



# Change in Residents' Experience in Continuity Clinic After Patient-Focused Primary Care Redesign

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## ABSTRACT

**OBJECTIVE:** Evaluation of efforts to redesign primary care has primarily focused on clinical services, with limited assessment of the effect on learners. This study evaluated the change in pediatric residents' perception of training, teamwork, and patient care in 2 different continuity clinic settings that were implementing patient-focused primary care redesign.

**METHODS:** Continuity clinic residents at 2 large urban pediatric training programs completed a survey, developed de novo, before and after primary care redesign. Differences in the proportion of positive ( $\geq 4$  of 5) ratings before and after redesign were compared using chi-squared tests in 2 practice sites, each of which focused on improving specific aspects of their practice.

**RESULTS:** The response rate was  $>70\%$  in both sites and in both years. Residents in the site focused on teamwork and continuity were more likely to report improved teamwork training (64% vs 83%;  $P < .05$ ) and teamwork among residents (82% vs

98%;  $P < .05$ ) after redesign. Perception of overall quality of care in clinic also improved (47% vs 68%;  $P < .05$ ). Residents in the site focused on clinic flow were more likely to report that physicians, nurses, and administrative staff worked together to optimize patient flow after redesign (25% vs 48%;  $P < .05$ ). No improvements were seen in domains without focused interventions in either site.

**CONCLUSIONS:** Practice redesign focused on clinical outcomes can positively affect resident perception of their training and clinical experience in continuity clinic. Future redesign efforts deliberately involving residents might further enhance continuity clinic training.

**KEYWORDS:** continuity clinic; primary care; quality improvement; redesign; resident education

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## WHAT'S NEW

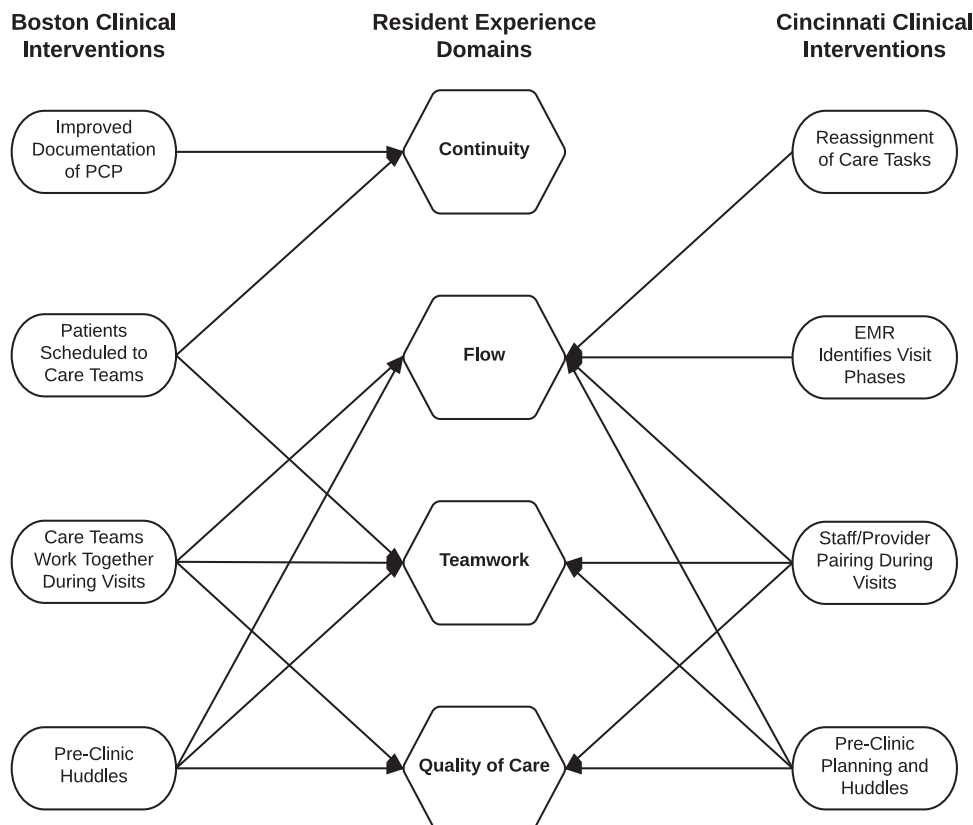
Clinically focused primary care practice redesign can positively affect residents' experience and perceptions of training in continuity clinic.

