



Clinical Microsystems and the Team Coaching Program

Dan Otero, DBA, CEO

Ethan Novikoff, MPH, QI Director

Tiffany Maxey, PA-C

Why Clinical Microsystems?

Outcomes – Improve the health of the population

Quality – Improve the patient experience of care

Cost – Reduce the per capita cost of healthcare

Resiliency – Improve the well-being of the care team

Equity – Provide an equal opportunity to achieve full health potential

Quintuple Aim

Population Health Management





Acknowledgments

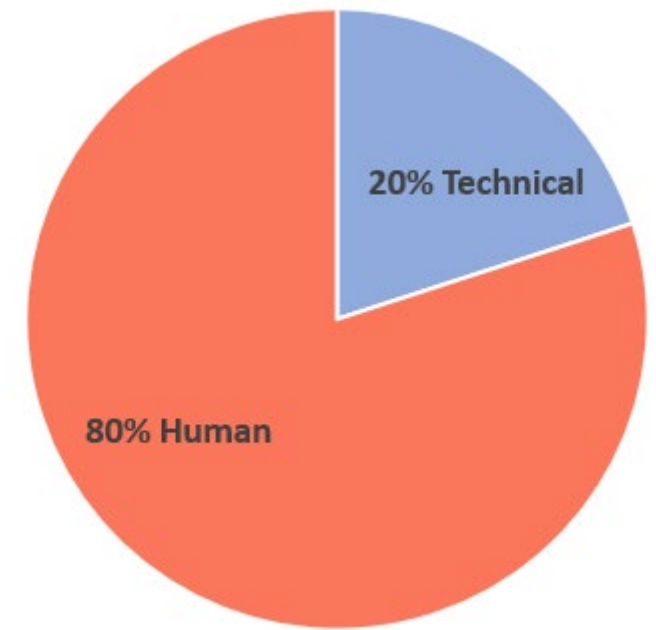
- Information presented in the following slides is based on research findings and programming developed by Marjorie M. Godfrey, PHD, MS, BSN, FAAN.
- © 2023 University of New Hampshire. Used with permission from Godfrey Group.





Team Coaching Model

- The 20/80 Finding (Marjorie Godfrey, PhD Thesis)
 - Only 20% of the support needed by frontline staff to provide care *and* make improvements is “technical”:
 - Improvement tools/methods
 - Data
 - 80% of the support needed includes “human” aspects of change:
 - Relationships
 - Communication
 - Encouragement
 - Feedback
 - Clarification of change goals
 - Reframing the context





Team Coaching Model (continued)

- The Team Coaching Model is an organized framework based on clinical microsystem theory, culture, communication, and mental models
- Team coaches customize their coaching to meet teams and individuals “where they’re at”
- Work to strengthen relationships among interdisciplinary team members
- Help teams move through the process improvement spiral and understand the various steps of the change process that are essential to meaningful and lasting change

Team Coaching Model

Work before the Work “WBW”

Creating the Conditions for Success

The phase before the Pre-Phase to clarify the request for help and engagement of the team coach, identify sponsor leadership and improvement team, ensure “time” for improvement work, resources, and discussions about organization strategic goals and experience.

Pre-Phase

*Getting Ready
“Meeting them where they are”*

- ♦ **Establish leader relationship**
- ♦ **Expectations**
 - ❖ Clarity of aim
 - ❖ Leadership and team discussions about roles and logistics
- ♦ **Context**
 - ❖ Review of past improvement efforts and lessons learned – tools used
 - ❖ Preliminary system review – Micro/Meso/Macro
- ♦ **Site visit**
- ♦ **Resources (data)**
- ♦ **Logistics (Time)**

Action Phase

Art and Science of Coaching

- ♦ **Relationships**
 - ❖ Helping
 - ❖ Keep on Track
- ♦ **Communication**
 - ❖ Virtual
 - ❖ Face-to-face
 - ❖ Available and accessible
 - ❖ Timely
- ♦ **Encouragement**
- ♦ **Clarifying**
 - ❖ Improvement knowledge
 - ❖ Expectations
- ♦ **Feedback**
- ♦ **Reframing**
 - ❖ Different perspectives
 - ❖ Possibility
 - ❖ Group dynamics – new skills
- ♦ **Improvement technical skills**
 - ❖ Teaching

