

Improving Patient Care Efficiency and Effectiveness: Team Care and the Use of Scribes

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TeamCare Model

- **1 Doctor**
- **2 Medical assistants**

Clinical Workflow

- Medical assistant completes all intake requirements
- Reason for visit
- Note template is loaded in the progress note
- Collecting and documenting the History of Present Illness and ROS
- Medication refill requests discussed

Clinical Workflow

- **Medical assistant gives oral presentation to provider on waiting patient**
- **Medical assistant enters room with provider**

Clinical Workflow

The physician; with the medical assistant in the room and **SCRIBING**

- Confirms the history
- Performs the physical exam
- Makes medical assessment and management decisions
- Articulates treatment plan to the patient and medical assistant

Clinical Workflow

- The physician leaves the exam room of the completed patient.
- Orders pended by the clinical staff are filed by the provider.
- The physician signs any prescriptions that are not electronically transmitted.
- Physician starts the process with the next patient prepped by the medical assistant

Clinical Workflow

- The medical assistant reviews the After Visit Summary with the patient along with any prescriptions or ordered tests.
- Patient education is given and reviewed.
- The patient is escorted to the appointment desk by the clinical staff.

Documentation

- If the clinical staff has a question about medical terminology they will place three *** as a place holder.
- The chart can not be closed without these variables (***) being satisfied.



Documentation

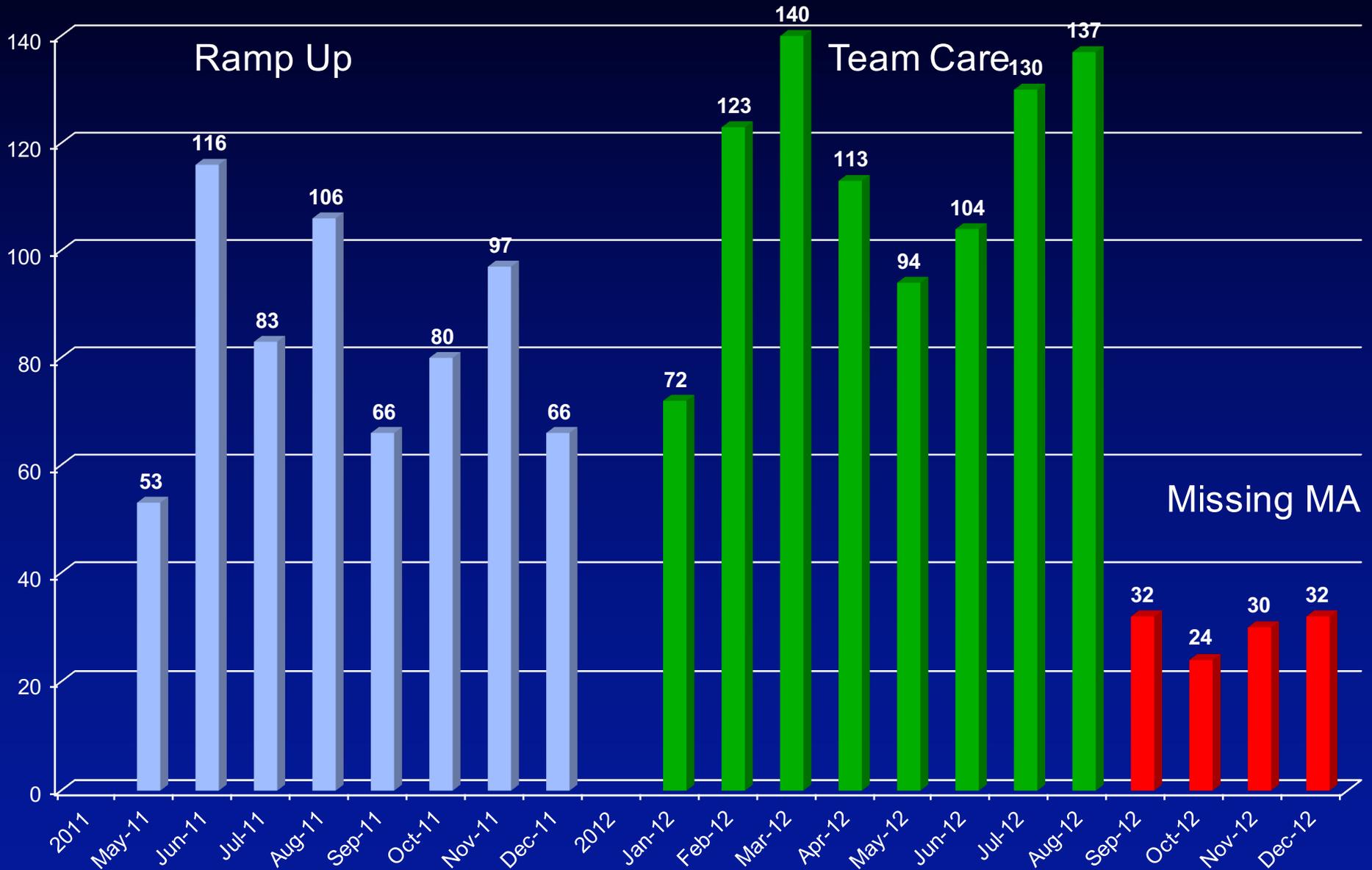
- **The documentation for this note was completed by (name of MA) acting as scribe for (Name of physician) June 3, 2016 8:31 AM.**
- **Notes have been reviewed and edited.**
I agree with the Chief Complaint, ROS, and Past Histories independently gathered by the clinical support staff and the remaining scribed note accurately describes my personal service to the patient.
- **Name of physician**

