Creating Healthy Work Environments 2019

Increasing Access to Primary Care by Huddling

Denise M. Willard, DNP, FNP-C
Palo Alto VA Health Care System, Mesa, AZ, USA

Timely access to health care is a growing concern as the demand for primary care services continues to grow. Patient-centered medical home models (PCMH) are being used to expand access and delivery in primary care. While most access interventions focus on increasing provider availability, this project targeted the tasks of interdisciplinary team members that impact access. Access is dependent on collaboration among team members and care coordination. Innovative approaches to care delivery require structured communication to be effective. Huddling provides the venue for this to occur. A huddle coaching program was implemented in a PCMH with the goal of increasing patient access to care. Prehuddle activities and scheduled nurse visits were used as surrogate markers for access to measure outcomes. The Plan-Do-Study-Act model was used to facilitate rapid change and overcome barriers. The coaching program focused on the use of a huddle checklist to structure huddles, completion of pre-visit activities to improve care coordination, and utilization of non-traditional encounters to expand capacity. Core skills were taught to support a collaborative practice. Program participants rated the initial training session favorably and huddling was found to be beneficial. Performance-based outcome measures were drawn from existing interdisciplinary team member responsibilities as a part of normal business operations. Return of daily checklists demonstrated a 15% increase in group huddling. Nursing completion of pre-visit activities tripled from the baseline as a result of the intervention. Missed appointment reminder calls were found to strongly correlated with a higher patient no-show rate. A 40% nursing clinic utilization rate, was identified as an underutilized alternative method of care delivery that could be tapped to increase access. The huddle coaching program highlighted the benefits of using a multiprong approach to increase patient access and expand team capacity. Additional benefits may be seen with a continued focus on pre-visit activities and better utilization of alternative care delivery methods.

Title:

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Care Coordination, Healthcare Access and Team-based care

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Abstract Summary:

Timely access to primary care is dependent on the efforts of the healthcare team working collaboratively. Huddling provides a forum for this to occur. While most interventions focus on increasing provider availability, this project used interdisciplinary previsit activities and team huddles to shift unnecessary scheduled care away from the provider.

Content Outline:

I. Introduction
A. Timely access to quality primary care is a reoccurring theme in healthcare.
1. The Institute of Medicine's Committee on the Quality of Health Care in America called for a reform of the health care system, with specific aims to improve timely access to safe and effective healthcare care (Institute of Medicine, 2001, p. 2).
2. Timely access is dependent on the efforts of the healthcare team working collaboratively.
3. A huddle coaching program was implemented in a Veterans Health Administration (VA) patient-centered medical home (PCMH) with a specific aim to increase veteran access to primary care.
B. Most access interventions focus on increasing provider availability, this project:
1. Focused on the tasks of interdisciplinary team members that impact access and the use pf alternative methods of care delivery.
2. Used pre-huddle activities and scheduled nurse visits as surrogate markers for access.
II. Review of the Literature
A. Imbalances between appointment availability and demand create barriers to access for patients (O'Malley, Gourevitch, Bond, & Tirodkar, 2015).
1. Disparities in the health care delivery system were brought to national attention in 2014 when a VA facility plunged into the spotlight for failing to provide timely access to care for veterans. Shadows cast by this event illustrated constraints within the health care system.
a. Shartzer, Long, and Anderson (2016) found that despite implementation of the Affordable Care Act,

67% of adults continued to experience barriers or delays in care, illustrating constraints within the health care system.
b. A 2016 Merritt Hawkins survey of new appointment wait times in 15 large metropolitan cities, found that demand for health care providers rose 30% in 2014 following gains in health care coverage (Merritt Hawkins, 2017).

B. Main Point #2 PCMHs improve access through the use of care coordination and alternative methods of care delivery.
1. The U.S. Department of Veterans Affairs has used a PCMH model for the delivery of primary care (Department of Veterans Affairs, n.d.). This model uses several approaches to increase patient access
a. Telephone appointments and secure messaging are used instead of face-to-face visits in order to expand patient reach
b. Advance review of the appointment schedule helps team members proactively identify redundancies and other scheduling errors.
c. Interdisciplinary clinics such as nurse clinics or pharmacy appointments, when used in lieu of face-to-face visits increase access when the clinical need is matched to the best method of care delivery.