Transition Phase

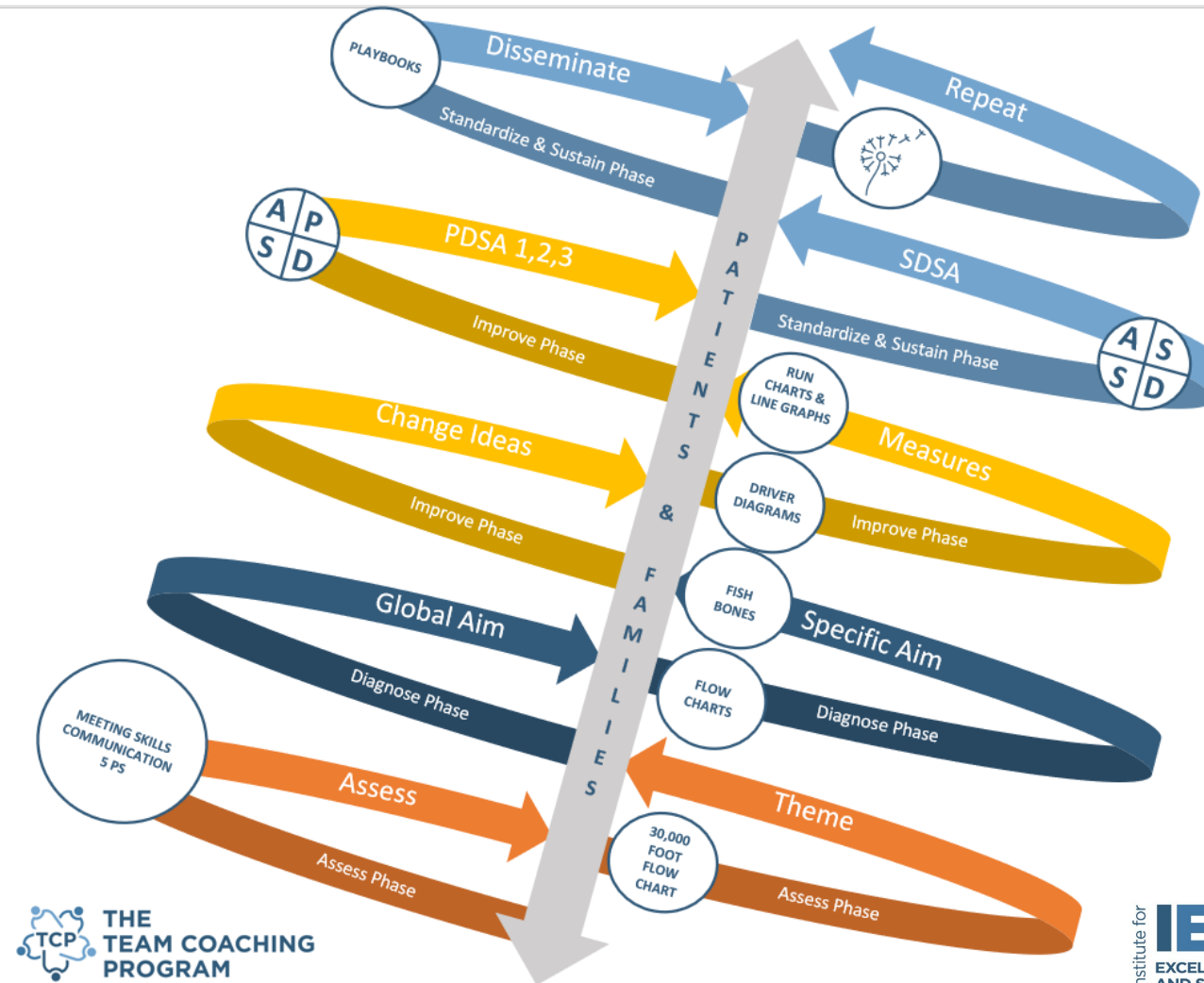
Reflect, Celebrate, and Renew

- ♦ Reflect on improvement journey
 - ❖ What to keep doing or not do again
 - ❖ Review measured results and gains
 - ❖ Plan how to sustain improvement
 - ❖ Assess team capability and coaching needs, and create coaching transition plan
- ♦ Celebrate!
- ♦ Renew and re-energize for next improvement focus
- ♦ Evaluate coaching

Bolded items based in research

Godfrey, MM (2013 – rev. 2019, 2022)

Process Improvement Spiral



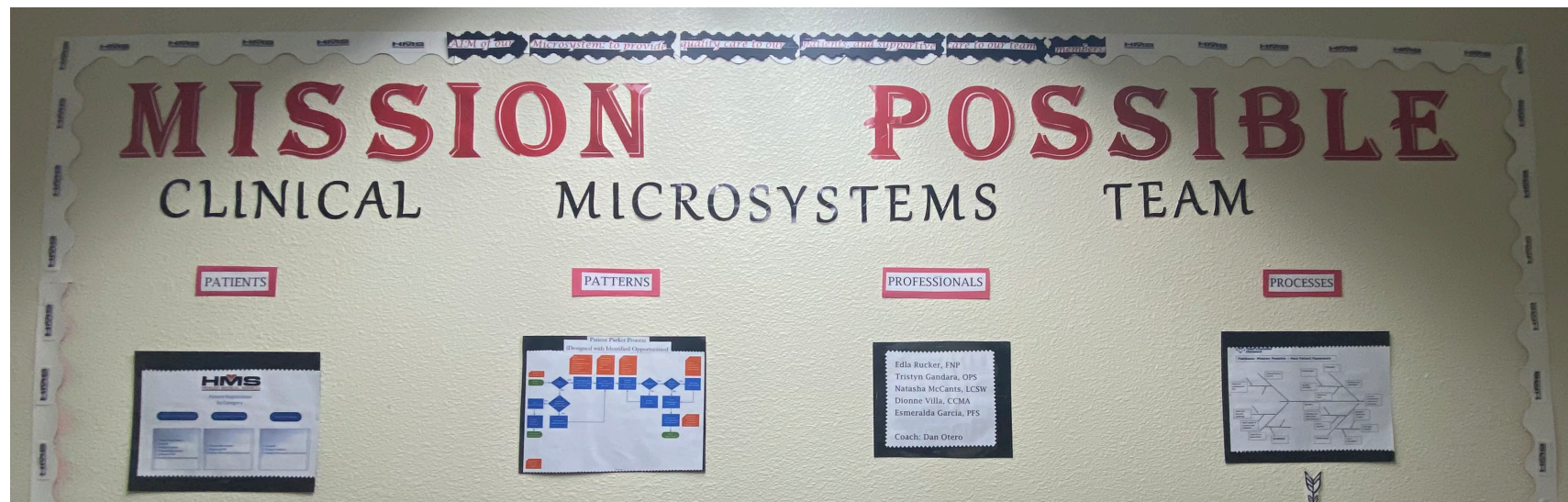
Why is HMS Implementing this Model?

- Find better ways of meeting the specific needs of each patient
- Make the work experience of staff meaningful and joyous by learning to work as an interdisciplinary team
- Increase each staff person's capability to improve his or her work processes and to contribute to the betterment of the system as a whole



What Are the Benefits to the Organization?

- Carrying out multiple QI projects throughout the organization simultaneously
- Frontline ownership of process changes
- Reduction of silos
- Professional development and greater employee retention
- Improved processes and systems
- Improved clinical quality performance
- Team coaches and teams learn to “manage up”





The Coaching Experience – Silver City CHC

- Team made up of the following staff from the same clinic:
 - Provider
 - MA
 - Patient Specialist
 - Claims Scrubber
 - Mental Health Therapist
- Voluntold!
- Initially, low level of experience with QI work
- Good relationships among team members





The Coaching Experience - Silver City CHC (continued)

- First PDSA: Improving the registration paperwork process
 - Tested new process:
 - Mailed paperwork out to patients before their appointments
 - Paperwork reminder call
 - Improved paperwork completion by 41.1%
 - Interdisciplinary team gained experience going through a formal QI process
 - Increased capacity to do QI work
 - Empowered staff to make changes in their processes
 - Team members learned more about a process completed every day by members of their team



The Coaching Experience - Silver City CHC (continued)

