

BACKGROUND

- Efficient clinic flow is essential in a primary care clinic serving a diverse, underserved patient population that frequently requires multidisciplinary care
- An interdisciplinary Practice Improvement Team (PIT) creates a collaborative atmosphere with representation from all relevant parties of the care team to address issues in clinic flow that may affect patient care
- Practice improvement training builds future physician leaders, improves retention, and increases physician and staff wellness in a practice (Linzer et al.)

OBJECTIVES

- The PIT initiated a clinic workflow project to address inefficiencies in clinic workflow including prolonged wait times and delays in patient care in order to improve clinic efficiency, reduce healthcare disparities, reduce frustrating patient experiences, and reduce physician and staff burnout.

METHODS

- PIT initiated baseline data regarding clinic workflow from patient arrival to checkout time between January and September 2017
- Patients selected at random for anonymous data collection including data points for:
 - Overall visit time
 - Check-in to MA rooming
 - Physician with patient
 - End of visit to checkout (including time spent with care partners)
- A 42-item workflow was designed and implemented to enhance clinic flow with ongoing interdisciplinary feedback

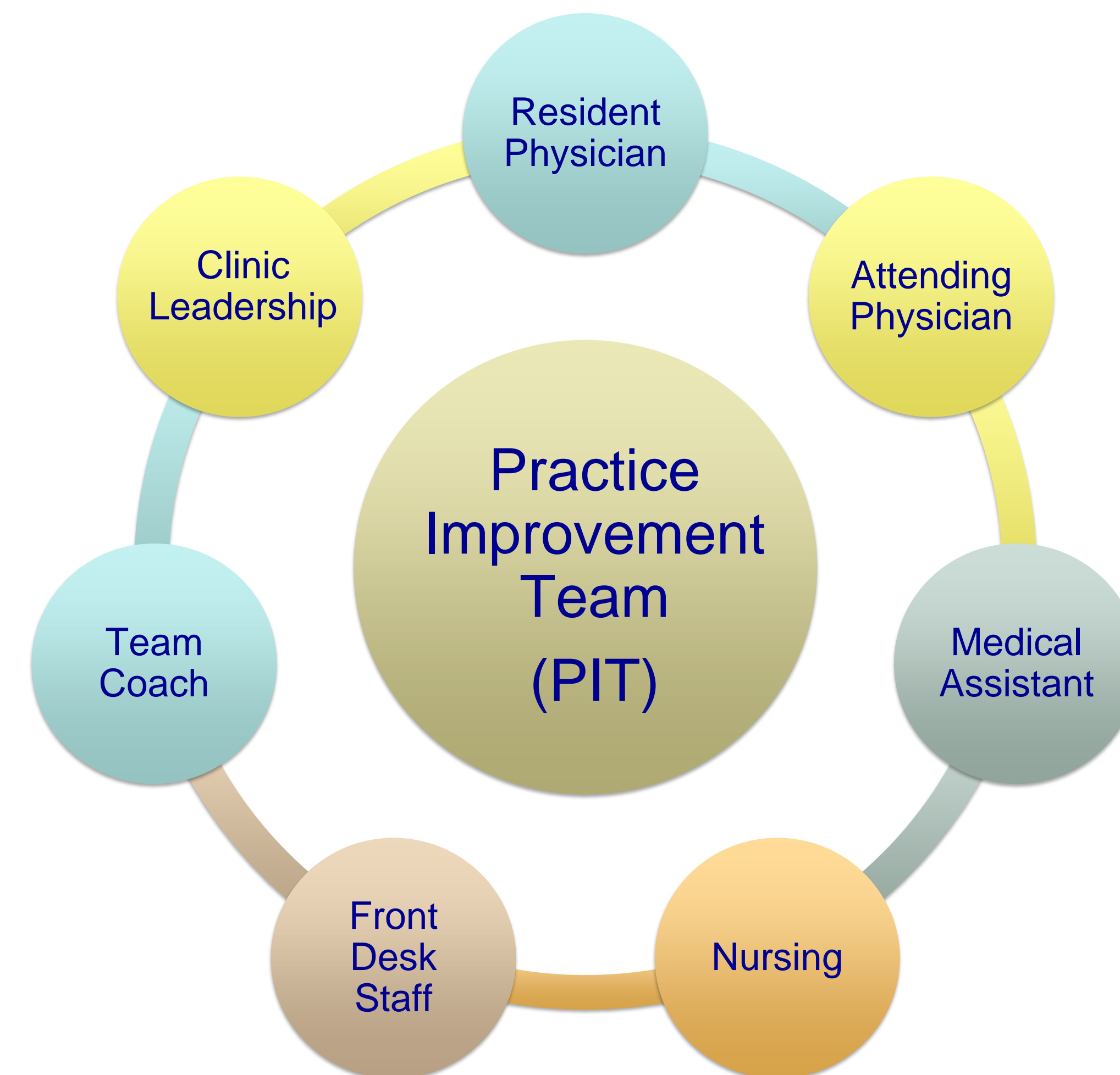


Fig. 1) Interdisciplinary team for practice improvement

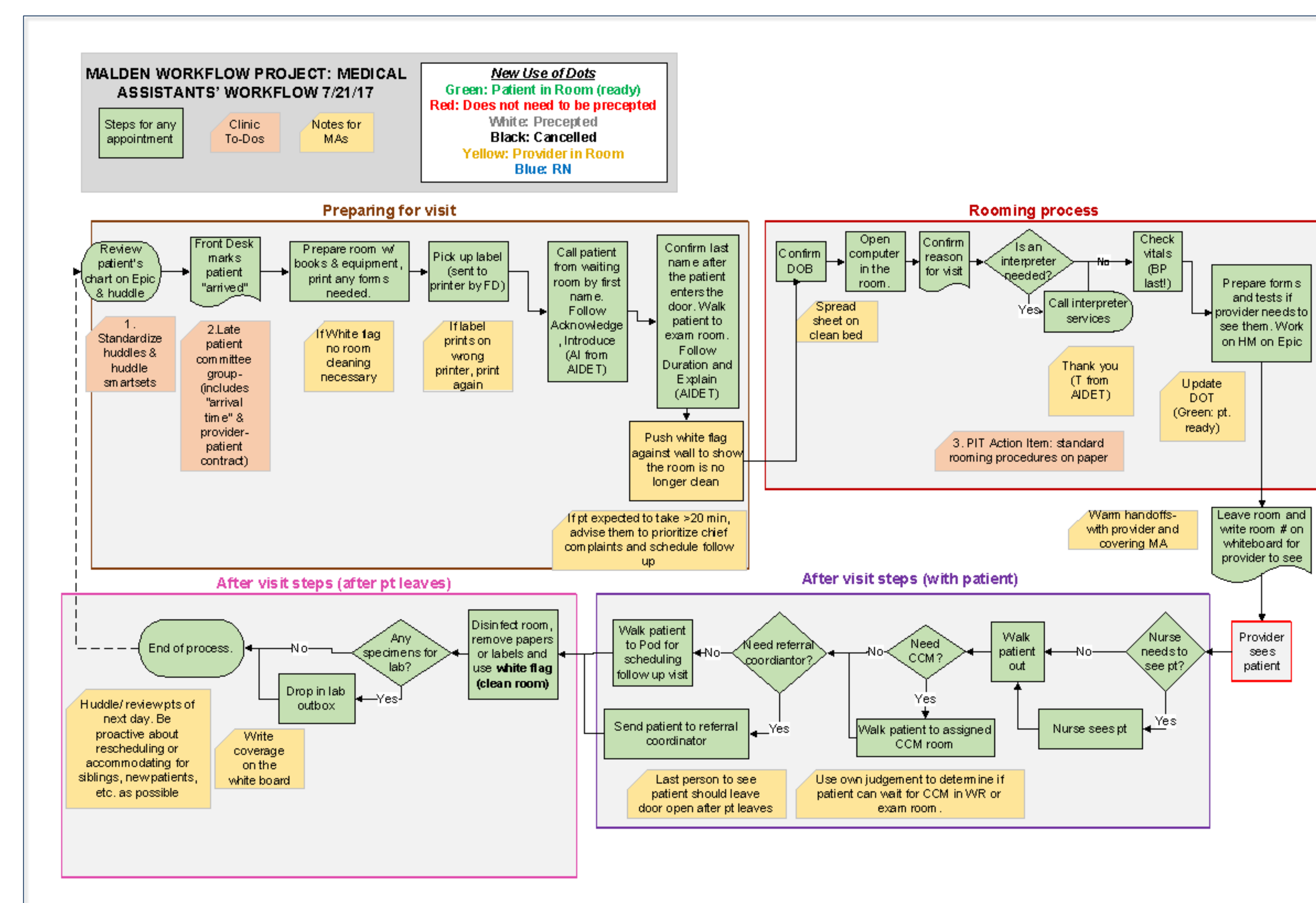


Fig. 2) 42-item Medical Assistant clinic workflow design

RESULTS

- 1127 separate clinic flow times were collected between January and September 2017 for random patients
