A Case Study in Primary Care Access: Clinica Family Health

Dr. Karen A. Funk, MD, MPP
Vice-President Clinical Services

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Objectives

1. Share the story of an FQHC that has been working on primary care system redesign for 15 years.

2. Inspire action.
Clinica Family Health – Our Story

- Non-profit community health center for medically underserved people
- 1977: Founded by Alicia Sanchez, began with 1 NP: Inez Buggs
- 1979: Received 1st Federal Grant (FQHC)
- 1994: Opened 1st Adams County site
- 1996: Opened 2nd Adams County site
- **2001: Opened 1st Redesigned Clinic (Lafayette)**
- 2002: Opened 1st Dental Clinic
- 2003: Opened 1st Pharmacy
- 2005: NextGen (EHR) came online
- 2007: Merged with People’s Clinic (founded 1970)
- 2011: Opened Federal Heights Clinic
- 2014: Opened satellite Alpine Clinic – reverse behavioral health integration
Clinica Family Health

Demographics:
Total Population: 653,417
Population under 200% FPL: 178,469
Clinica Patients UDS 2014: 44,632
UDS Women of child bearing age and children under 18: 60%
UDS Hispanic or minority: 76%
Patients living at/below FPL: 66%
Patients living at/below 200% FPL: 94%

Community commitment.
Uncompromising care.

Clinica Family Health – Growth in Unduplicated Patients per UDS year

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Clinica Family Health – Payor Mix

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Clinica Family Health – Our Core Values

- Service to Others
- Creativity
- Diversity
- Excellent Teamwork
- Do the Right Thing
- Make Clinica a Great Place to Work
Clinica Family Health - Mission

To be the medical, behavioral health and dental care provider of choice for low-income and other underserved people in south Boulder, Broomfield and west Adams counties. Our care shall be culturally appropriate and prevention-focused.

Clinica Family Health POD MODEL – 1.0

3.4 FTEs of Provider
4 FTEs of Medical Assistant
1 Nurse Team Manager
½ Clinic Nurse
1 Case Manager
1 Behavioral Health Professional
2 Front Desk
1 Medical Records
½ Referral Case Manager
Dental Hygienist
Nutritionist
Clinical Pharmacy
OB at most sites
So, why am I standing up here?

Evolution: Pre-Team Based Care

- **Silos**
  - Front Office
  - Back Office
  - Clinicians
  - Behavioral Health

- **Management**
  - Focus only on area of oversight
  - Lack of collaboration between disciplines
  - Lack of unified vision

- **Clinic Geography**
  - Staff not located within talking distance or view of one another
  - Hard to locate staff
  - Difficulty handing off work

Community commitment. Uncompromising care.
Evolution: Pre-Team Based Care

Patient Flow
- No assigned PCP
- Patient scheduled with “next available provider”

Schedule
- Schedule filled 3 months out
- 32% No show rate
- 30% Double book rate

System Waste
- Lack of understanding of how various roles could work together to effect overall health of patient
- Duplication and shortcomings

Evolution to Team Based Care
2003 - Present

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Team Based Care: The Clinica Integrated Pod Model

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Why a Different System?

- **Old System:** We protect today by pushing work to tomorrow.
  - 32% No Show Rate
  - What does a high no show rate do to our patient access?

- **New System:** We protect tomorrow by pulling work to today.
  - 10% No Show Rate

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Advanced Access Scheduling

*It doesn’t make a difference if we provide exceptional care to our patients if the patient can’t get into the clinic when they are in need of care.*

~*Carolyn Shepherd, M.D.*
Balance Supply and Demand

Demand
Patients needing &/or wanting to be seen

Supply
Number of patients provided care

Triage + Rework + No Shows = Delay in Care

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Balancing Supply and Demand: Queuing Theory

The Model in Translation - Why did Clinica do this?

- Strong clinical leader with a vision -- Dr. Carolyn Shepherd
- Joined by 7 staff at the conference – multiple operations staff, nursing, billing
- Met together every night to debrief and vision
- This was our first “organizational redesign effort”
- We tested at one clinic (population of patients about 7200 patients) and then spread to organization
Model in Translation

Manual tick sheet for two weeks in each demand category → Studied → Repeated for two more weeks

Determined how many visits were beyond the window and began to work them in → Incentivized providers to work extra clinics → First we cut back to one month then over next four weeks to only two weeks out

Community commitment. Uncompromising care.
Model in Translation – Why 2 weeks?

- For Clinica, this is when our no show rate jumped from 10% to 32%

Model in Translation -- Communication

- Scripts for the call center
- Scripts for the care team staff
- Posters in the exam rooms
- Retrained providers to not use schedule as “tickler for follow-up care” – trust the recall system to get patients back in for needed care
- Provider buy-in/retraining required recruitment of site-based provider champions that could help reinforce the messages
Sustaining the Gain

- Organizational culture
- Leadership structure at the sites
- Hiring for fit
- Close team-based collaboration at team, site, and organizational levels
- High regard for interprofessional and interdisciplinary collaboration

Return on investment

- Happier providers – fewer days that invite you to ask if you can keep doing this work
- Happier patients – able to get the right care at the right time in the right place
- More reliable revenue cycle with lower no show rates from visit-generated revenue
- Less likely for patients to access urgent care and experience disruptions in continuity of care and care transitions
- THE MOST IMPORTANT – improved quality of care…
Improved Access = Improved Quality of Care

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