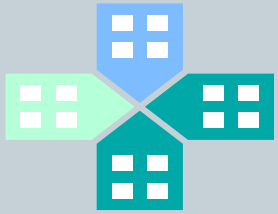
Health Coaches, Registries and Panel Managers, Oh My!

Matching chronic care redesign to educational development

Family Health Center

San Francisco General Hospital



UCSF/SFGH FAMILY AND COMMUNITY MEDICINE RESIDENCY PROGRAM

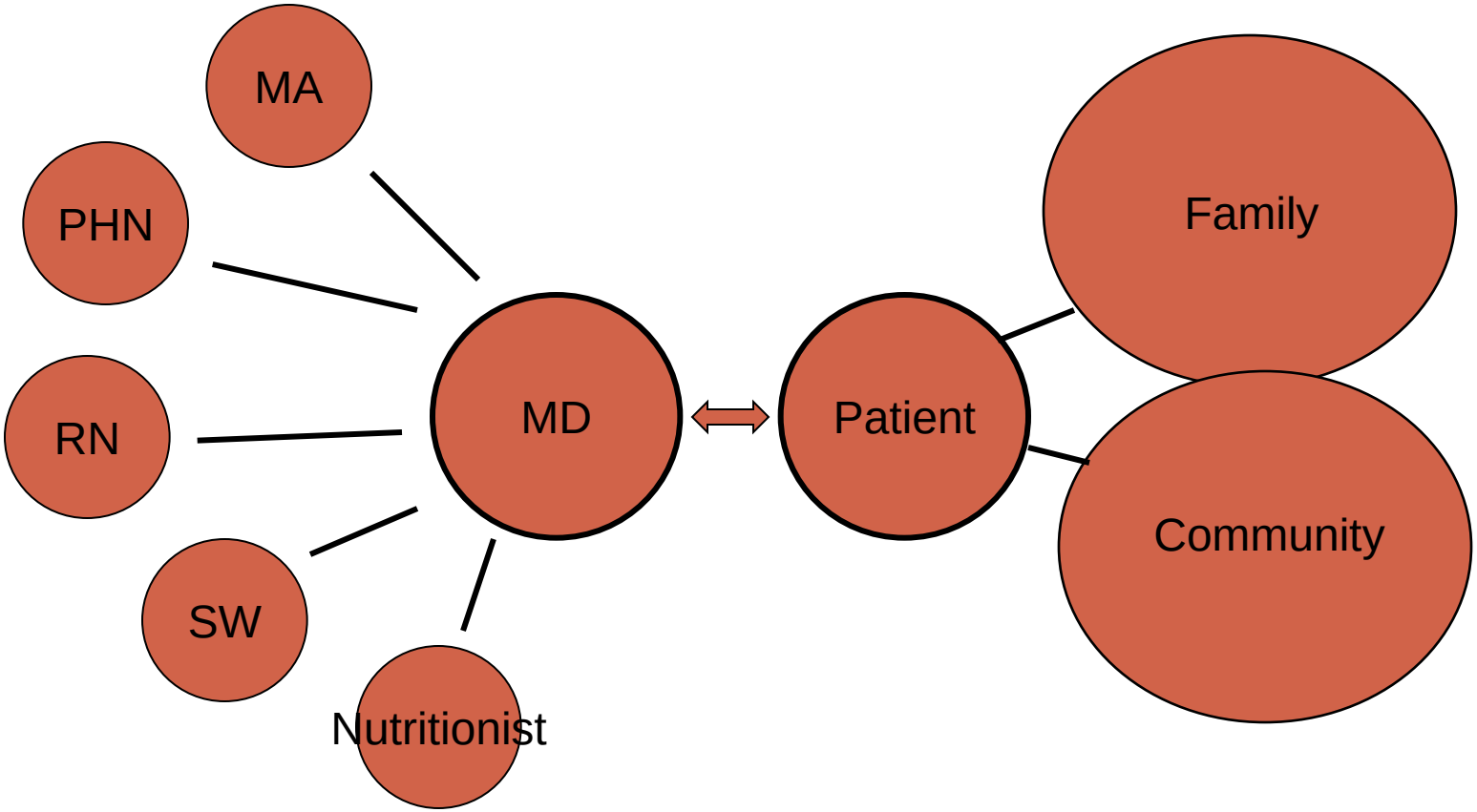
SFGH UCSF Residency Training

- Grounded in
  - Scientific model: biopsychosocial
  - Clinical framework: family systems/contextual
- Values cross cultural, interdisciplinary, collaborative care with underserved patients and families
- Movement towards team-based care and population management challenged by resources and mythology

The Lone Physician

- [*Images from the past]*
- Continues to influence the identity of developing physicians

Physician-centered Teams



Context and Drivers

- Research
- Leadership
- Funding
- Field of Family Medicine

Context and Curriculum

Family Health Center

- On San Francisco General Hospital campus
- 10,000 patients served; 1250 diabetics
- 40,000+ visits per year
- Full scope family practice

- Teaching clinic: 41 family practice residents and many medical and nursing students
- Diverse patient population
  - 39% Latino, 27% Asian, 17% Caucasian, 13% African American
  - 46% Medi-Cal, 18% uninsured, 18% Medicare
  - 31 different languages spoken
    - 42% English, 25% Spanish, 8% Cantonese/ Mandarin

Residents and Staff

- SFGH FCMRP Residents
  - ~50% graduates went on to work in FQHCs or equivalents in last 4 years
- Nursing Staff
  - 14.8 FTE medical assistants, 4.0 FTE health workers, 5.1 FTE RNs
  - Extremely diverse. 10 languages spoken by staff.

UCSF/SFGH FCMRP
Chronic Care Curriculum

OVERALL GOAL

- To create an *experiential* curriculum to prepare residents to provide planned evidence-based and team-based primary care to diverse, low income, low literacy patients with chronic illnesses.
  - Focus on self management support through team care
  - Focus on panel management using registry data

- 3 groups of learners:
  - Residents, faculty, and staff

Instructional Methods

- Didactic presentations with interactive components
  - Lectures
  - Cases
  - Role plays
  - Video review for discussion
  - Registry review
  - Interdisciplinary

