



Workforce Lessons from a Safety Net Primary Care Home

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Objectives

1. Understand theory and composition of PCMH Team
2. Describe core competencies, strategies and challenges in building the PCMH Team
3. Briefly review clinical, staff and patient outcomes

Central City Concern

- Formed in 1979
- Continuum of affordable housing integrated with healthcare, mental health, addictions treatment, recovery support, and employment services
- Over 15,000 low-income and homeless individuals access services annually
- 550 employees
- Strong culture of Recovery



*Providing Pathways to
Self-Sufficiency Through Active
Intervention in Poverty and
Homelessness*

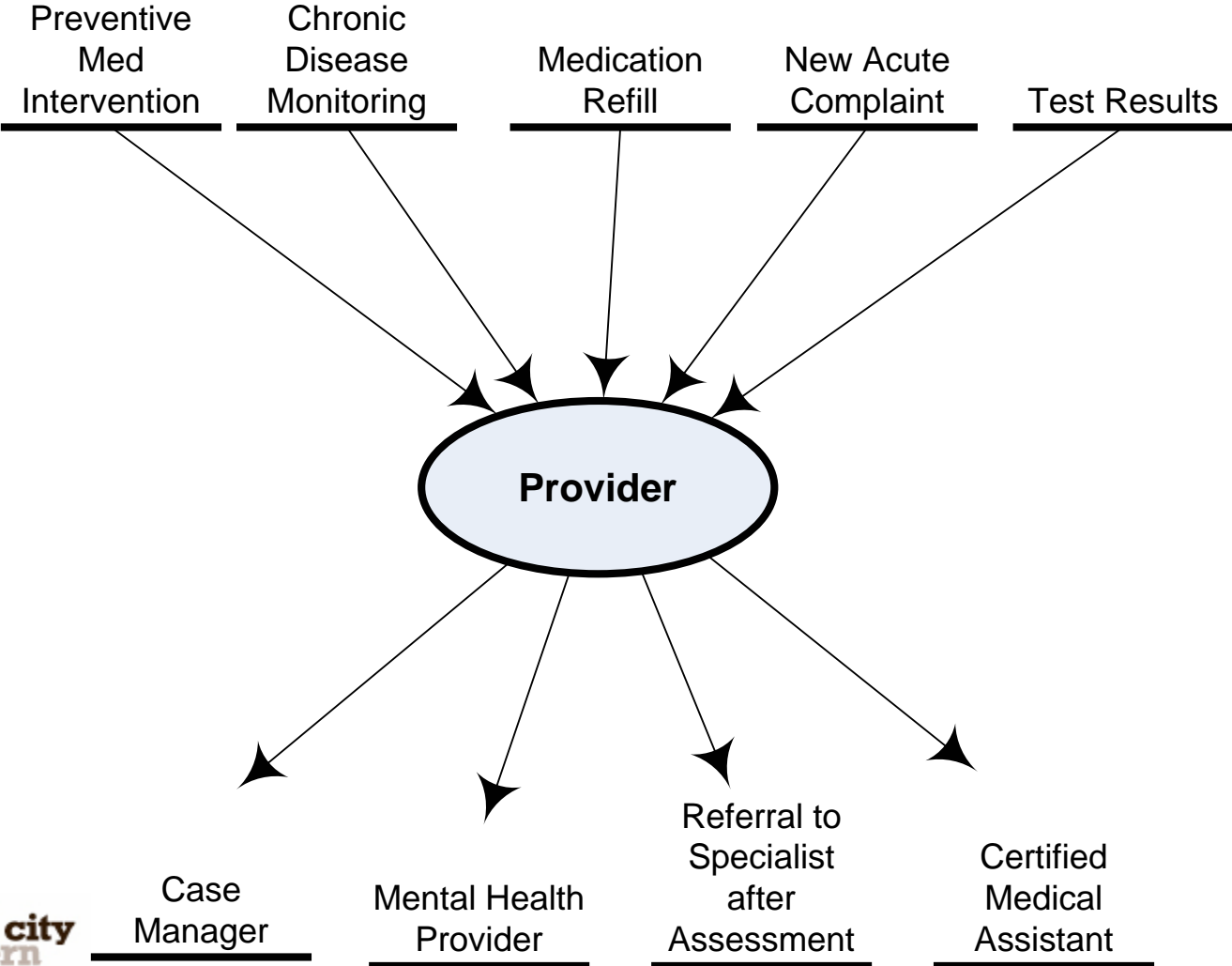
Old Town Clinic

- Integrated into CCC in 2001
- Healthcare for Homeless
- 2600 pts, 15,000 visits
- 45% uninsured
