

Unlocking Patient Care



Meet Mrs. Chen, a 65-year-old woman with diabetes. She walks into the clinic without an appointment complaining of a burning on urination. **Will she receive care that day? Who will treat Mrs. Chen?**

Mrs. Chen's experience depends on the clinic's practices. High-performing primary care clinics - and clinics working towards improvement - implement practices that:

- Improve health outcomes
- Increase patient satisfaction
- Increase provider and staff satisfaction

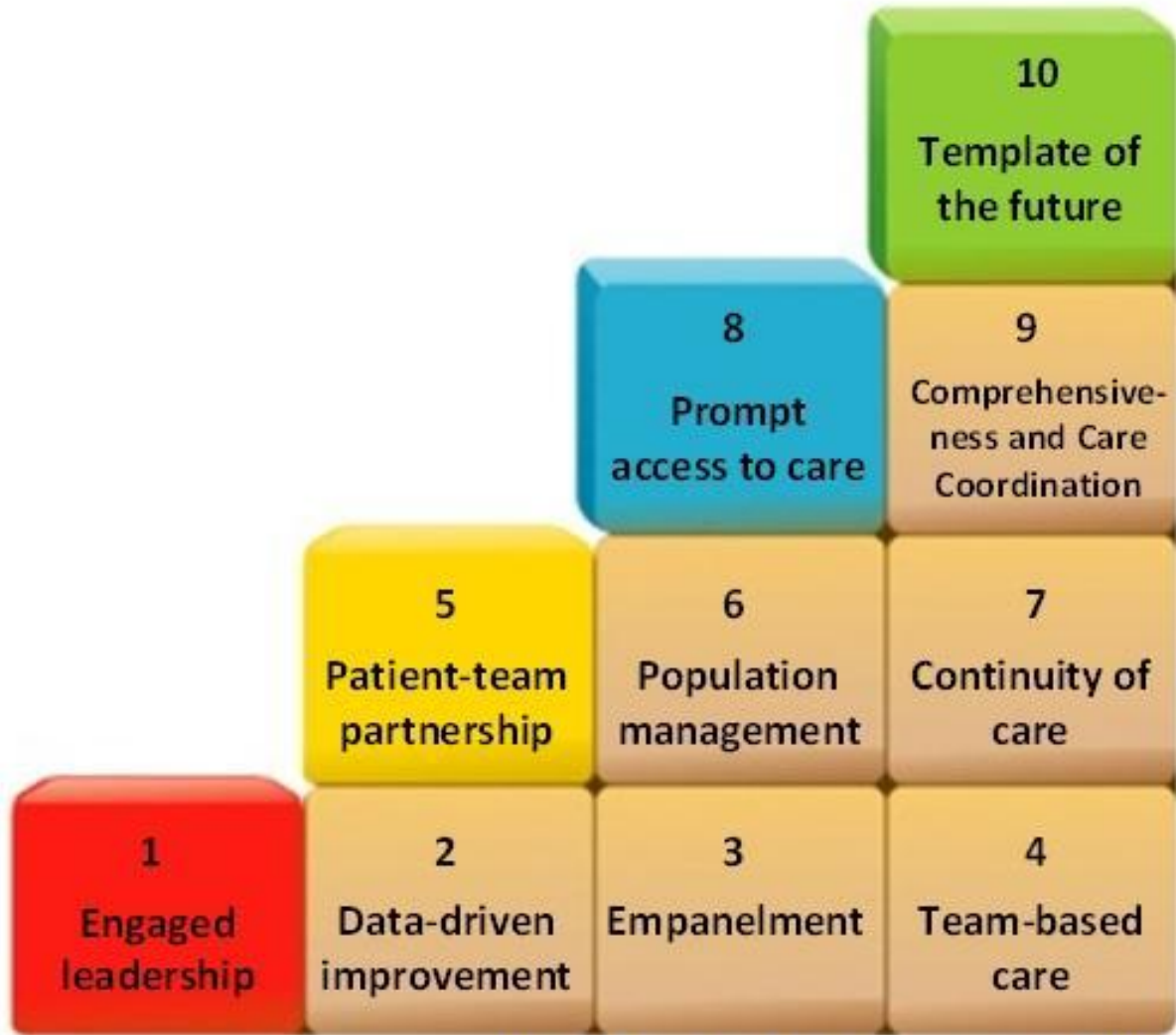
Common practices at these sites include stable teams, expanded roles of MAs and RNs using standing orders, and population management – health coaching, panel management, and complex care management.

