

CCALAC Care Team Webinar

The Role of the MA

February 10th & 12th, 2021



+ Coleman Associates

Your Trainers:



Harpreet Sanghera
Sacramento, CA

Project Manager, Process Redesigner & Trainer. Sacramento, CA. Harpreet truly enjoys the California sunshine, which is why she was born, raised, and hasn't left the state. She was a Clinic Manager at a Federally Qualified Health Center (FQHC) right outside Sacramento, CA. She started as the front office lead, worked as a Medical Assistant and Flow Coordinator. Harpreet also worked on her Quality Improvement team at her health center, and she is a graduate of the Clinic Leadership Institute (CLI) Program. Before becoming a process redesigner, she went through a Rapid DPI™ at her health center when she excelled and learned how to manage change and become a coach herself. With Coleman, Harpreet manages Rapid DPI™ projects, DPI™ collaboratives, leads the High Impact Management Program, leads many phone room redesign projects, and was a key Coach aka Passion Ignitor in redesigning immigration and naturalization services.

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Your Trainers:



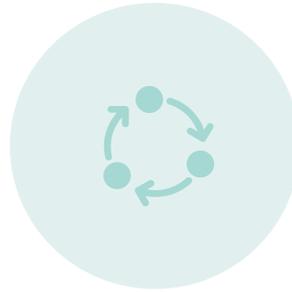
Brizzia Burgos
Longmont, CO

Logistical Team Coordinator and Vroom! Administrator. Longmont, CO. Brizzia has been a mainstay in the Coleman family for over six years, leading the development and streamlining of our materials and production. Brizzia serves as the Coleman direct client support and administrator of Vroom! our online training platform (www.Vroom.Training). Brizzia is in charge of materials design, duplication, and shipping for all learning sessions which is a fancy way of saying that she has to catch all of the crazy requests and ideas flowing from her colleagues and turn them into tangible tools and get them where they need to go. She also handles all website updates, data reviews, webinar coordination, including all translation coordination for our Spanish language website. Brizzia provides direct support to the CEO and provides overall backup to the Associates.

+ Learning Objectives



PARTICIPANTS WILL IDENTIFY THE INDISPENSABLE ROLE THE MA PLAYS ON THE PATIENT CARE TEAM



PARTICIPANTS WILL ADAPT BEST PRACTICE WORKFLOWS TO UTILIZE AT THEIR OWN HEALTH CENTER



PARTICIPANTS WILL ANALYZE THE PROCESS FOR PHONE INTAKE AND HOW TO ADAPT IT FOR THEIR NEEDS

+ Today



Preparing for a New Normal Considerations:

- Well-coordinated execution
- Protective and reassuring for patients and staff
- Able to meet the needs of your communities

+ Today's Takeaways



The Indispensable Role of the
MA



Robust Confirmation Calls



Patient Intake Over the Phone



Robust Intake In-Person



The Indispensable Role of the MA

- Don't forget to uphold the same quality and experience of care in a virtual world as you would in-clinic
- MAs/LPNs/support staff play a VITAL role
- Team-based care is still important in the 'new normal'
- Resist the urge to go back to old, hierarchical systems

+ Sheep & Shepherd

- The MA acts as a Shepherd guiding the provider (Sheep) throughout the clinic session.



+ Sheep & Shepherd

- Shepherd's Role:
 - Coordinates patient care.
 - Assesses the need for help from other PCTs by watching data in real time.
 - Works with the front desk on scheduling conflicts.
 - Keeps the provider on track by minimizing distractions and communicating next steps.