- 99% at poverty level
- 60-80% homeless
- High prevalence of addiction, mental health disorders
- EMR as of May 23, 2011!
- Lean RN support
- Strong complementary medicine department
- Social Medicine Curriculum with OHSU Dept of Medicine





Provider-Based Care



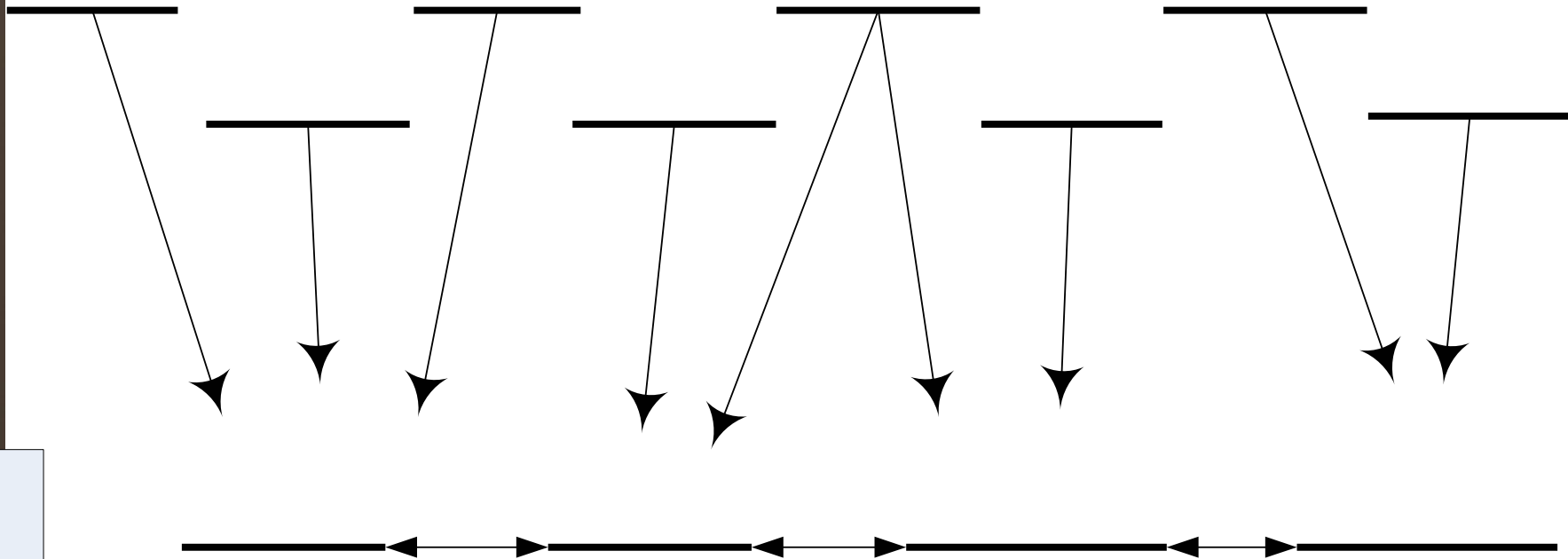
Healthcare Support Team

city
ern

Source: Southcentral Foundation



Team Based Care



“Working at the top of your license”

Team Based Care – Team Composition

Position	FTE / team	Credentials	Details
Panel Manager	1.0	LPN, MA, MSW	Care Mgmt, team performance
Primary Care Provider	2.0	MD, PA, FNP, ND	All part time (0.2 – 0.8 FTE)
Medical Assistant	2.0	All certified MA's	Minimal admin time
Health Assistant	0.5	MA-in-training bilingual	Admin work, outreach
Behavioral Health LMP's	0.6	PMHNP, MD	Shared across teams
Phone MA	0.5	Certified MA	Basic advice, care coordination



