2011 Military Health System Conference

Using Technology, Clinical Workflow Redesign, and Team Solutions to Achieve the Patient Centered Medical Home

The Quadruple Aim: Working Together, Achieving Success

LTC Nicole Kerkenbush, MHA, MN
Army Medical Department, Office of the Surgeon General
Chief Medical Information Officer

TMA and Services

Report Documentation Page

1. REPORT DATE **JAN 2011**	2. REPORT TYPE	3. DATES COVERED **00-00-2011 to 00-00-2011**

4. TITLE AND SUBTITLE **Using Technology, Clinical Workflow Redesign, and Team Solutions to Achieve the Patient Centered Medical Home**	5a. CONTRACT NUMBER
	5b. GRANT NUMBER
	5c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S)	5d. PROJECT NUMBER
	5e. TASK NUMBER
	5f. WORK UNIT NUMBER
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) **Army Medical Department,Office of the Surgeon General,Fort Sam Houston,TX,78234**	8. PERFORMING ORGANIZATION REPORT NUMBER
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)	10. SPONSOR/MONITOR'S ACRONYM(S)
	11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release; distribution unlimited

13. SUPPLEMENTARY NOTES
presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland

14. ABSTRACT

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT **Same as Report (SAR)**	18. NUMBER OF PAGES **17**	19a. NAME OF RESPONSIBLE PERSON
a. REPORT **unclassified**	b. ABSTRACT **unclassified**	c. THIS PAGE **unclassified**			

Learning Objectives

- Introduce the suite of information technology tools that have been implemented

- Describe how the tools are improving provider satisfaction, provider productivity, and clinical care

- Describe how these tools are being used to implement the Patient Centered Medical Home care model

MEDCOM AHLTA Provider Satisfaction (MAPS) Background

- ■ Why?
  - – To regain TRUST with providers
  - – To increase provider satisfaction
  - – To increase clinic productivity & throughput/ efficiency
  - – To transform how training is conducted
    - • Workflow optimization
    - • Adoption→ Outcomes

- ■ MAPS is not:
  - o A panacea for all of AHLTA's problems
  - o A fix for AHLTA's speed and bandwidth limitations
  - o A push for additional clinical IT or workflow documentation

MAPS will invest in our Providers and support staff by purchasing the clinic-based technology that has been shown to increase the usability of AHLTA. MAPS will give our MTFs the Commercial Off-the-Shelf (COTS) options that many of you have requested including Dragon... It will also focus on personalized training and ongoing Help Desk support… [MAPS] is one of my top priorities for implementation.

LTG Eric B. Schoomaker,
U.S. Army Surgeon General

Original Vision of MAPS

- Deployment of **tools and technology** that help providers document faster, more accurately and produce readable notes

- Timely, relevant and continuing **training and support** at the local level

- Adoption of leading **clinical and business processes** to decrease clinical documentation time and improve provider – patient experience

- **Effective knowledge** sharing/ transfer among users

AMEDD Clinical Systems Exchange (ACSE) Resource

MAPS Technology Tools

Providers Trained on MAPS

Roughly 45% of the estimated 11,965 eligible providers* across the AMEDD have been trained on MAPS

