



Primary Care Renewal Collaborative 4.0 The Patient Centered Medical Neighborhood

Aligning Forces for Quality | Improving Health & Health Care in Communities Across Humboldt County

An initiative of the California Center for Rural Policy at Humboldt State University and the Robert Wood Johnson Foundation.



Purpose:

PCR 4.0 is focused on strengthening the local network of care providers to build a true patient centered medical neighborhood. Humboldt Medical Specialists and Eureka Family Practice are working collaboratively to improve the referral process between primary care and specialty care.

AIM:

Humboldt Medical Specialists and Eureka Family Practice will expedite appropriate specialty treatment of patients by October 2014 as evidenced by achieving the following aims:

- Decrease the number of referrals scored a 2NS (non-surgical) by 50%, from 25% to 12.5%.
- Decrease the average wait time for 2S (surgical) referrals to be seen by 1 month, from 3 months to 2 months

Our expected outcomes included:

- Decreased wait time for referral completion
- Increased patient satisfaction with the referral process
- Development of tools for staff and patient education about referral processes
- Improve health outcomes in our community

Data:

Collated and reviewed over 100 referrals from EFP, all from the past 12 months. Some lessons learned from the data:

- Most patients who scored as “likely non-surgical patients” could have been managed by PCP or referred directly to pain management
- The number of patients who were “likely non-surgical patients” contributes to increases in delay for care for all referred patients, including those referred who likely did not need surgery

Roadblocks:

HMS Neuro had to make the decision to leave PCR 4.0 mid-way through the project

- Time
- Provider availability
- Competing priorities
- Staffing changes

Changes Implemented:

- PDSA training and experience - increased Quality Improvement literacy
- Improved communication within our Patient Centered Medical Neighborhood
- Provider training
- Improved referral form
- EFP developed low back pain patient education tool



- HMS continued the work they started with PCR internally, most notably:
 - Revamping the tiered scoring system they use for prioritizing patients when they learned that scoring system did not relate to outcomes
 - Standardizing provider scoring practices
 - Improved systems for addressing non-surgical candidates so they can seek more appropriate follow-up sooner

Conclusions/ Lessons Learned:

- Challenging to make improvements to the referral process without a partner from the patient centered medical neighborhood
- Still important to focus on areas within our control

The Team:

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