

ABSTRACT

BACKGROUND

Family Medicine will continue to experience profound change in the coming years. To meet patient needs we must redesign and adapt to the changing health care environment. Innovative workforce models and support systems will need to be created to provide robust care team models to support a broad array of patient needs and remain competitive in a market that will increasingly contain innovative disrupters utilizing new technologies, including AI.

OBJECTIVE

Our objective is to conduct field research utilizing a rapid innovation PDSA methodology to develop a Family Medicine care team that can continue to provide high-quality, low-cost care to a larger population of patients without negatively impacting patient or staff experience.

RESULTS

We will measure total cost of care (Per member per month), number of empaneled patients, patient and staff satisfaction, quality outcomes (vaccination rates, cancer screening rates, depression remission rates, optimal diabetes care, and hypertension control), and safety outcomes.

INTRODUCTION

- Baldwin B team to serve as Model Unit practice
- In this context, the Model Unit approach is supported by:
 - A long history of innovation in family medicine at Mayo Clinic (e.g., care teams for >15 years)
 - Willingness to engage with problems from diverse perspectives and develop solutions to address the underlying issues
- Limited size of Model Unit facilitates testing environment as well as a novel approach to outcomes/measures of success

MOTIVATION

Why Does Family Medicine Need to Transform?

- Quality outcomes are not where they need to be - national shift towards value-based care
- Overall cost of care for patients is too high
- Organizational costs to provide primary care under increasing scrutiny
- Shrinking healthcare workforce coupled with expanding patient demand
- Widening healthcare disparities for vulnerable populations
- Increased stress and burnout among clinicians and care team members
- Digital/AI technology provide a platform for us to rethink how we deliver care for the future.
- Disruptors are actively pursuing the primary care space threatening to disrupt and fragment care.
- Evolving healthcare complexities necessitate primary care coordination to truly advance population health.
- Not leveraging “top of licensure” of all care team members
- Not meeting patient access expectations

OBJECTIVES

Create a lasting structure to identify, implement, and evaluate the success of new structures and processes in family medicine to provide **better care for more people.**

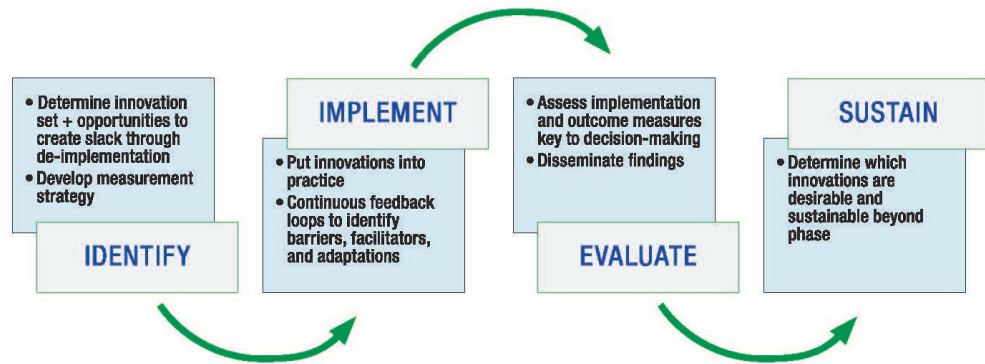
Emphasis on four goals:

- Improve disease management workflows
- Reduce clerical burden
- Increase non-traditional care
- Overarching goal across all interventions: create slack to make space for innovation by de-implementing existing structures and processes

Longer term objective: diffusion of effective practices throughout MCHS system

APPROACH

- Multidisciplinary planning, design, and evaluation team including family medicine leadership, Baldwin clinicians and staff, and support from the Kern Center
- Continuous planning to identify potential interventions and assess feasibility
- Rapid, ongoing cycles of ~6-month pilot periods to test innovations in family medicine at Mayo Clinic



PHASE 1: FALL 2023 – SPRING 2024

Priority	Phase 1 STOP	Phase 1 PILOT	Future Phases
1 Improve Disease Management	RN rooming, supplies, cleaning	Ramp up to RNs managing follow-ups for hypertension home monitoring of blood pressure (start date TBD)	Nurse management of diabetes (e.g., remote monitoring of A1Cs)
2 Reduce Clerical Burden	Clinician-generated clinical notes	Ambient documentation pilot (Abridge) for all clinicians working in the Model Unit (10/23/2023)	Automate renewal processes (e.g., automated prescription renewals, efficient message direction)
3 Increase Non-traditional Care	In-office visit processes (e.g., rooming, supplies, cleaning)	Doctors can schedule one half day of telehealth visits per week and take visits from home (9/14/23)	TBD - goal of pilot is to identify opportunities for optimizing time (e.g., remote work, expanded hours via telehealth appointments)