Providers Trained as of 23 November 2010
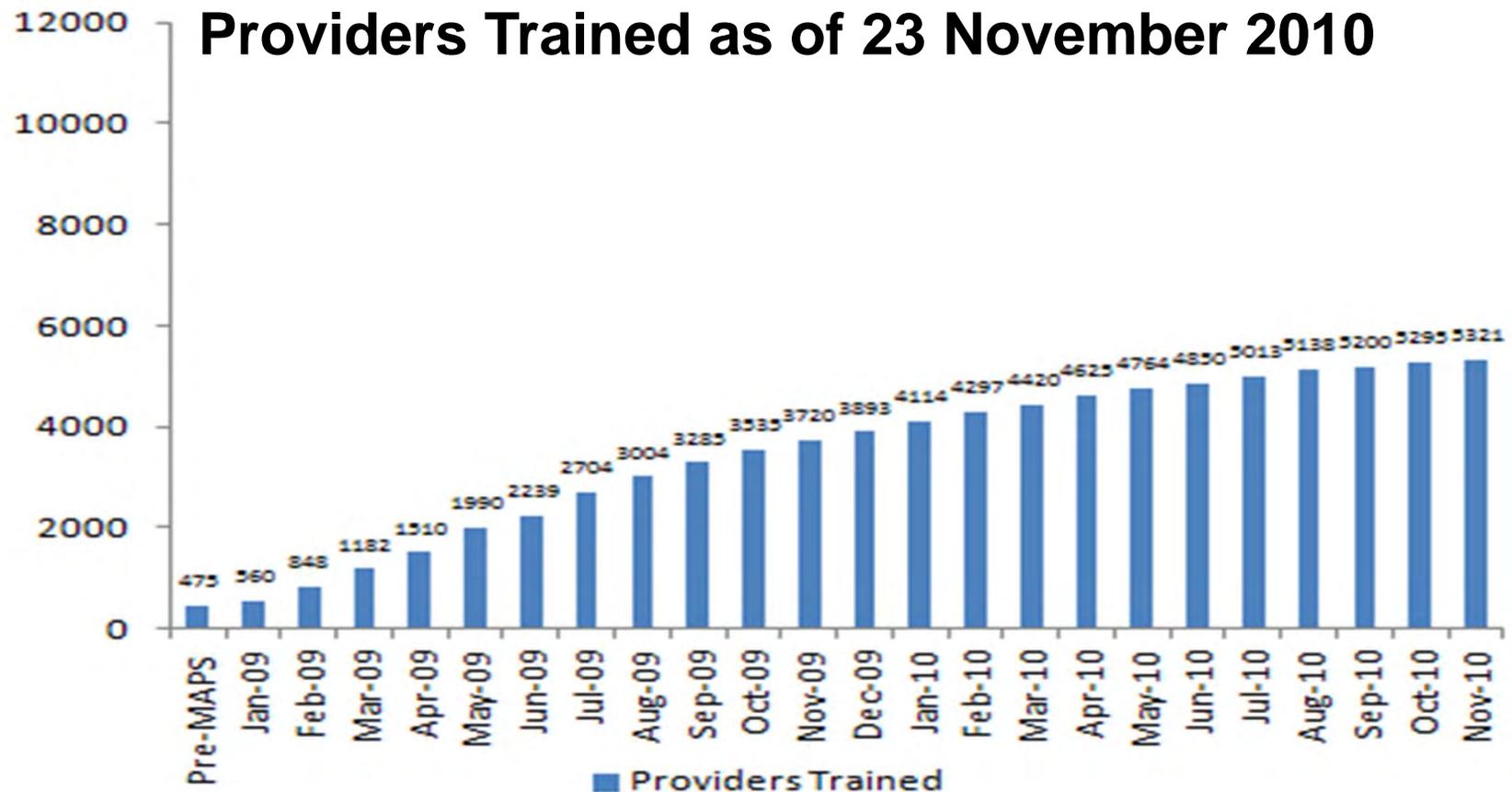
* *"Providers" denote any clinician who sees, treats and is privileged to complete and sign encounters in AHLTA as an independent practitioner*

