

# finding a better way



## A primary-care testing lab

Payers are helping us rethink how health care should be structured and what effect restructuring has on health care reimbursement. This spring, in collaboration with health insurer Medica, Fairview Eagan Clinic is being transformed into a kind of primary-care testing lab. Through a fast-paced, trial-and-error process, front-line providers and staff are prototyping and measuring what works—and what doesn't.

Care teams, health coaches and motivational interviewing are just a few techniques and ideas being explored

in our care model innovation work. Some of these ideas were developed during design sessions that involved clinic providers, front-line staff and patients.

"This is both an art and a science," says **Maureen Ward**, program manager for care model innovation. "We create goal statements about an activity, design for it, prototype it, create incentives or rewards for it, implement it, measure it and evaluate the results to see if we want to continue or stop and try something else. We have to do this work quickly. Perfection is not desired—we're looking for success by approximations."

A key concept being tested is whether a care team, called a "teamlet," is a more effective and efficient way to deliver services, since it's not reimbursed under the current payment model. Teamlets—two or three physicians or nurse practitioners, two or three medical assistants or licensed practical nurses, one registered nurse and a scheduler/health unit coordinator—will meet frequently in "huddles" and coordinate all aspects of care for their patients. Clinic visits may include visits with team members other than a physician or nurse practitioner. The idea is to improve care coordination and "wayfinding"—helping patients better navigate their care.

Also key is the use of tools like motivational interviewing—a way of listening to the patient that brings out the patient's inner motivation for change. It also is a way to guide the patient toward healthy choices. It promotes patient engagement, or "activation." Most of the Fairview Eagan Clinic's providers and staff learned how to use motivational interviewing in January.

"Motivational interviewing is one of several foundational pieces of the care model innovation project at Fairview Eagan Clinic," says **Val Overton**, a nurse practitioner at the clinic who serves on the clinic's project team. "We believe patients who are heard by their team and guided by the team to the right interventions, tools and information will be empowered to maintain their health or manage chronic conditions."



Most of Fairview Eagan Clinic's providers and staff took part in two-day training sessions in January to learn how to do "motivational interviewing." This is a technique they'll use to gauge and foster a patient's willingness to make healthy lifestyles changes, such as quitting smoking. "This is one of the foundational pieces of this care model innovation project," says Val Overton, above left, a nurse practitioner who serves on the clinic's project team.

Fairview is leading innovative efforts to transform the way health care is delivered—aimed at improving clinical outcomes and patient engagement while being more efficient with resources. Our work is drawing rapt interest from industry leaders and lawmakers, including Minnesota's governor.

### The doctor will see you now

Today's health care delivery model in the United States revolves around office visits with a physician and a patient.

This model, which has seen very little change since the 1950s, falls short in preventing chronic illness, ensuring appropriate access and holding medical costs in line. Now, Fairview is actively leading the charge to create more effective, efficient, 21st-century solutions.

One pilot project, at Fairview Eagan Clinic, is challenging us to rethink the primary care model. Another initiative is exploring "virtual care delivery"—creating Web-based communities to encourage patients to take more active roles in their health.

"Our delivery and payment systems aren't built to deliver value," says **Dave Moen**, MD, medical director of care model innovation for Fairview. "There is a tremendous opportunity to use technology, change the business model and engage our staff and patients in creating the solutions."

New care teams, called "teamlets," are being tested at Fairview Eagan Clinic as a better way to care for patients. One teamlet's members, from left to right, are Jill Hunter, health unit coordinator; Allison McVay-Steer, nurse practitioner; Patty Dunn, medical assistant; Jeffrey Norman, MD; Sonja Short, MD; and Michelle Galloway, medical assistant.