- 632 were usable data (n=632) and subsequently analyzed. Data was excluded due to incomplete collection forms
- For 20 minute clinic appointments (mean times):
 - Overall visit: 49.3 minutes
 - Check-in to MA rooming: 5 minutes
 - MA rooming to physician entering room: 9 minutes
 - Physician time in the room: 20.3 minutes
 - Physician leaving room and patient checkout: 4.3 minutes
- For 40 minute clinic appointments (mean times):
 - Overall visit: 71.6 minutes
 - Check-in to MA rooming: 4.3 minutes
 - MA rooming to physician entering room: 9.6 minutes
 - Physician time in room: 35 minutes
 - Physician leaving room and patient checkout: 7.6 minutes

CONCLUSIONS

- Inefficiencies in clinic flow were mostly found between transitions of care between members of the care team
- Potential limitations include: residents vs attending physicians, language barriers and need for telephone interpreters, patients with psychiatric comorbidities which may require more time
- The 42-item workflow was designed with interdisciplinary input including pathways for 1) visit preparation, 2) rooming process, 3) after physician-visit steps with patient, and 4) post-visit steps
- The improved workflow was piloted over a 2 month period including shadowing, positive reinforcement, and ongoing bidirectional feedback
- Data collection is ongoing regarding post-intervention clinic times for patients to compare to baseline data

ACKNOWLEDGEMENTS

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Linzer, Mark MD et al. "A Cluster Randomized Trial of Interventions to Improve Work Conditions and Clinician Burnout in Primary Care: Results from the Health Work Place (HWP) Study." *Journal of General Internal Medicine*. 2015 Aug; 30(8): 1105-1111