Other Clinic Roles

- Shared Clinical Services
 - **Clinical Pharmacist** with academic partnership with OSU COP
 - **Occupational Therapist** with academic partnership with Pacific University
 - **Diabetes Care Manager** (RN)
 - **Depression Care Manager** (QMHP)
 - **Tobacco Cessation Coordinator** (VISTA)
 - **Addictions/Chronic Pain Specialist** (CADC, LAc)
 - **Acupuncturists** (A&D Programs and Old Town Clinic)
- QI Specialist/Data Analyst
 - Funded with CareOregon start-up \$



Team Based Care – Core Competencies

- Training in Model for Improvement, Lean, and Root Cause Analysis for All Staff
- Standardized Work
- Effective Communication
- Diversity of Strengths on Team
- Embrace patient-centered encounters
- Dependence on data & Visual Management



Team Based Care – Strategies

- Develop a workforce that reflects the served community
- Academic Partnerships
- Co-Location of teams, including MA's
- Minimize meetings, maximize walking around
- Define core mission, values and products



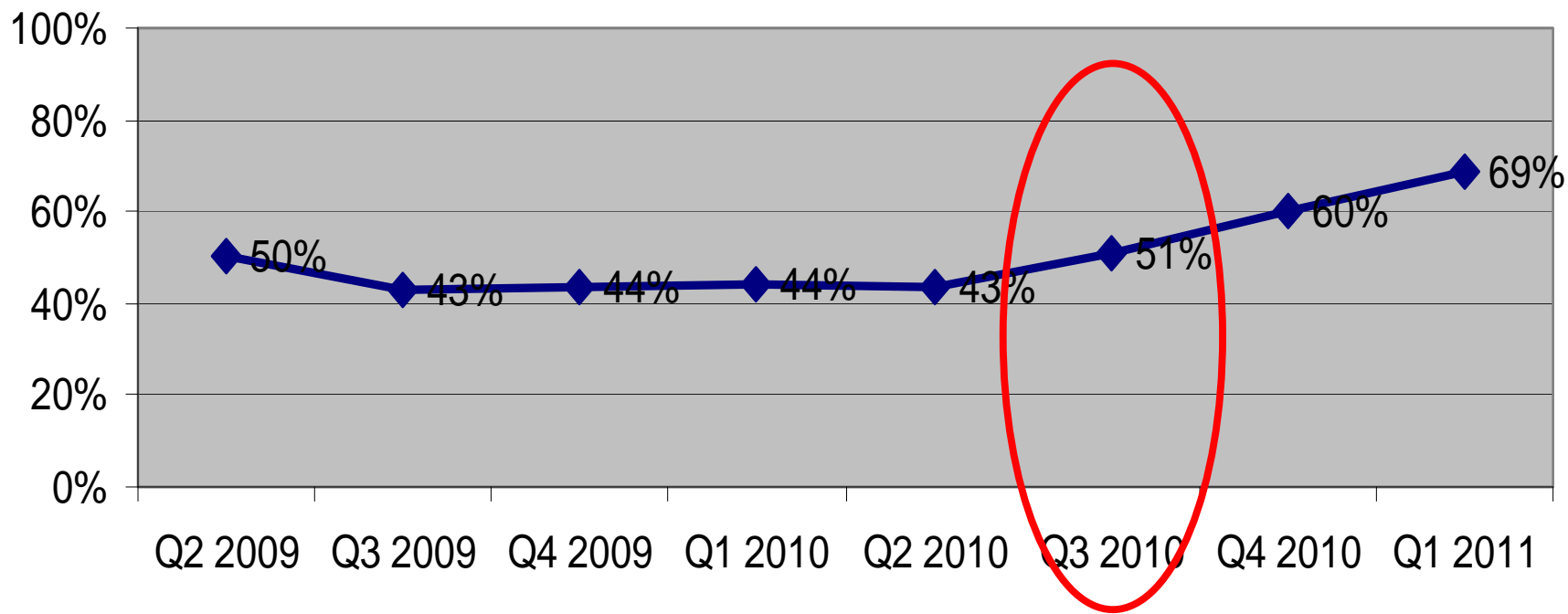
Team Based Care – Challenges

- Building the MA Practice
- Minimizing the Survivor Instinct
- Getting the provider out of the way of improvement process and team function
- Creating and sustaining opportunities for inter-disciplinary care coordination