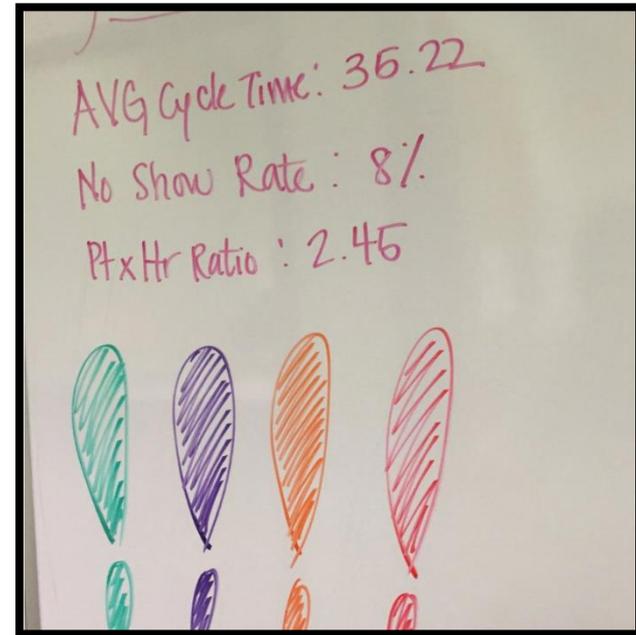
GROWING YOUR SHEPHERD



© Coleman Associates



+ Teams Share Victories





Sheep & Shepherd Model



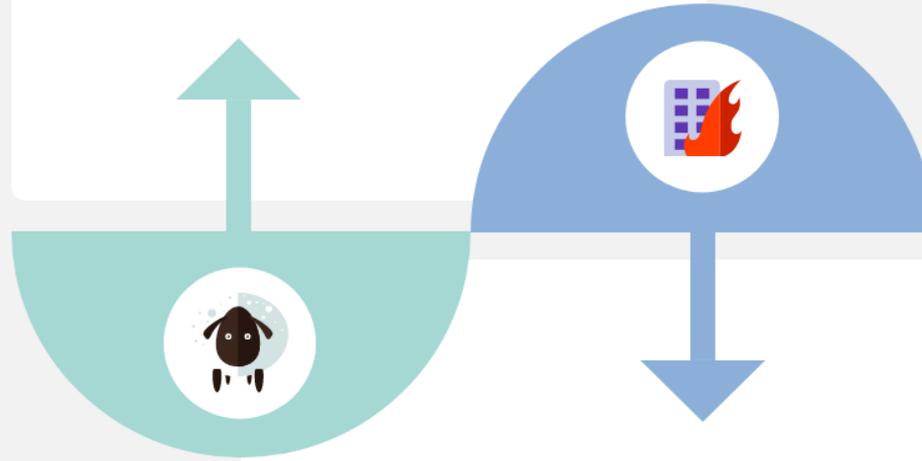
MA's ARE INDISPENSABLE-
MA's provide increased clinician support, are more engaged and fulfilled at work



PROVIDERS FEEL SUPPORTED- The burden of caring for an entire panel of patients is eased through structure, support and predictable days



PATIENTS ENJOY THEIR CARE-
Patients feel prepared for, taken care of and their waits are reduced and time is valued



Clinical Chaos Syndrome



DAYS FEEL OUT OF CONTROL - There is a feeling of dread, frustration, and loneliness amongst clinical staff



DAYS DRAG ON AND ON - Out of control days lead to staying late, charting at home and overtime expenses that impact the bottom line



PATIENTS ARE FRUSTRATED -
Patients are kept on hold, can't get appointment times they want or are in the clinic too long for care



+ In a Virtual World...

- MAs perform visit prep
- MAs perform an intake over the phone
- MAs lead virtual huddles
- MAs provide 'check-in' points during visits with their provider
- MAs perform some outreach

We'll talk about these and more in the upcoming webinars!

