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|  | **Approach #1** | **Approach #2** |
| **What** | “One Stop Shop” after team huddle | Team huddle and communication to PCP |
| **When** | One half day/ week | Two hours/ week |
| **Who is involved** | * Third Year Resident * Care Coordination Team   + RN Clinical Coordinator   + Clinic CHW   + Home Visiting CHW   + SW * Faculty MD * Psychologist | * First-Third Year Residents * Care Coordination Team   + RN Clinical Coordinator   + Clinic CHW   + Home Visiting CHW   + SW * Faculty MD * Psychologist |
| **When is the patient seen?** | During last 3 hours of the half day for extended appointment time | During regular clinic hours with regular appointment time |
| **Advantages** | * Synchronicity of team collaboration with patient visit * Longer patient appointments, not subject to clinic late policy * Residents get focused teaching from faculty at point of care * Immediate implementation of plan of care | * Attention to chronic disease panels including disengaged patients * More longitudinal (open to 1st,   - 3rd yr. residents)   * Patient-centered appointment times * Avoids complicated clinic flow of “one stop shop” for multiple patients with complex needs.   + A significant & unsolved challenge of approach #1 |
| **Disadvantages** | * Patients can only access the clinic one half day/week * Long appts. are sometimes overwhelming for patients * PCP rarely involved * Residents less invested since usually not the PCP * Demanding administrative task of scheduling patients with complex needs * High no show rate * Only 3rd yr. residents participate | * Delay in discussing and implementing plan with patient * Implementation of plan more dependent on effective communication with PCP * Standard clinic visit duration is often inadequate * Less likely to have synchronicity with team members * Less faculty time for point of care teaching |

**Lessons Learned**

**System Challenges**

*Clinic System:* space limitations and room “crunch” with team-based visits, employee turnover

*Hospital System:* Different depts have different priorities, financial pressures, difficult to measure outcomes

*Residency Education:* Competing priorities in the curriculum

*Team Function:* Communication, Role clarity

**Patients**

Care of patients with complex needs is complex

Expect higher no-show rates

Be wary of scheduling restrictions (i.e. program only available one day/ week)

To prioritize those with most complex needs, do not make attendance at appts a pre-requisite for team attention

**Provider-Patient Relationships**

Respect the Patient-Primary Care Provider relationship

Expect that patients that do not have PCP relationship may be especially challenging to engage

**Team**

Create a culture of collaboration and reliable communication

Be sure to invite all relevant team members as you are building the team

**Overall Design**

A system that aims to do patient care, resident education and team collaboration all at the same time, with patients with complex needs, was not sustainable in our clinic.

Losing the synchronous visits with extended appointment times led to unexpected benefits

Less stressful to administer (getting referrals, scheduling, managing clinic flow)

Residents more easily engaged longitudinally

Better positioned to be integrated into the whole clinic’s care

What is sustainable will depend on the system in which it is built

Start wherever you can and adapt as needed