- Second PDSA: Improving BP control in patients with HTN
 - Testing a campaign through the Electronic Medical Record
 - HTN patients with a high BP reading and no follow-up appointment included in campaign
 - Trying to improve:
 - Follow-up rate
 - BP medication management/compliance
 - Use of CPTII codes
 - UDS measure performance
 - Ongoing project, but initial results demonstrate the power of EMR-based campaigns

The Coaching Experience - Silver City Med Square

- Team made up of the following staff from the same clinic:
 - Provider
 - 2 Medical Assistants
 - Dietitian
 - Patient Specialist
 - Claims Scrubber
 - Referral Clerk
 - Initially, low level of experience with QI work, myself included



The Coaching Experience - Silver City Med Square (Continued)

- First PDSA: Improving Diabetic Patient outcomes through an interdisciplinary approach
 - Tested new process:
 - Dietitian to complete pre-visit calls reminding patient of apt vs warm handoffs from medical provider when able
 - Provide scheduling privileges for medical staff to reach out directly to schedule patients for appointments vs operations staff
 - % of the sample population that had an improved hgba1c was 38.89%
 - Interdisciplinary team gained experience going through a formal QI process
 - Increased capacity to do QI work
 - Team members learned more about a process completed every day by members of their team
 - Significant impact was made with medical staff having access to scheduling privileges

The Coaching Experience - Silver City Med Square (Continued)

- Second PDSA: Improving Colorectal Cancer Screening
 - Testing a campaign through the Electronic Medical Record
 - Patients who are due for colorectal cancer screening and have not completed FOBTIA or other acceptable methods for screening including colonoscopy
 - Trying to improve:
 - Follow-up rate
 - Decrease the risk of colorectal cancer by improving adherence to screening guidelines
 - Improve UDS measure performance
 - Early stages of this campaign



Team Member Testimonials

- “Working within the clinical microsystems team provides a unique opportunity for members from multiple departments to share their experience and expertise, expanding our understanding of the inner workings of clinic flow. This allows for critical evaluation of processes, followed by systematic trials of changes that, if successful, can be implemented organization-wide.” – Physician Assistant
- “Being part of the Microsystems Team has made my opinion as a patient advocate to improve customer service and the improvement of patient care feel valued.” – Medical Assistant
- “I really enjoy being part of the team. I feel we all work great together to ensure the project we are working on will help our patients and employees.” – Patient Specialist



Team Member Testimonials (continued)

- “It is a system with an outstanding quality of work and outstanding quantity of work that demonstrates ‘team player’ behavior along with individual success being imperative to the group. [Team members are] cordial and willing to work together, set priorities, and adjust!” – Nurse Practitioner
- “Being part of the Microsystem Team has given me a different perspective on all departments that are involved in the meetings. I feel that it will continue to grow our knowledge and see what role we are all part of to make a difference for HMS.” – Patient Specialist
- “What I like most about the Microsystem Team is that we are all from different departments coming together to make HMS better for our community. I like how we can all come together and talk about the different issues our departments are going through and we all can either relate to the issue or come up with a solution as a team without any arguments.” – Claims Scrubber



Team Member Testimonials (continued)

- “I’ve enjoyed working together as a group, seeing the process from start to finish, and how it all comes together with everyone doing their part. I’ve enjoyed getting to see how everyone plays a role in helping patients learn and manage their healthcare/diabetes.” – Claims Scrubber
- “I enjoyed the interdisciplinary interaction. It is good to see what other disciplines struggle with to provide good patient care.” – Dietitian
- “I’ve enjoyed coming together as a team to improve patient care.” – Medical Assistant



Team Coaching Program

- Six-month, highly interactive, experiential virtual/in-person program through the University of New Hampshire
- Fall program begins September 7, 2023, and ends on January 11, 2024.
 - In-person session from 10/3-10/6 in Silver City, New Mexico
- Over 15% off for those attending the NMPCA Annual Conference!
 - (Use code: 3000-TCP-F23 by JUNE 30, 2023)
- Scan the QR code or visit <https://clinicalmicrosystem.org/> to register



Questions?

- Thank you!
- Please feel free to reach out to us:
 - Dan Otero, doterohmsnm.org
 - Tiffany Maxey, tkinterhmsnm.org
 - Ethan Novikoff, enovikoffhmsnm.org

