



Value Added

The quarterly newsletter of the CVCR

Cleveland Clinic’s New Team-Based Care Model Improves Patient and Provider Experience

September 2016

For the past several years, the Medicine Institute has been piloting a team-based care model in which medical assistants act as clinical scribes, freeing physicians from the electronic health record to do what they do best—interact face-to-face with their patients. Dr. Anita Misra-Hebert has been studying the impact of team care on patients and doctors, and her publications have garnered national attention. She recently received a career development award from the Agency for Healthcare Research and Quality to continue studying our transition to team care. In this article, we asked her about this important work.



Why did you choose to study this model of team-based primary care delivery?

As a primary care physician, I am very interested in how we can deliver high value care to patients and, specifically, the effects on providers and patients of recent redesign efforts in primary care delivery. This particular model of care delivery we studied and reported in these publications involves one physician working with 2 medical assistants during an outpatient clinic session. This model had initially been implemented here by one of our Family Medicine staff physicians (Dr. Kevin Hopkins) and then later adapted by additional providers and care teams. The medical assistants as part of the care team start and end the visit with a patient and also scribe the progress note during the visit. We were excited to study the effects of this approach.

What did you learn?

We learned that new models of primary care delivery are both feasible and can have positive effects on both providers and patients. Our studies showed that [physicians and patients spend more face-to-face time](#) during the visit in this model and that the [quality of the documentation is at least as good](#) if not [better](#) with a scribe writing the note than when physicians write notes alone. Physicians enjoy working in the new model and it may prevent burnout. Importantly, we found that patients also seemed to view the new model positively.

What surprised you the most?

It was particularly encouraging to quantify that patients and physicians spent more face to face time in an encounter in this model. [In a second study](#), Dr. Chen Yan and I found that not only did patients seem to be comfortable having a scribe in the room, but that the scribe-patient relationship was also important. I think many of us worry that team-based care delivery models may erode the physician-patient relationship that is central to primary care, but our finding suggested the opposite, as the new models may help physicians to focus on the patient even more during the visit and help patients to also develop relationship with other care team members.

How will your research impact care at the Cleveland Clinic?

I will start by stating that we have much to do to build on this initial work. We will continue to study this model, and as our team-based care models continue to evolve, we will study their implementation and will create evidence for what works and what may not work so well in practice redesign based upon the characteristics of each practice. Thus we hope to impact primary care delivery both on the institutional and national levels by reporting on best practices in primary care delivery.

What are the obstacles to making this model of team-based primary care delivery more widely available?

We found that interpersonal fit on teams and system level support are important factors in making team-based care delivery models work well. It can be challenging to find enough well-trained MAs to serve in the clinical scribe role. My future work will explore these factors among others in depth and help to determine which contextual factors unique to each practice are important to consider when implementing these new models in both our and other health systems.

Featured Publication

JAMA Internal Medicine

Original Investigation | July 2016

Characteristics and Outcomes of Patients Presenting With Hypertensive Urgency in the Office Setting

Krishna K. Patel, MD¹; Laura Young, MD²; Erik H. Howell, MD^{1,2}; Bo Hu, PhD³; Gregory Rutecki, MD¹; George Thomas, MD¹; Michael B. Rothberg, MD, MPH¹

Health Services Research Seminar

1st & 3rd Thursdays 12:00

The HSR Seminar meets in **G1-092** (Conference Room A) on Main Campus. The audience comprises clinical researchers from medicine, bioethics, biostatistics, and some specialists.

If you are interested in speaking or being added to the distribution list, please contact Dr. Taksler at taksleg@ccf.org

Featured study-in-progress: Dedicated ambulator-assisted physical activity to improve hospital outcome measures in elderly patients: A randomized controlled trial

Principal Investigator: Aaron Hamilton, MD, MBA, FACP

Co-Investigators: Michael Rothberg, MD, MPH; Abhishek Deshpande MD, PhD; Mary Stilphen; Bo Hu, PhD

Bedrest and lack of mobility in the inpatient hospital setting hastens the functional decline of elderly patients and is associated with increased risk of complications such as falls, delirium, venous thrombosis, and skin breakdown. These adverse health effects drive increased cost as patients spend additional time in both the acute (hospital) and post-acute (skilled nursing facility, long term acute care, acute rehab, etc.) care settings. Physical activity is thus widely recognized as an important factor for improving outcomes in hospitalized patients; however, numerous challenges to its implementation exist.

