ROLE OF STAFF AND NON-PHYSICIAN CLINICIANS IN PATIENT CENTERED MEDICAL HOME

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Learning Objectives

• Learn how to develop goals for the practice in assessing the roles of employees in a PCMH.

• Learn how to better evaluate your employees and define their roles to help the practice achieve and/or maintain PCMH status.

• Understand the role of a Population Care Coordinator and how to implement one in your practice.

• Achieve better understanding of utilization of non-physician clinicians in providing basic routine care, patient education, and coverage during extended hours.
The Physician’s Evolving Role

- Work in practice teams
- Manage chronic care utilizing evidence based practice
- Incorporate population management
- Be a leader and facilitate change management
- Train staff as peers (i.e. adult learning)
- Partner with patients
- Think outside the examination room
To have a successful Patient Centered Medical Home, you must manage many quickly moving parts all designed to make the machine (your practice) operate efficiently, cost effectively, and perform at the highest level of quality and customer (patient) satisfaction!
Develop Goals for Practice in assessing Roles of Employees in a PCMH

1) Once deciding to become a PCMH, decide what you want to accomplish in your practice – have a vision

2) Define Current Roles of Employees

3) Determine strengths and weaknesses of employees, and how you may utilize each employee in helping to shape and achieve your vision

   a) Can Employees be cross trained?
   b) Do you need to hire new employees or create new positions?
   c) What are costs involved in training or hiring employees?
Develop Goals for Practice in assessing Roles of Employees in a PCMH

4) Do you have an employee (ideally nurse) that can serve as a population care coordinator?

5) Do you have social worker and pharmacist, or will you use community resources?
Team Based Care

- A team provides for enhanced continuity of care
- Necessary to establish clarity of roles of team members
- Training for roles
- Team Communication
  - Should include team “huddles,” which are regular meetings (and electronic exchanges) to discuss patients or operations
Team Based Care

- Together, the team needs to on behalf of its service population:
  - Coordinate patient care across multiple settings
  - Understand racial and ethnic diversity, as well as language needs (and provided interpretation and appropriate printed education materials where needed)
  - Provide access to care, including same-day appointments, after hours care and/or advice
TEAM MEMBERS: BASIC DESCRIPTIONS

**Physician** – “Captain of the Ship”
Diagnoses, establishes plan of care, and manages complex patients

**Midlevel Providers – Physician Assistants and Nurse Practitioners**
Diagnose, establish plan of care, manage less complex patients.

**Pharmacist**
Pharmaceutical management and clinical resource
Team Members:  
Basic Descriptions

- **Population Care Coordinator**  
  - Community Liaison; ensures follow up and helps patient navigate through health care planning

- **Medical Assistant**  
  - Provides direct patient care and supports physician in carrying out plan of care.

- **Nurse**  
  - Focuses on direct patient care, education, and triage

- **Social Worker**  
  - Manages case and assists patients in meeting care needs
Team Members:
Basic descriptions

• **Receptionist**
  - Schedules appointments, takes messages, reviews EMR to assess when patients due for particular test or preventive exam.

• **Office Manager**
  - Oversees flow of office and assists/directs team members in achieving goals
Team Members: 
Enhanced descriptions

Receptionist
- Reviews charts to see when patients due for (and schedules) appointments and preventive exams/testing
- Follows up on unreconciled ordered tests and referrals and reminds patients to have tests or referrals done
- Alerts physicians to reorder tests if needed or contact patients that may need communication regarding clinical care
Team Members:
Enhanced descriptions

Medical Assistant
- Rooms patient and takes vital signs and documents reason for visit, along with HPI
- Assists Physician and Nurse in medication refills and communication of test results
- Helps perform Comprehensive Health Assessment
  - Documents immunizations, family/social/cultural characteristics, communication needs, patient/family medical/mental health/surgical history, advanced care planning, behaviors affecting health, depression screening
Team Members: Enhanced descriptions

Medical Assistant
- Follows up on unreconciled ordered tests and referrals and reminds patients to have tests or referrals done
- Flags abnormal results and alerts physician or mid level provider
- May administer medications/give injections at direction of physician
Team Members:
Enhanced descriptions

Nurse

➢ Provides clinical advice and education at direction of physician, and provides office triage for patient calls and simple needs, and administers injections

➢ Rooms patient and takes vital signs and documents reason for visit, along with HPI

➢ Assists physician in medication refills and communication of test results to patients
Team Members:
Enhanced descriptions

Nurse
- Reviews and reconciles medications (including supplements, herbal therapies and over the counter meds) with patients/family, and assesses patient/family understanding of and response and adherence to medications
- Works with physician and receptionist in identifying and communicating with patients in need of follow up or preventive care
Team Members: Enhanced descriptions

**Office Manager**

- Oversees staff and ensures members are adhering to assigned tasks/job descriptions
- With Receptionists and Medical Assistants, will track referrals – matched and unmatched, determine timely access to care and efficiency of communication back to physician or midlevel provider
- Along with Population Care Coordinator, identify and provide needed resources (educations and referral) and information for patients
- Works with Physician and Team Members to identify and measure areas of practice improvement
Team Members:
Enhanced descriptions

Social Worker

Pharmacist

Information Technologist/IT Support

Physical Therapists, Radiologists, ER, Hospital, Specialists

Population Care Coordinator
Population Care Coordinator

- Together, with care team, assesses and manages the health needs of a patient population (such as diabetes, hypertension, or improving access to care)

- Follows up with patients to address their needs, continuously updates personalized health plans and helps engage and empower patients

- Develops process for communication and exchange of information regarding patient ED and hospital admissions and discharges
Population Care Coordinator

- Follows up with patients who were in ED or hospital and arranges for follow up care with physician or midlevel provider.

- Can help patients avoid unnecessary visits to the ED and unnecessary hospital admissions, and encourage patients to better manage their health while being more adherent to treatment.

- Will actively mine patient data, identify gaps in care, and contact patients to initiate action designed to close those gaps (may include the patient participating in preventative care and undergoing overdue diagnostic procedures such as a colonoscopy, mammogram, blood pressure or cholesterol screening).
How to Implement a Population Care Coordinator in Your Practice

• Identify either someone in your practice or hire a new employee (nurse is best qualified)

• Advertise to patients the role of employee and how it will benefit them. Consider also advertising this along with other PCMH communications to population – may even attract new patients in addition to making current patients happy!

• Determine Cost
  • May partner with programs, such as insurance companies, that may offset cost
  • May be able utilize existing employee by shifting responsibilities of other employees
Mid Level Providers

- Physician Assistant
- Nurse Practitioner

- How does your practice want to utilize?
  - Acute Care
  - Chronic Care
  - Education
  - Group Visits
  - Extended Hours
Mid Level Providers

- Know state rules and regulations before employing
- Determine value vs. hiring other physicians
- Level of trust and oversight needed
- Remember how you want your practice to run
- Educate patients on roles of mid level providers and how they are utilized in your practice
Questions/Discussion