### Imagine if

Imagine a care delivery system in which the patient has a trusting relationship with a care team that coordinates all aspects of his or her health care. Here are a few of the new approaches being explored:

- A 45-year-old smoker goes to his primary care clinic. Instead of lecturing him—"You know that smoking may kill you one of these days"—a health coach does motivational interviewing to assess his desire to quit smoking. The health coach then provides customized tools and resources to help empower the patient to achieve his goal.
- A 14-year-old is diagnosed with diabetes. Her team's care coordinator provides her and her parents immediate access to a special online community for children with diabetes. There, they find information and answers from a medical professional as well as emotional support.
- A 59-year-old woman who avoids having mammograms calls her clinic to make an appointment for a minor ailment. Her call is routed directly to the scheduler on her care team. Looking at the patient's electronic health record, the scheduler notices the woman is due for a mammogram and offers to schedule one for her. When the patient demurs, the scheduler, who has been trained in motivational techniques, is able to talk the woman through her fears about mammography, convincing the woman to let her schedule the procedure.

motivational interviewing is foundational to the care model innovation project at Fairview Eagan Clinic



Dave Moen, MD, ▶▶  
is leading Fairview's work  
in care model innovation.

## Engaging patients outside the clinic setting

At the same time, the Pediatric Specialty Clinic at University of Minnesota Children's Hospital, Fairview is launching an online community for pediatric diabetes patients and their families. It will offer a virtual learning environment and online education opportunities for patients and families, clinician tools, discussion groups and other interactive tools as well as videos of patient and family stories.

On a cold Monday in late December, 16 people—pediatric diabetes patients and family members—drove to the University of Minnesota Twin Cities campus to share their personal experiences of living with diabetes during sessions that were videotaped for use on the website.

Clinicians hope these personal stories and other tools and features on the site will help motivate patients to be more effective managers of their own health.

"I think this has immense potential," says **Brandon Nathan**, MD, a pediatric endocrinologist at the Pediatric Specialty Clinic. "I'm not aware of anything quite like this out there for patients and providers."

Brandon is working with Dave to develop the online site using NetClinic, a software tool Dave helped develop that has online educational, social media and social networking capabilities. Dave is exploring the use of NetClinic with other programs including palliative care and chronic kidney disease prevention, as well as using it for informed consent education.

### ▶▶ To learn more or share your ideas

For more information about care model innovation—or to share your ideas—contact Dave Moen, MD, medical director of care model innovation, [dmoen1@fairview.org](mailto:dmoen1@fairview.org), or Maureen Ward, program manager, [mward2@fairview.org](mailto:mward2@fairview.org).



### Working to break down barriers

Dave Moen is passionate about changing the way health care is delivered in America. It's a passion driven by frustration.

"What fueled me to get into this is 20 years of seeing the consequences of a system that doesn't work," says Dave, an emergency medicine physician who is leading Fairview's work on care model innovation.

"I mean the consequences for patients, of course," he says. "But the consequences also are huge for providers. Providers are trapped in a system that doesn't deliver. You hear many providers say, 'This isn't what I signed up for.'"

"It's tragic, really. When you look at the talent and skills of people in health care—the capacity that these people have to do good and the fact that our system is getting in the way of optimal performance."

### Feels like an emergency

Dave, the son of a small-town family physician in Wisconsin, completed his medical residency at Fairview in the mid-1980s and has been with us ever since. On Oct. 1, he left his job as head of the Emergency Department at Fairview Lakes Medical Center to become medical director of care model innovation.

"It's kind of fitting that an emergency physician ended up in this position," he says, "because I'm used to dealing with emergencies—and this work has the urgency of an emergency."

### Collaboration is key

Dave is excited and optimistic about our prospects for making substantive changes—full of "wild hope," as he puts it, referring to the title of a poem he received from a patient.

"But it will require collaboration," he says. "We, Fairview, can't solve this problem by ourselves." He has been meeting with representatives from other health care providers, national organizations, large employers and insurers. In fact, Fairview has put together a care model advisory board—with representatives from several national health care organizations—to evaluate the work being done and provide external perspectives. We'll also need to share our expertise with others, says Dave, across barriers and boundaries that are uncomfortable sometimes.

"This needs to be a movement that inspires us and our patients," he says. "We also need our partners and other stakeholders—other health care providers, insurers, employers and the government—to become part of this journey."