We hypothesize that a graded protocol of ambulation which can be implemented by a dedicated patient care nursing assistant (PCNA) multiple times daily will provide significant benefit to patients without the labor and cost requirements of full-time nursing and physical therapy expertise.

These benefits will be objectively measured by looking at length of stay, discharge disposition, mortality, 30-day readmission rate, inpatient falls, and hospital acquired conditions such as venous thromboembolism. The objective of this study is to assess the feasibility and effectiveness of dedicated ambulator-assisted physical activity in elderly inpatients on H81, H80, G81 and G80. Our primary hypothesis is that an ambulator-assisted intervention for hospitalized elderly inpatients will prove feasible and may result in improved hospital outcomes, including less need for inpatient rehabilitation and shorter length of stay in the hospital. This study will provide pilot data for a larger randomized trial.



Funding for this study by RPC (#2014-1064)

Recent Publications

[Financial Incentives and Diabetes Disease Control in Employees: A Retrospective Cohort Analysis](#). Misra-Hebert AD, Hu B, Taksler G, Zimmerman R, Rothberg MB. J Gen Intern Med.

[The Use of Pre-Existing CT Imaging in Screening for Abdominal Aortic Aneurysms](#). Ruff A, Patel K, Joyce JR, Gornik HL, Rothberg MB. Vascular Med.

[Cost-Effectiveness of Primary HPV Testing, Cytology and Co-testing as Cervical Cancer Screening for Women above Age 30 Years](#). Jin XW, Lipold L, Foucher J; Sikon A, Brainard J, Belinson J, MD; Schramm S, Nottingham K, Hu B, Rothberg MB. J Gen Intern Med.

[Risky Business: Personalizing the Approach to PCI](#). Rothberg MB and Martinez K. Am Heart J.

[High-cost patients: Hot-spotters don’t explain the half of it](#). Lee NS, Whitman N, Vakharia N, Taksler GB, Rothberg MB. J Gen Intern Med.

[Validation of the HOSPITAL Score for 30-day all cause readmissions of patients discharged to Skilled Nursing Facilities](#). Kim DG, Kou L, Messinger-Rapport BM, Rothberg MB. J Am Med Directors Assoc.

[Rising Incidence of Clostridium difficile Related Discharges among Hospitalized Children in the United States](#). Pant C, Deshpande A, Gilroy R, Olyae M, Donskey CJ. Infect Control Hosp Epidemiol.

[Effect of diastolic dysfunction on postoperative outcomes after cardiovascular surgery: A systematic review and meta-analysis](#). Kaw R, Hernandez AV, Pasupuleti V, Deshpande A, Nagarajan V, Bueno H, Coleman CI, Ioannidis JP, Bhatt DL, Blackstone EH; Cardiovascular Meta-analyses Research Group. J Thorac Cardiovasc Surg.

[Effect of chlorhexidine bathing in preventing infections and reducing skin burden and environmental contamination: A review of the literature](#). Donskey CJ, Deshpande A. Am J Infect Control.

[Use of Online Communication by Patients With Newly Diagnosed Breast Cancer During the Treatment Decision Process](#). Wallner LP, Martinez KA, Li Y, Jaggi R, Janz NK, Katz SJ, Hawley ST. JAMA Oncol.

[Does physician communication style impact patient report of decision quality for breast cancer treatment?](#) Martinez KA, Resnicow K, Williams GC, Silva M, Abrahamse P, Shumway DA, Wallner LP, Katz SJ, Hawley ST. Patient Educ Couns.