established family physician with a large number of devoted patients leading the micro system, and Matt Johnston, MD, brand new to Salina, the team had an ideal setup for experimenting with new schedule structures and team configurations and figuring out how best to improve access to care, continuity of care, and cycle times for patients.

Before IPC

Before IPC, each provider had his or her own panel of patients. But, that didn't mean that patients actually saw their own providers at each appointment. If patients needed an urgent appointment—such as for an acute illness or injury or a posthospitalization checkup—often the regular provider would not be available in the time frame necessary. Instead, the patient would see whoever was available and then follow up with his or her regular provider at another appointment several weeks later. In other words, he or she needed two appointments instead of one.

In addition, many of the nearly 8,000 active patients at the A-Mo Health Center didn't have a provider to call their own. When they called to make an appointment, they saw whichever doctor was available.

[1] Figures dropped from March to August 2011 when a physician at the clinic retired; but, with a new physician on board, continuity with the team is headed up again.

And, the patients weren't the only ones bouncing from provider to provider. Nurses also moved around in different areas of the clinic instead of being established in one area. To make matters worse, getting even a three-month follow-up appointment with a particular provider was difficult.

"I'd say, 'I'll see you back in three months,' and know in my heart it would actually be more like four months," Dr. Gray explains.

Physicians, nurses, and patients rarely thrive in this type of structure.

Good for Patients, Good for Staff

To improve performance, the staff at the clinic knew they had to establish care teams and make sure that every patient had a team. After trying various configurations and roles, the A-Mo staff settled on two teams with the following structure:

- two physicians,
- one midlevel provider,
- two registered nurse case managers,
- three licensed practical nurses, and
- one medical assistant.

This approach has worked for everyone. Although the clinic does not consistently achieve the goal of 70 percent continuity by primary care provider, the staff has achieved up to 99 percent continuity with the care team. Patients get to know both the doctors and the midlevel staff on the team, and they feel comfortable moving from one to the other, if necessary. In addition, "patients really get a better relationship with the nursing staff," says Dr. Gray. He notes that many patients ask to talk to the nurse case manager rather than the doctor because they feel confident that she will be able to solve the problem or route their question to the appropriate person.

The staff also likes being on a team where everyone gets to know his or her coworkers. This familiarity and ongoing relationship builds confidence and accountability. "If I give a task to a nurse, I know I can put that completely out of my mind and know it's either going to be taken care of or she'll come back and tell me she needs help," says Dr. Gray. The nurses also know that the doctors will listen and respect their experience and "nursing intuition."

No More Prebooking

The next step was even more radical: change the appointment system by eliminating prebooking for appointments more than one month out and by holding half of each day for same-day visits. This was not an easy step. Try telling a patient who hasn't been able to get an appointment in three months that now he wouldn't be able to get an appointment at all; he'd be getting a reminder letter in two and a half months telling him to set up an appointment in the next two weeks.

And try convincing your improvement director that relying on patients to call for an appointment wouldn't affect follow-up and clinical measures.

"I was concerned that people wouldn't call in when they got the reminder and that some of the things we were doing really well wouldn't be done as well if people didn't come in," says Teresa Chaudoin, improvement team sponsor.

It took some faith, admits Dr. Gray, but it worked out.

"In fact, some of the numbers are improving on the diabetes side of things," says Chaudoin. "It's a real pleasant surprise for me that the patients really would go ahead and call to make an appointment when it was time."

Making the new schedule work went beyond the care team and the appointment book. Patients can't call in for an appointment if they get a busy signal. The phone system had to be able to handle the increased call volume that comes with open or advanced access scheduling.

"We had tried open access scheduling before IPC," says Dr. Gray, "but it didn't work because our phone system couldn't handle it."

The clinic administrator, Charles Smith, had been working for some time to get the phone system upgraded, but it required a substantial capital outlay: about $80,000. Once the Cherokee Nation leadership understood the importance of this to the success of IPC, the Nation found the resources to install the system in 2010.

Formula for Success

Same-day availability + improved continuity = decreased demand

For A-Mo Health Center, it turns out this is a key formula for success. "When you improve same-day availability and you improve your continuity of care, your demand will actually decrease by about 15 percent," explains Dr. Gray. That's because when patients are able to see their own physician in the first place, they don't need that extra appointment they used to have with walk-in or urgent care appointments. And, because people don't have to plan so far in advance, the no-show rate goes down, too.

Low no-show numbers are often a sign that patients are happy with how they are treated at a practice. Comments from patients on recent surveys back that up. "A number of comments have been about how this clinic is always working to improve things," says Chaudoin. "I think the message has gotten across, probably from the doctors and the staff explaining IPC to them. They understand that we're working to improve things."

Patients seem to be aware of the team concept, even commenting that the receptionist is a "great team member." Chaudoin says that over time the clinic is getting more and more comments about how friendly and helpful staff members are. "I think people at the clinic are more patient-centered than in the past," she explains.

"I have had very good treatment at the Salina clinic," one patient wrote. "It feels like a one-on-one relationship with the doctor and nurses. That's how it should be."

IPC Is the Way We Do Business

"When you get comments like that—that are unsolicited—it makes you feel good that the patients actually can see the changes and they appreciate it," Chaudoin says.

Along with strong support from patients, A-Mo Health Center also has great support from Cherokee Nation Health Services administration and the Cherokee Nation. "We've had great support from the clinic level all the way up to the senior leadership level," says Dr. Gray. "Without that, a lot of our efforts would have just fallen flat. Support from administration is crucial to success in making these changes."

"IPC is not a project we're involved in; it's the way we do business now," Dr. Gray continues. "It's really become the way we do things now and what we're going to do in the future and how we plan things for the future."