Continuity in the primary care teaching clinic

Culture, measurement, and strategies for improvement

Marianna Kong MD & Tom Bodenheimer, MD
Center for Excellence in Primary Care
University of California, San Francisco

UCSF Center for Excellence in Primary Care

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Objectives

- Identify the benefits of creating a culture of continuity
- Define ways to approach and measure continuity
- Create a strategic plan for improving continuity

Why continuity?

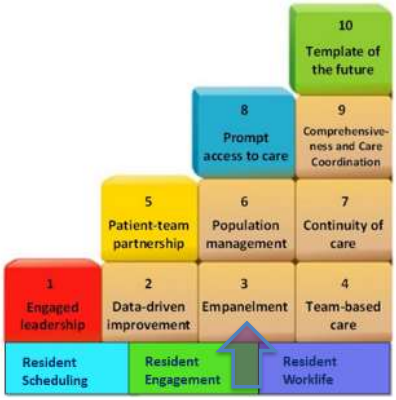
- Associated with
  - Improved preventive and chronic care
  - Higher patient and clinician satisfaction
  - Lower costs
- Basis for the patient-clinician relationship


Interpersonal Continuity of Care and Care Outcomes: A Critical Review

The challenge

- How do you promote continuity with very part time providers?
  - Patients' continuity with their PCP
  - Residents' continuity with their panel

Prerequisite for continuity



Definitions

- Patient centered continuity
- Clinician centered continuity

"Team" continuity

- Patient centered continuity with a team isn't significant if the team is large (>3 clinicians)
- Patient centered continuity with a small team, or clinician pair, is more meaningful

Measuring continuity

- **Continuity of care from the patient perspective:**
  - # Patient visits to the patient's empaneled PCP/ # patient visits
  - Example: A panel of 1000 patients makes a total of 3000 visits per year.
    2000 of these visits are with the patient's PCP.
    Continuity is 2000/3000 = 67%
- **Continuity of care from the provider (resident, faculty, NP/PA) perspective:**
  - # Provider's visits that are visits with patients their panel / # provider's visits
  - Example: A resident has 100 patient visits in a month.
    60 of these visits are with patients on the resident's panel
    40 of the visits are with patients of other providers.
    Continuity is 60/100 = 60%

Measuring continuity

- **Patient centered continuity with a clinician pair**
  - Percentage of patient visits that take place with either the patient's assigned clinician OR another clinician on the same team.
- Example:
  - A panel of 1000 patients makes 3000 visits per year.
  - 1000 of these visits are with the patient's resident PCP
  - 1400 of these visits are to the NP on the resident's team
  - 2-person team continuity is 2400/3000 = 80%

Spot checks

- **Spot check patient-centered continuity** by reviewing the appointment records for about 10 patients scheduled today.
  - For each patient, how many of his or her appointments in the past year took place with his or her assigned clinician?
- **Spot check clinician-centered continuity** by reviewing the list of patients scheduled for each clinician today.
  - For each clinician, what percent of the appointments are for patients assigned to that clinician?

Measure, track, share it

- Calculate chosen metric consistently
- Drill down to clinician and team level
- Track it regularly
- Share and discuss with everyone in the clinic

Case: University of North Carolina

- "Continuity is King"
- Patient centered continuity averages 71%
- Metrics for clinicians and teams reported monthly, reviewed and discussed for improvement strategies
- Appointment template and resident rotations reorganized to prioritize continuity and access
- Appointment slots reserved for patients assigned to that clinician until day of appointment

Strategy: Culture of continuity

- Build continuity-promoting scheduling algorithms
  - Ex. if PCP not available on day requested:
    → sees PCP on different day
    → sees different resident on same team (R1 → R2 → R3)
    → sees faculty member on same team
    → sees resident on different team
    → sees faculty on different team
    → sees urgent care
- Create patient-friendly scripts
- Train call center/front desk/ scheduling staff

Strategy: Culture of continuity

- Prioritize with all members of clinic
  - Clinicians
  - Clinical staff
  - Front office staff
  - Schedulers
  - Patients
- Everyone should be aware of the value and how to promote it
- Share the data, discuss regularly ways to improve