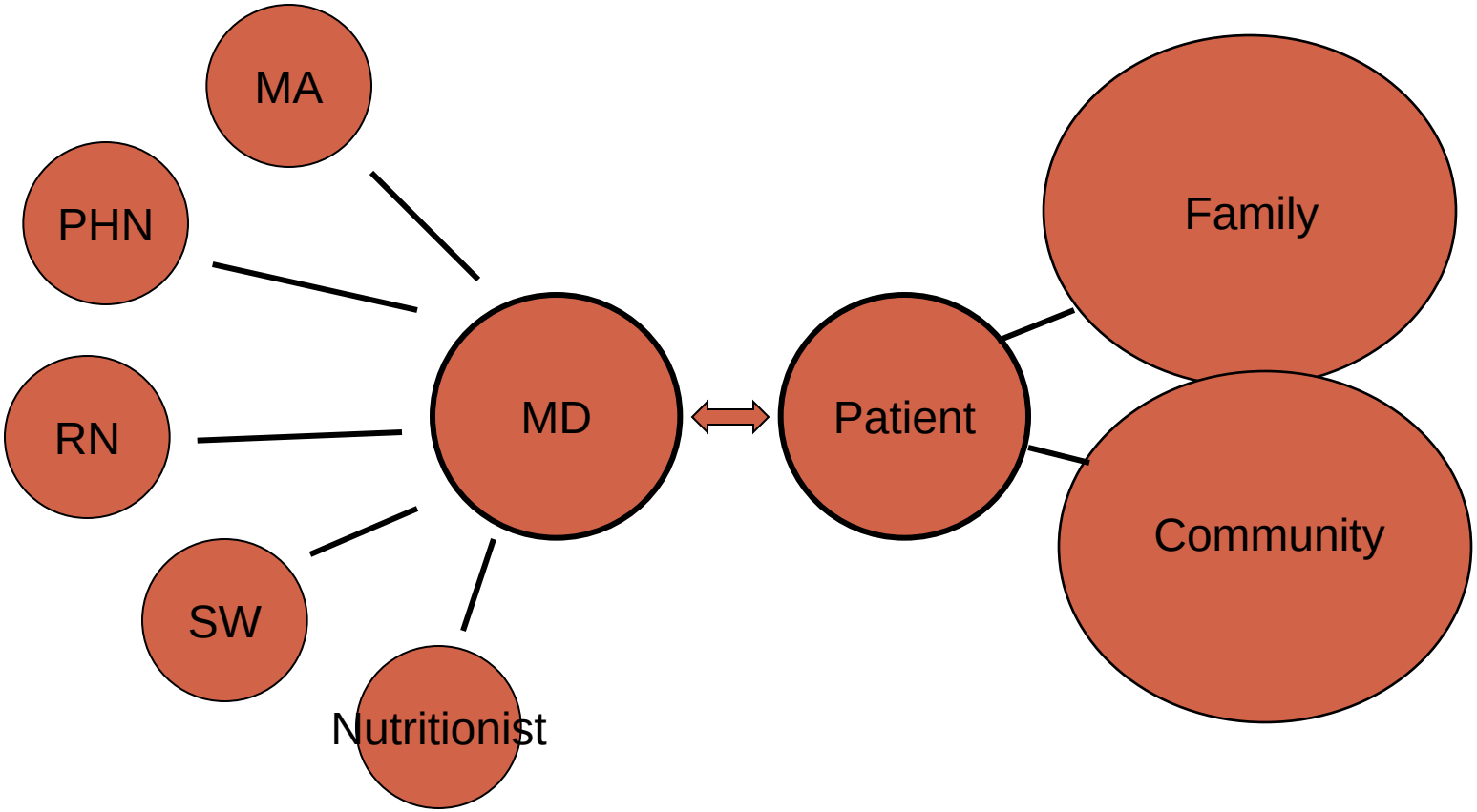
- Redesigned chronic care clinics

- PGY1 clinical supervision
  - Intensive clinical precepting
  - Live supervision
  - Video review
  - Facilitation of team work

