

# Creating a Place for Care: Fostering Alignment and Eliminating Barriers in the Patient-Centered Medical Home



Prepared by Capital Link | 2016



## INTRODUCTION

A Patient-Centered Medical Home is not only a process of care, but also a place for care—a place designed specifically to support effective interactions between patients and their health care team. Health centers must respond to and reflect the unique needs and preferences of the patients they serve. But who are their patients? Who are their families? What are their interests? What environments do they find most comfortable? What are their expectations? These questions must be answered by bringing the patient into focus and, most importantly, into context. Only then can the place for care be aligned with the process of care, and the people it supports.

## FOSTER ALIGNMENT

### *Slice and Dice Existing Data*

Analyze the demographic data you already collect in new and different ways to uncover community-specific facility design needs or requirements.

#### **Trend Patient Demographic Data**

Trend patient demographic data not just by age and sex but also by religion, employment, housing status, family composition, preferred language, and preferred method of communication. Are there differences between established and new patients? Is the face of your population changing? Does it reflect the larger community?

### *Query and Observe*

Demographic data tells us the “what” but does not describe the “why”. Supplement your data analysis by asking and observing those who currently use and visit your facility.

#### **Survey Exiting Patients**

Incorporate an open-ended exit question into the visit process. This gives people an opportunity to express what they expected versus what they experienced, and gives you a chance to respond to unmet expectations in real time. Look for common themes. Are comments consistent by age? Ethnicity? Length of time in your community? Create action steps to address common themes.



*“Thank you for coming today. Is there anything we could do to make your next visit smoother, more helpful, more pleasant?”*

**Survey Waiting Patients**

“What could we do to make the people who come with you to your appointments more comfortable?” Addressing the needs of children, spouses, caretakers, and community support persons not only decreases the stress of the patient and support continuity of care but also sends a powerful message of mission and vision to the community. Indirectly, you will also learn about the patients’ unspoken needs and preferences.

**Collect Observational Data**

Ask staff to watch and listen to patients and visitors, and collect notes on their behaviors and interactions. Keep in mind:

- Incidents provide insights – but are not the full picture.
- The more control patients feel, the more accurate your data.
- Identifying trends takes time. It is risky to act on data collected at one given point in time.
- Staff’s variable responses to persons and situations can skew data.

*Make Sure the Data is Usable*

Inaccurate data produces ineffective results. Potential causes of skewed data include:

**Context of Collection**

Consider where and when the data is collected. For example, when a patient fills out a satisfaction survey in the waiting room prior to the medical visit, the patient may think their provider will see their responses, which could affect the course of their interaction. Satisfaction surveys given immediately after a visit tend to be completed only by patients who have strong feelings (positive or negative) and focused on that particular visit. It is optimal to collect patient satisfaction data during the inter-visit period.

**Wording of Questions**

Open-ended questions focused on the patient's experience rather than the organization's needs provide accurate and meaningful data you can actually use. Teach staff to ask patient-centric questions. For example, instead of "Do you have an appointment?" say, "May I help you?" and then, "Is there anything we could have done to make your visit \_\_\_\_\_?"

**Sample Size**

It is also important to have a sufficient sample size in order to determine trends that accurately represent your target or entire population.

### *Research Your Community*

Learn the basics about the populations in your target market to get a sense of not only their needs, but what their expectations will be when they are in your facility. Utilize educational offerings in your community and online sources such as:

**American FactFinder by the U.S. Census:** <http://factfinder2.census.gov>

**County Health Rankings:** <http://www.countyhealthrankings.org/>

**Partners in Information Access for the Public Health Workforce:** [https://phpartners.org/health\\_stats.html](https://phpartners.org/health_stats.html)

### *Observe Your Community*

Get out in the community to visit community centers, churches, restaurants, day care centers, and fraternal organizations. Observe the types of spaces patients and their families design for themselves. Is there a common color palette or decorative theme? Are the spaces generally formal or informal? Observe the transition from indoor and outdoor spaces, and vice versa. Do they flow smoothly through patios and gardens with no distinct entries, or is there a clear distinction between interior and exterior spaces? Transition spaces are very important in the patient experience, and reflecting community norms will decrease stress and increase confidence as your patients enter your facility.

## ELIMINATE BARRIERS

### *Identify Barriers*

Break down patient barriers to care created in your own physical space. A good place to start is the waiting area. While it may be clean, well lit, and well maintained, does it accommodate the special needs of every type of patient—elderly, young, large, small, shy, social, sick, well, groups, individuals, etc.? Are chairs with armrests readily available for elderly patients who require a stable support to stand? Do patients tend to arrive alone or in peer or family groups? Do they find seating options that support those preferences? Identify barriers for each patient type by:

- Trending observations of front-line staff
- Dedicating a staff meeting to a “walk about” role playing staff, patient, and visitor experiences. Assign several staff to the role of recorder.
- Consulting community “informants” that visit your facility, such as patient transporters and board members
- Observing norms in similar community spaces

### *Analyze Barriers*

How often is this a barrier? How many people does this affect? How great a barrier is it? How feasible is it to change? How powerful a message would taking the time and resources to address it be to the patient?

### *Address Barriers*

While it is important to address every facility barrier, the intensity of your response should align with your assessment in order to maximize resources and minimize service disruption. There are four basic levels of response within the physical space:

**Reorganize** – The intuitive process-oriented organization of spaces reduces stress.

**Refurbish** – Low investment. For example: purchase and rearrange furnishings.

**Renovate** – Mid-level investment. Small changes = big impact.

**Replace** – If the message is powerful enough it is worth the investment.

Speaking louder than our words and more clearly than our actions, the place of care communicates our commitment to keeping the patient at the center of the healthcare delivery process.

## ACKNOWLEDGEMENT

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09741, Training and Technical Assistance National Cooperative Agreement (NCA) (\$850,000 total cooperative agreement award amount, zero percentage of the total NCA project financed with nonfederal sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

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