Strategy: Culture of continuity

- Patient messaging/education
  - Who is on their empaneled team
  - Importance of continuity
- "Scrub" schedules for patients scheduled with non-continuity clinicians

Case: University of Oklahoma Tulsa FM

- Implemented 2+2 mini-blocks
  - Residents spend 7 sessions per week in clinic during ambulatory mini blocks
- Patient centered continuity increased from 27% to 50% in year 1

First Year:

PGY-1	1/2 month	Peds	Peds	Peds	Surg	IP	IP	IP	EM	OB	OB	OB-PNC	NBN
	1/2 month	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB

Second Year:

PGY-2	1/2 month	GYN	PedsEM	ICU	IP	IP	OB	Rural	Geri	OB	Derm	Elective	Sports
	1/2 month	AMB	AMB	ICU	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB

Third Year:

PGY-3	1/2 month	Gyn	IP	IP	IP/OB	EM	Geri	Elective	Elective	Elective	Elective	Elective	Sports
	1/2 month	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB	AMB

Strategy: Resident scheduling

- Increasing overall clinic time throughout residency
- Frequent clinics per week during clinic-heavy blocks (set minimum of half days)
- Minimize duration between clinic-heavy blocks
  - Short “mini-blocks”
- Schedule residents’ clinic predictably and far in advance, with some slots saved for same/next-day appointments

Case: UMMS Baystate

- 10 teams, each with 5-6 residents
- One full-time advanced practice clinician (NP/PA) per 2 teams
  - NP/PA’s main role to see resident-assigned patients when the resident is away from clinic
  - Patient centered continuity increased from 64% to 71%

Strategy: Team based continuity

- Team continuity anchor: A full time faculty physician/NP/PA mainly sees team's patients when resident PCP not available
- Practice partners/shared panels within a team
- Continuity with other stable team members, ex. MA, team RN

Create your strategic plan

- Pick one of the approaches to increasing continuity.
- Using that approach, design a plan to apply this in your clinic with the goal of improving patient-centered continuity.

Create your strategic plan

- **Culture of continuity**
  - Measure it, track it, share it
  - Prioritize with all clinic members
  - Scheduling algorithms/scripts
  - Patient messaging/education
  - Scrubbing schedules
- **Resident scheduling**
  - Frequency of clinic blocks/clinics per week
  - Overall clinic time
  - Predictable/advance scheduling
- **Team-based**
  - Continuity anchor
  - Practice partners
  - Team member continuity

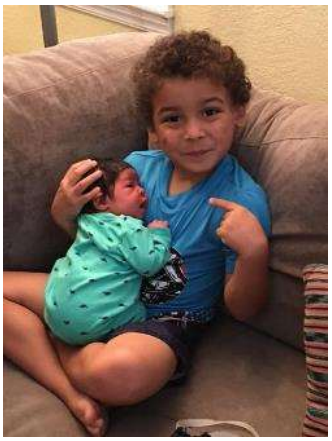
Discuss your plan

- What are the pros/cons of this approach?
- What challenges come up?
- What would you need to make your plan work?

Take-home points

- Creating a culture of continuity/prioritizing continuity of care throughout the teaching clinic is essential to improving continuity.
- Developing robust empanelment and methods for measuring and tracking continuity are necessary steps towards improvement.
- Specific improvement strategies include resident and faculty clinic schedule redesign, continuity-focused scheduling algorithms, and team continuity anchors.

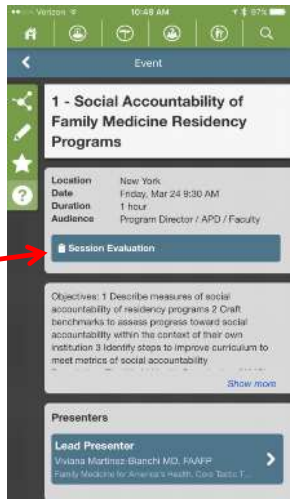
Questions?