- PGY2
  - Facilitation of team work and registry review

Redesigned Planned Visits

Physician-centered Teams

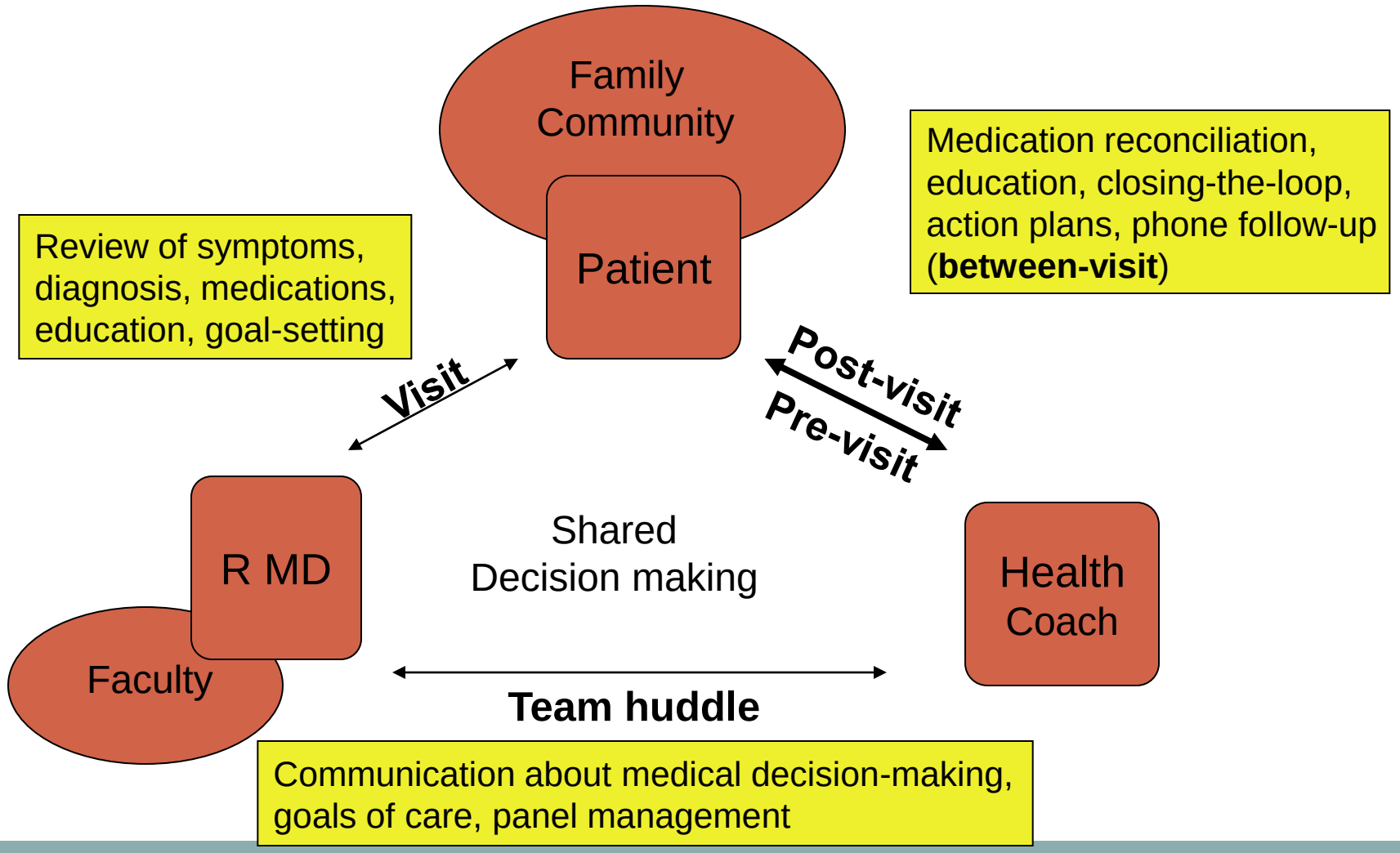


Delivery Redesign: “The Teamlet”

Teamlet is a “mini-team” including the provider and a health coach [health worker or medical assistant]