+ Takeaways on the Indispensable Role of the MA

- MAs can act as Shepherds...they guide the flow of the clinic
- Providers can be 'Sheep' aka, just focus on the patient and their medical needs

+ Today's Takeaways



The Indispensable Role of the
MA



Robust Confirmation Calls



Patient Intake Over the Phone



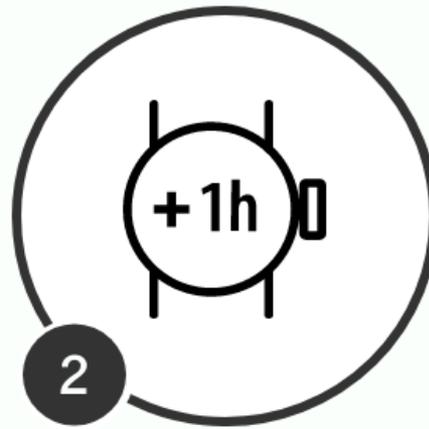
Robust Intake In-Person

When Implementing New Workflows



Develop a preliminary plan with a cross-functional team

A MA, Provider, Front Desk Person & Greeter, for example.



Test the plan on a small scale

Test for a half-day to start with one Patient Care Team. Hang a flip chart paper on the wall to document lessons learned.



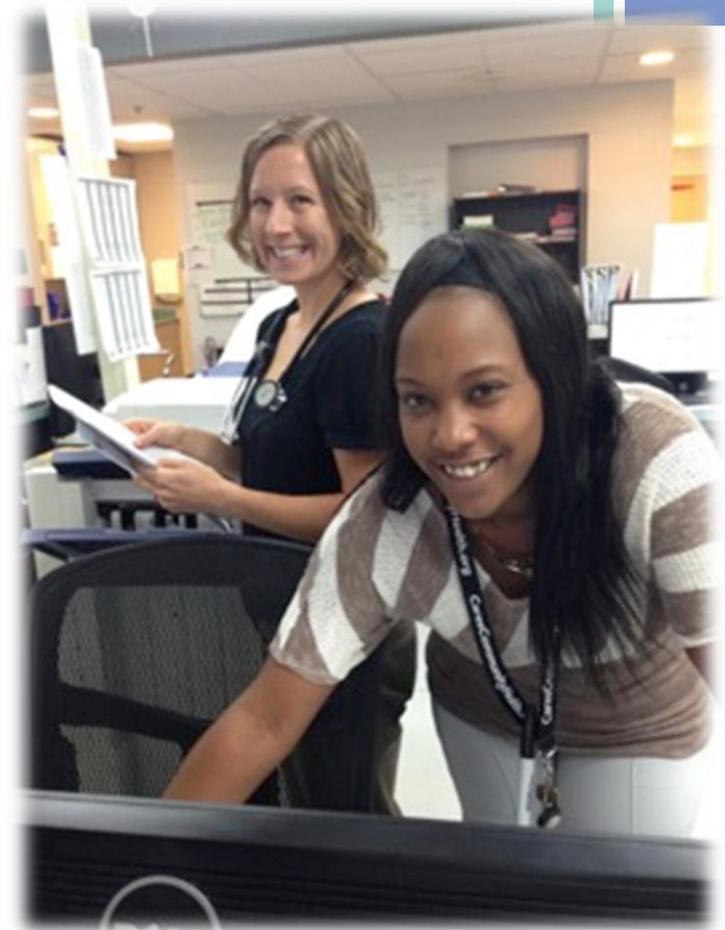
Measure data to determine what you want to scale out

Track & Collect:

- Patient Cycle Time
- # of Patients Seen
- Patient Feedback
- Staff Feedback
- PPE Burn Rate

+ No-Show Reminder Process

- Reminder calls work—if well executed.
 - No more than two days ahead.
 - Pack your own parachute: the right person calls.
 - Use a script to establish a consistently effective process.
 - Call repeatedly until you reach patient/know you can't.
- Start with a pilot provider team and scale up.
- You can get to a No-Show rate of 10% or less!



+ Robust Confirmation Calls

Telehealth

- Assesses risk to patient associated with travel
- Confirms telehealth delivery method
- Finish call through telehealth platform
- Opportunity to perform a technology support check-in

+ Robust Confirmation Calls



Robust Confirmation Calls



Gather notes from Visit Prep for scheduled patients.



