Mayo Clinic, similar to other healthcare organizations, has seen decreasing reimbursement rates over the past several years. In addition, the aging demographics has added more expense to healthcare and created shortages of specialized healthcare providers. Through care team optimization, several Mayo Clinic practice areas have developed strategies to enhance care delivery and quality, improve throughput, patient experience and staff satisfaction, and reduce provider burnout.

Background

- Understand Opportunities: Engage stakeholders to conduct surveys, brainstorming, focus groups, observations, and interviews. Conduct three driven studies based on existing (TDABC) process mapping to identify roles and responsibilities of each care team member and the time being spent on each activity.

- Tests of change: Plan Do Study Act (PDSA) with key focus measures to understand the impact of changes and dynamics of team structure.

- Staffing Mix: Determine appropriate mix of staff necessary to meet the demand. The level of staff necessary varies by specialty and is dependent on the pre‐visit, during visit and post‐visit profiles.

Case Study/Examples

- Pain Clinic: Increased new patient volumes by 10%, reduced follow up visits by 14%.
- Kidney Transplant: Increased new patient access by 100%, improved Press Ganey overall patient satisfaction by 16.5%.
- Medical Oncology: Increased patient appointments by 11%, clinical productivity increased by 6%, patient satisfaction remains stable from pre‐care team through the care team implementation phase.

Objectives

The objective of this paper is to provide a framework to implement effective outpatient care delivery models in specialty practices through successful implementation of outpatient care teams based delivery models focused on improving access to specific patient populations, right task right role of allied health staff and improved continuity of care.

Methodology/Planning Methods

- Understand Opportunities: Engage stakeholders to conduct surveys, brainstorming, focus groups, observations, and interviews. Conduct three driven studies based on existing (TDABC) process mapping to identify roles and responsibilities of each care team member and the time being spent on each activity.

- Tests of change: Plan Do Study Act (PDSA) with key focus measures to understand the impact of changes and dynamics of team structure.

- Staffing Mix: Determine appropriate mix of staff necessary to meet the demand. The level of staff necessary varies by specialty and is dependent on the pre‐visit, during visit and post‐visit profiles.

Implementation Methods and Tools

- Core Team Optimization strategies vary by practice needs, when supporting a specialty Clinic, a Core Team Model is organized around patient presenting indications such as back pain or fibromyalgia rather than being focused on a specific subspecialty. Where embedded in a High Efficiency Clinic, Core Team Models usually are specialty specific. Teams are organized to deliver evaluative and necessary follow up care that is performed in a more efficient manner. Core teams have a method or procedure component. Key elements of care team models and associated solutions are graphically represented below.

- Framework for Care Team Optimization in Outpatient Specialty Practice

- Lessons Learned

- Strategies vary by practice but a standardized methodology can be used to effectively discover and implement changes.
- Don't rush, slow down your thinking gradually.
- Developing standardized processes is the key for sustainability.
- Patient Acceptance is critical to adoption.
- Co-location is beneficial but should not be a roadblock to progress.