

Council of Community Clinics
Annual Summit
May 17, 2011

Clinics as Providers of Choice: Where are we today?

Presented by:

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Background

- August 2010 Summit
- Blue Shield of California Foundation Grant
- Kaiser Grant

GOAL: Build clinic capacity to successfully participate in health care reform opportunities

Objective 1:

- *By July 31, 2011 build capacity among 8-10 clinics by positioning them as provider of choice for individuals who will be newly insured under health care reform*

Objective 2:

- *By July 31st, implement patient and provider communication efforts and develop clinic change plans that address branding and positioning strategies as provider of choice.*

Objective 3:

- *Provide technical assistance to clinics to improve ability of clinics to meet PCMH operational requirements.*

GOAL: Build clinic capacity to successfully participate in health care reform opportunities

Objective 4:

- *By December 31, 2011, analyze a minimum of three models of integrated care delivery.*

Objective 5:

- *By December 31, 2011 through regional and statewide consortia enable peer learning with other consortia about project strategies, successes and challenges related to reform implementation.*

Kaiser Grant

- Goal 1: Educate clinic on health reform opportunities
 - Objective 1: Review, assess and discuss contracting options
 - Objective 2: Review, assess and discuss ACO and other partnership opportunities

Kaiser Grant

- Goal 2: Support quality improvement activities among clinics
 - Objective 1: Review and share information on PCMH models and best practices
 - Objective 2: Prepare clinics to meet PCMH criteria as applicable

Activities

- Patient-Provider Communication Strategies
- BEST (Business enhancement strategies today)
 - Patient Experience Strategies
 - Patient Centered Health Home Strategies
 - Other Strategies (Marketing, facilities, etc.)
- Patient Experience/Customer Service Training
- Focus groups and intercept interviews
- Workforce Analysis
- Contracting Models
- Upcoming Events

POSITIONING CLINICS AS PROVIDERS OF CHOICE FOR HEALTH CARE REFORM

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Patient Provider Communication

- Literature review conducted
- *Connected: Communicating and Computing in the Exam Room* – Institute for Healthcare Communication
- Training on June 24th at North County Health Services

Participating clinics are developing business enhancement strategies

- Clinicas de Salud del Pueblo
- Imperial Beach Community Clinic
- La Maestra Community Health Centers
- Neighborhood Healthcare
- North County Health Services
- Mountain Health and Community Services
- Planned Parenthood of the Southwest Region
- San Diego American Indian Health Center

Clinics already have some activities in place.

- Patient satisfaction survey
- Regular staff meetings that include training
- Job descriptions with reference to good customer service
- Public recognition of going above and beyond
- Access audits
- Informal “rounding”

New clinic strategies focus on improving the Patient Experience.

- Creating organizational behavior standards
- Incorporating training on the Patient Experience into new employee orientation
- Training frontline staff on good customer service
- Developing and implementing staff/physician satisfaction surveys
- Continuing with/enhancing the patient satisfaction survey

What is most challenging? Accountability!

"Managers have to
be tenacious and
drive service
every day."

UCSD



Patient Experience Panel Presentation



Council of Community Clinics Presents....

**STRATEGIES TO ENHANCE THE PATIENT EXPERIENCE
IN COMMUNITY CLINICS & HEALTH CENTERS**

June 8, 2011
8:30 a.m. - 10:15 a.m.
Located @ Council of Community Clinics
7535 Metropolitan Drive San Diego, CA 92108
No Cost to Attend!

Panelists Will Discuss Their Patient Experience Programs

- Customer Service Strategies
- Accountability
- Measurement
- Recommendations for Clinics



PANELISTS

Marylynne Kelts
Director of Service Excellence
Kaiser Permanente

Kathy Brewster
Director of Ambulatory Services
UCSD Medical Group

Becca Karpinski
Vice President of Strategy and
Organizational Effectiveness
Planned Parenthood

Please RSVP @ BSilvis@ccc-sd.org
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We will learn more about the perception of clinics in focus groups and interviews.

➤ Clinic Patients

- North County Health Services (English)
- TBD English #2
- TBD English #3
- La Maestra Community Health Centers (Spanish)

➤ Clinic Staff

- Neighborhood Healthcare
- TBD #2

➤ Intercept Interviews – June 4, 2011

Patient Experience Resources

Sharp Experience (Behavior Standards, AIDIT, 5 Must Haves)

<http://www.sharp.com/choose-sharp/sharp-experience/>

Scripps Standards of Conduct: An Employee Guide to Doing the Right Thing

http://www.scripps.org/assets/documents/scripps_standards_of_conduct_10-2010.pdf

Vanderbilt Medical Center Credo Behaviors

<http://biostat.mc.vanderbilt.edu/wiki/pub/Main/RecognizeReward/vumc-credo.pdf>

Patient Centered Health Home?

“We’re going to wait and see...”



A few clinics are beginning to implement PCHH strategies

- Maximize E.H.R. reporting capability
- Identify prototype health teams
- Teach M.A.s to do health education
- Develop a health coach role
- Improve information exchange between providers



Additional resources could be used for...

