

# Finding Success in Emergency Department Diversion Through Team-Based Care and the Patient-Centered Medical Home in Prineville, Oregon

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Presented by Paul Gratton

# Today's Goals

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We will review the Central Oregon ED Diversion Program

- Initial pilot study results (2011)
- My dissertation research (2016)
- Discussion of team-based care

## Assessing Your Situation

- Identify complex situations at your workplace
- Apply critical thinking to complex situations
- Address complex situations through teams

# 1 Minute Exercise

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What are some of the most complex situations you deal with at work?



# The Problem in the Emergency Department

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Emergency Departments (EDs) nationwide have become a catch-all department in many hospitals due to EMTALA.

The ED is designed to manage medical emergencies, not deep-seated social and behavioral issues.

It was identified that many people in Central Oregon were presenting at EDs with non-emergency medical issues, as well as social and behavioral issues.

The ED is not designed to comprehensively address behavioral and social issues.

This situation resulted in a cycle of non-urgent, high utilizing, ED patients that never had their underlying issues addressed.

# Central Oregon Health Council, 2011 Pilot Study and Report

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A Patient Centered Medical Home (PCMH) based model for patient navigation was used to successfully achieve the triple aim of better health, better quality, and lower costs through the reduction of ED visits among high-utilizing patients in rural Central Oregon.

This program was a joint effort between the St. Charles Health System, Mosaic Medical FQHC, Pacific Source Health Plans, the Oregon Health Authority, and a network of other regional healthcare agencies (15 organizations in total).

# What is the Patient-Centered Medical Home Model?

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A Patient Centered Medical Home is a health care practice where a patient receives the majority of his or her health care in a regular, continuous, and patient-centered manner.

# The Seven Principles of the PCMH Model

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- Holistic patient care
- Emphasis on quality and safety
- Enhanced care coordination and management
- Team-based care
- Enhanced access to care
- Greater patient engagement in care
- Enhanced payment

(Hoff, 2013)

# How the Central Oregon ED Program Worked

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Patients who had ten or more Central Oregon ED visits in a twelve-month period were identified as high utilizers. The highest utilization discovered for an individual was 56 visits in a 12 month period.