PRIMARY CARE IS foundational to the US medical system<sup>1</sup> but gaps remain in quality of care delivered.<sup>2</sup> These gaps, and increasing emphasis on controlling health care costs, have spurred renewed interest in improving delivery of primary care in the United States.<sup>3–5</sup> Despite this, interest in primary care among residency graduates is declining.<sup>6,7</sup> There has been parallel interest in redesigning pediatric residency education to meet the changing needs of patients and trainees in the current health care environment.<sup>8,9</sup> The longitudinal nature of continuity clinic (CC) gives system-based clinical changes a high potential to affect residents' training experience.

Several frameworks for primary care redesign have been studied including team-based care and patient-centered medical home models.<sup>10,11</sup> Evaluations of such redesign efforts are often focused on clinical improvements without deliberate attention to measuring effects on trainees. This study aimed to assess pediatric residents' perceived changes in CC related to training, teamwork, and patient care after implementation of patient-focused primary care redesign interventions in 2 academic centers. We hypothesized that clinically focused redesign efforts would positively affect residents' perception of clinical care and their experience in CC.

## METHODS

Two large academic centers, Boston Children's Hospital (BCH) and Cincinnati Children's Hospital Medical Center (CCHMC), undertook parallel primary care redesign projects in their main CC sites. BCH focused on teamwork and continuity and CCHMC focused on patient



**Figure.** Clinical redesign elements at each practice site with arrows pointing to the residency experience domains that they were expected to affect. PCP indicates primary care provider; EMR, electronic medical record.

flow (Fig). We surveyed all pediatric residents trained at these sites before and 1 year into redesign. The study was approved as exempt by the BCH institutional review board.

### STUDY SETTINGS

BCH Primary Care is a hospital-based, academic, urban pediatric primary care practice that serves approximately 14,000 patients with >40,000 visits annually. The practice is the CC site for approximately 60 residents annually and is staffed by 25 attending physicians and 4 nurse practitioners. The payer mix is 65% Medicaid and 35% private insurance.

The Pediatric Primary Care Center at CCHMC is a hospital-based, academic, urban pediatric primary care practice caring for approximately 18,000 patients with >37,000 visits annually. The clinic serves as a CC for 75 residents annually and is staffed by 24 attending physicians. The payer mix is approximately 85% Medicaid, 10% self-pay, and 5% private insurance.

### PRIMARY CARE REDESIGN INTERVENTIONS

Interventions at BCH were primarily aimed at improving teamwork and continuity of care. In October 2012 attending and resident physicians, nurses, social workers, and patient navigators were divided into 3 multidisciplinary teams designed to provide more coordinated, effective care. Members of the front desk staff were trained to schedule patients with the primary care

provider (PCP) or another physician on their care team. Nurses and social workers were assigned to primarily work with patients and physicians on their team. To encourage discussion of anticipated patient and staffing needs physician-nurse huddles were instituted at the beginning of each clinic session. Finally, a large-scale effort to improve documentation of the PCP in the electronic medical record was initiated.

Interventions at CCHMC focused on optimizing clinic flow. Patient care tasks (eg, documentation of key information) were assigned to the most appropriate team member for increased accountability and efficiency. Medical assistants or nurses discharged all patients at the visit's conclusion to verify order completion, review medications, answer questions, and schedule follow-up appointments. To encourage teamwork, medical assistants and nurses were assigned to work with specific providers. Previsit planning for immunizations, routine laboratory tests, documentation of birth history, and developmental and social risk-screening, was implemented to improve standardization and quality of care. Interprofessional huddles, that included residents, were instituted at the beginning of each session to allow the team to proactively plan for patient needs. Patient scheduling templates were changed to allow all patients to be assigned to a PCP. A colored dot system was implemented in the electronic medical record to improve communication among providers and staff about the phases of patients' visits.

In both of these settings, residents were involved in the implementation of redesign efforts and received regular

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