Please

complete the

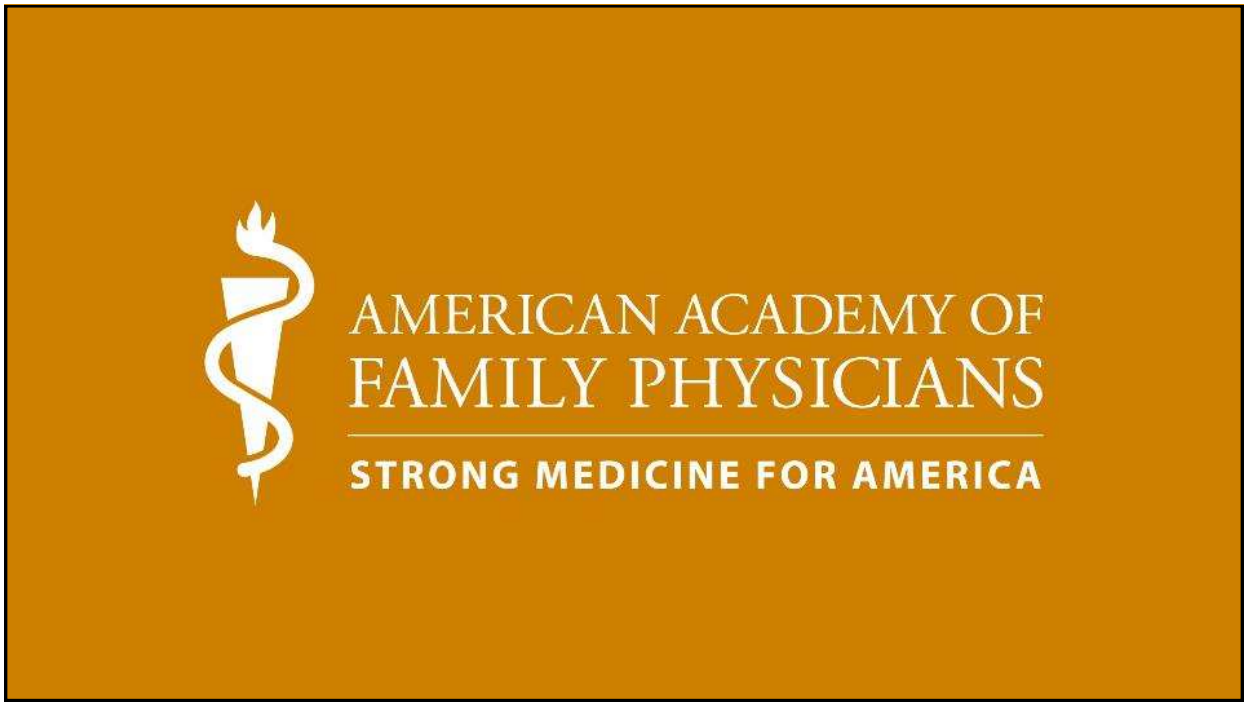
session evaluation.



Thank you.

References

- Bodenheimer T, Gupta R, Dube K, et al. High-Functioning Primary Care Residency Clinics. Association of American Medical Colleges, 2016. www.aamc.org/buildingblocksreport
- Ellman MS, Tobin DG, Stepczynski J, Doolittle B. Continuity of care as an educational goal but failed reality in resident training: time to innovate. J Grad Med Educ. 2016;8:150-153.
- Fortuna RJ, Garfunkel L, Mendoza MD, et al. Factors associated with resident continuity in ambulatory training practices. J Grad Med Educ. 2016;8:532-540.
- Francis MD, Zahnd WE, Varney A, et al. Effect of number of clinics and panel size on patient continuity for medical residents. J Grad Med Educ. 2009;1:310-315.
- McBurney PG, Moran CM, Ector WL, et al. Time in continuity clinic as a predictor of continuity of care for pediatric residents. Pediatrics. 2004;114:1023–1027.
- Pourat N, Davis AC, Chen X, et al. In California, primary care continuity was associated with reduced emergency department use and fewer hospitalizations. Health Aff (Millwood). 2015;34:1113-1120.
- Saultz JW, Lochner J. Interpersonal Continuity of Care and Care Outcomes: A Critical Review. Annals of Family2005 March/April; 3(2): 159-166.


AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA