Improving Continuity of Care in a Family Medicine Residency FQHC Clinic

Mai-Linh N. Tran, MD[1]; Daniel Reichert, MD[1]; Kelly R. Morton, PhD[1,2]
[1]Family Medicine, [2]Psychology; Loma Linda University

LOMA LINDA UNIVERSITY HEALTH

Background

Family medicine residents value continuity of care for their patients as a hallmark of their profession. Continuity of care is associated with improved patient outcomes and satisfaction.[1,2] Yet we have difficulty attaining continuity in our residency clinic due to residents' availability during monthly rotation changes.

The LLUH Family Medicine Residency Federally Qualified Health Center (FQHC) continuity clinic used multidisciplinary team-based quality improvement (QI) techniques to improve patient continuity by changing the After Visit Summary (AVS) instructions and primary care physician (PCP) designation in the EMR. A mechanism to assign PCP is mandatory for continuity. If the EMR is used systematically, PCP designation can be used for continuity scheduling.

A residency clinic subteam (Red Team 1) used the Institute for Healthcare Improvement (IHI) Model to develop an intervention to improve patient continuity by increasing the fidelity of each patients' PCP as listed in the EMR.[3] This allowed us to track the match between PCP seen and PCP documented in the EMR. Additionally, optimizing AVS follow-up instructions in the EMR helped inform staff of the intended follow-up PCP and consequently facilitated return appointments with a consistent resident or subteam.

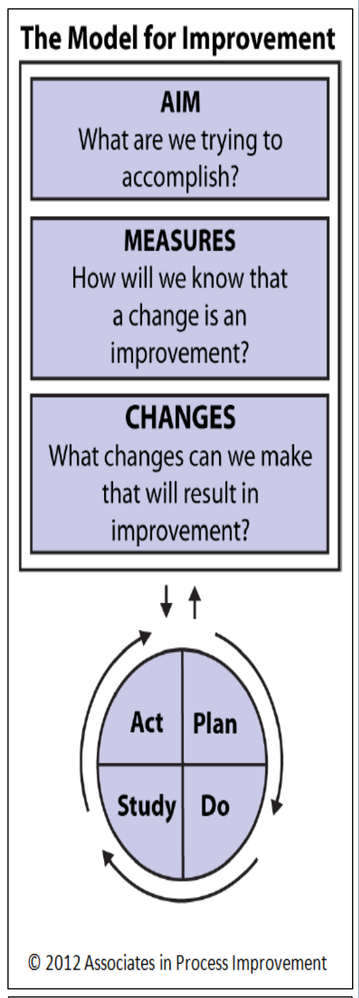


Figure 1: IHI Model for Improvement guide

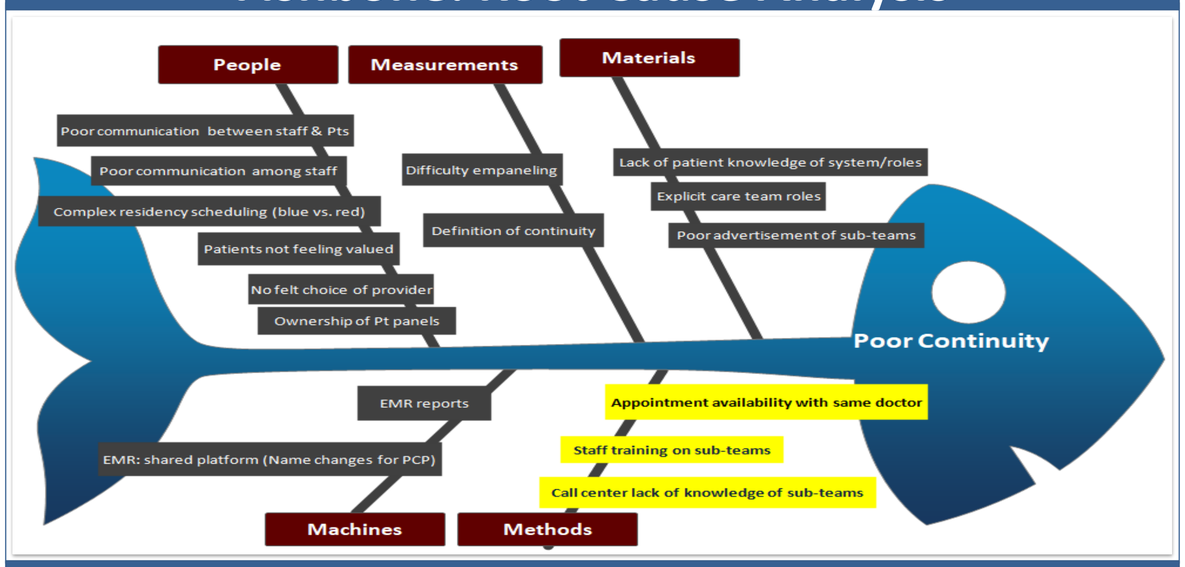
Aim

By December 2017, our QI team planned to increase the match of patients seeing their documented PCP on Red Team 1 to 30% from a baseline rate of 20%.

