Practice Redesign

David B. Reuben, MD
Archstone Professor of Geriatrics
David Geffen School of Medicine at UCLA

What we will cover

- Assignment
- Donabedian categorization
- The Chronic Care Model
- The ACOVE-2 practice redesign model
- Co-management
- Emerging approaches
- Exercise
- Best practices

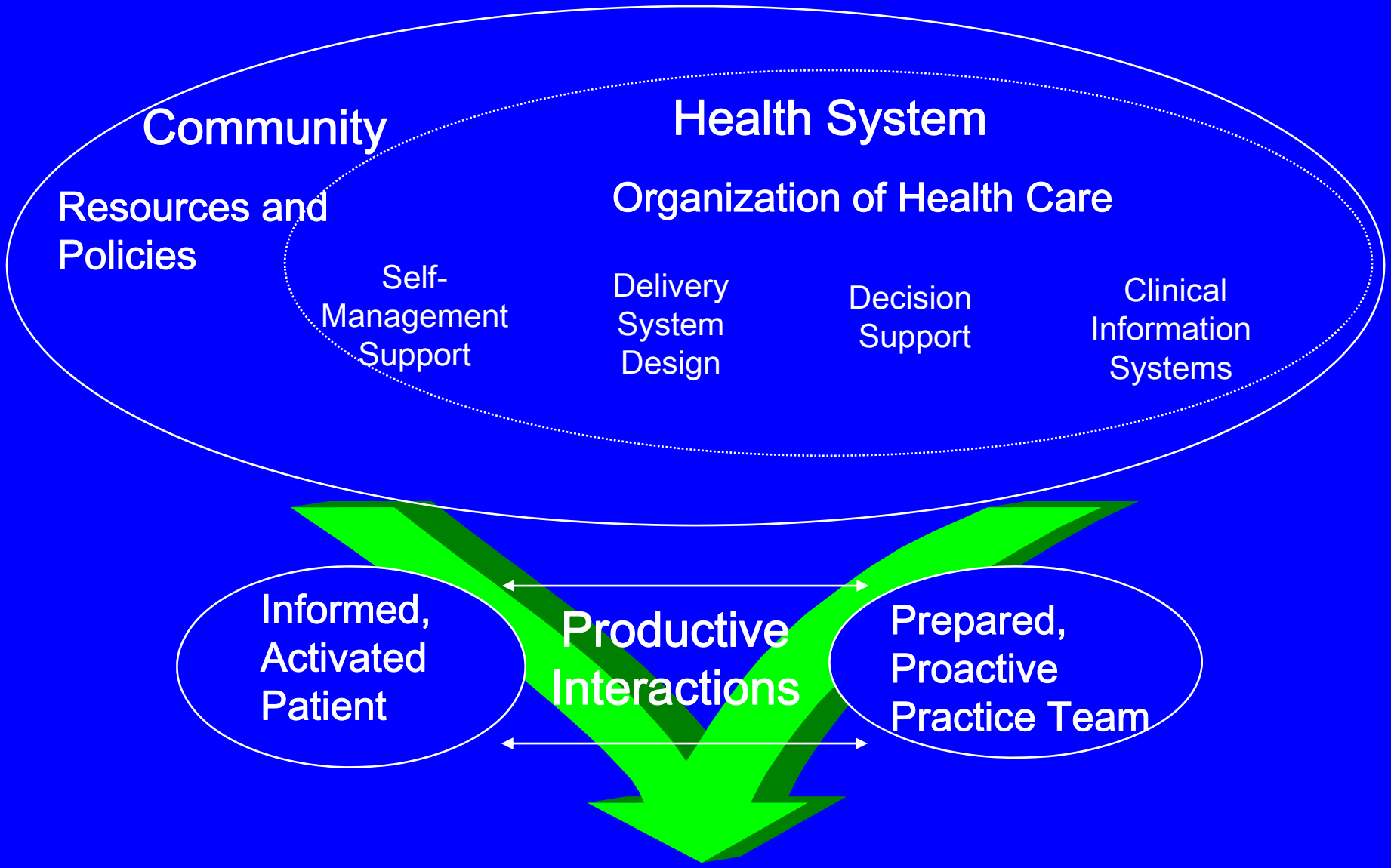
Assignment

- During the next 35 minutes think of a practice redesign pilot project you might propose

Practice Redesign

- Aims to improve quality and/or increase efficiency by:
  - Fixing a problem or inefficiency in patient care
  - Using different people or people differently
  - Exploiting technology

A Model for Improving Chronic Illness Care



ACOVE-2 Quality Improvement Model

- Case finding
- Delegation of data collection
- Structured visit notes to guide appropriate care processes
- Physician and patient education
- Linkage to community resources

-Reuben et al. J Am Geriatr Soc. 2003;51:1787-93.