Use the Robust Confirmation Call script and confirm the appointment still works for the patient.



Remind the patient that it is a telehealth appointment and verify if they are joining via video or telephone. Explain the appointment process to them and give them the window of time they should expect the call.



Review the pending items from Visit Prep with the patient and document the updates (this is useful information for the Huddle)



Ask the patient if they have any concerns they would like to discuss with the provider (besides the original chief complaint).



Based on problem list and chief complaint, teach the patient how to take their own respiratory and heart rate. Practicing now will mean less time of learning this while with the provider.



Ask if patient has a blood pressure machine at home. Verify that it is functioning and ask the patient to have it nearby during their appointment.



Ask if they have any paperwork or forms that need to be filled out. For pediatrics, do they have any school physical forms or forms for summer camp? Remind the patient to bring the forms to their appointment.



For diabetic patients, ask if they have been checking their sugars at home. If yes, tell them they should have their logs ready for the provider. If no, have them log their sugar between now and their appointment so they can share the results with the provider.



Ask if they have any other questions before ending the call.



Note all things relevant to the patient visit from the call and be ready to share them with the Patient Care Team during the huddle.

+ How to Make Robust Confirmation Calls

1 Open tomorrow's schedule

2 Confirm that each appointment has:

- Patient's phone number
- Reason for visit
- Patient's preferred language
- Up to date payment/insurance information

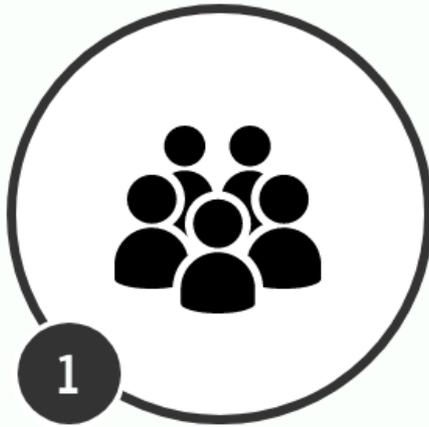
3 Call patients with a script that:

- Establishes rapport and confirms the medical home feeling
- Confirms demographic, payment, and other pre-registration tasks
- Asks whether they can still come in for a visit
- Gathers information on the reason for the visit
- Prepares patients for possible treatment or requests
- Provide next steps
- Asks the patient if there are any other questions
- Provides the phone number for patient to call if they change their mind and cannot come in

Management Process

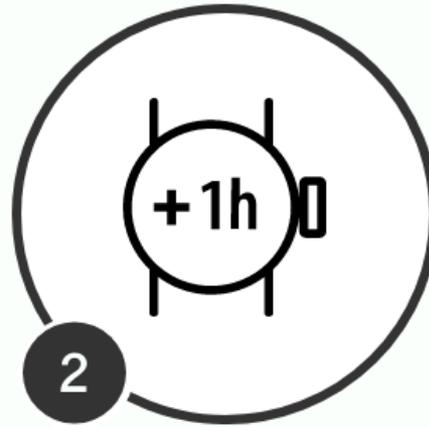
Patient Care Team	Financial Prep		Visit Prep		Confirmation Calls	
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No

When Implementing New Workflows



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Test the plan on a small scale

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Measure data to determine what you want to scale out

Track & Collect:

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+ Today's Takeaways



The Indispensable Role of the
MA



Robust Confirmation Calls



Patient Intake Over the Phone



Robust Intake In-Person

+ Robust Intake

In-Person vs. Telehealth

In-Person	Telehealth
Performed at the beginning of each visit	Performed at the beginning of each visit
Done in exam room	Done on web conferencing platform
Vitals	Teach patient vitals
Ask EMR template questions	Ask EMR template questions
Increase clinician support	Increase clinician support
Provider enters the room fully prepared with information	Provider joins video conference fully prepared with information

+ Patient Intake Goals

- Occurs before the visit **on the web conferencing platform**
- Opportunity for MA to:
 - Adjust/update reason for visit
 - Gather intel to share with provider
 - **Assist with technology challenges**
 - Anticipate and plan for needs
- Reduces the Cycle Time = less time the patient spends in the health center

+ Telehealth or Telephone Visits: Complete Patient Intake

- Review the chief complaint.
- Using your organization's COVID-19 symptoms check-list, screen the patient to determine if they have any symptoms.
- Follow your organization's policy to determine the next steps if the screening indicates positive symptoms.