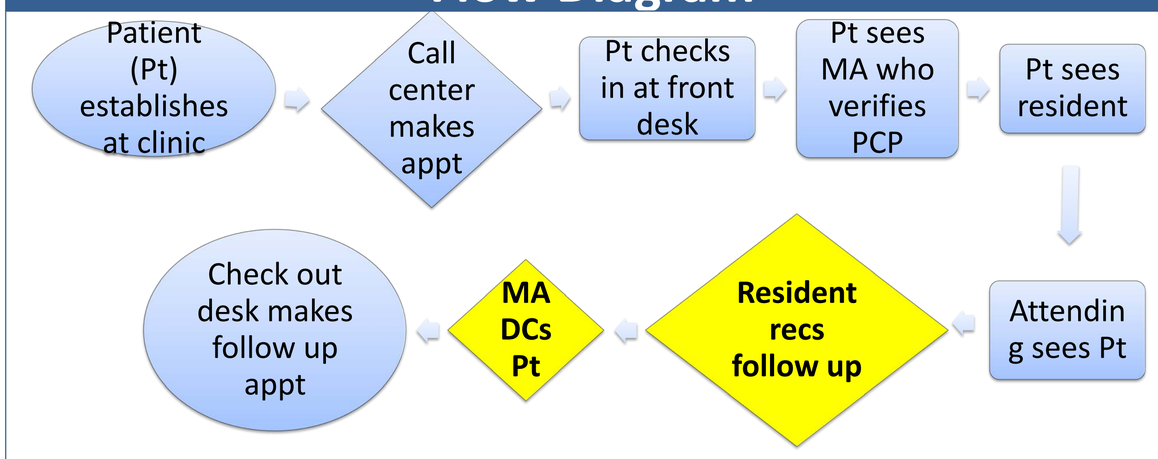
Key Stakeholders

- Patients
- Care Team: Residents, medical assistants (MAs), licensed vocational nurses (LVNs)
- FQHC Staff: front office, call center, QI team, IT support
- Residency Program Support: Program director, faculty, residency scheduler

