DOM Faculty Meeting – GIM Primary Care Update

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December 17, 2013
The future of GIM Primary Care

• Update on GIM Primary Care
• 3 months into new leadership structure: key themes
• New vision statement and priority areas
• Moving forward: the future of GIM Primary Care
GIM Background

6 clinical suites over 2 floors of Shapiro (Shapiro 5 and 6)

Approximately:
• 58 Faculty MDs (23.7 FTE)
• 96 Resident MDs
• 7 Nurse Practitioners
• 100,000 annual visits – as of Oct 2013, GIM actual volume is 5% above target

Additional Internal Programs
• Women’s Health Group (Suite 5A)
• Outpatient-Based Opioid Treatment Program and HCV Treatment Program
• Refugee and Foreign-Born Clinic
• Confidential HIV Testing
Importance of Primary Care

• Primary Care is BMC’s front door
• Strong primary care is central for thriving under new capitated and risk-based payment models

• **Robust and growing primary care allows us to:**
  — Maintain a robust referral pipeline for elective and specialty services
  — Accommodate a growing patient base; improve primary care access
  — Ensure coordination of transitions of care between inpatient and outpatient services
  — Keep patients healthy and manage overall healthcare spend
  — Set the tone for a positive Patient Experience throughout the hospital
  — Serve as the medical hub for a coordinated Medical Neighborhood
New GIM Leadership – September 2013

• Charlotte Wu, MD (new Director of GIM Primary Care) joined Jason Worcester, MD (Associate Director of GIM Primary Care) on medical leadership team in September 2013

• Ellen Ginman (new Administrative Director for GIM Primary Care) joined administrative leadership team in September 2013

• Initial listening and observation tour

• Early priorities:
  – Clear and consistent communication
  – Engaging together on creating a shared vision for the practice
  – Team-building campaign across suites
  – Strengthening and organizing our leadership team
  – Practice space reorganization
Our observations: Key Themes from our first three months

Working on changing culture, transforming the way we work together and deliver care

<table>
<thead>
<tr>
<th>Key Themes</th>
<th>Progress to Date</th>
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<tr>
<td><strong>We need to be proactive and set goals</strong> for where we want to be this year, next year, and years after</td>
<td>Inventoried existing projects, goals, metrics to inform our agenda</td>
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<td><strong>We need to clearly communicate</strong> about what’s going on, prioritize our work and initiatives</td>
<td>Revamped meeting structure; established a communications plan</td>
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<td><strong>We need to integrate</strong> across the department and operate as one team</td>
<td>Initiated practice-wide team-building campaign, integration of quality and operations, all care team members (instead of providers vs staff)</td>
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<td><strong>We need to engage our team and be transparent</strong>; ideas must come from us, not from them</td>
<td>Communication initiatives, Team Visioning, formation of multidisciplinary working groups</td>
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<td><strong>We need to strengthen our leadership team</strong></td>
<td>Actively reviewing the structure and personnel on our team, recruitment and reorganization</td>
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The GIM Primary Care Clinic now has a Vision Statement

The new vision statement for Primary Care:

As a leading adult primary care practice, we are where the diverse Boston community accesses high quality, team-based, compassionate, patient-centered care

Engaged process to create this vision statement
• Early October: Facilitated, hands-on, Visioning Kick-Off meeting with all MDs and staff
• November: Over 30 staff and providers participated in 3 separate Vision Task Forces that took the work from Visioning Kick-Off meeting and identified key themes and values
• Early December: “Reveal” of Vision Task Force work to entire practice; voting on final vision statement
• December 20th: Suite meetings to clarify Guiding Principles, key themes of work

Next Steps:
• Team-based QI training for all our teams
Putting this together: Themes and Priorities

Guiding principles

• Working as teams
  — **Who we are:** including each other’s roles and responsibilities
  — **Who our patients are:** working on attribution
  — **Way we work:** respect, communication, and knowing the roles we play
  — Strengthening our leadership team

• **Culture of quality and delivering high-value care**
  — Improving our day to day workflow
  — Seizing opportunities to always better the care we provide our patients

• **Educational mission:** engagement of residents and learners

• **Learning from bright spots and celebrating successes**
# Themes and Priorities

Our 4 main priority areas

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<td>1)</td>
<td><strong>Integrated Behavioral Health</strong></td>
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<td>2)</td>
<td><strong>Chronic Disease/Complex and High-Risk Patient Management</strong></td>
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<td></td>
<td>(ie: diabetes care and post-hospital discharge transitions/care management)</td>
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<tr>
<td>3)</td>
<td><strong>Population Health Management</strong></td>
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<td></td>
<td>(ie: cancer screening)</td>
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<td>4)</td>
<td><strong>Patient and Care Team Engagement and Experience</strong></td>
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Our next step is to finalize the “picture of our practice” that encompasses Priorities and Guiding Principles.

Sample “picture of the practice” form our Vision Task Forces:

A sample of what the final conceptual framework might look like:
Review of our high-level plan for the next 3 years

**Year 1: Setting the Foundation**
- Practice Vision and Goals
- Leadership Team in place
- Team-building
- PCP Attribution
- Access

**Year 2: Meaningful Improvement on Priority Areas**
- Form Priority Area working groups
- Behavioral Health Pilot
- Behavioral Health
- Chronic Disease Management
- Population Health
- Patient and Care Team Experience

**Year 3: Grow and flourish**
- Continuous, mindful growth
- Primary Growth & Excellence
- Achieve “Must Dos”
  - Meaningful Use
  - Coding / ICD-10 / Epic
Other operational priorities

- Continued work on quality metrics and “Must Do’s”
  - AQC, cancer screening, comprehensive diabetes care, post hospital discharge transitions
  - MU (100% GIM providers have achieved MU for 2013), ICD-10

- Improving referral process

- PCP-patient attribution

- Patient centered medical home registry and primary care collaboration with family medicine/geriatrics/pediatrics

- Provider efficiency coaching
Progress on quality metrics

For example: Progress on our flu vaccine DSTI goal

Our flu rate is up
~ 20% compared with last year

Flu vaccine rate by GIM suite

Active management intervention

Be Exceptional
BOSTON MEDICAL CENTER’S STRATEGIC PLAN
Provider Efficiency Coaching: Work on access and productivity

1. Session tracking and make-up session accountability
2. 1-1 provider coaching plans
3. EMR & workflow toolkit for providers
4. New tracking / accountability for faculty with protected time
The new vision statement for Primary Care:

As a leading adult primary care practice, we are where the diverse Boston community accesses high quality, team-based, compassionate, patient-centered care

• With our new practice vision, conceptual framework, and priority areas, our goal is to position GIM as a strong front door to BMC and the hub of a coordinated medical neighborhood

• Priority areas for this next year include building our team, setting the operational foundation, and forming multidisciplinary working groups to lead progress in our 4 priority areas

• Goal to instill culture of quality, collaboration, and delivering high-value care

• Looking forward to getting feedback and giving future updates on our progress