Teamlet Model

Primary care visit



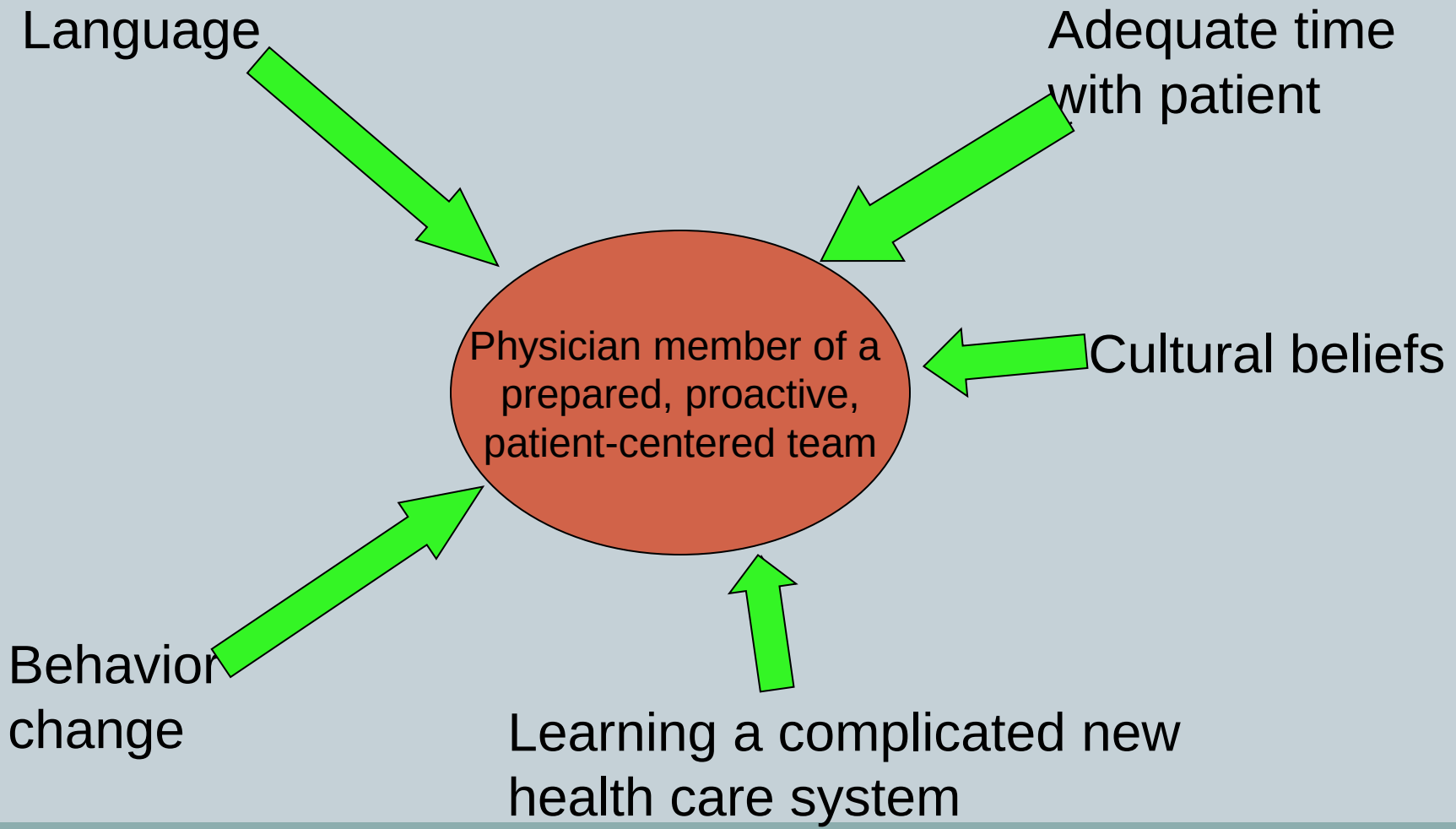
Health coach role

- **Self management support**
  - supporting patient to to have knowledge, skills and confidence to become active participants in their care
- **Bridge**
  - Clarifying information and updates
  - Cultural/ linguistic gaps
- **Clinical Navigation**
  - Due to language concordance, health coaches can make follow-up phone calls or no-show phone calls between visits
  - Health coaches are in clinic every day and can become a primary contact person for patients throughout the week

Between Visits:
health coach as continuity and navigator

- **Clinical continuity**
  - Patients are part of continuity panel
  - Goal to maximize continuity between patient and health coach/ resident.
- **Emotional support**

A resident's perspective on health coaching: a teammate to help alleviate barriers to ideal patient care



Year 1

Teamlets in clinic

- 2007-2008 PGY1 class
- Continuity with faculty
- 16 chronic care clinics
- 12 health coaches
  - Health workers and medical assistants
  - Goal of 1:1 stable teamlets with language grouping

Patients and registry

- 192 patients with DMII, HTN, hyperlipidemia, tobacco use or obesity:
  - ~150 patients seen
  - ~300 visits
  - 27% no show rate
- i2i registry
  - Summary sheets at point of care
  - Reports reviewed twice