C. Main Point #3 Increased collaboration and communication among clinicians is considered crucial to achieving timely access to care.
1. Seventeen percent of a provider's time is spent on preventive care. Another 37% is spent on chronic care & patient education (According to Ghorob and Bodenheimer, 2012).
a. Distribution of non-provider task among team members can be achieved without negatively impacting the provider's capacity (Berry, Beckham, Dettman, & Mead, 2014; Khanna et al., 2017).
b. Matching the patient need to the right person and appropriate care delivery method can increase access.
D. Main Point#4: Innovative approaches to care delivery require structured communication to be effective.
1. High-functioning teams use huddling as a tactic for strategizing patient care and coordinating workflow (Rodriguez, Meredith, Hamilton, Yano, & Rubenstein, 2015).
2. Huddling provides an opportunity for primary care teams to discuss suitable methods of care delivery, assign responsibilities, address outstanding workflow questions, and hold individuals accountable for their tasks.
3. Routine huddling improves collaboration among team members and reduces miscommunication.
II. Statement of the Problem
A. Teams that huddle can deliver care more efficiently.
1. Daily huddling is a core component of the VA PCMH model (Rosland et al., 2013).
2. Misperceptions about the purpose of huddling, lack of training, and time constraints have hindered its widespread adoption in primary care.
3. An informal survey of VA primary care providers prior to the huddling intervention showed most teams huddle one to two days a week.
B. The project sought to answer the following questions:
1. What impact does a huddle coaching program have on team huddling frequency?
2. What effect does huddling have on interdisciplinary previsit activities?
3. What effect does huddling have on the use of alternative methods of care delivery, i.e., scheduled nurse appointments?
III. Huddle Intervention Methodology
A. An eight-week huddle coaching program was implemented in four primary care PCMHs to achieve the goal of increasing veteran access to care.
1. The Plan-Do-Study-Act (PDSA) model formed the basic framework for this process improvement project.
2. Deployment of the huddle coaching program occurred in two phases (1) staff training and (2) the huddle intervention with coaching support.
3. A huddle worksheet was used to structure and quantify huddling.
IV. Outcome Measures
A. Performance-based outcome measures selected were drawn from existing team member

responsibilities.
B. Selected tasks were not only associated with interdisciplinary previsit processes but were also tied to team huddles and access. The following data was collected:
1. MSA reminder calls, which serve to increase access by reducing patient no-shows,
2. Nursing previsit telephone calls, which serve to identify and match the clinical need with the appropriate method of care delivery and prepare the patient
3. Scheduled nurse appointments, which is considered an alternative method of care delivery. This was defined as the number of patients with scheduled nurse appointments.
4. Missed appointment reminder calls and patient no-shows.

V. Data Analysis
A. A total of 959 patient encounters were assessed
B. Aggregate data from chart reviews and returned huddle checklists were analyzed weekly to assess progress. Frequency counts, averages, and percent of change were calculated for categorical variables.
C. Dependent-sample t-tests were used to compare baseline huddle frequency rates and interdisciplinary performance measures with post-intervention results. A p-value of less than 0.05 was considered statistically significant. A Pearson correlation coefficient was used to assess the relationship between missed MSA reminder calls and patient no-shows.

VI. Program Results
A. Question #1: What impact did the huddle coaching program have on team huddling rates?
1. Baseline team huddling frequency prior to the intervention was 25%, indicating a gap in practice.
2. The project goal for team huddling was set at 80%.
3. Dependent sample t-test showed a significant increase in the group huddling rate ($p = .004$). Comparison against pre-intervention huddling values showed a 264% change from baseline (25% to 91%) across teams.

B. Question #2: What effect did huddling have on the completion of interdisciplinary previsit activities?
1. Dependent-sample t-tests showed huddling had no statically significant effect on the completion of nursing previsit telephone calls or patient appointment reminder calls.
2. Poor documentation in the medical record of completed nursing phone calls was felt to contribute to this lack of significance.
C. Question #3: What effect did huddling have on the use of alternative methods of care delivery, i.e., scheduled nurse appointments?
1. A total of 624 scheduled nurse appointments were possible during the eight-week intervention.
2. A 5% drop, in nursing clinic utilization from 18% to 13%, was observed
3. Eighty-eight percent of nurse appointments went unused. Indicating poor utilization and missed opportunities to shift care away from the provider and increase access.

D. Question #4: What effect did miss appointment reminder calls have on the patient no-show rate?
1. Out of 959 appointments, 104 patients no-showed for visits.
2. Sixty-eight percent of patients who no-showed for an appointment did not receive a reminder phone call.
3. A strong positive correlation was found between missed appointment reminder calls and patient no-shows, ($r2 = .840$, $N = 29$, $p = .000$).
4. The findings suggest that patients who do not receive a reminder calls are more likely to no-show for their appointment.

VII. Conclusion
A. Huddle coaching is an effective method to increase team huddling frequency.
1. Teams in this project were able to huddle 91% of the time without clinics being blocked using a structured checklist.
2. The combination of role delineation and the identification of mutually agreed-upon huddle times during phase I of the huddle coaching program seemed to contribute to this success.
B. As team proficiency with huddling improves, the use of alternative care methods increases.

C. Performance based-outcomes are an effective way to measure the contributions of interdisciplinary team members on access.
D. Effective utilization of alternative methods of care delivery such as nurse appointments could shift care away from the provider.
E. Appointment reminder calls increase access by reducing patient no-shows

First Primary Presenting Author

Primary Presenting Author

Denise M. Willard, DNP, FNP-C
Palo Alto VA Health Care System
Director of Advance Practice Nursing
Mesa AZ
USA

Professional Experience: Dr. Willard is a family nurse practitioner with 23 years of experience. She is the Director of Advanced Practice Nursing for the Palo Alto VA Health Care System.
Author Summary: Dr. Willard works as a Primary Care NP Manager for the Veterans Health Administrations. She has developed a successful primary care orientation program for experienced nurse practitioners new to working a patient-centered medical home model. Her orientation program has resulted in better prepared NPs and less turnover.