Clinical Outcomes

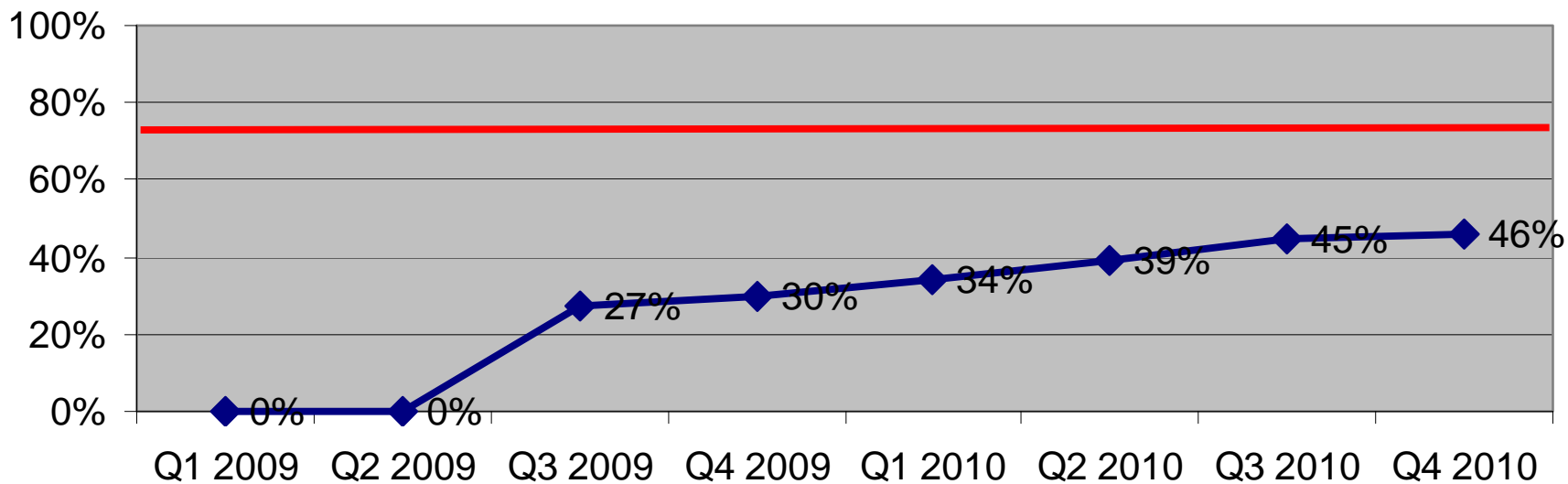
% Patients Screened for Depression





% Females pts w pap within 3 yrs

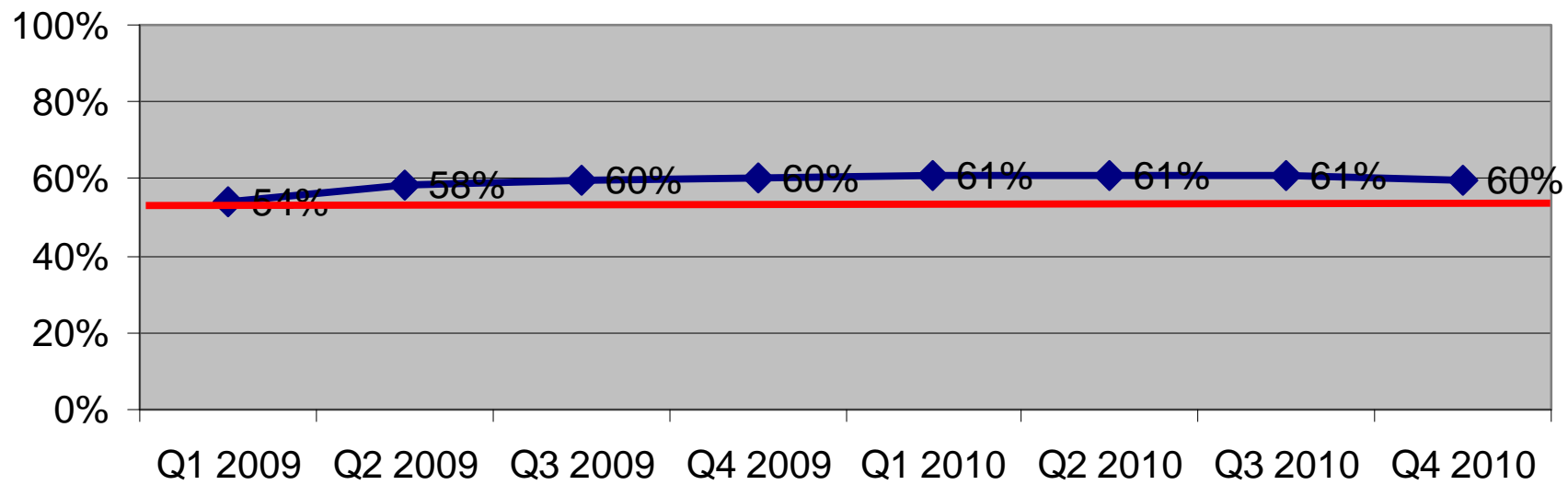
Goal: 75%





% Hypertension pts w BP <140/90 at last visit

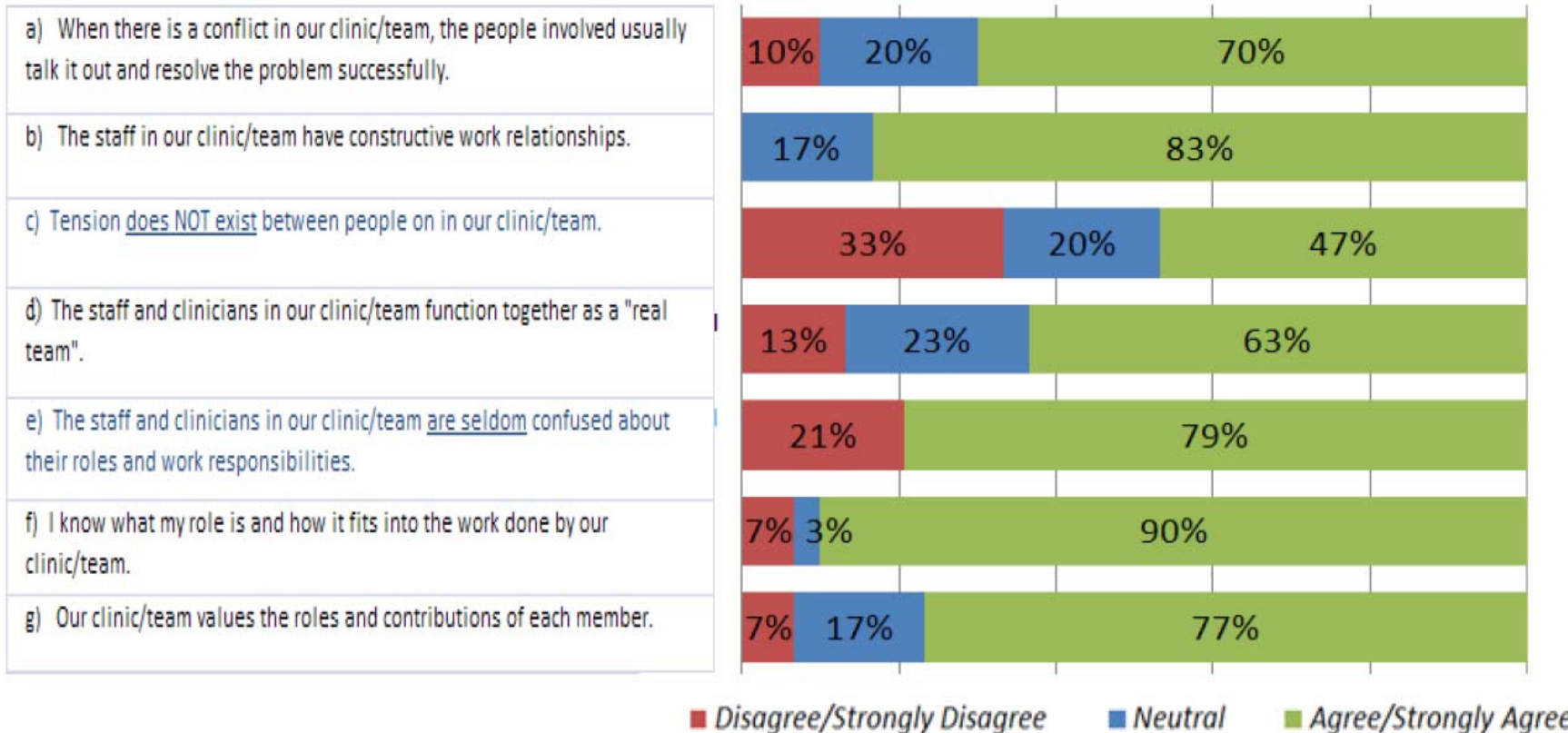
Goal: 52%



Staff Satisfaction Outcomes

Please think about the communication in your clinic/team:

Old Town (n= 30)

