

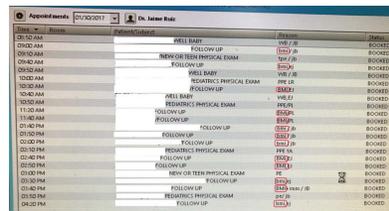
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Problem Statement

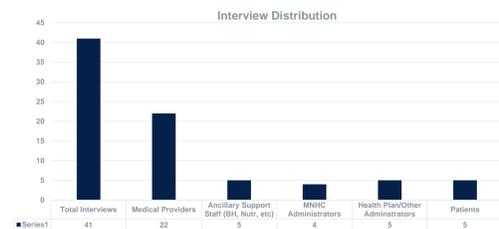
Job satisfaction rates for frontline pediatric providers have plummeted over the last 6 years, causing problems with provider retention and turnover. I planned to decrease stress and repetition through a standardized group visit and curriculum for a common pediatric diagnosis and reason for visit, overweight/obesity.

Discovery

I suspected repetition in patient education and electronic charting documentation were taxing on primary care provider job satisfaction.



To see if a model consisting of a group visit with one standardized curriculum was a viable solution, I interviewed a milieu of stakeholders.



No one sure why the model wasn't more widely adopted

Learned Key components in construction of a group

Labor Intensive thus requiring ancillary support

Discovery process led to: Group Visit with standardized, low literacy Spanish curriculum for children 6 to 12 years and their families. Program included medical assistant pre-charting, individualized patient history and goals.

Goals and Objectives

Goal: To reduce provider burnout by increasing job satisfaction in the delivery patient care and education for overweight/obesity.

Outcome-oriented Objective: Increase pediatric provider satisfaction 15% by 3 months after the introduction of the Group Medical Visit Model.

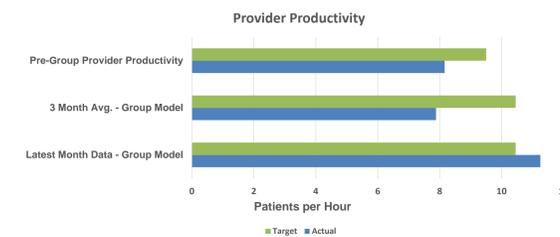
Results

Provider Responses

Provider Scores Post Group Model Introduction (n=4)



Productivity



Although target wasn't reached by 3rd month, most recent data collection exceeded target

Lessons Learned

Lessons Learned:

- It is possible to improve provider satisfaction by making changes to the traditional model of provider care.
- Although it was conveyed to me during the discovery process, achieving provider productivity goals was much more challenging than anticipated. The first group had 17 patients scheduled and only 3 attended.
- We had to develop marketing strategy for the new model of care to engage the patients. This included things like scripting the invitation to a group visit and playing with group start times.

Next Steps:

- Develop a Second and Third Course Curriculum for this diagnosis.
- Spread the model to another common condition and a different specialty within our organization.
- Spread the model to another local organization with the same payor source.

Mission Model Canvas

Key Partners Managed Care Medi-Cal Patients Support Staff (Nutritionist)	Key Activities Develop standardized curriculum by age group with provider input Develop tools to create quick charting, individualized patient documentation Provider measured by participation Key Resources Space to conduct group classes Co-Facilitator (MA, nutritionist) Laptop/Projector, Scale, Stadiometer, EHR Access	Value Propositions Increase pediatric provider satisfaction by 15% after the introduction of the Group Medical Visit Model Increase provider productivity by 10% for each Group Medical Visit Model	Buy-in & Support Physician and patient buy in measured by participation Allow providers to give feed back on content of classes/curriculum by each diagnoses Met with Executive Team Deployment Department meetings Provider meetings Lunch time provider curriculum trainings and MA trainings	Beneficiaries Pediatric Providers Administrators
Mission Budget/Cost Cost of Curriculum Development by diagnosis and demographic Cost of Staff Training on model Cost of Co Facilitator if not a medical assistant		Mission Achievement/Impact Factors Increased provider satisfaction will improve provider retention and recruitment and decrease revenue loss from provider roll over. Increased provider productivity will increase revenue and offset program development costs		