Strengthening the Patient-Centered Medical Home at Barre Family Health Center

Shaula Woz, MPH, MA
UMMS Summer Service-Learning Student Assistantship
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Barre Family Health Center
UMass outpatient family medicine clinic

Provide primary care services and many tests and procedures to residents of Barre and 10 surrounding communities

Located in Barre, MA (22 miles NW of Worcester)

Opened in 1973, new site built 2007

Training site for UMass students and residents

Faculty of 9 physicians, 10 residents, 1 PharmD, 2 psychologists, and many consulting specialists
Statewide initiative, many diverse sites chosen

Provided training and support

Key features:

- Team-based care
- Population health management
- Continuous quality improvement
- Keeping the patient at the center of the process

http://www.mass.gov/hhs/medicalhome
Project Summary

To contribute to PCMHI at Barre Health Center by:

- Design and test an efficient and effective process to contact high-risk chronic disease patients using a computer generated patient registry
- Create a sustainable process to identify and contact patients who have been discharged from the emergency room or inpatient hospital in a timely way
- Evaluate workflow changes that contribute to a team-based care approach
Barre Peach Pod-Pilot site for PCHMI

- One of four clinical “pods”
- Physicians: Konstantinos, Deligiannidis, Stephen Martin, Stacy Potts, Alison Hargreaves, residents and medical students
- Clinical staff: Krista (RN), Nancy (RN), Transi (MA)
Medical Care Transitions

- Importance of timely patient follow-up after an ED or inpatient visit has been demonstrated
  - Increases patient satisfaction, patient continuity with primary care provider, and decreases patient readmissions

- Aim to understand where patient information is located and how it flows from one provider to another

- Find out who can access patient information and how to do this in an efficient manner
Phase 1 PCHMI: Improve Diabetes Care Management

- Obtain list of all high risk diabetic patients at Barre Family Health Center (high HbA1c, no PCP visit in past 3 months)

- Organize list so that RNs can conduct follow-up calls with these patients, asking that patients schedule appt with PCP

- Tracking data: how long takes patient to get appt, time of RN call, barriers reported by patients
Evaluate Workflow Study and Redesign

- Daily “huddles” instituted with clinic staff to prep for morning and afternoon patients

- Conducted pre- and post-interruption tracking to determine if the implementation of huddles decreases staff interruptions during a clinical session

- Learn about how quality improvement data collections differs from research data collection and analysis
Reflections

• I have learned more about the workflow of a family medicine clinic, about working in a rural area, and about implementing process change with a diverse care team.

• The future of healthcare and primary care is changing, which is both exciting and daunting. The momentum of the medical home model is very exciting. It will strengthen primary care, as it moves towards population health.

• My interactions with clinicians and support staff have been very positive; everyone has been encouraging and genuinely helpful. I feel very welcomed into this community, seeming to be viewed as a valuable asset to team. We are all working through the barriers together.

• It was so satisfying to contribute to an effort that will continue beyond my time at Barre.
Nursing Staff

Physician Staff

Barre Family Health Center

Medical services
Dr. Stephen Earls, medical director, working with Dr. Kathryn Wilson, resident

More for less?
PRIMARY CARE TRIAL ROLLED OUT IN REGION

At the Barre Family Health Center, Dr. Stephen T. Earls works with Dr. Kathryn J. Wilson on taking the blood pressure of Virginia V.