Key Metrics

- Increase **volume** of patients seen
- Increase **efficiency**/decrease scheduling wait time
- Increase **accessibility** to quality physician care
- Increase **patient satisfaction**
- Improve **quality** of patient care
- Increase clinical **employee satisfaction**
- Increase **physician satisfaction**

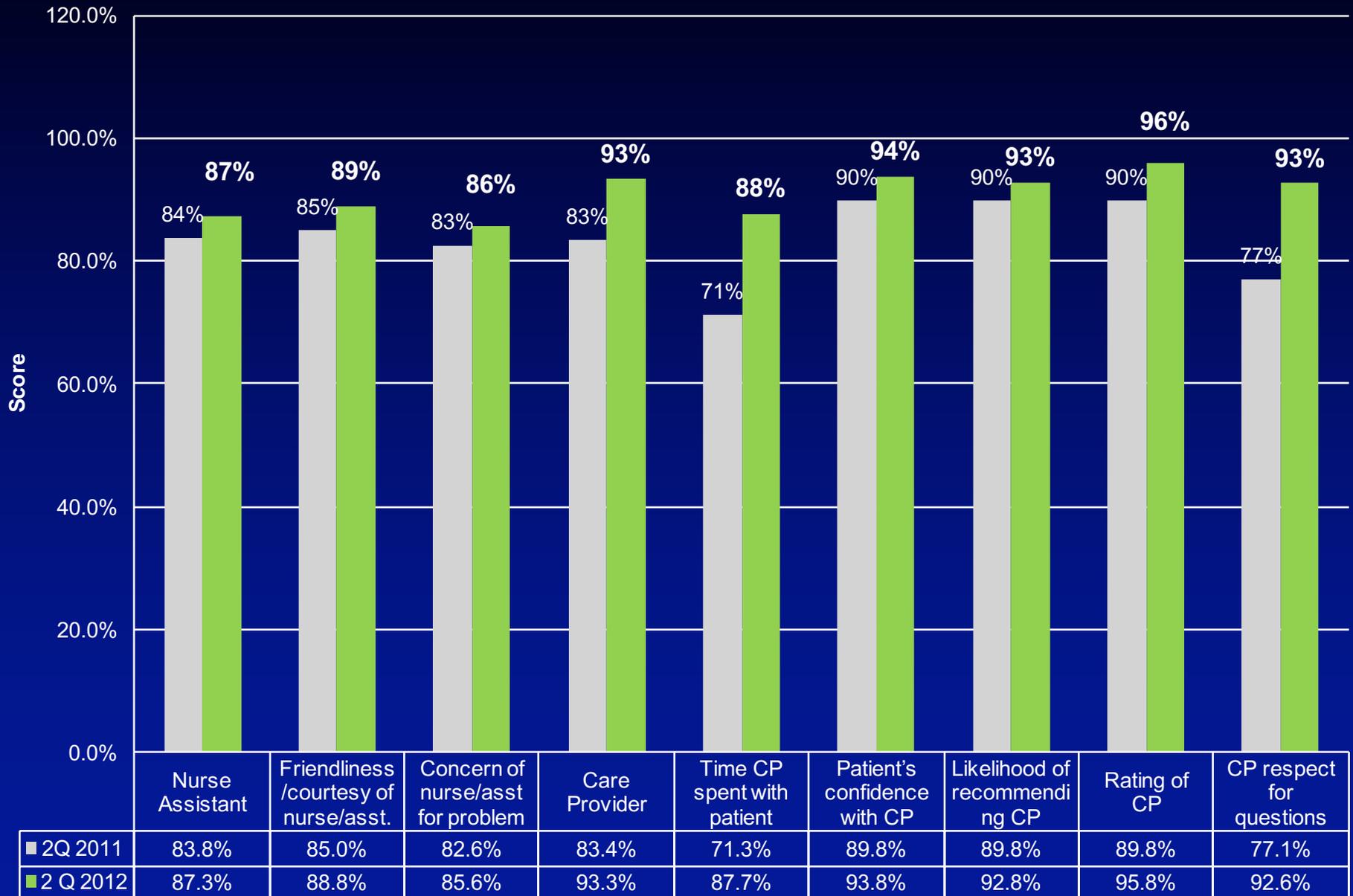
Access – Patients Added

May 2011 – December 2012

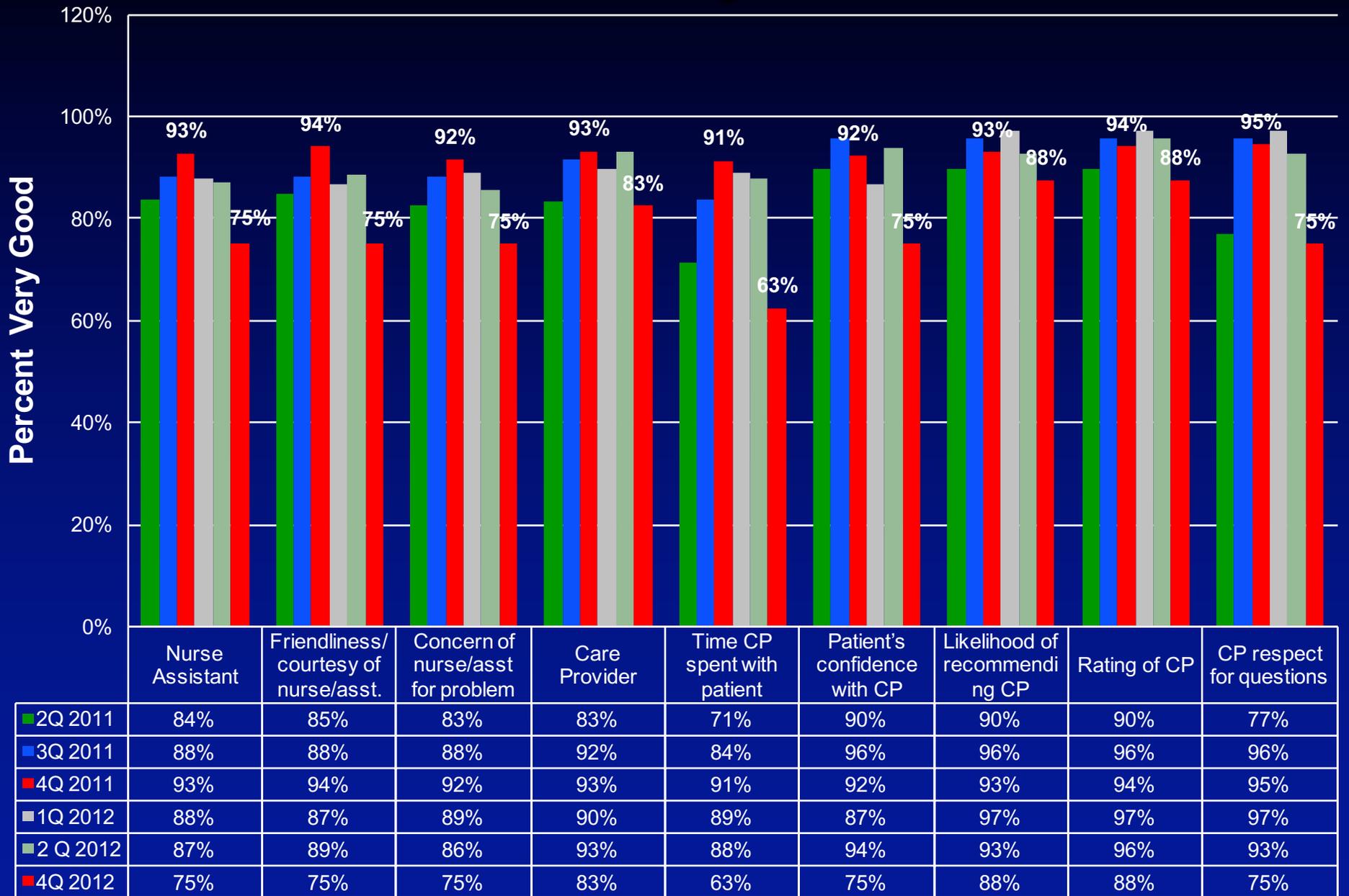


Outcomes: Press Ganey Patient Experience

Quarter 2-2011 v Quarter 2-2012

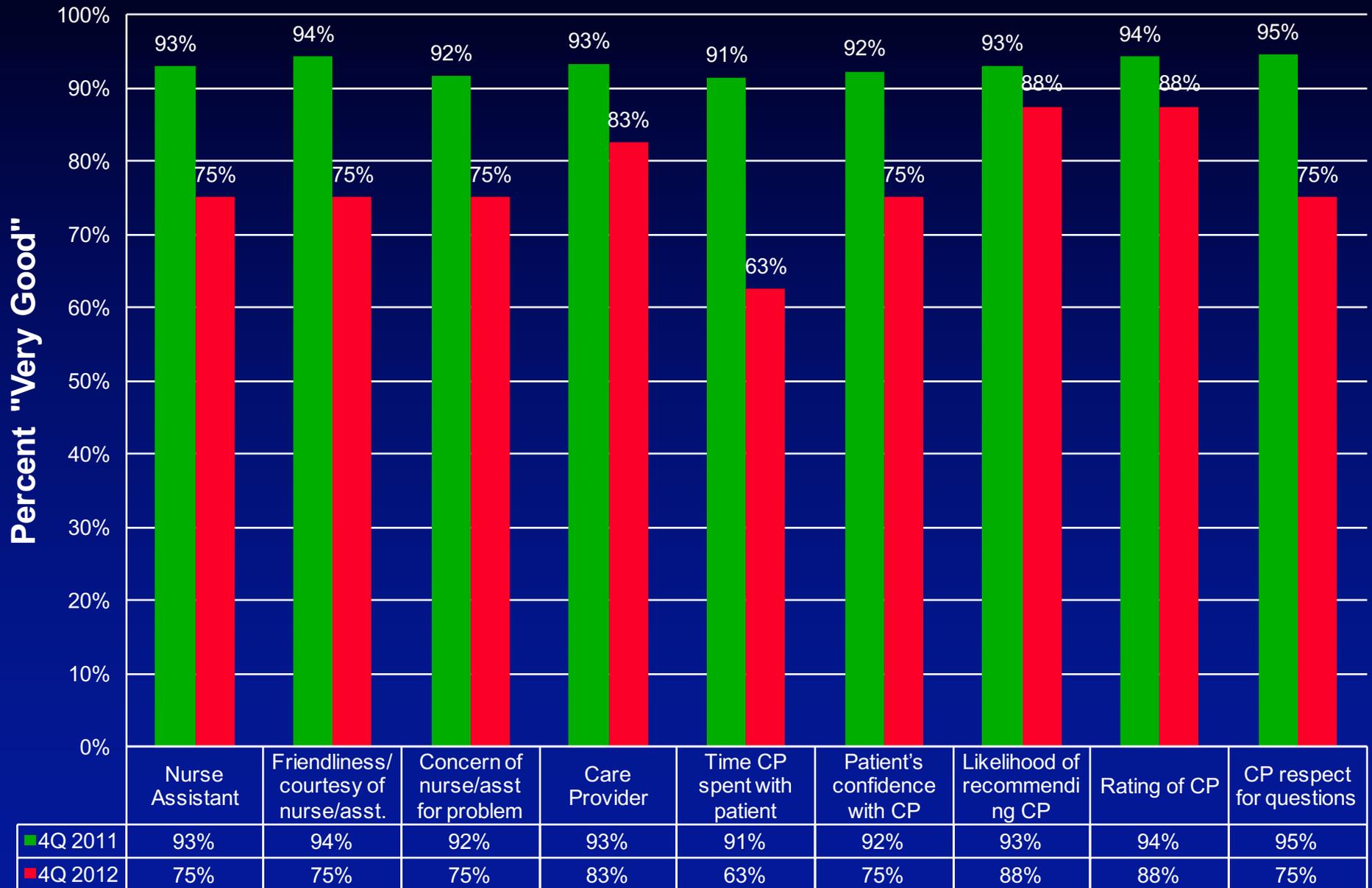


Outcomes: Press Ganey Patient Experience Quarter 4-2011 through Quarter 4-2012



Outcomes: Press Ganey Patient Experience

Quarter 4-2011 v Quarter 4-2012