We present the principles shared by high performing practices within the 10 Building Blocks of High Performing Primary Care framework. As clinics work on these Building Blocks, the answers to questions about access, continuity, and teamwork may change. In turn, the patient experience changes.

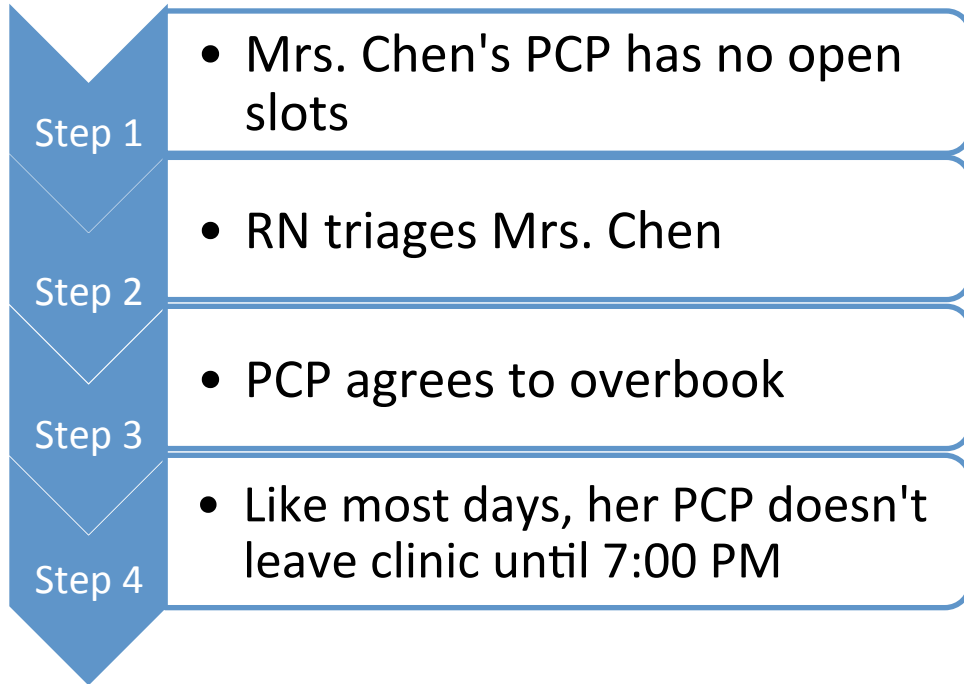
Let's see what happens to Mrs. Chen in four different clinics, each with its own standard of practice.



