

Clinica Family Health Services (formerly Clinica Campesina) Notes from April 18, 2011 visit

Clinica Family Health Services is a non-profit Federally Qualified Health Center serving the area northwest of Denver, Colorado. Clinica care for 40,000 patients, with 46 clinicians, 13 behavioral health providers, 4 dental providers, 2 full pharmacies, and a total staff of 320 at 4 sites. 50% of Clinica's patients are uninsured, 40% are Medicaid recipients. The majority are Spanish-speaking only, and all providers and staff working directly with patients are bi-lingual.

In 1998, Clinica began its never-ending improvement journey, and has become one of the best community health centers in the US.

Continuity of care and access to care

Every patient is empaneled to a primary care provider (PCP -- physician, nurse practitioner or physician assistant) and a care team (pod). Each pod has a color, and patients know their pod by its color. Continuity of care is measured regularly by determining the percent of patient visits that are visits to the patient's own PCP or to the patient's pod. The secret to achieving continuity of care lies in how clinic staff are trained. The call center attendants, generally high school graduates trained by the call center director, have clear instructions how to balance needs for continuity and access. When a patient calls, the attendant will offer an appointment with the patient's PCP. Only if the patient wants to be seen today or tomorrow and the PCP is unavailable those days, will the patient be given an appointment with another provider on the same pod. The Clinica message prioritizes continuity but allows patients to choose access if their PCP is not available promptly.

For over ten years, Clinica has been able to provide almost all care to its patients within 5 days of their request for an appointment, usually within 2 days. The first challenge is to provide reliable phone access, which is done through the call center, which has sufficient call center attendants to handle a huge volume of calls, 1200-1500 per day, with a peak of 1100 calls before 11 AM Monday mornings. symptoms, to send an electronic message to the RN on the pod for non-urgent clinical matters, and to make appointments using the continuity of care priority. After phone access comes prompt access to appointments. The appointment template is opened up for only 2 weeks; no appointments are made after 2 weeks. This allows all providers' schedules to have empty slots every day. The no-show rate with schedules open for 2 weeks is about 8%. Clinica has experimented with opening up schedules for 3 weeks, but the no-show rate jumps to about 30%. Clinica attempts to fill providers' schedules only from 8 to 10 AM and to leave the remainder of the schedule open for same or next day appointments. Access is measures for every site, pod, and provider.

Providers have appointment slots every 20 minutes, with one empty slot for each 5 slots for catch-up and care coordination. Full-time providers are expected to see 100 patients per week, a necessity because Clinica depends on visit-based FQHC reimbursement for patients on Medicaid. An important policy supporting continuity of care is that providers are expected – within reasonable limits -- to squeeze patients into their schedule for their patients, but not for another provider's patients. If patients want appointments in, for example, 2 months, they are told to call back the week they want the appointment. Providers can task the front desk to contact a patient who needs an appointment in 3 months – an electronic tickler system.

Clinica sustains prompt access in four ways: 1) limiting panel size to control demand, 2) adding capacity through RN and case manager care, 3) adding capacity by extending the interval between visits if medically appropriate, and 4) adding capacity through group visits. Average panel size is about 1200, which takes into account the large number of infants and pre-natal patients who require frequent visits.

Pods (Care Teams)

All clinical activity at Clinica centers around the pod. Clinica patients see themselves as patients of the Green Pod or the Blue Pod or the Purple Pod. Each of the four Clinica sites has several pods. The walls of each pod reveal the pod's color. Pods are both physical entities and organizations of people. Architecturally, each pod consists of a central open area – either a rectangle or a circle -- surrounded by patient exam rooms. Pod members are co-located, working right next to one another so it is very easy to communicate. Not only can pod members easily interact with one another, they can also see all the patient rooms, which have multicolored flags telling everyone on the pod who is in which room.

The provider (physician, NP or PA) always (with rare exceptions) works with the same MA. The provider and MA sit facing each other on the pod. Each pod has 3 full-time equivalent providers, 3 MAs, 1 behavioral health professional, 1 RN, and 1 case coordinator (health coach). Front desk personnel are part of the pod, and geographically sit between the physical pod and that pod's waiting room. For each provider/MA dyad, a colorful business card has the name of their provider and MA.

From 8 to 8:20 and from 2 to 2:20, each pod has a huddle, going over the patients scheduled for the day. For example, the behavioral health provider and case coordinator will gain an idea of which patients are likely to need their time. The pod's RN is the flow coordinator, making sure that all runs smoothly and intervening to solve problems. Patient flow on the pod seems calm and organized.

The MA takes a detailed history using the EMR template. For children, the EMR includes decision support on which immunizations are needed, and the MA draws

up the immunizations while the provider is seeing the patient and gives the shots in the post-visit. Providers are not involved in providing immunizations. MAs do not have time to do medication reconciliation or behavior change counseling; those functions, if indicated, are provided by the case manager following the provider visit. The MA pre-visit takes 10-15 minutes.

The RN role has three interrelated parts: 1) addressing situations that arise every day, needing skill in assessment and decision-making, and 2) handling less complex clinical matters that can be protocolized with physician-written standing orders, and 3) serving as pod flow coordinator. Clinica physicians have approved standing orders for RNs to treat positive strep throat infections, uncomplicated conjunctivitis and ear infections, head lice, positive chlamydia and gonorrhea tests, uncomplicated urinary tract and respiratory infections, and the management of warfarin. At Clinica, RNs do not work as chronic care managers because they do not have time. For less complex patients, the pod's case manager assumes that function, and for more complex patients the task remains with the provider.

Case managers -- health coaches and navigators -- meet with patients with chronic conditions, doing patient education, smoking cessation counseling, providing health-related resources, and setting goals and action plans with patients. A case manager might spend from 5 to 30 minutes with a patient.

Clinica has one behavioral health professional per pod; they are available much of the time for warm handoffs to conduct a 10-15 minute unscheduled visit. Common issues are depression, anxiety, and psychosocial problems.

Group visits are a central feature of care at Clinica, offered for prenatal care, well-child care, diabetes, chronic pain, cold/flu, allergy, anxiety, and other chronic conditions. Patients have the option of receiving care in a group or one-on-one. During the time that providers are seeing patients in groups, they are 30-40% more productive (patients seen per hour) than seeing patient one-on-one. Thus groups are good not only for patients, who interact with other patients like themselves, but also for Clinica financially.

Clinica does panel management outreach to patients overdue for periodic services recommended by clinical practice guidelines, using the registry. Clinica is hoping to add in-reach to its panel management activities at some point in the future.

For many years, Clinica has kept run charts that demonstrate how the organization as a whole, each site, each pod, and each provider performs on a number of metrics. A databoard on the wall of each pod shows everyone whether or not performance has reached Clinica-set goals and where improvement is needed. Clinica has utilized an internal pay-for-performance system, giving bonuses to every person on high-performing pods, thereby demonstrating that improvement is made possible by the efforts of the team, not only the provider.