+ Telehealth or Telephone Visits: Complete Patient Intake

- Ask the patient if they have any concerns they would like to discuss with the provider (besides the chief complaint).
- Complete your organization's screening questionnaires (PHQ-2, PHQ-9, Smoking Cessation, etc.)
- Do they need any medications refills? Have patient hold up pill bottles on the screen to confirm.



+ Telehealth or Telephone Visits: Prepare the Patient

- Ask if they have any home monitoring devices (blood pressure)
- For diabetic patients, ask if they are monitoring their blood sugars
 - Ask them to have current readings the day of the appointment to share with the provider
- Teach the patient how to take their own respiratory and heart rate.
 - Practicing now will save the provider time during the visit
- Ask if they have any other questions or concerns.

+ Telehealth or Telephone Visits: Inform the Patient

- Is the provider running on time?
- Should they stay on the web conferencing line? Or will the MA call the patient back when provider is ready?



+ Telehealth Benefits Patients



Studies show that most patients feel the quality of care provided by telehealth is as good as – if not better than – in person visits, but also that the gains can be quickly lost if the technology does not work smoothly.

Therefore, think of your ‘websiteside manner’ as your digital version of bedside manner (i.e., your way of building rapport with your patients that is especially mindful of the technology you and your patient are using).



Content Source: American Academy of Family Physicians, Telehealth Toolkit.

https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf

+ Technology Support

Can the patient log on?

Does the patient know who to contact in case of issues?

Can their device, browser, and other software support the visit?
Does your vendor offer a test program or site?

Is the internet connection or signal stable?

Ensures that participants
can be heard and seen
clearly.

Verifies that the device,
software, and internet are all
the same as what the patient
will use on the day of the visit.

+ Today's Takeaways



The Indispensable Role of the
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Robust Confirmation Calls



Patient Intake Over the Phone



Robust Intake In-Person

+ Robust Intake – Why

- This is a way for the MA to carry out a brief but precise conversation with the patient that goes beyond taking vital signs and asking about the chief complaint
- Engages the MA to ask pertinent questions to gather the overall health picture in order to relay this information to the provider
- This saves the provider time and investigative effort
- The provider enters the room fully prepared with information and ready to take the patient's health care to the next step

+ Robust Intake - When and Where

- Completed at the beginning step of each visit during or immediately following vital signs and ideally done in the exam room (remember – don't move the patient)
- Vitals aren't 'silent'
- You're BP was _____
- That's higher/lower than last time
- Avoid making a diagnosis



+ Getting to the Core

- Robust Intake questions asked should be precise and revolve around six key components- CROOPS:
 1. C - The chief complaint
 2. R - Referrals, ER Visits
 3. O - Outstanding Items
 4. O - Observations
 5. P - Paperwork
 6. S - Setting the agenda



+ 1. Chief Complaint

- The reason for the patient coming in today
 - “I see you’re coming in today for _____. Is that what you still wanted to be seen for?”
- The patient needs the MA’s full attention and this is the key time for the MA to look for signs of distress or anxiety (sweating, shakiness, fleeting gaze, unusual stutter, etc.)

+ 2. Referrals? ED Usage?

- Remember to ask whether the patient has had any outside appointments/hospital visits, etc. between now and when they were last seen.
- If they went to the ER, which one? Can you get access to ER notes for your provider?
- If they didn't go to their referral appointment, ask why. Can you help?