MAPS 1.0 Metrics

Training Satisfaction Survey Results: AMEDD
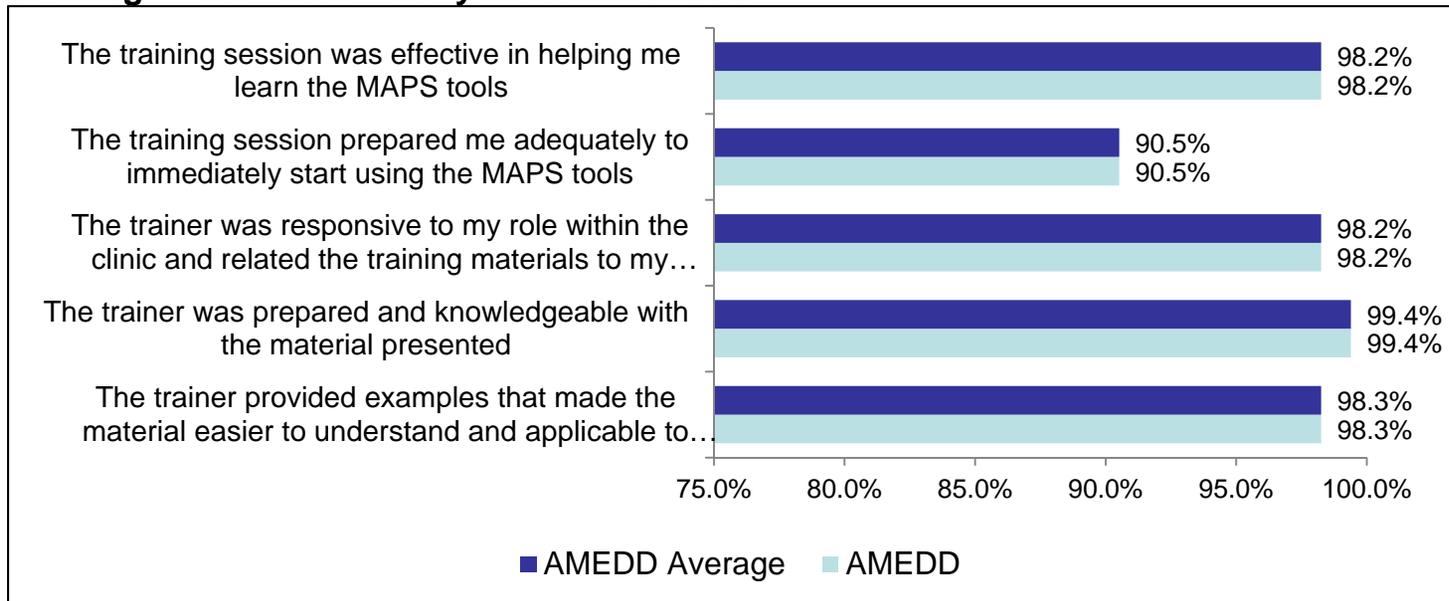
Patient Records: Percent of Outpatient Records Completed Within Time Thresholds
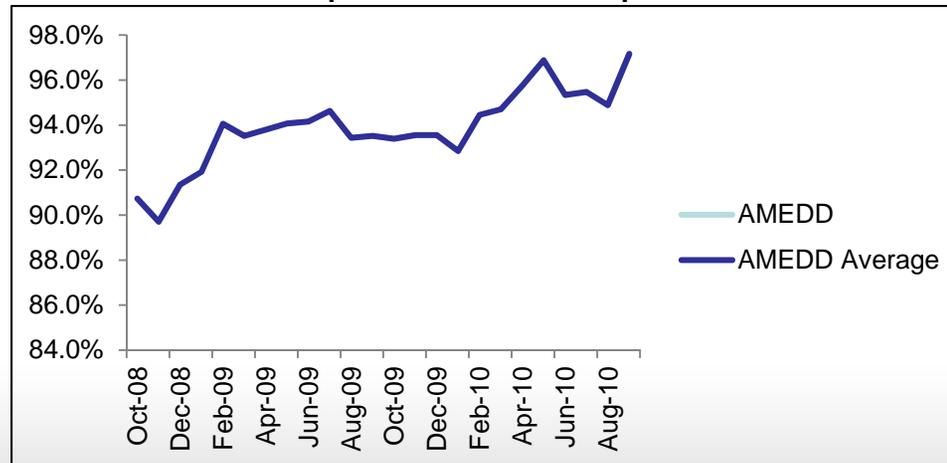
MAPS 2.0 Pilot Results

- Objectives
  - Focuses on the Entire Clinical Team
  - Emphasizes Workflow and Outcomes
  - Defines Success as Staff Satisfaction and Documentation Quality
  - Defines Technology Infrastructure Standards
  - Builds Talented Leaders & High Performing Teams
- Implementation Plan
  - Fully implemented with sustained success at Heidelberg Family Practice, Heidelberg Pediatrics, DeWitt Open Access, BAMC FSH Clinic
  - MAPS OPORD (under development) will require all MTFs to implement MAPS 2.0 in 2011
- Results
  - 10-30% increase in productivity (RVU/encounter)
  - 40-60% increase in provider satisfaction with AHLTA
  - 70-90% increase in provider satisfaction with and quality of clinical note