Practice Redesign Interventions based on the ACOVE-2 Model

Study	Conditions	Groups	Delegation
ACOVE-2	Falls, UI, Dem	2 PCP	Minimal
ACOVEprime	Falls, UI	5 PCP	Minimal-Moderate
Alz Assoc	Dem	2 PCP	Moderate
JAHF NP	Falls, UI, Dem, Dep, HF	1 Ger	High
UniHealth NP	Falls, UI, Dem, Dep	2 PCP	High

Effects on Quality of Care by Condition in ACOVE-2 Intervention

	Usual Care	ACOVE-2
Overall	22-32%	37-71%
Falls	23-40%	44-79%
Incontinence	17-37%	37-64%
Dementia	38-44%	43-60%
Depression	28-61%	51-63%

In each, significant differences between UC and ACOVE for overall, falls and UI; variable significance for depression and dementia

Co-management

- Two or more health care providers jointly managing the patient's medical care to achieve the best quality and outcomes
- Many models, most focus on specific conditions (e.g., cancer, dementia) or on multiple conditions and coordination of care (e.g., Guided Care)

Co-management

- Who?
  - Physician specialist-physician generalist (e.g., oncologist-general internist)
  - Other health profession-physician generalist (e.g., depression clinical specialist-primary care physician)

Co-management

- What?
  - Assessment
  - Developing care plan
  - Recommendations
  - Orders
  - Monitoring
  - Revising care plan

Co-management

- Why?
  - Evidence base: general
    - Decreases in HbA1c, systolic and diastolic BP, total and LDL cholesterol (Shaw RJ, 2014)
  - Evidence base: falls

ACOVE-3 Quality of Care for Falls

Study	Physician alone	Co-management with nurse practitioner	P-value
Ganz 2010	17%	44%	.002
Reuben 2013	32%	78%	<.001

Co-management

- Challenges
  - Defining scope of responsibility
    - Range of clinical problems
    - Falls Care Manager versus primary care physician
    - Order writing
    - Acute clinical problems
  - Communication
    - With primary care physician
    - With other health providers (e.g., specialists, therapists)

New Practice Redesign Efforts

- Improving communication
  - Sight lines and co-location
  - Huddles and team meetings
- Redefining roles of staff
  - Enhanced rooming/prepping the chart
  - Standing orders/prescription renewals
  - Scribes and order entry
  - Inbox management
  - Health coaching and care coordination

Physician Partners (P^2)

- A Physician Partner is a novel position at UCLA whose role is to
  - navigate the electronic health record
  - document a patient encounter
  - expedite patient care immediately prior to, during, and after the office visit

Roles of P²s: During the visit

- Look up patient records, recent results, consults, drug interactions
- Queue medication changes, lab orders, and referrals as verbally instructed by physician.
- Input patient instructions, follow-up, level of service, and charge capture

Roles of P²: end of the visit

- Provide summary of the patient encounter and physician instructions
- Reviews how to contact the office and how to obtain help after hours
- If applicable, communicates pending MA/LVN orders to be completed
- Directs patient to checkout or the lab

Roles of P²: After the visit

- Completes H&P, progress or consult note and routes to physician for review and closure of the encounter
- Facilitates electronic communication with other providers or office staff

Results: timed office visits

	MD Time (Minutes) Spent with Patient		
	Control	P[2]	P-value
Geriatrics	22.0 (N=90)	18.0 (N=93)	0.0002
GIM	11.0 (N=71)	9.0 (N=90)	0.0014

Median physician time (minutes) spent per 240 minute (4-hour) scheduled session-cView

Geriatrician time in minutes			
	Control	P[2]	P-value
MD Preparation Prior to Session *	30	15	0.002
MD time spent in examining room†	248	216	0.014
MD wrap-up post session *	90	15	0.012
Total estimated physician time/session	368	246	

Median physician time (minutes) spent per 240 minute (4-hour) scheduled session-cView

GIM time in minutes			
	Control	P²	P-value
MD Preparation Prior to Session *	20	5	0.004
MD time spent in examining room†	192	160	0.145
MD wrap-up post session *	28	0	0.005
Total estimated physician time/session	240	165	

Exercise

- Identify your practice redesign project: 5 min
- Present the project to the person on your right (your boss): 5 min
- Questions from your boss: 2-3 min
- Switch roles: 7-8 min

Best practices

- Who would like to present her or his practice redesign project?


Think different.