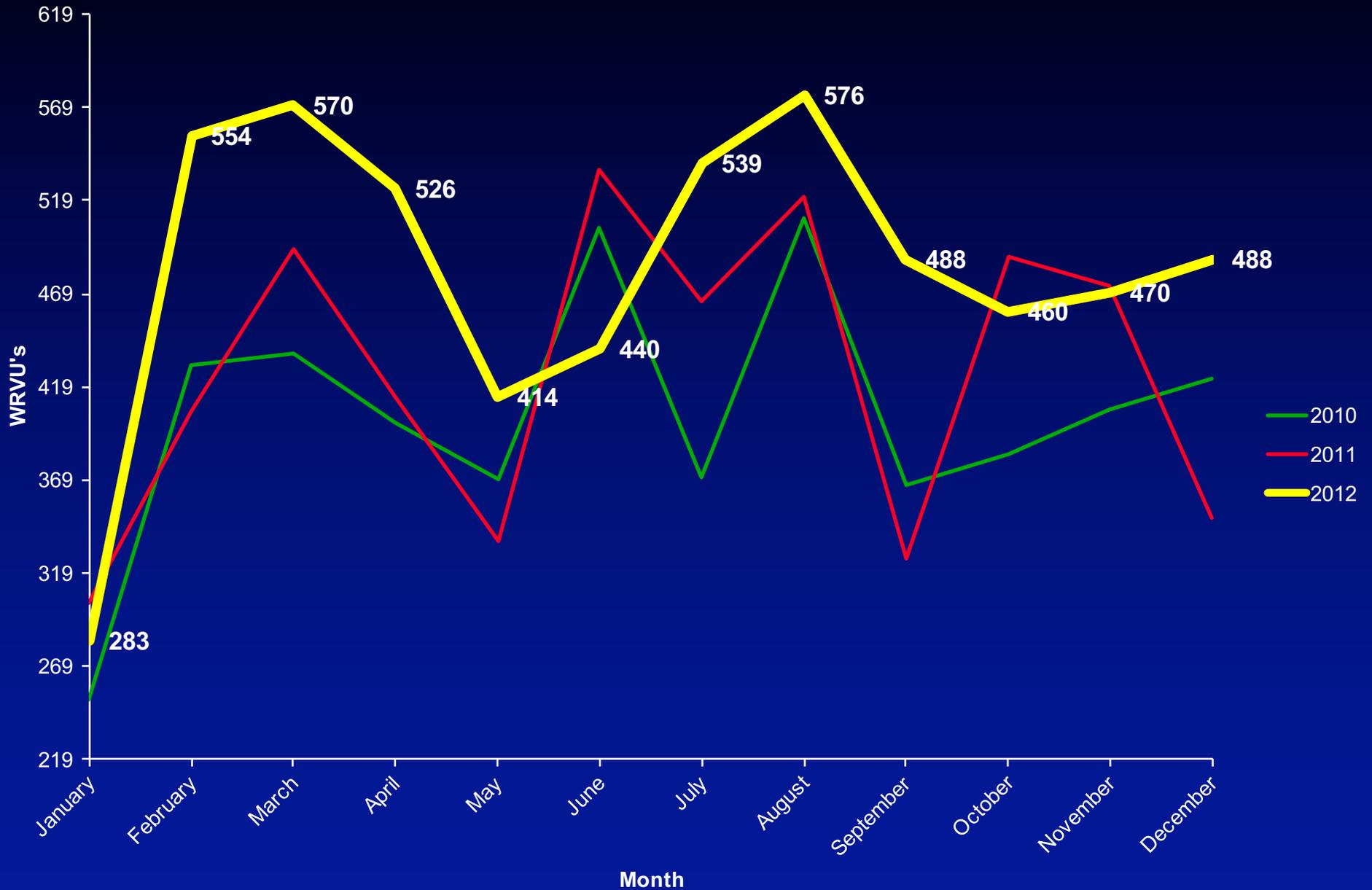


Outcomes

Quality Indicators Chosen for Improvement

	Q1 2011	Q2 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012	Q3 2012
Blood Pressure Control	74%	76%	81%	79%	79%	78%	78%
A1c Diabetics	96%	96%	98%	96%	98%	97%	99%
Diabetes Screening	89%	90%	90%	90%	91%	91%	93%
Hyperlipidemia Screening	79%	80%	80%	74%	77%	79%	81%
Mammogram Completed	77%	78%	78%	75%	78%	79%	78%

Productivity WRVU's 2010-2011-2012



*Days not worked not considered

Sensitivity Analysis

Potential Financial Impact

Per Day	6	8	10
Annual Add	1,338	1,784	2,230
Revenue	\$156,546	\$219,024	\$273,780
Expenses	\$61,992	\$61,992	\$61,992
EBIDA	\$94,554	\$157,032	\$211,788