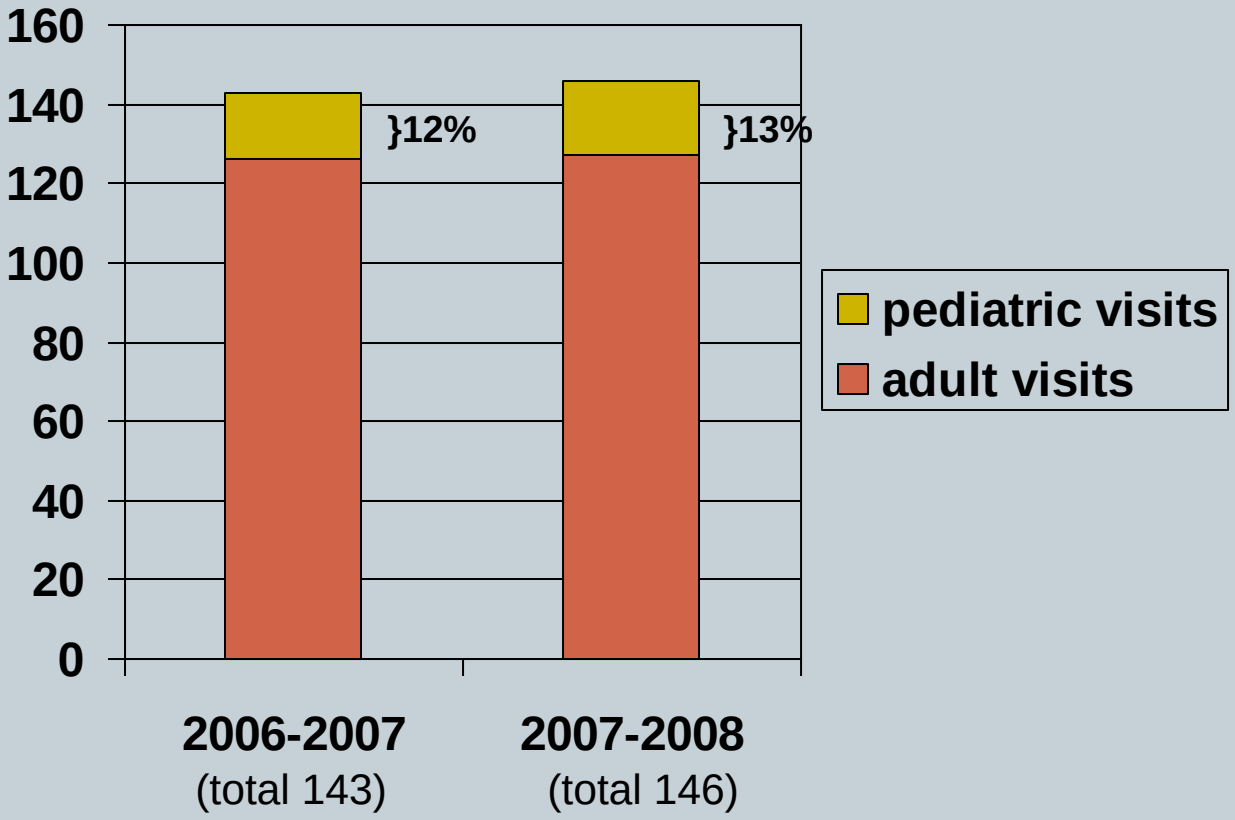
Outcomes

Signed patient permission obtained

Year 1 Teamlet patient clinical measures

Measures N= 146 seen with DMII and/or HTN	2/07 baseline	6/08 post	p value
BP at goal	48.7%	56.5%	0.22
LDL at goal	49.1%	58.6%	0.07
HbA1c <7 [total DMII n=99]	26.7%	36.7%	0.12
HbA1c<8	58.9%	65.6%	0.28
Self-Management Goal Documented	19.9%	55.5%	<0.001

PGY1 productivity



Average number of encounters per intern

Educational successes

- 100% R1s with planned visits with Teamlet
- 100% reviewed their panel registry data with their health coach to plan follow up and future care
- 9 of 13 Teamlets were directly observed with video

- Reported successes
  - Residents recognized the value of health coaches in terms of cultural bridges, social support, continuity, and navigation.
  - Experiences recognizing increased motivation and confidence of patients to manage own conditions.

