## **Optimizing People, Place and Process**

Resources to Facilitate Integrated Care in FQHCs

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## Moving Integration Forward



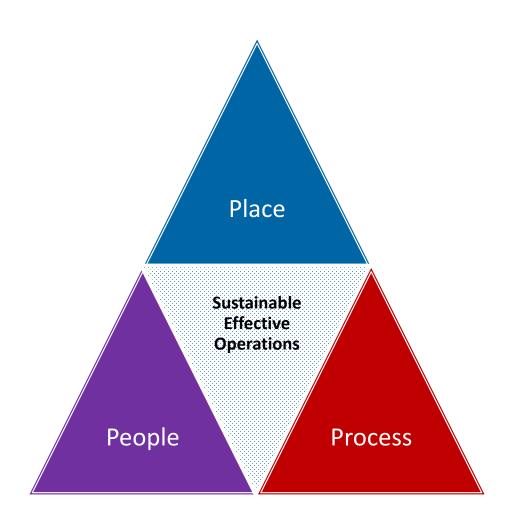
What do I need to do my job?



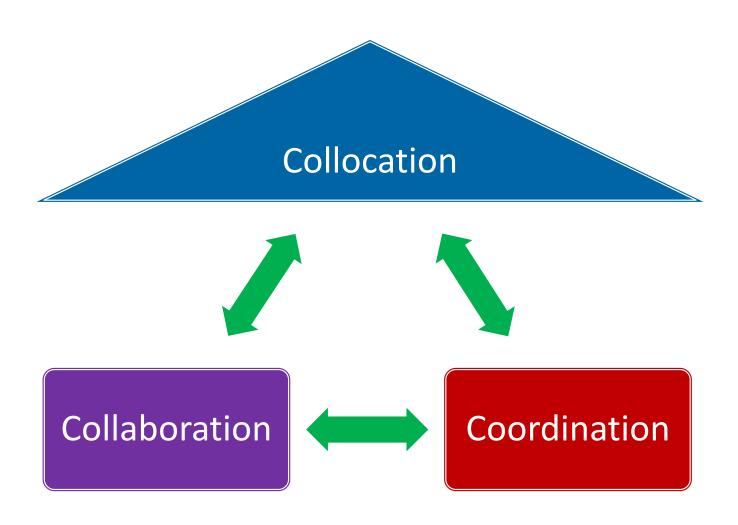
What makes **us** more effective as we learn to work together both for and with our patients?

## Optimizing Resources: Dynamic Alignment









### Look Back for Perspective



#### Coordination

- Look back 30 yrs
- Disjointed efforts in providing equitable care
- Patients bouncing between care providers with no measurable improvement
- Response: Tracking/Directing
- Definition and division of labor
- A to B to C
- Patient Behavior

#### Collaboration

- Look back 20 yrs
- Coordination highlighted need for Collaboration
- Response: Dx based Care Collaboratives
- Improved outcomes for Targeted Patients
- Definition and division of labor
- A and B to C
- Provider Behavior

#### Collocation

- Look back 10 yrs
- Collaborative successes limited by resources necessary to stay coordinated
- Response: Create a place for realtime collaboration that facilitates timely coordination
- Definition and sharing of labor
- A and B with C
- Team w/ Patient

## **Guiding Principle: Place Facilitates**





## Collocation

Creates a space (place)
in which to
learn collaboration (people)
and
develop coordination
(process)

