

From volume to value: How one health system is making the change

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Across the nation, care models are shifting from volume to value-based care—and this means getting to the heart of every process within a medical practice. Learn how one of the largest federally qualified health centers in the nation is transitioning to a patient-centered, physician-friendly, interoperable health system.

Providing a continuum of care to underserved populations

ACCESS Health System operates 36 health centers across Chicago and Cook and DuPage counties. Their mission: “To provide outstanding preventive and primary health care, accessible to all in their own communities,” said Jairo Mejia, MD, chief medical officer at ACCESS.

“We serve the medically underserved and the most vulnerable communities,” Dr. Mejia said. “We screen patients for social determinants like food insecurity, housing and behavioral issues.” ACCESS uses a team-based care model rooted in evidence-based practices to coordinate this care across their three dozen health centers.

With the Affordable Care Act in place, large numbers of newly insured patients are seeking care. Many patients mention that they haven’t seen a physician since their last pediatric visit, Dr. Mejia said. “[That appointment] was when they were a teen, and now they are 65—and that’s an everyday reality.”

To prevent patients from falling into such gaps, ACCESS tries to engage their patients in a continuum of care. “Our interactions with the patients are not limited to the visits,” Dr. Mejia said. “We have a constant, permanent interaction with them through our [patient portal].”

Patients now have the ability to schedule appointments, view their records and communicate with physicians. These patients can seek care at any of the 36 health centers with their records fully available to each physician they see. ACCESS now has close to 50,000 patients using the patient

portal to communicate with their physicians.

“We are [emphasizing] sharing the decisions of care with the patients,” Dr. Mejia said. It’s not the relationship of the past where the physician gives a prescription and says you have to do this and that’s all, he said. “It’s really involving the patients in making their own decisions.”

“This is the new model in medicine. Patients come to your office knowing everything because they visited Dr. Google, and Dr. Google gave them a lot of information,” and ACCESS is working hard to make sure patients are more involved, he said.

Changing the organization for value, not volume

“There’s been a lot of talk about the paradigm change from volume to value,” Dr. Mejia said. “In the past, it was ‘see as many patients as you can—you have to see one patient every 15 minutes and rush.’ And now it’s ‘Dr. Mejia, we need you to [provide] quality and value.’ ... We need to really care for the patient in a holistic way.”

“This transition is a struggle,” he said, “and we are working in little baby steps to transition to this model of care.”

ACCESS became a patient-centered medical home three years ago. “We started with a self-assessment of our organization to see where we were at,” Dr. Mejia said.

They provided comprehensive training for staff and physicians and carefully reviewed every process in the organization. “The [physicians and staff] embraced the process,” he said. ACCESS’ 36 health centers are now level three patient-centered medical homes.

“We huddle every day in our clinics,” he said. “We plan and we see the schedules and we see who’s coming to the visit—we plan ahead of the visit.”

Learn how to implement daily huddles in your practice with a module from the AMA’s STEPS Forward™ collection of practice improvement strategies.

What ACCESS is doing for their physicians

Like physicians in many practices and systems across the nation, physicians at ACCESS were feeling the heat of burnout. So ACCESS took steps to change this.

- **Listening:** First, Dr. Mejia said, “listen and get them involved.” Dr. Mejia often holds meetings with physicians to talk about the issues they are facing. “At the end of one meeting,” he said, “I had this wonderful experience where a doctor said, ‘We probably didn’t solve anything today, but you know, we need to vent sometimes, and we need someone to listen to us.’”
- **Quality:** The quality structure at ACCESS involves many departments. “We used to have a quality department, but we don’t have it anymore [because] it’s ineffective,” Dr. Mejia said. “In order for quality to work, you need to involve everyone in the organization—every single person.” Now, just as patients can view their EHR, ACCESS has a dashboard through which physicians can see their quality metrics in real time. “It is a multidisciplinary approach,” he said. Groups from each department in the health system report every month to a quality advisory committee.
- **Time:** “Optimizing the processes is important to us,” Dr. Mejia said. “Doctors’ time is gold. We don’t want to waste the time of the doctor.” Their ultimate goal, he said, is that the physicians’ responsibilities are to show up to the exam room, see the patient and complete the charting. For this reason, they are enhancing the medical assistants’ roles to make sure physicians’ time is used in the most valuable way—patient care.
- **Flexibility:** Leadership at ACCESS also makes sure to be flexible with scheduling. “Many doctors want to work three 12-hour shifts, and that’s fine,” he said. “Or they want to work four 10-hour shifts, and that’s fine too. We need to facilitate things to make the lives of our [physicians] a little bit easier.”
- **Teamwork:** “When we talk about teamwork,” Dr. Mejia said, “this is our teamwork structure: An MD or DO working in two health centers and collaborating with advanced nurse practitioners. All of them have a panel of patients, and all of them work in the same EHR environment.”

Read more about ACCESS and their work to improve health outcomes in the communities of patients they serve.