+ 3. Outstanding Items

- Allergies
- Current medications
- Generic template questions
- Current immunizations
- Pending labs or reports
- Other unaddressed issues from previous visits
- Recent diagnoses
- Needs for educational visits with other healthcare personnel
- More complicated visit scheduling, like in-office procedures or yearly physical exams

+ 4. Observations

■ Patient's appearance

- Appear to be in distress?
- Uneasy?
- Nervous?
- Quiet (which is unusual for this patient)?
- Uncomfortable?

■ Patient's State of Health

- Coughing
- Wincing in pain with movement



+ 5. Paperwork

- WIC Forms
- Back to school
- Back to work
- Physical Forms
- Proof of Pregnancy
- Disability Paperwork

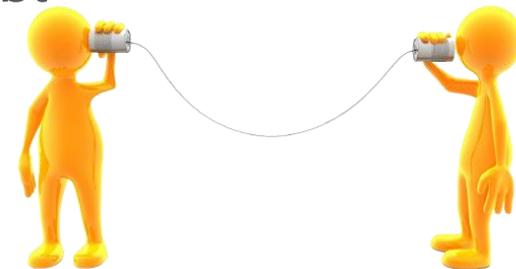


+ Example of Agenda Setting

- *“We planned to address your high blood sugars today and I’ll let the provider know you need these medications refilled. We will need to make an appointment for your fasting lab work, PAP smear and yearly physical examination as there won’t be time to address all of these items today, plus you’re not fasting. I’ll let the provider know about your back pain and see if she can make a decision today or how she can best address that for you.”*

+ Remember...

- The MA **must relay all** the mentioned issues and the information given to the patient as to when the issues will be addressed to the provider
- This ensures that both the provider and the MA are on the same page
- Gives the provider freedom to re-prioritize or change what will be addressed during this visit
- Ask your provider for feedback here! Agenda setting takes practice and they're your best teachers!



+ Remember CROOPS!

- **C**hief Complaint
- **R**eferrals- ER?
- **O**utstanding Items
- **O**bservations
- **P**aperwork
- **S**etting the Agenda