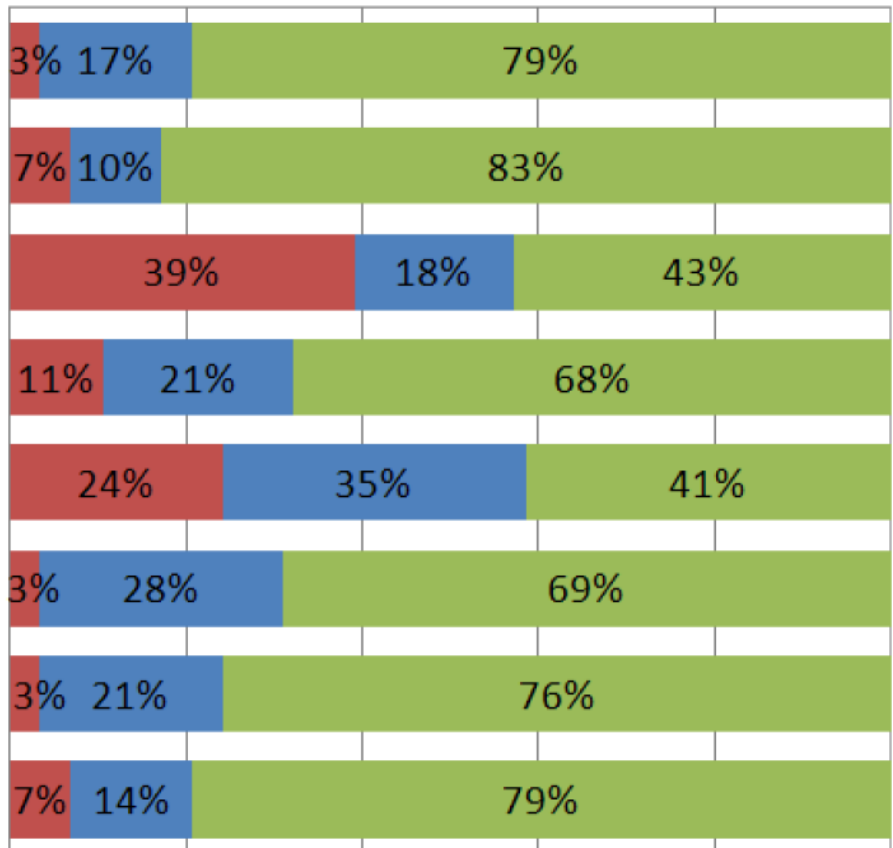




Please think about the decision-making in your clinic/team:

- a) Our clinic/team encourages staff member input on making changes and improvements.
- b) Our clinic/team encourages nursing and clinical staff input on making changes and improvements.
- c) All of the staff participates in important decisions about the clinic operations.
- d) Our clinic/team's leadership encourages nursing staff to take initiative.
- e) This is NOT a very hierarchical organization; decisions made at the top are based on input from those doing the work.
- f) The leadership in our clinic/team is available for consultation on problems.
- g) Our clinic/team defines success as teamwork and concern for people.
- h) Staff members in our clinic/team are involved in developing plans for improving quality.