The 10 Building Blocks of High Performing Primary Care

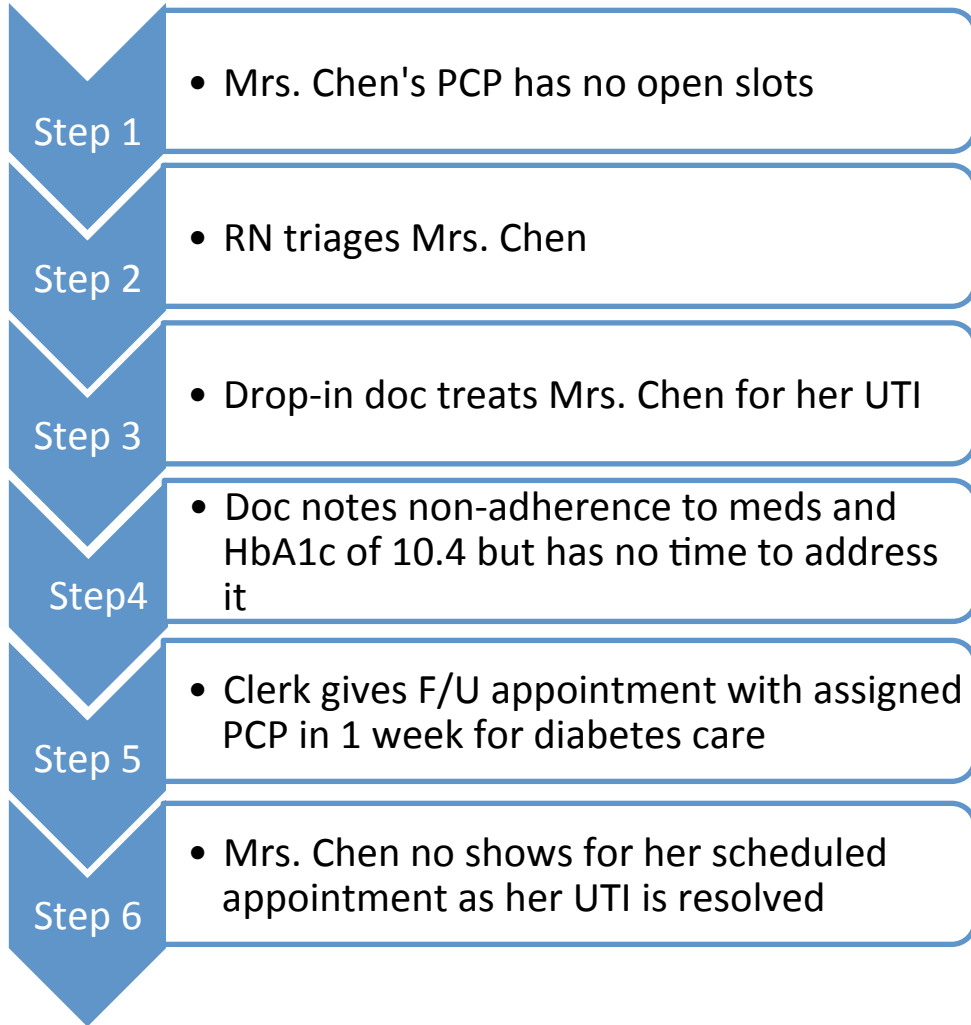


Clinic A



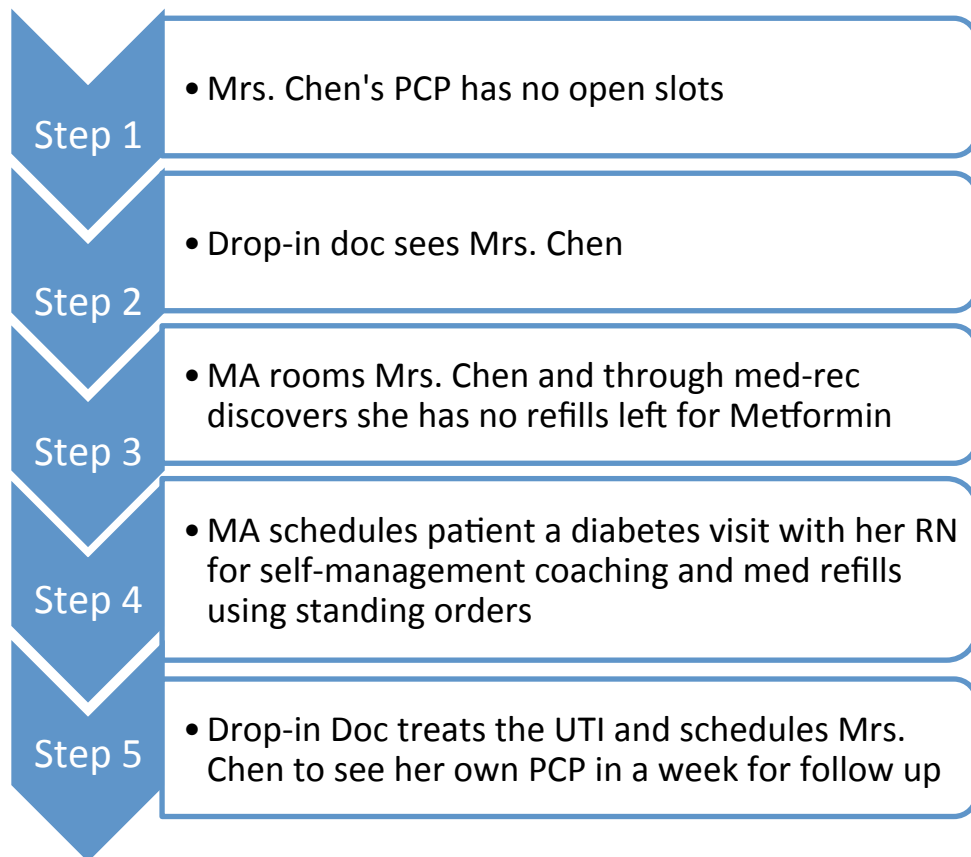
| Which block? Identify the building block represented by each step. You may list more than one block for each step. | | Has the clinic achieved the block? |
|--|--|--|
| Step 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Clinic B



