

Simple Strategies Can Lead to Big Wins



Of the four Community Health Partners (CHP) clinics in rural Southwestern Montana, three have Level III PCMH certification and one has Level I certification. In total, CHP serves about 12,400 patients in an area larger than the entire state of Connecticut.

In the early stages of PCMH transformation, the CHP site in Livingston, MT, used a patient-centered interaction self-assessment tool developed by the Safety Net Medical Home Initiative (<http://nhealthliteracy.org/toolkit/>) and identified a significant issue with phone call access for patients.

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Lessons Learned

- By stating the goal—to answer every phone call—clearly, staff were able to work together with available data to devise a plan that addressed the issue without the need for additional staffing and minimal resources.
- Engage staff in the solution. Since CHP-Livingston was not able to add staff, it had to work with existing staff to change their job expectations, provide appropriate training, and adjust schedules to accommodate each staff person rotating through the call center.
- Small, early wins matter in the long run. The clinics have much bigger challenges ahead of them—transforming team structure, elevating the role of the medical assistant, improving care management, etc. By engaging staff in finding solutions, communicating within functional teams, and using the PDSA cycle, the practice has the tools and sense of pride from early improvements to feel empowered to take on the next challenges.

“For years we had been hearing (and experiencing) that it was hard to get through on the phones at CHP-Livingston, and not until we were ready to hear the resounding feedback from staff—they thought it was a significant issue for patients and the community, related to patient-centered care, access, and health literacy—were we prepared to address it,” said CHP CEO Lander Cooney.

The staff identified that too many phone calls were going to voicemail, frustrating patients and creating more time for unnecessary call backs.

To find a solution, the front desk coordinators at CHP-Livingston and CHP-Bozeman

(a neighboring site with slightly better call access) formed a team with other administrative staff, as well as the information technology and clinic managers from both sites.

The team analyzed existing call volume data and numbers of phone calls going to voicemail and mapped the phone call process, including identifying reasons calls could not be answered or bottlenecks in the system. This led to redesigned staffing models at both sites to initiate a “call center” (consisting of a new workstation and headsets) during high-volume call times. After one month with the new staffing model, calls going to voice mail reduced to nearly zero.

The total call numbers have decreased because patients no longer need to call back. The time saved with this more efficient system enables staff to focus more on patient needs than listening to voicemails and calling patients back.

And the community is noticing. Patients are reporting on patient satisfaction surveys that access has improved at the CHP-L site. Cooney said other medical providers, pharmacies, and labs have also commented on their improved service. The recognition further motivates the staff to continue quality improvement endeavors.

Cooney said the clinics hope to align the teams as a next step so patients get the information they need every time they call.

Contact

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