+ Today's Takeaways



The Indispensable Role of the
MA



Robust Confirmation Calls



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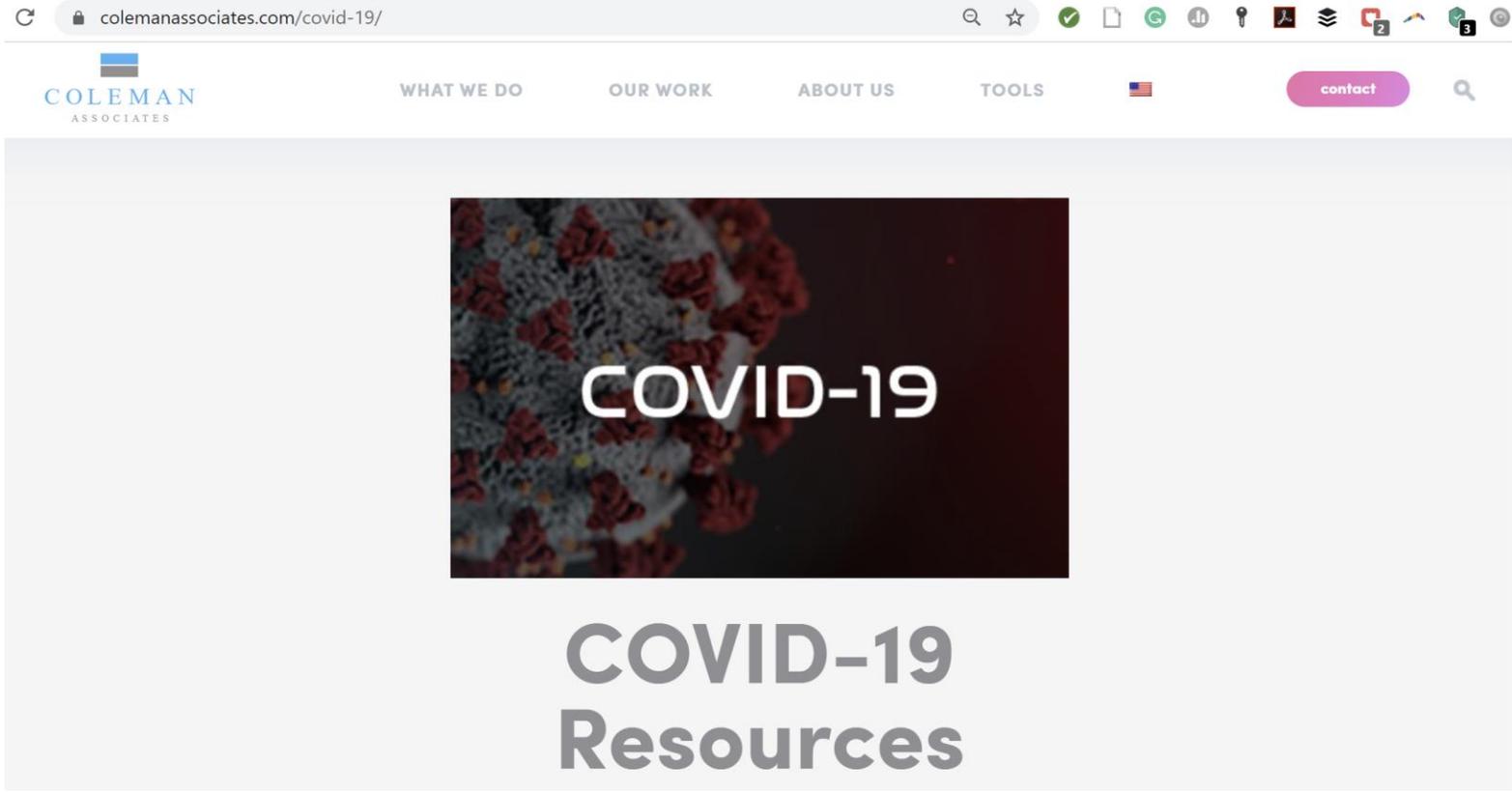


+ Next Steps:



- Go back to your health center and get started!
- Communicate what you've learned with your health center manager and provider.
- Where is a good place to start testing new workflows?
 - Who could you test with?
 - When could you test?