Fishbone: Root Cause Analysis

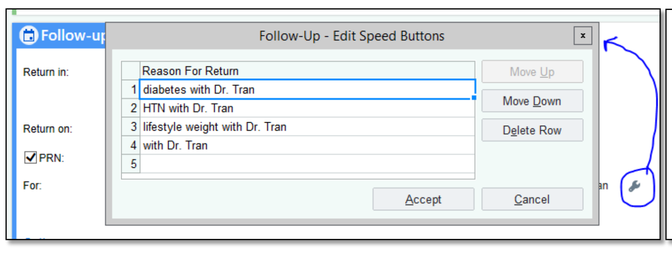


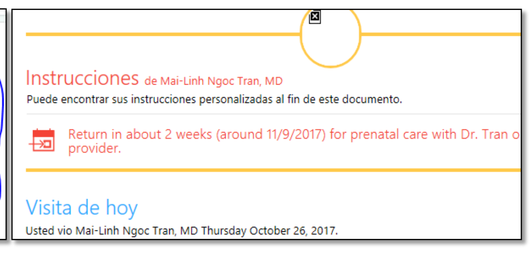
Flow Diagram



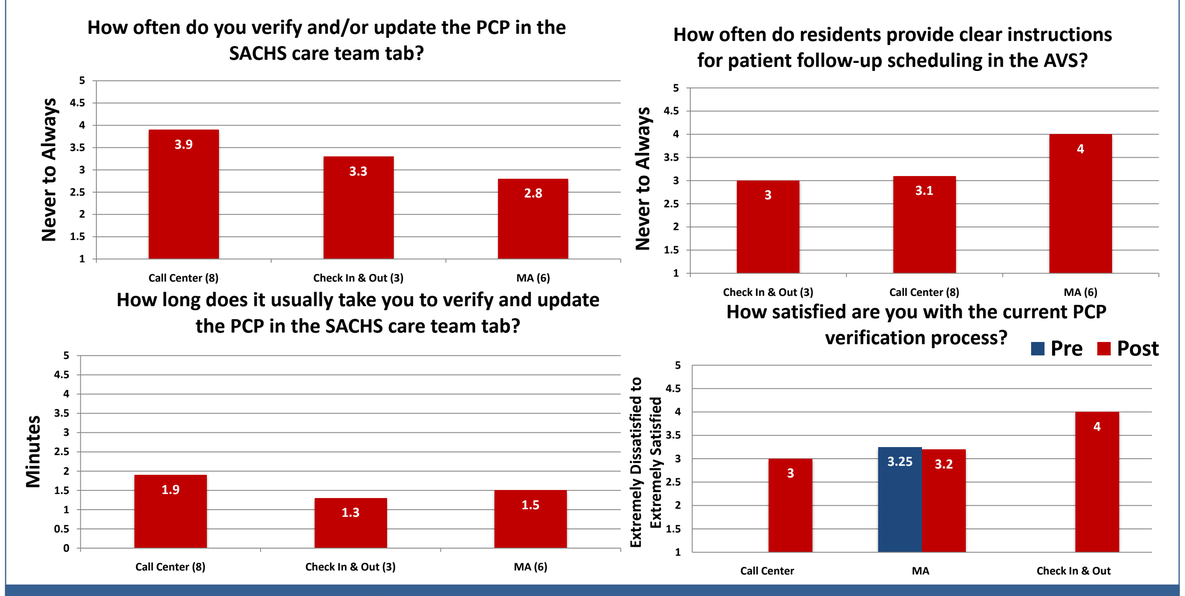
Intervention

- Train Red Team 1 resident physicians to complete "Follow-up" instructions for each AVS with specific wording: "***Return in about X weeks for Y Reason with Dr. Z or Red Team 1 doctor***".
- Train the Red Team MAs to verify the patient's PCP and to make the appropriate changes to the PCP field in the EMR after the resident sees the patient.