### The Integration Continuum



### SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

LEVEL 1

Collaboration

Minimal

LEVEL 2

Basic

Collaboration at a Distance

LEVEL 3

Basic Collaboration Onsite

LEVEL 4

Close Collaboration Onsite with Some System Integration

LEVEL 5

Close Collaboration **Approaching** an Integrated Practice

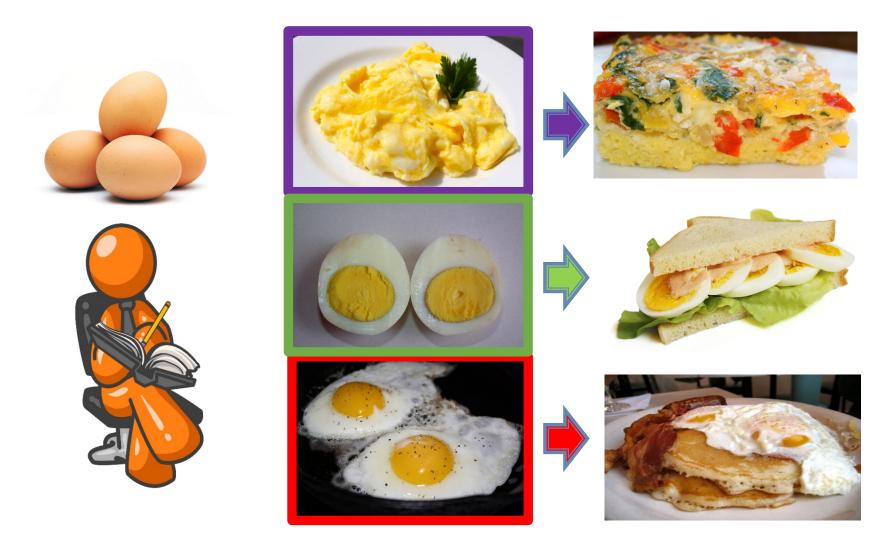
LEVEL 6

Full Collaboration in a Transformed/ Merged Integrated Practice

Where are you? Where are you going? How will you get there? Current State - Future State / Vision - Project Design

## Clarify the Vision: Speak the Same Speak





### Optimize Tools: Seek Alignment



#### **People Tools**



#### Collaboration

- Core Competencies
- Cross-Training
- Culture

#### **Process Tools**



#### Coordination

- Scheduling
- Asynchronous Communication
- Synchronous Communication

#### **Place Tools**



#### Collocation

- Safety/Security
- Team Workspace
- Patient Engagement Space

From Feb 2021 Webinar:

**Creating an Environment that Supports Integration**Planning Principles - Response Tools - Decision-making Filters

### Optimize Tools: Maintain Alignment



### People Tools



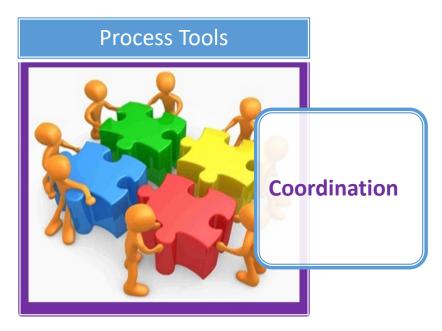
### **Team Meeting**

- Are we flexing the work load as a team or are we simply working in the same space?
- Are there roles that need some of their tasks shifted for the team and the individual to regain balance?
- Is there training that needs to be provided to allow us to flex our workload safely, efficiently and confidently?
- Are there roles or disciplines that need to be added to the team to enable the team to work more effectively together as well as with patients? What would be the cost

   and what revenue could be generated to support that cost?

## Optimize Tools: Maintain Alignment





### **Team Meeting**

- What is our progress toward culturally aligned scheduling?
- Where are their communication gaps within the team? What have we tried to address? What has been the result?
- How are we managing language differences throughout the day?
  - Language needs?
  - Language skills?
  - Language resources?

## Optimize Tools: Maintain Alignment





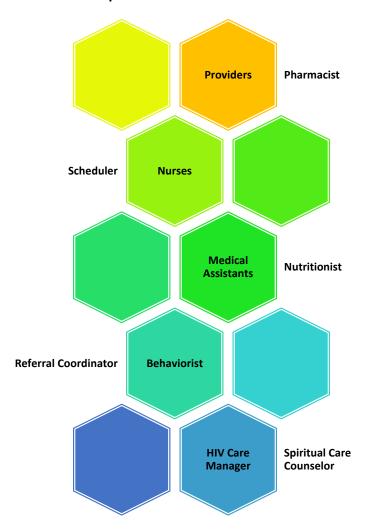
### **Team Meeting**

- Context:
  - Neither the rhythm of the routine encounter nor the need for quiet work are eliminated with integrated care. Integrated care delivery simply adds complexity to what is required of the spaces in which the team works, with each other and with patients.
- Implications:
  - People and Place
  - Process and Place
  - People, Process and Place