MAPS Way Ahead and PCMH

- Focus on complete implementation of all primary care clinics and Community Based Primary Care Clinics (CBPCCs) in support of medical home implementation

- Leadership Emphasis
  - OPORD

- Standardization
  - Playbook developed for training developed for primary care clinics
  - Metrics (HEDIS/Staff satisfaction/RVU/Provider continuity)

- Physician Champions identified at MTFs
  - Critical to MAPS 2.0 Success
  - Request support of MTF leadership to empower these champions

Focus of MAPS to Drive Quality

- **Workforce**
  - **Filled significant gap in amount of trainers in the field**
  - **Establishing the footprint for informatics**

- **Training**
  - **Transforming training from classroom to performance based and customer focused**
  - **Workflow incorporated into training**
  - **Transforming and Standardizing training of training workforce**

- **Business Process Management**
  - **Enterprise Consultancy with focus on governance and business process framework**
  - **Focus on Workflow and business process in training, system deployment, etc**

- **Leveraging Clinical Information System**
  - **AIMS Forms**
  - **Dragon Voice Recognition**
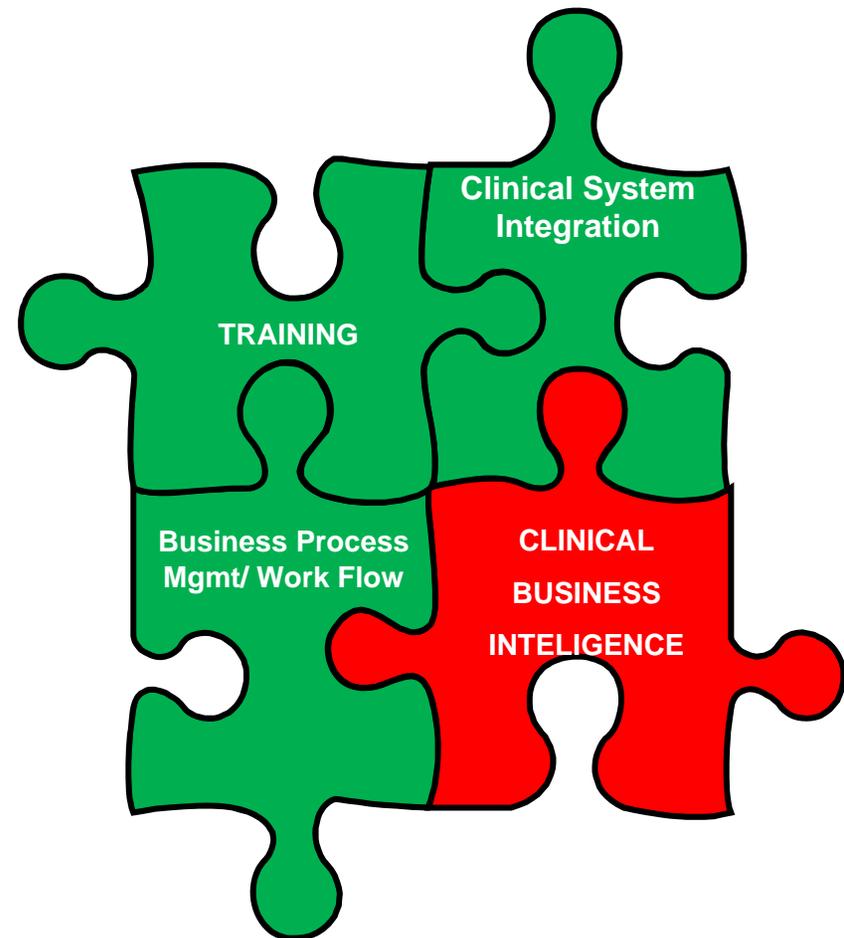
Integrated into Region/MTF clinical and business operations