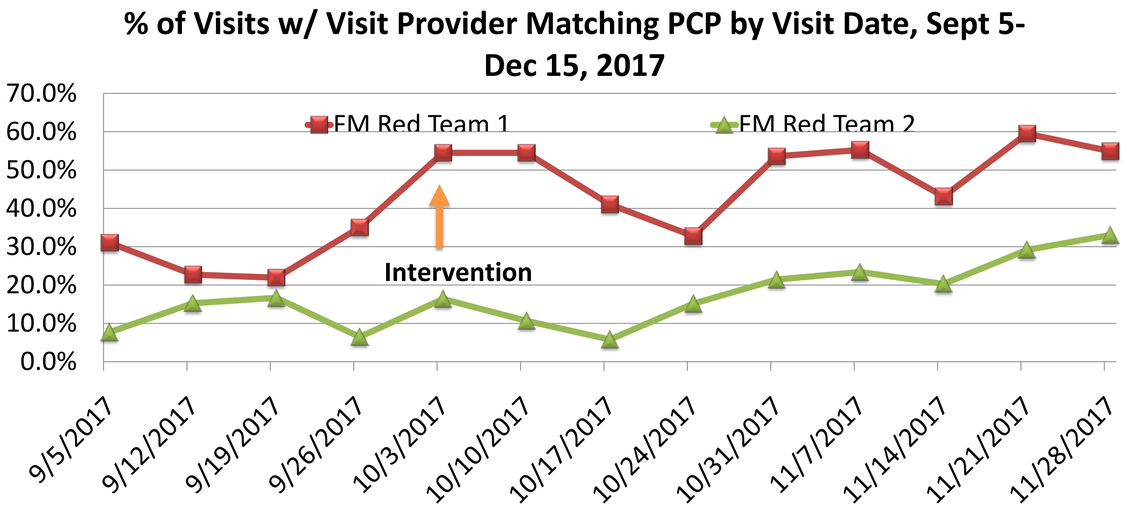




Staff Continuity Intervention Feedback

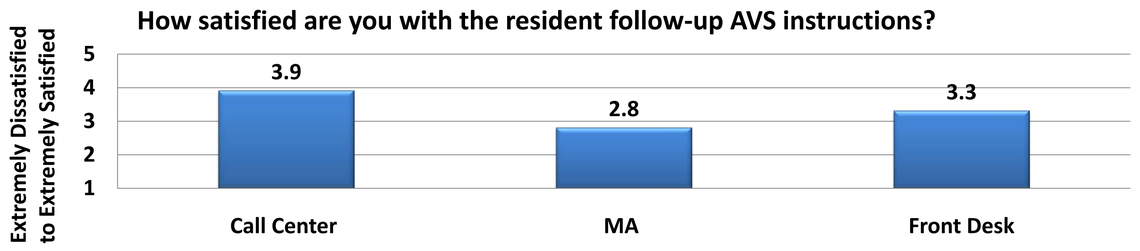


Outcome Measures

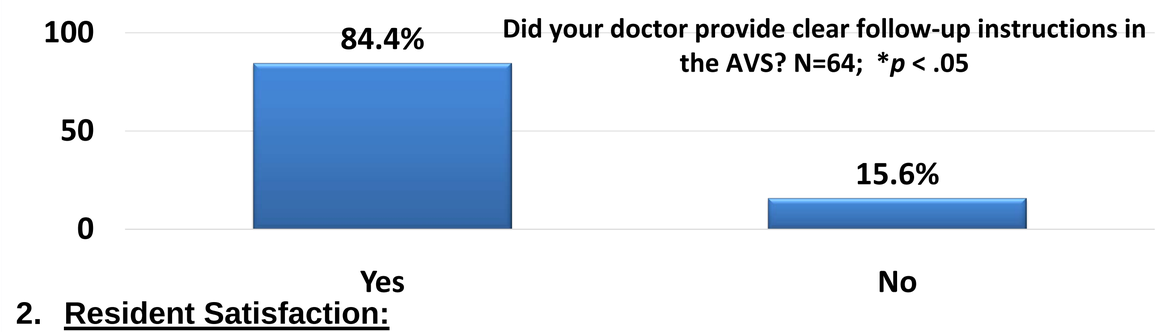


Key Stakeholder Satisfaction

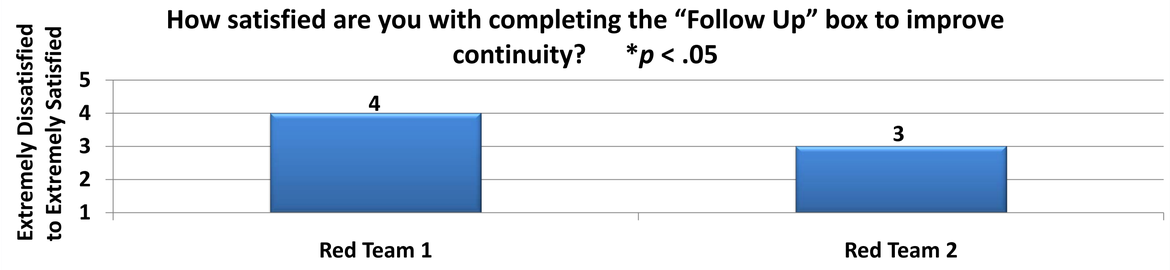
1. **Staff Satisfaction**:



2. **Patient Satisfaction:**



2. **Resident Satisfaction:**



Conclusions

- After the 4.5 month PDSA cycle, there was greater continuity in the intervention (Red 1) than the control (Red 2) team.
- Work with key staff stakeholders allowed the team to develop an effective intervention to improve continuity by focusing on follow-up scheduling.
- Continuity can be enhanced by optimizing EMR use for team communication.
  - Improved satisfaction with the MAs, the front desk and the call center to optimize PCP continuity.
  - Improves patient and resident physician relationship which ultimately improves health outcomes.

Next Steps: Sustain & Continue

- Train the remaining resident subteams on using the AVS instructions.
- Work toward resident and subteam continuity in scheduling.
- Work with call center and residency program to improve resident schedules for access to care.
- Continue to educate staff and patients on the value of designating a PCP.

References

1. Carney, P. A., Conry, C. M., Mitchell, K. B., Ericson, A., Dickinson, W. P., Martin, J. C., ... & Eiff, M. P. (2016). The Importance of and the Complexities Associated With Measuring Continuity of Care During Resident Training: Possible Solutions Do Exist. *Family medicine*, *48*(4), 286-293.
2. Weir, S. S., Page, C., & Newton, W. P. (2016). Continuity and Access in an Academic Family Medicine Center. *Family medicine*, *48*(2), 100-107.
3. Moses, J. & Briddon, M. (2014). *QI 301: Guide to the IHI open school quality improvement practicum.* In Roessner, J (Ed.) Retrieved from http://www.app.ihi.org.