

Team-Based Care Approaches Through the Monterey County Health Department Clinics

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Summary

In 2017, the Monterey County Health Department (MCHD) began implementing Team-Based Care (TBC) approaches in their nine clinics (6 in Salinas, 1 in Seaside, and 2 in Marina) including Team Huddles, Team Time, and Wellness Visits. This shift to a Patient Centered Medical Home (PCMH) model of care was initiated to improve patient outcomes, provider satisfaction, and reduce health care costs. Each clinic has organized their staff into teams including: a provider, 1-2 medical assistants (MAs), and a front desk staff person to oversee patient care.

Challenge

With the implementation of Medi-Cal expansions with the Patient Protection and Affordable Care Act, the MCHD Clinics began considering new ways to accommodate an increase in their patient population while aiming to meet new ACA health care incentives and federal directives. According to the MCHD Clinics' Quality Improvement Manager, this effort led to the implementation of TBC approaches in the county-wide clinic system which was supported by two grants. The first grant was awarded from the Central California Alliance for Health (Qualis grant) and provided coaching to county clinics for a span of 18 months, focusing on the implementation of daily huddles and pre-visit planning. The second grant from the Center for Care Innovations (CP3 grant) provided technical assistance to prepare clinics for success in the value-based care environment.

Solution

Implementation of TBC began as a pilot in January 2017 at the Laurel Pediatric clinic in Salinas and has since expanded to all clinics. TBC approaches include: Team Huddles, Team Time, and Wellness Visits. Team huddles are 15 minute daily meetings where the MA presents the patient schedule to the team. Team Time is a one-hour weekly meeting dedicated to quality improvement activities (e.g. patient follow-up for complex cases, a plan of action to make improvements to daily huddles, participating in trainings, discussing workflows, etc.). Wellness Visits are group sessions aimed at engaging multiple patients (10 per hour) in health education activities (focused on children and obesity).

Your Involvement Is Key

Learn more about Patient Services offered through the MCHD Clinic System here: <http://www.montereycountyclinicservices.org/patient-services/> Learn more about TBC implementation at the county clinics here: <http://www.co.monterey.ca.us/government/departments-a-h/health/general/planning-evaluation-and-policy-pep/prevention-first-1305-project>

Success Stories

<http://nccd.cdc.gov/nccdsuccessstories/>



Results

After implementing TBC, the MCHD clinics started to see an increase in Pap smear testing, well-child exams, and general wellness visits. The Wellness Visits have been successful in freeing up time for providers and increased productivity among clinic staff. The clinics have found that scheduling at least 12-14 patients per group is necessary due to high no-show rates (almost 50%) and that children between the ages of 6-8 were the most engaged in the sessions. Finally, the Internal Medicine Clinic in Salinas has also achieved level 3 PCMH recognition from the National Committee for Quality Assurance. Although there are some challenges, Wellness Visits have overall proven to be effective and have expanded beyond the initial pilot site at Laurel Pediatric Clinic to an additional clinic in Salinas, offering groups on diabetes prevention.

"The provider, MAs and front desk person meet weekly during Team Time and whether they're working on how to improve their work flow or following-up with patients...Team Time starts together and ends together."

- Denise Vasquez



Sustaining Success

The MCHD Clinics are interested in how to augment their team-based care structure, including having additional MAs and adding RNs, Community Health Workers and Behavioral Health staff on each team. These additions would require exploring new funding options in order to ensure sustainability of expanding the team composition. Although one RN per team is needed, there is a significant shortage of RNs in county clinics, partially due to the difficulty in hiring RNs to work for clinics in Monterey County. Although the MCHD clinics are facing staff, time and budgetary challenges, the clinics have had great success in implementing TBC practices and will continue to innovate where they can in incorporating TBC best practices.

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