AMEDD Priorities

Coordinate Care

Promote Readiness and Health

Prevent Disease

Manage Chronic Conditions

Balance Enrollment

MHS Quadruple Aim

Culture of Trust Campaign

Medical Not Ready Management

Patient Centered Medical Home

Comprehensive Behavioral Health System of Care

Pain Management Campaign/ Polypharmacy
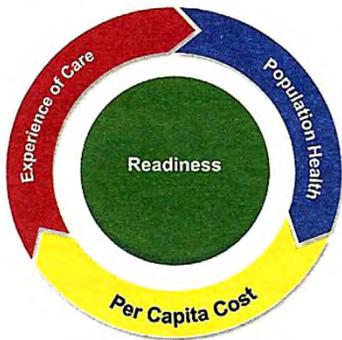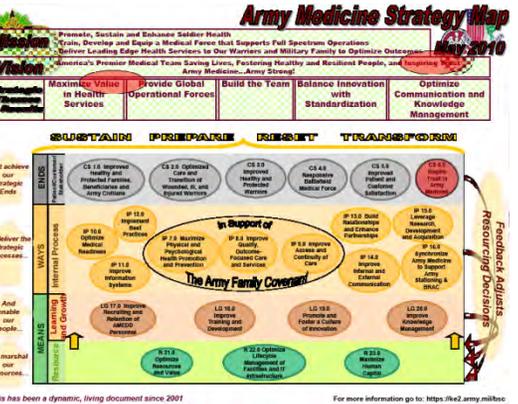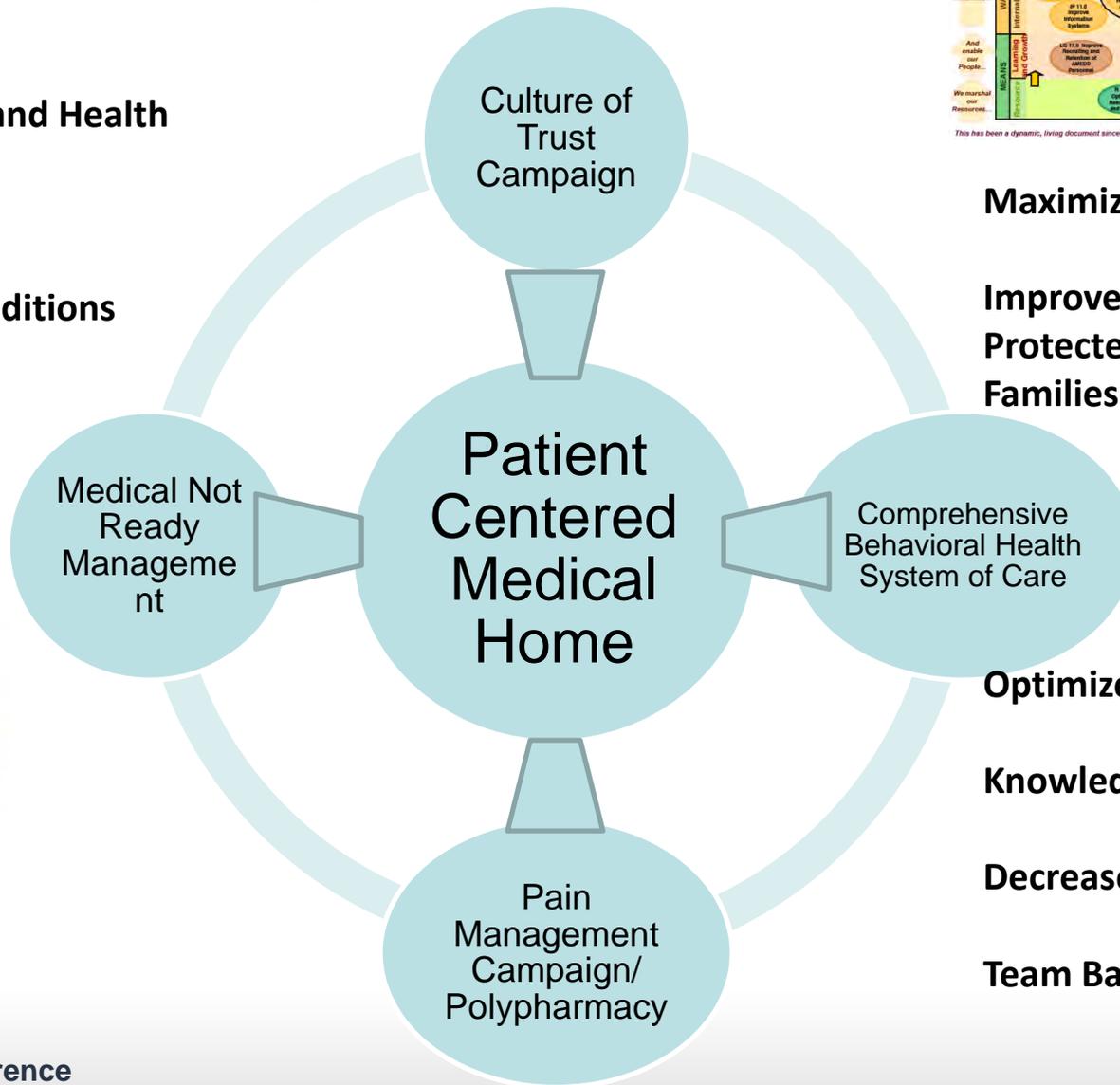
Maximize Value

Improve Healthy and Protected Warriors and Families

Optimize Communication

Knowledge Management

Decrease Variance

Team Based HEALTH care

Clinical Workflow Redesign

Cross-functional diagrams help to visualize the ideal state of Primary Care touchpoints
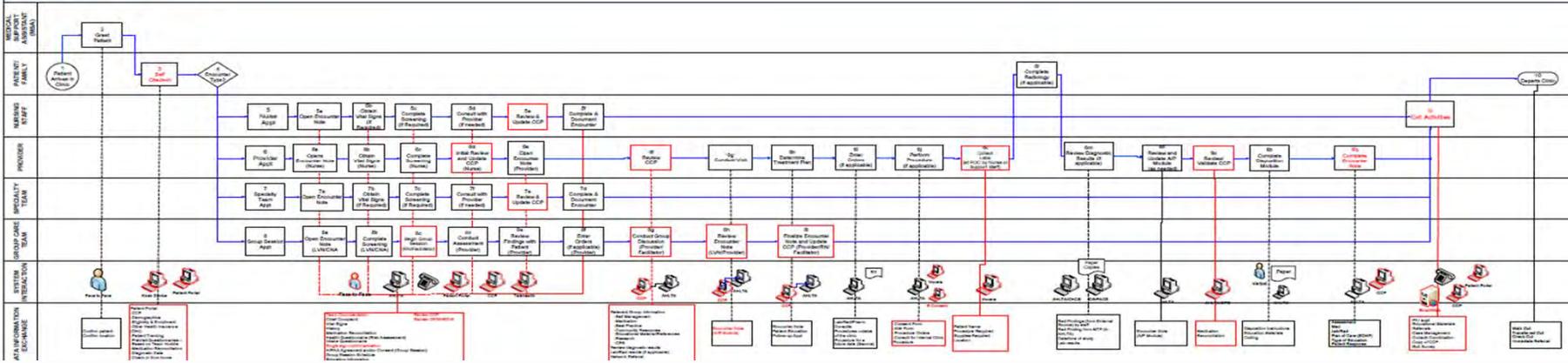
Current Clinic Work Flow

Preventive Medicine · Chronic Disease Monitoring · Medication Refills · Acute Care · Test Results → **PROVIDER** → Case Manager · Behavioral Health · Medical Assistants · Nursing