+ More Resources Are Available

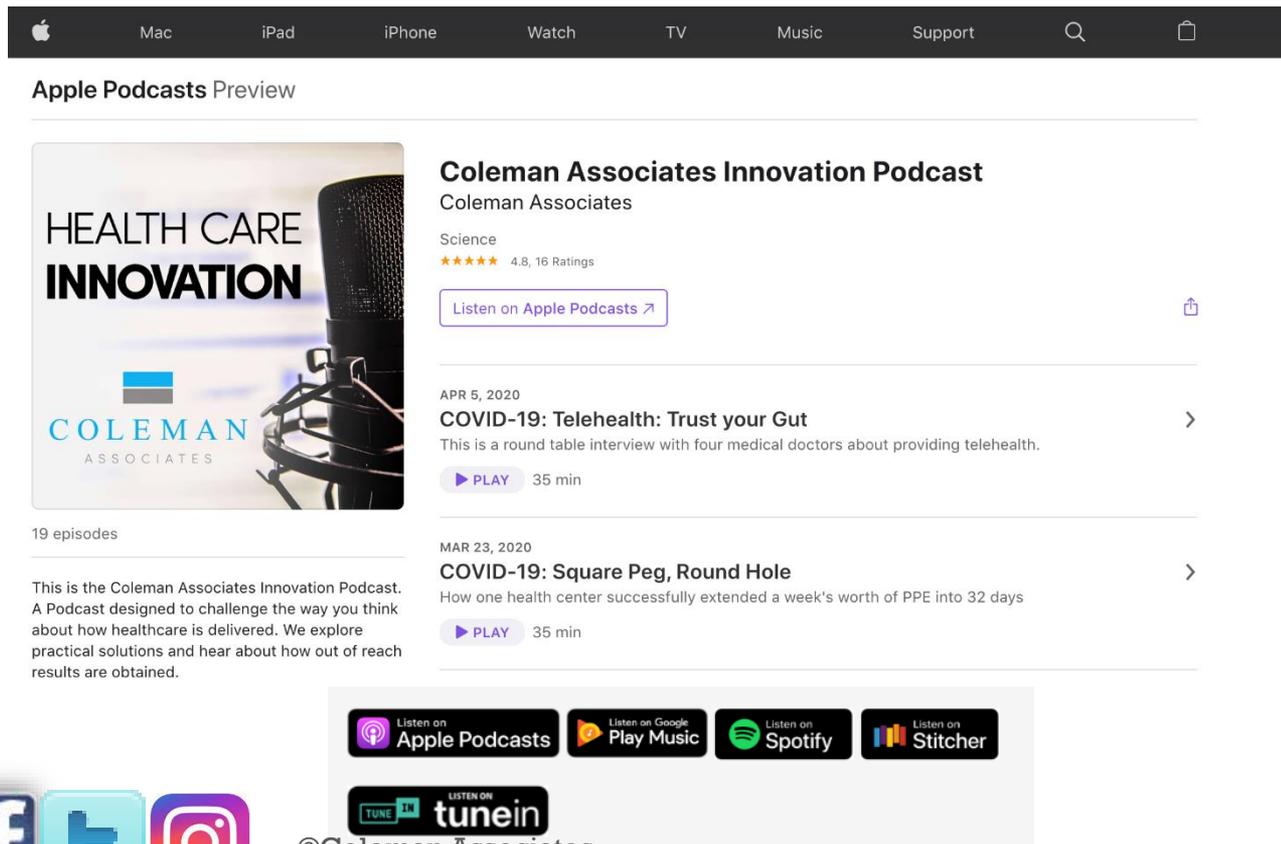


The screenshot shows a web browser at the URL colemanassociates.com/covid-19/. The website header includes the Coleman Associates logo, navigation links for 'WHAT WE DO', 'OUR WORK', 'ABOUT US', and 'TOOLS', an American flag icon, a 'contact' button, and a search icon. The main content area features a large image of a COVID-19 virus particle with the text 'COVID-19' overlaid in white. Below the image, the text 'COVID-19 Resources' is displayed in a large, bold, grey font.



+ Coleman Associates Innovation Podcast Instructions

1. Wherever you Listen to Podcasts
2. Search “Coleman Associates Innovation”



The screenshot shows the Apple Podcasts interface for the Coleman Associates Innovation Podcast. At the top, there is a navigation bar with icons for Mac, iPad, iPhone, Watch, TV, Music, Support, a search icon, and a shopping bag icon. Below this, the text "Apple Podcasts Preview" is displayed. The main content area features a large cover image for the podcast titled "HEALTH CARE INNOVATION" by Coleman Associates, with a microphone in the foreground. To the right of the cover, the podcast title "Coleman Associates Innovation Podcast" and the creator "Coleman Associates" are listed. The genre is "Science" with a 4.8-star rating from 16 reviews. A "Listen on Apple Podcasts" button is present. Below the cover, there are two episode listings: "COVID-19: Telehealth: Trust your Gut" (APR 5, 2020, 35 min) and "COVID-19: Square Peg, Round Hole" (MAR 23, 2020, 35 min). A description of the podcast is provided: "This is the Coleman Associates Innovation Podcast. A Podcast designed to challenge the way you think about how healthcare is delivered. We explore practical solutions and hear about how out of reach results are obtained." At the bottom, there are buttons to listen on various platforms: Apple Podcasts, Google Play Music, Spotify, and Stitcher. Social media icons for Facebook, Twitter, and Instagram are also visible, along with the TuneIn logo and the text "@Coleman Associates".

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