Educational challenges

- Teaching “Team-ness”
  - Faculty learning to facilitate
  - Variation of teamlet experience
  - Developing communication time and pathways
- Defining primary relationships and sense of responsibility as primary care providers
- Giving quality improvement context within the development of first year residents
  - Overwhelming for PGY1s
  - CC clinics not a full spectrum FM experience
  - Perception of registry reports as report cards rather than tools

Year 2

Teamlets	Patients and registry
• 5 health workers trained both health coaches AND *panel managers;* work with panel 40-60% of time • 2008-2009 PGY1s: referral system within regular continuity clinic. Started 10/08. • PGY2s have protected huddles and appt slots within continuity clinic 6 months of year	• PGY1 patients: those with DMII and HgA1C>8 + referred patients • PGY2: all pts with DMII.

Year 2 PGY2 clinical outcomes

Measures N= 176 with DMII	**7/08**	**4/09**
BP at goal	33.5%	32.5%
LDL at goal	38.1%	49.7%
HbA1c <7	21.6%	24.3%
HbA1c<8	37.5%	39.1%
Self-Management Goal Documented	31.8%	50.3%
LDL up to date	71.6%	78.7%
HgA1C up to date	53.0%	77.5%

Chronic care education outcomes

Improved enjoyment of caring for patients with chronic disease apparent mid-PGY2 year [3.9 vs 4.2 p=<.001]

Improved self-reported knowledge and ability to apply the Chronic Care Model

- PGY1 vs. “control PGY1”
  - Knowledge of chronic care model [2.6 vs. 3.9 p=<0.01]
  - Ability to set up care systems based on the CCM [2.5 vs. 3.1 p=0.04]
- PGY1 vs. PGY2
  - Ability to set up care systems based on the CCM [3.1 vs. 3.8 p=0.02]

Satisfaction

- Mid-PGY2 residents
  - Agreed more strongly that teamlet visits **provide better care**
  - Continued to strongly agree they **would want to work with a health coach in the future**
  - Agreed that teamlet visits **decreased work for them**, a change from the end of PGY1 year [2.3 vs. 3.3 p=0.05].

Educational outcomes

- PGY1s vs. “control” ranked staff as more appropriate
  - Help patients set behavioral change action plans
    - [Mas: 5.0 vs. 4.2 p=0.04] and [HWs: 5.0 vs 4.5 p=0.05]
  - Call patients between visits to check how they are doing
    - [HWs: 5.0 vs 4.1 p=0.03]
- Mid-PGY2 ranking for MAs to set action plans decreased [5.0 to 3.8 p=0.06].
- Mid-PGY2s continued to rank HWs highly [4.7- 4.9].

creating a medical home

IF WE BUILD IT
[WITH THEM],

THEY WILL LEARN.

Matching redesign to educational development

Given postgraduate educational requirements,

- PGY1 objectives
  - Introduction to CCM, registry reports and health coaches
  - Provide clinical teamlet care with 3 patients with faculty live supervision, including case discussions as group
  - Emphasis on chronic care guidelines, biopsychosocial model, and interpersonal communication to partner with patients and team members
  - Review registry report 2 times during year

Matching redesign to educational development

- Additional PGY2- PGY3 objectives
  - Team leadership
  - Familiarity with system to start considering impact on patient care and team dynamics.
  - Familiarity to actively participate and see own role in quality improvement efforts
    - Testing change
    - Considering complexities of setting improvement goals
- Examples
  - Resident ideas for PDSA cycles brought up during huddle
  - PGY2 focus group themes

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