Healthcare Support Team
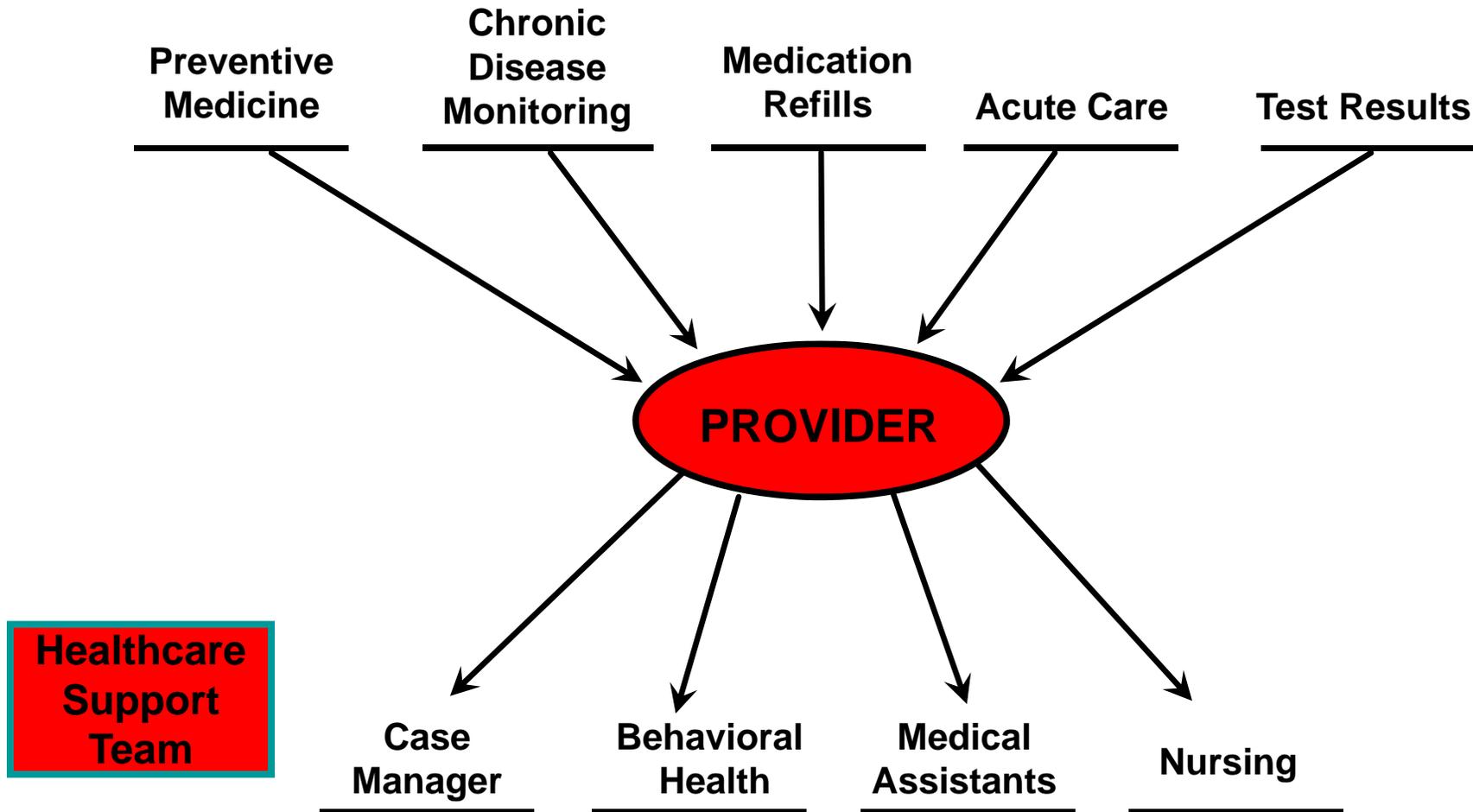
Source: Southcentral Foundation, Anchorage AK

Team-Based Practice Model

- Definition: A new practice model in which a physician is helped by a nurse-assistant to accomplish the patient visit.

- This allows the doctor to focus on the part of the visit that only he/she can accomplish.