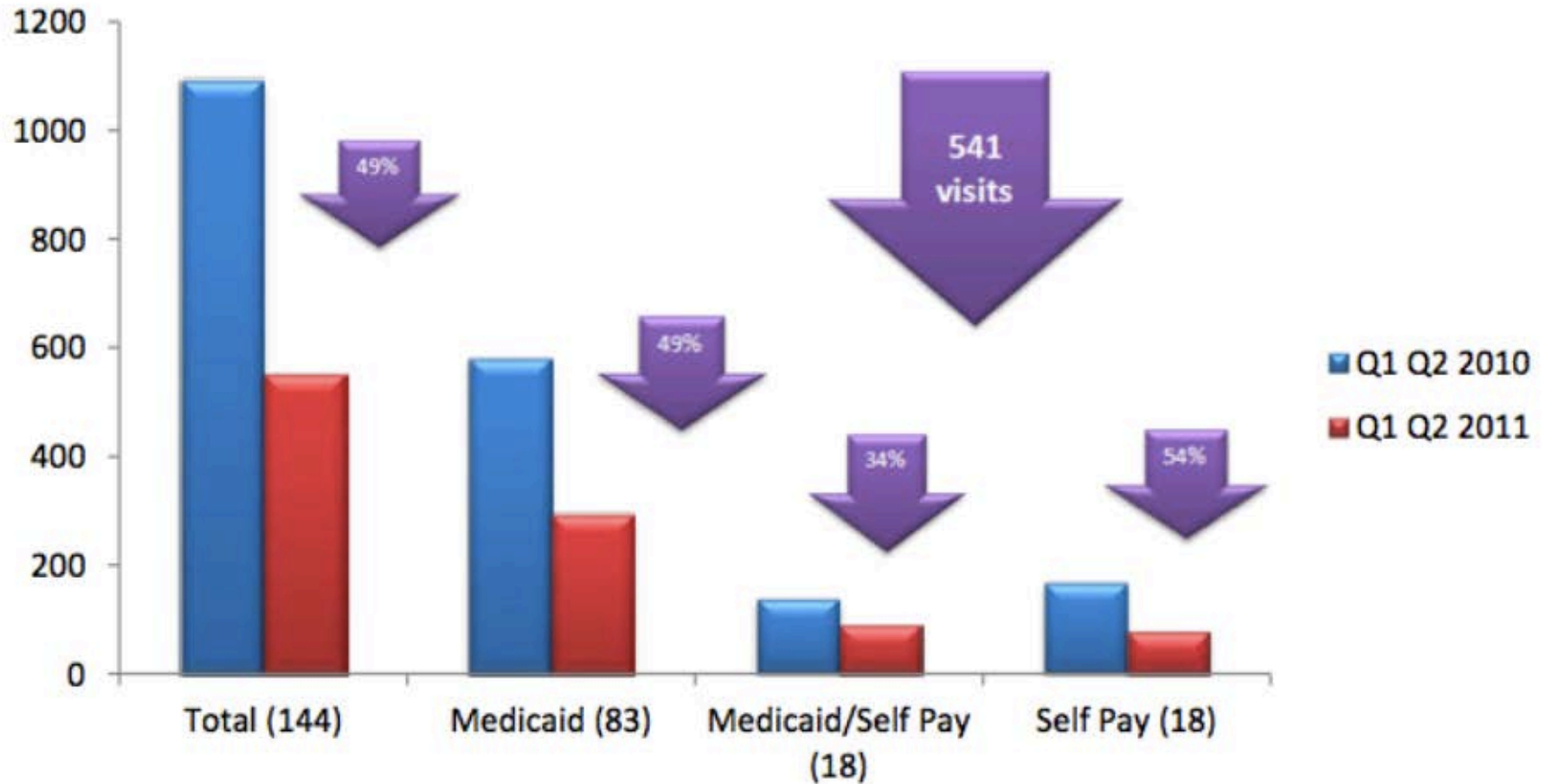
From this group a test cohort of 144 patients was identified.

Key activities of the pilot study:

- 1) Development of individualized care plans
- 2) Activation of a Health Engagement Team
- 3) Introduction of patient advocates, Community Health Workers (CHWs)
- 4) Introduction of Behavioral Health Consultants (BHCs) in the primary medical homes



# ED Visits: Cohort #1



# Factors Related to ED Diversion Success, 2016 Doctoral Dissertation

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In 2014 I began looking for a dissertation topic in the area of organizational design and healthcare. My wife worked for Mosaic Medical at the time and recommended I look at the Central Oregon ED diversion program.

The 2011 CO Health Council Report stated, “Though this program conducted quantitative analysis, the report recognized that an in-depth qualitative analysis had not yet been conducted on determining the factors that led to the success of program.”

# What Factors Led to the ED Diversion Program's Success?

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Qualitative Study (Phenomenology)

Interviewed 8 members of the team: 2 from Mosaic Medical, 3 from St. Charles System, 2 from St. Charles Family Care in Prineville, 1 in St. Charles ED in Prineville

The semi-structured interview process resulted in 347 minutes of interview time.

I transcribed and coded the interviews to draw out major themes.

# What Factors Led to the Program's Success?

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1. Communication
2. Mental and Behavioral Health Integration
3. Trusting and Caring Relationships Developed With Patients
4. Patient Education
5. Team-Based Care
6. Patient Access
7. Community Resource Support

# Factors Leading to the ED Diversion Program's Success

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## The 7 Factors Related to Success of the Prineville, Oregon ED Diversion Program

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Communication

Mental and Behavioral Health Integration

Community Resource Support

Patient Education

Team-Based Care

Patient Access

Trusting and Caring Relationships

## The 7 Principles of the PCMH

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Enhanced Care Coordination and Management

