Framework for Care Team Optimization in Outpatient Specialty Practice

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Background Mayo Clinic, similar to other healthcare organizations, has seen declining reimbursement rates over the past several years. In addition, the aging demographic 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.

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

Planning/Research Methods In order to optimize care teams, the first step is to understand the demand for different type of services delivered by each clinic and then determine appropriate mix of staff necessary to meet the demand. The level of staff mix necessary varies by specialty and is dependent on the pre-visit, during visit and post-visit processes. Several process engineering and quality improvement tools can be used to facilitate the transition to new care team model. The following key steps/milestones were adopted to identify areas of opportunity:

- Engage stakeholders to conduct surveys, brainstorming focus groups, observations, and interviews.
- Conduct time driven activity based costing (TDABC) process mapping to identify roles and responsibilities of each care team member and the time being spent on each activity.
- Plan Do Study Act (PDSA) with key focus measures to understand the impact of changes and dynamics of team structure.
- Employ advanced analytics to predict the staffing needs and necessary training.

Implementation Methods Primary interventions and care team mix varied by the specialty area. Primary areas of opportunity were communication methods such as huddles and message management, allowing the care team members to work to the top of their licensure, cross training and reducing variation in provider styles. As examples:

- Pain Clinic was able successfully transition long term follow up care of Obstructive Sleep Apnea patients by incorporating Primary care provider as a part of the care team and developing standardized protocols.
- Kidney Transplant incorporated a small group of physicians, nurse coordinators and nurse practitioners/physician assistants to form team clinics versus individual provider clinics. Panel size indicated need for 3 team clinics to meet demand. The teams implemented daily huddles and other strategies to improve communication.
- Oncology implemented the care team model comprised of physicians, nurse practitioners/physician assistants, nurses and other allied health staff focused on specialized tumor types. The teams implemented huddles, and specific patient education materials to communicate the changes, including flyer (Care Team Profile) that described the team composition with providers’ picture.

Results

<table>
<thead>
<tr>
<th>Practice Area</th>
<th>Improve Access</th>
<th>Patient Satisfaction</th>
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</thead>
<tbody>
<tr>
<td>Pain Clinic</td>
<td>Increased new patient volumes by 10%</td>
<td>Reduced follow up visit by 14%</td>
</tr>
<tr>
<td>Kidney Transplant</td>
<td>Increased new patient access by 100%</td>
<td>Improved Press Ganey overall patient satisfaction by 16.5%</td>
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<tr>
<td>Medical Oncology</td>
<td>Increased patient appointments by 11% Clinical productivity increased by 6%</td>
<td>Patient satisfaction remains stable from pre-care team through the care team implementation phase</td>
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Lessons Learned

- Care Team Optimization strategies vary by practice needs but a standardized methodology can be used to effectively discover and implement changes.
- Staff training takes time and developing standardized protocols is the key.
- It is important to take provider and staff burnout into consideration while formulating the model.
- Patient Education is critical to successful adoption.

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