Financial Impact from Strongsville Team Care

Annualized Average: August 2011-July 2012

Average Slots Added per Month	102
Average Additional Revenue per Month	\$11,952
Average Monthly Additional Expenses	\$5,196
Average Monthly EBIDA	\$6,756

Planning & Implementation

- A multi-disciplinary project team was formed
- Process map of desired workflow completed
- Workspace modified
- MAs educated in the physician's EPIC smart tools
- Standard work for clinical assistants approved by nursing leadership.....

AND OUR LAWYERS (AND THEIR LAWYERS)

Planning and Implementation

- **Time set aside weekly for doctor to educate and communicate with MAs about any issues**
- **Outside Consultants in Change Management**
- **Hiring New Staff**

CHALLENGES

- **CHANGE IS TOUGH**
- **Doctors**
- **Existing Medical Assistants**
 - “more work”
 - “ another way to make money”
- **Applicant Pool and Finding Qualified People**

Key Success Factors

- **Support from Leadership**
- **Point Person for Startup : Physician Leader**
- **Project Manager**
- **Selection and Education of the MA's**
 - training**
 - simulations**
- **Pay Differential for MA's**

Taking It to the Next Level

- **Expand Team Care at Site**
4 Teams Currently
- **Expanding to Other Sites**
- **Hired RN Care Coordinator**
- **Pre-Visit Planning**
- **Chronic Disease Registries**
- **Population management**
- **Clinical Pharmacy Support in place**

Taking It to the Next Level

- **CEO and Executive Team Support**
- **Medicine Institute Wide Roll-Out 2013**
- **Setting and Meeting Metrics**
 - **Access**
 - **Productivity**
 - **Quality**
 - **GC-CHAPS**

Press Ganey Staff Engagement

	Team Care	Non-Team Care
Engagement Score	4.45 (+0.23)	4.21 (-0.01)
Tier	1	2
Safety Perceptions	4.67 (+0.30)	4.39 (+0.02)
Organization	4.30 (+0.34)	3.93 (-0.03)
Manager	4.38 (+0.29)	4.04 (-0.05)
Employee	4.26 (+0.19)	3.99 (-0.08)

TeamCare: Lessons Learned

- **25 Doctors Started TeamCare**
9 still active
- **Medical Assistant Dependent**
- **Productivity Goal : (3) Additional slots per half day session**
Sweetspot : (2) Additional slots

Thank you



Cleveland Clinic

Every life deserves world class care.