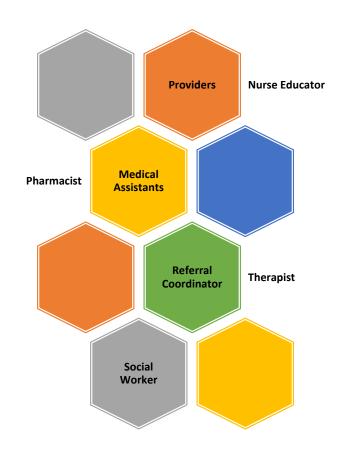
### Define People Relationships



#### Patient Population: Chronic Disease



#### Patient Population: Pediatrics

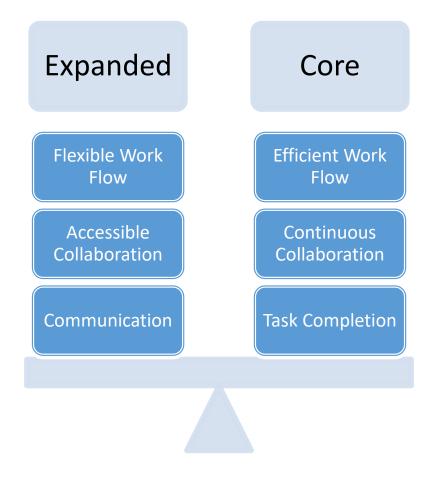


## People and Place Principle



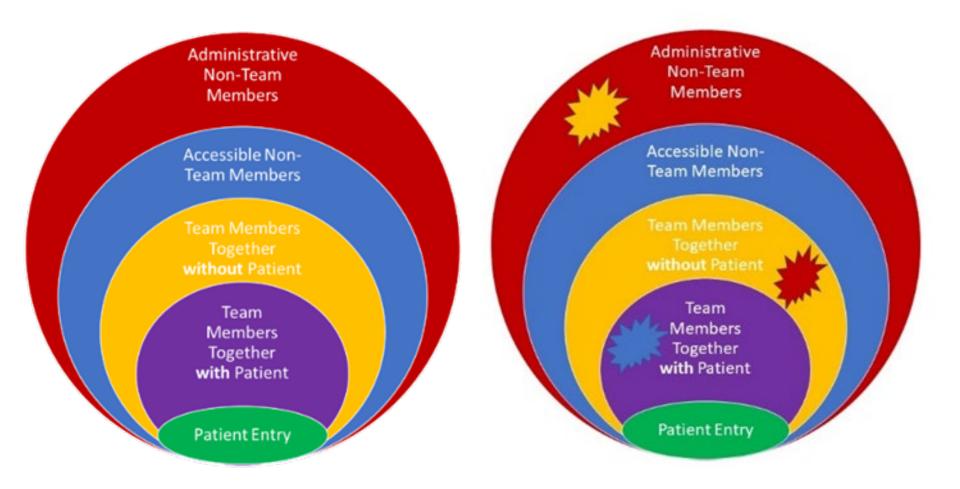
**Team Discussion Question:** 

"Given their roles and relationships, are people working in the right place?"



## People and Place Exercise





### Process and Place Principle



### **Team Discussion Question:**

"Given that a stress-filled environment undermines coordination and discourages collaboration, do processes function within our spaces in such a way as to reduce the stress level of staff and patients?"



Shortest distance between two points is a straight line



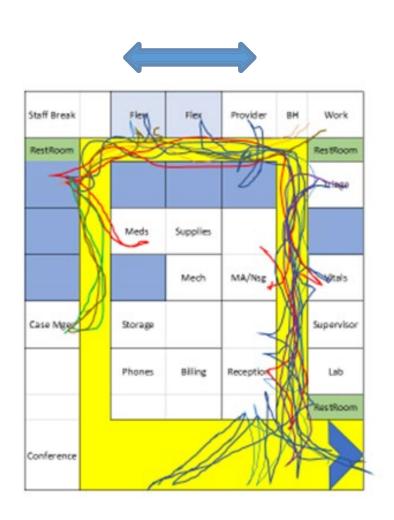
Bi-directional flow increases the occurrence of congestion.