Holistic Patient Care

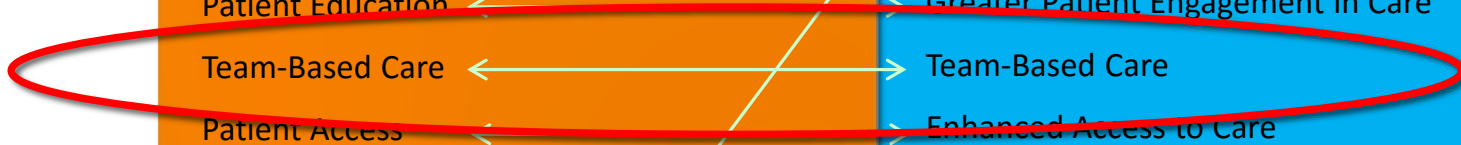
Emphasis on Quality and Safety

Greater Patient Engagement in Care

Team-Based Care

Enhanced Access to Care

Enhanced Payment



# 1 Minute Exercise

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Choose one of your complex situations to analyze. Describe the team involved in managing the complex situation.



# Dealing with Complexity

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There are two ways to reduce the complexity that a person has to deal with. The first is to simply reduce the number of actions that the entire system can execute, and thus the number of possibilities the individual has to deal with. The second is to divide up the many possibilities among multiple individuals. Whatever changes are made to reduce local complexity, it's important to assess whether the overall task still has sufficient complexity to be effective. This is the crux of the problem of organizational effectiveness: you want your system to perform high-complexity tasks, but with individual local tasks that are simple enough that errors are unlikely to occur.

(Bar-Yam, 2004)

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The most basic issue for organizational success is correctly matching a system's complexity to its environment.

(Bar-Yam, 2004)



# 1 Minute Exercise

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How do your teams match the complexity of the situations you are trying to address?

How might you redesign your teams to better match the complexity of the situations you are trying to address?



# Team-Based Care

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Team -based care is defined as “a group of diverse clinicians who participate in and communicate with each other regularly about the care of a defined group or panel of patients” (Goldberg, Beeson, Kuzel, Love, & Carver, 2013, p. 150).