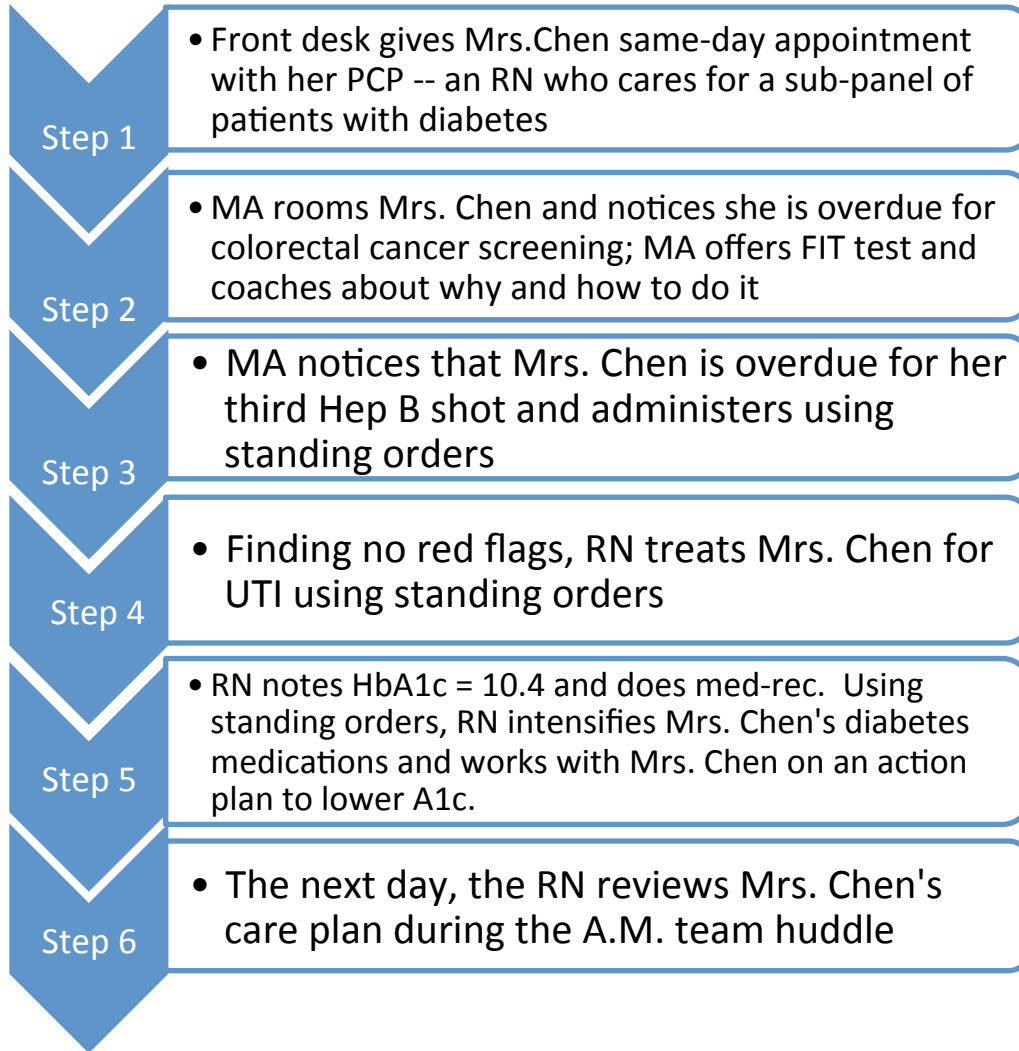
| Which block? | | Has the clinic achieved the block? |
|---|--|--|
| Identify the building block represented by each step. You may list more than one block for each step. | | |
| Step 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 5 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 6 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Clinic C



| Which block? Identify the building block represented by each step. You may list more than one block for each step. | | Has the clinic achieved the block? |
|--|--|--|
| Step 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 5 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Clinic D



| Which block? Identify the building block represented by each step. You may list more than one block for each step. | | Has the clinic achieved the block? |
|---|--|--|
| Step 1 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 2 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 3 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 4 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 5 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Step 6 | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Discussion

How would you describe Mrs. Chen's experience at the clinic?



How would you describe the MA's experience?

How would you describe the RN's experience?

How would you describe the clinician's experience?

Where are you now?

Put a check mark by the steps (Clinic A, B, C, and D) that represent your clinic now.

Where are you going?

Draw a star next to the steps (Clinic A, B, and C) that represent where you want your clinic to go. How do we get there?