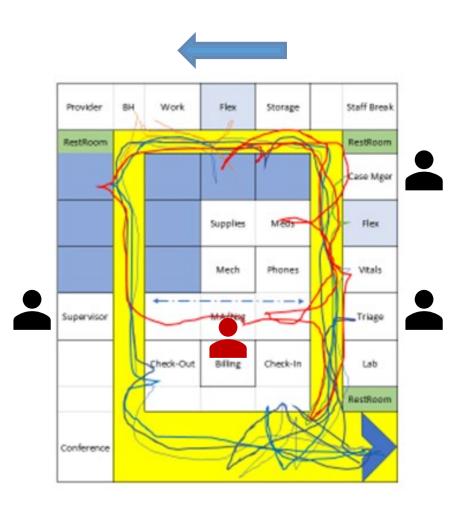


Extra steps moving you past spaces unrelated to your task increase stress

### **Process and Place Exercise**







### Process, People and Place Principle



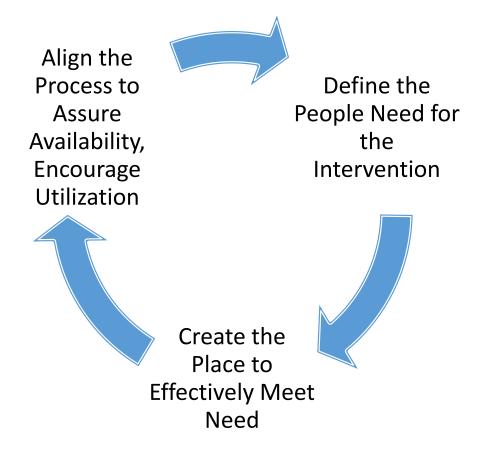
**Team Discussion Question:** 

"As we develop a more integrated approach to addressing patient needs, are we tolerating sub-optimal places for new processes in order to move our model forward, jeopardizing our success?"



## Process, People and Place Exercise





### Process, People and Place Exercise Starters



#### Sample Discussion Questions:

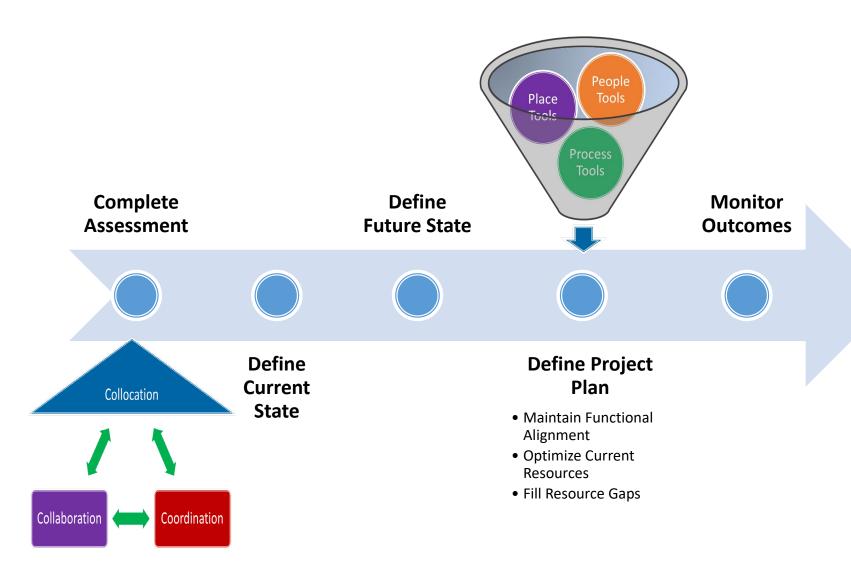
- What need is this activity meant to address and what is the desired outcome?
- What staff are involved in implementation and who is the target audience for this activity?
- Describe the ideal physical environment for this activity.
- Where does this activity currently take place? Is there more than one place?
- How is the place(s) impacting the effectiveness of the activity?
- What alterations could be made to more closely align this place with the ideal? Or, could this activity be moved to a more ideal place? If so, what changes in process need to be made to assure continuity and effective flow in the clinical area?

# Moving Forward



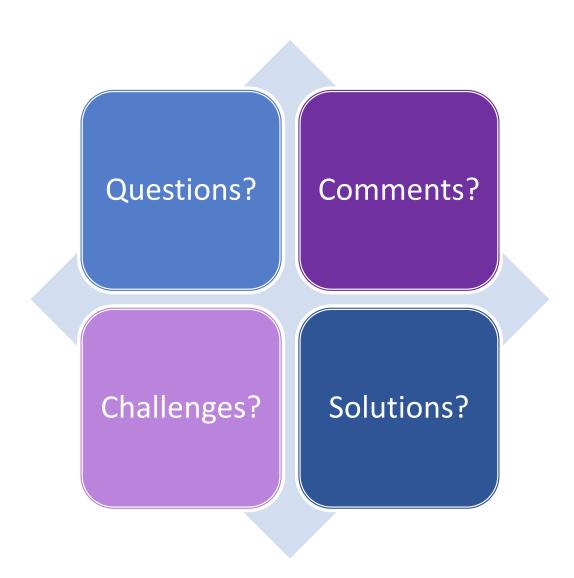
## Plan for Your Optimal Model of Integration





### Before We Wrap-Up





### Contact Us



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