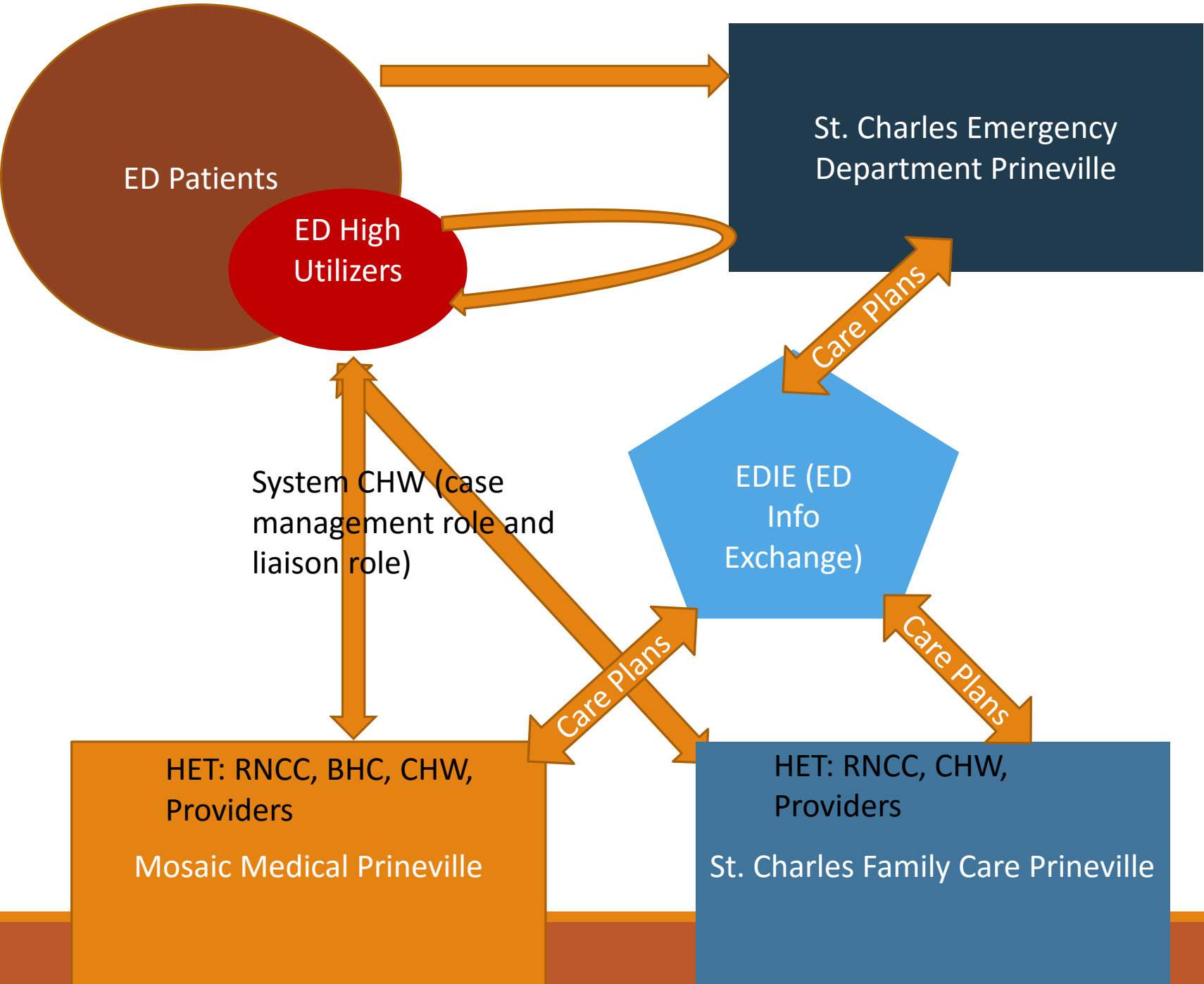
A working group from the IOM has outlined five principles to guide the development of team based care: clear roles, mutual trust, effective communication, shared goals, measurable processes and outcomes (Wynia, Von Kohorn, & Mitchell, 2012). In accordance with the PCMH, ***patients are also considered part of the team, as well as the purpose for the team.***

# Team-Based Care

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Team members primarily consisted of Nurse Care Coordinators (RNCCs), Community Health Workers (CHWs), Behavioral Health Consultants (BHCs), System CHWs, Providers, ED staff, Manager for Health Integration...and of course, the patients.

New roles created for the program included RNCC, CHW, BHC, and System CHW.



# What Make an Effective Team?

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In “Teamwork and Delegation in Medical Homes: Primary Care Staff Perspectives in the Veterans Health Administration,” True, et al., (2014) identified four key team-level resources that supported team functioning:

- Demarcated boundaries and collective identity
- Shared goals and a sense of purpose
- Mature and open communication characterized by psychological safety
- Ongoing and intentional role negotiation and development

# 1 Minute Exercise

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**Rate your teams in these four areas (1-10):**

1. Demarcated boundaries and collective identity
2. Shared goals and a sense of purpose
3. Mature and open communication characterized by psychological safety
4. Ongoing and intentional role negotiation and development



# Challenges to Providing Team-Based Care in the Central Oregon ED Diversion Program

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Getting and keeping the required staff

Role negotiation for new team roles

Getting all functional units on board with the process

Frustration with patient apathy

Changing management support

Lack of leadership

Unclear processes

# 1 Minute Exercise

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What challenges to team-based care exist in your organization?

How will you overcome challenges?





# Bringing it Home

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What have you learned today that will impact your thinking regarding using teams to address complex issues?

# 2 Minute Exercise

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Share your notes and thoughts on teams and complexity with someone sitting near you.



# Comments, Questions, and Discussion

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# References

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# Contact Information

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**Read my 2016 Dissertation:**

[A Phenomenological Investigation of Factors Leading to Success in Diverting Non-Urgent Emergency Department Use at a Rural Critical Access Hospital Using the Patient Centered Medical Home Model](#)