- The core of this new model is an assistant who is capable of collecting key patient data and initial history, "preparing" the visit for the doctor and documenting the encounter

Parallel Work Flow Design

Chronic Disease Monitoring

Acute Care

Point of Care Testing

Chronic Disease Compliance Barriers

Medication Refills

Test Results

Preventive Medicine

Acute Mental Health Complaint

Healthcare Support Team

Team Nurse or PharmD

PROVIDER

Medical Assistants

Behavioral Health
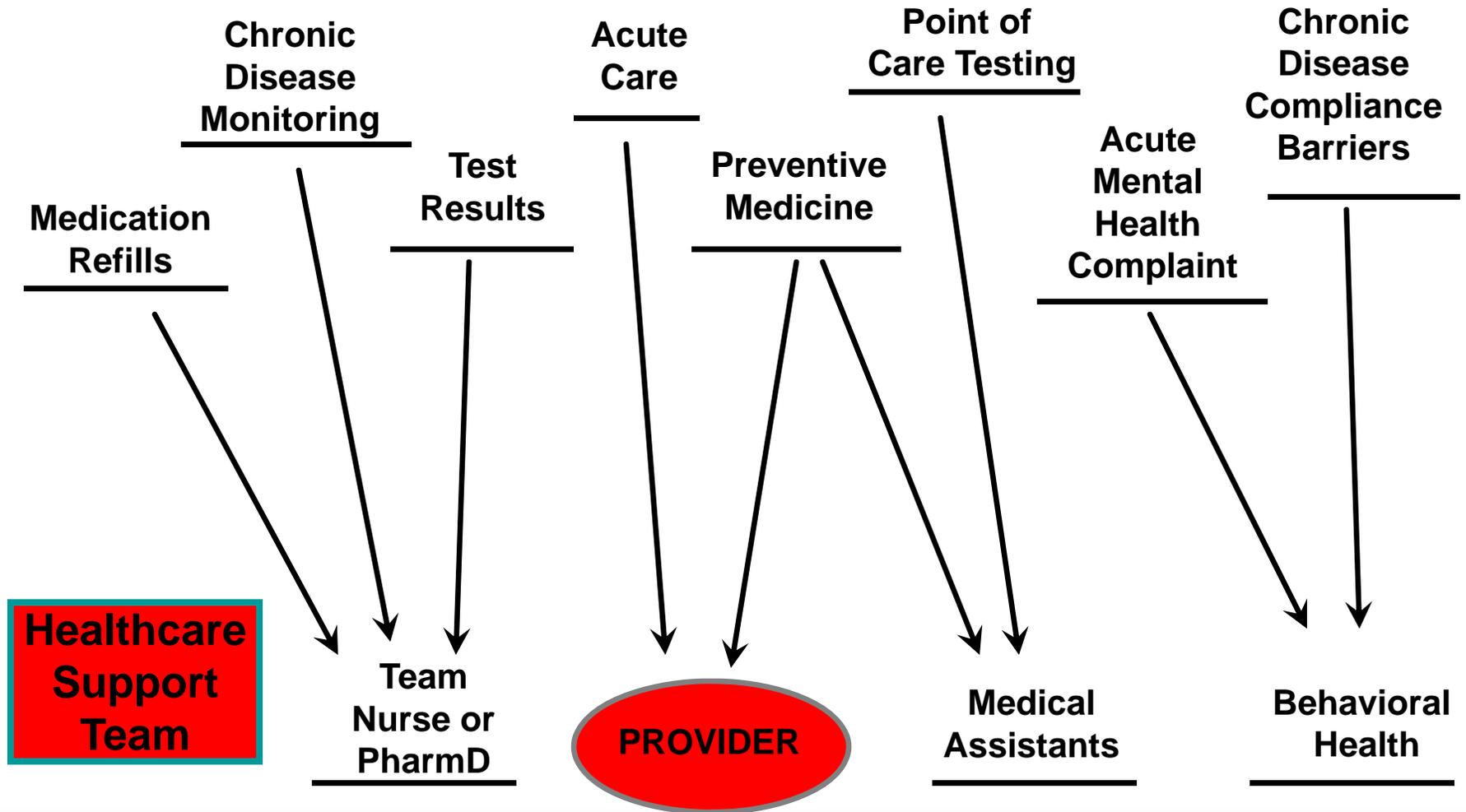
Source: Southcentral Foundation, Anchorage AK

Summary

- Use of technology, clinical workflow redesign and adoption of a team-based approach to healthcare will allow the Army Medical Department to achieve the objectives of the Patient Centered Medical Home.