Primary Care Virtual Multi-Disciplinary Support Team (MIST)

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Healthforce Center at UCSF

California Health Care Foundation

Project Description

Move 45% of PCP EHR in-basket volume to a skilled receptionist who sorts to the right clinical level in a robust team that includes receptionists, medical assistants, RNs, NP/APs, Pharmacy Ds and the PCP working to top of license.

Problem Statement:

Shortage of Primary Care Physicians with high burnout doing high volume of non physician level care virtually leading to decreasing in clinic access for patients.

Discovery:

- Interviews: Verified organization wants to expand and grow FM and IM base of empaneled patients.
- FM and IM are decreasing their face to face time and panels size due to volume of virtual in-basket work and much of this work is not physician level.
- Learned from Patient Advisory Council (14 patients), many patients want more consistent timely responses to virtual requests and ok with a clinically skilled team doing this. And they want more access to see their doctor.
- Competition is doing this type of work.
- Decrease burnout leads to better quality patient care and decrease in expense (multiple papers).

Goal:

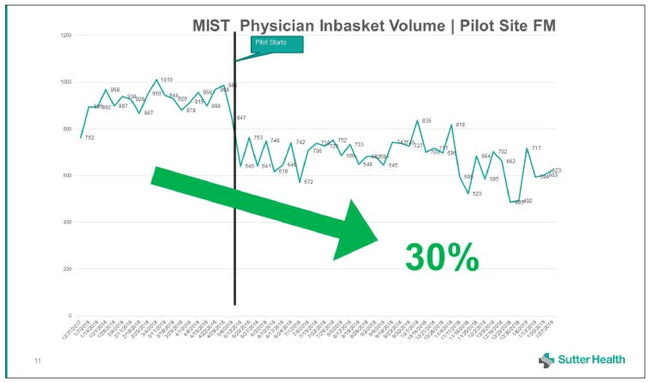
Multi disciplinary team doing virtual care to improve physician access, growth and joy of medicine in clinic.

Outcome-oriented Objective:

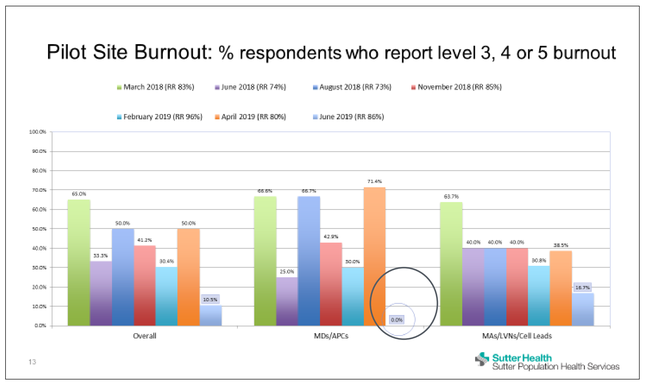
Patient focused multi-disciplinary team working to top of scope, opening up time for Primary Care Physicians to do physician level work leads to: increased clinic access and increased growth of panels (anticipate 0.05 increase in FTE by 12 months in Phase 1), and decrease in burnout.

Results

Physician EHR In-basket with MIST



Physician & NP/PA Burnout 0% – when staffed



Lessons Learned

- Need upper leadership support and resourcing.
- Need continuous communication and humble inquiry with all key stakeholders.
- Multi-disciplinary team can provide better quality care – Patient with Diabetes had A1C go from 9.1 to 6.8 in 3 months with Pharmacy D.
- Can combine stakeholder goals for win: Decrease burnout and increased PCP time to see patients.
- Marked increased ability to hire PCPs with this MIST program.
- Continual PDSA on training and resourcing team.
- Financials: look at revenues, growth potential and cost if NOT done.

Next Steps:

- Present financial and spread communication tools to top leadership in next month for spread to other divisions and foundations.
- Continue spread to next sites when staff trained.

Mission Model Canvas

Key Partners

- CMO
- ACO Director
- CEOs of medical group and Sutter
- BOD for physicians
- Pilot site lead and site physicians, managers, APCs, staff
- Patients
- Metrics/Data Specialists
- EHR support team

Key Activities

- Pilot site and tell story
- Discussion with leadership on next steps to spread
- Metrics of staff, cost and long range ROI (1, 2 and 3 year)
- Cost of not doing

Key Resources

- Leadership support
- Project Manager
- Physician engagement
- Staff engagement
- Data & Analytics
- EHR team

Value Propositions

- **The Right Care:**
  -By the Right Person
  -In the Right Way
  -At the Right Time
- With MIST (Multi-disciplinary In-basket Support Team)
- **For Patients**: Faster and consistent virtual care by care team and increased ability to see PCP
- **For Physicians:** Time to do physician care and see their patients
- **For Organization**: Increased access and growth of PC

Buy-in & Support

In meetings & communications: Socialize advantages of team care for patients and physicians. Importance to stabilize and build access of Primary Care Physicians in FM and IM.

Deployment

- Pilot site built carefully thought out protocols
- Metrics
- Analyze big picture and scale ROI to other clinic sites

Beneficiaries

- Patients: Timely quality care
- PCPs (Primary Care Physicians)
- Multispecialty group and Sutter

Mission Budget/Cost

Increased access to Primary Care and potential for growth for neutral to relatively small cost per doctor if based on RVUs and empanelment revenue. This is more than offset by incoming funds for quality work, decreased cost of burnout (as this goes down), and recruitment/retention ability in competitive market.

Mission Achievement/Impact Factors

Stabilization of Primary Care with decreasing burnout, increased time to provide patient access due to decrease in in-basket volume. This leads to growth potential of panels, increased joy of medicine and improved patient outcomes.