- Sample staff/physician satisfaction surveys
- Sample patient satisfaction or “experience” surveys – frequent, easy, specific, with quick turnaround on results
- Marketing plans
- Consulting on same-day appointment models
- Consulting on staff and physician retention strategies



Scripps, Sharp Rees Stealy, UCSD Medical Group

WORKFORCE DEVELOPMENT: KEY INFORMANT INTERVIEWS FINDINGS

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The Patient Experience is part of the culture!



Behavior Standards

Sharp HealthCare employees worked together to develop the 12 behavior standards after which to model daily actions. The standards uphold the Pillars of Excellence. Each month, the entire workforce focuses on improving one standard. Standards are tied to annual performance reviews.



It's a Private Matter

Confidentiality — Sharp HealthCare protects customers' confidentiality, privacy and modesty in all situations. We are sensitive to the personal nature of health care, and we do everything we can to earn the trust that others place in us. We strive to promote peace of mind and relieve anxiety.



To "E" or Not to "E"

Email Manners — Using email may save the sender time, but may not always be the most appropriate or expedient way to communicate. Use discretion in sending, responding to and forwarding email. Remember that electronic messages can be subpoenaed and used as evidence in legal proceedings.



Vive la Différence

Diversity — At Sharp HealthCare, we know that our differences, unique talents and varied backgrounds come together to create a stronger whole.



Get Smart

Increasing Skills and Competence — Sharp HealthCare is committed to helping its employees, leaders and physicians learn and grow. Professional development demonstrates a desire to continually enhance the delivery of health care. We encourage innovation and constant improvement in efficiency and effectiveness.



Attitude Is Everything

Create a Lasting Impression — We treat every customer as if he/she is the most important person in our workplace. Our behavior and attitude create a positive first impression that is lasting. We strive to exceed expectations.



Standards of Conduct

An employee guide to doing the right thing.



Large systems engage in extensive TRAINING!

Scripps

- 1-day systemwide
1 hour of
customer service;
- 1-day site
orientation –
Patient
experience
- Departmental
orientation

SRS

- 1-day systemwide
training
- 1 week SRSW
training including
2-4 hours on
patient
experience.
- 2-3 weeks of job
shadowing if
appropriate
- Secret shoppers

UCSD

- 2-4 weeks of
training,
depending on
job
- All calls are
recorded and
supervisors
provide feedback

Accountability is built in...

- Committed leadership
- Detailed job descriptions and evaluations
- “Rounding,” secret shoppers and listening to recorded phone call interactions
- Bonuses for reaching patient satisfaction target scores.
- Additional training if satisfaction scores are low
- Physician coaches
- Dashboard of service metrics

Staff have clearly defined job descriptions.

SRS Job Description - Patient Services Representative
Example - Telephone Management

- a) Responds to all phone calls within 3 rings.
- b) Answers with name and department.
- c) Asks before placing caller on hold and waits for response.
- d) Checks back with caller waiting on hold and offers alternatives.
- e) Uses a pleasant adult-to-adult tone of voice with caller.
- f) Is helpful and knowledgeable.
- g) Thanks the caller at the end of the call.

Leadership uses a variety of physician recruitment and retention strategies.

- Refurbish and upgrade equipment to keep it current
- Keep an open mind to new treatments and modalities
- Offer additional support staff for physicians who sustain high productivity levels
- Involve physicians in decisions affecting medical group

OTHER GRANT ACTIVITIES/ UPCOMING EVENTS

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Learning Session

- Optimizing Use of Your EHR to Meet Meaningful Use Requirements and Improve Performance Outcomes
- Monday, May 23 in San Diego
- Thursday, May 26 in Long Beach
- Funded by CHCF Grant

Learning Session

- Meaningful Use and Health Home
- Tuesday, July 12 in San Diego
- Wednesday, July 13 in Long Beach
- Pre-Learning Session Webinar for Learning Sessions participants on Wednesday, June 29
- Funded by CHCF Grant

Health Home Activities

- Literature Review
- Opportunities to Share Best Practices and Lessons Learned
 - Learning Sessions
 - Webinars
- Funding Opportunities
 - Tides CCI Health Home Innovation Fund
 - Other

Health Home Activities

- Waiver Discussions with HHSA
 - Low Income Health Program
- BPHC NCQA Opportunity
 - Training and Technical Assistance
 - Readiness Activities
- CPCA PCHH Committee
 - Charter
 - Definition

Community Dialogue

- “Strategic Dialogue on the Future of Community Clinics”
- Commissioned by Blue Shield of California Foundation in several communities throughout the state
- Consultant currently compiling invitee list
- Tuesday, June 28, 4:30-8:30 PM
- Working dinner meeting

Integration Institute (I²)

- 2nd Annual Integration Summit
- “Connecting Primary Care and Behavioral Health Professionals”
- Thursday, June 30, 11:30 AM-4:00 PM
- Jacobs Center

Discussion / Next Steps

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