Old Town (n= 30)

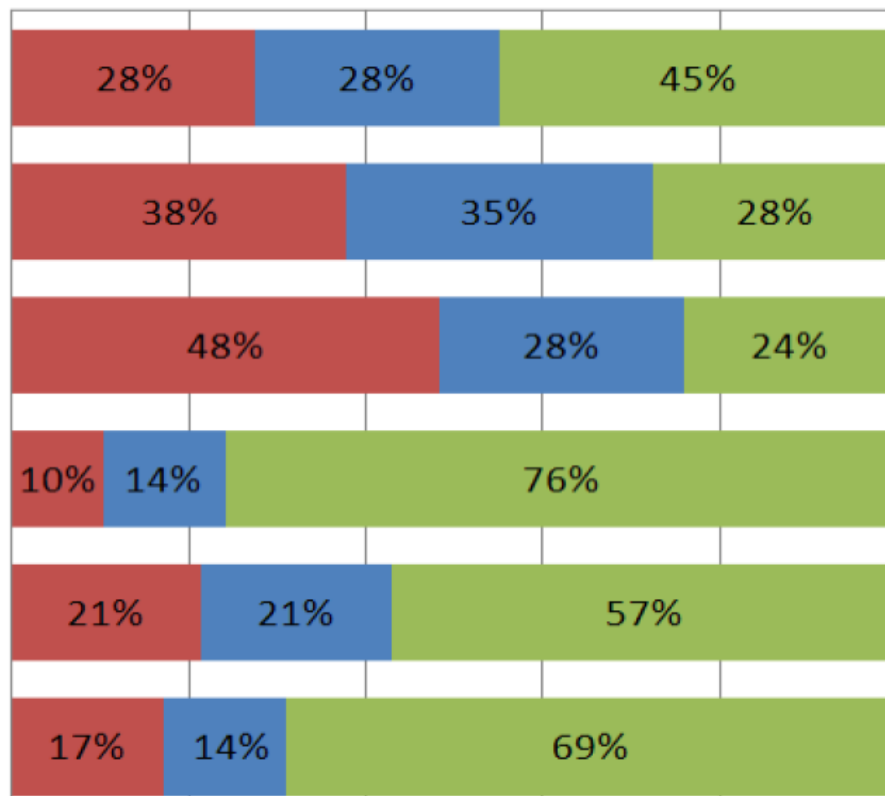


■ Disagree/Strongly Disagree ■ Neutral ■ Agree/Strongly Agree

Please think about the stress and chaos in your clinic/team:

- a) It's hard to make any changes in our clinic/team because we are so busy seeing patients.
- b) The providers in our clinic/team very frequently feel overwhelmed by work demands.
- c) The staff members in our clinic/team very frequently feel overwhelmed by work demands.
- d) Our clinic/team is almost always in chaos.
- e) Things have been changing so fast in our clinic/team that it is hard to keep up with what is going on.
- f) Over the past year, I have seriously considered leaving my job at this clinic.

Old Town (n= 30)



■ Agree/Strongly Agree ■ Neutral ■ Disagree/Strongly Disagree

Please think about the history of change in your clinic/team:

a) Our clinic/team has changed in how it takes initiative to improve patient care.

b) Our clinic/team has changed in how it manages the flow of patient visits.

c) Our clinic/team has changed in how everyone relates to each other.

d) I contribute a great deal to improving how our clinic/team cares for our pts.

Old Town (n= 30)



■ Disagree/Strongly Disagree

■ Neutral

■ Agree/Strongly Agree

Patient Satisfaction Outcomes

Survey Item	2009	2010
Access to Care: <ul style="list-style-type: none"> • I can get appointment as soon as I need it • Clinic visits are well organized and running on time 	82% 78%	89% 79%
Patient Centered Care: <ul style="list-style-type: none"> • My health care team shows concern about my emotional well being and how things are going for me • My health care team seems to know important info about my medical history and health needs 	89% 87%	92% 92%
Office Staff: <ul style="list-style-type: none"> • Front desk staff are helpful as you think they should be 	67%	71%
Global Rating of Health Care Team (% Reporting 8-10)	74%	80%