Implementing the Group Practice Manager in the VHA: A View from the Field

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FOR VETERAN-CENTERED & VALUE-DRIVEN CARE

Poll Question #1

- What is your primary role in VA?
  - student, trainee, or fellow
  - clinician
  - researcher
  - Administrator, manager or policy-maker
  - Other

Background

- In 2014 Congress passed the Veterans Access, Choice, and Accountability Act (VACAA) to improve Veterans' access to services*.
- Section VACAA section 303 requires the implementation of a clinic management training program to provide standardized education on health care practice management and scheduling to all appropriate employees.
- In November of 2015 VA created a new position: Group Practice Manager (GPM) and began hiring and training to spearhead and centralize this effort at VA sites around the nation .

Setting

In 2015 the VA identified five prototype sites for the initial implementation of the GPM Initiative.

- Geographic, size and complexity diversity.
- Self-identified as having clinical practice management experience
- Attended four advanced clinic practice management training sessions developed by the VA (February 2015 through the start of the initiative rollout)

Site	A	B	C	D	E
Mean Number of Providers FY16**	40	15	55	60	20
Number of Unique Patients: FY16 Mean***	25700	9800	13500	10000	16000
Academic Affiliation	Yes	No	Yes	Yes	Yes

*Rounded to nearest 5. Providers include medical doctors, nurse practitioners, registered nurses, and licensed practical nurses.

**Rounded to nearest 100

Data collection

- Semi-structured interviewer guides with open ended questions and structured prompts designed to elicit rich detailed descriptions of their experience and perceptions of the GPM role including understanding and perceptions of:
  - GPM role
  - Clinical practice management strategies
  - Goals
  - Activities
  - Relationships to other clinic roles
  - Data analytic usage and perceptions
  - Challenges
  - Barriers
  - Facilitators

Participants

Role	Total
Group Practice Manager (GPM)	10*
Leadership (Directors, Chief of Staff, Associate Directors etc.)	14
Mid-Level Manager	10
Analytics/Data Management	4
Providers (MD, RN, NP, LPN)	7
Schedulers (Frontline Access)	8
Trainers	3
TOTAL	56

Data Analysis

We analyzed the transcribed data using iterative deductive and inductive content analysis.

- Deductive content analysis consisted of identifying quotes and phrases that fit within pre-identified and defined *a-priori* categories.
- Inductive content analysis entailed open/unstructured coding, and allowed for the identification of emergent previously unidentified or unexpected themes, to capture data that did not fit into *a-priori* categories.

Coding continued until thematic saturation: the point at which subsequent data failed to produce new findings.[13]

Overall impression: Positive

- On the positive side, interviewees discussed the value of having tools available and being able to track and manage patient care.

“I think most folks are going to be really happy to have tools that they can use to better manage their services. And to have a process you know, that flows from a service level all the way up to executive management, where there is a common interest in making those things happen. I think that's going to be a tremendous help.” -GPM

Overall Impression: Legitimizing GPM activities

- The initiative allowed facilities to appoint a specific person with a specific title and role, which helped facilitate, organize, and legitimize GPM activities at their sites.

“I mean we've always looked at productivity, we've always looked at access. We've always looked at efficiency. I think the bigger difference is now there's individuals identified in the clinics, as practice managers as well. So you know I interact with them, they interact with individual clinic staff and it's more of a group process than a single individual.” -GPM

Overall Impression: Negative

- Participants cautioned about a one-size-fits-all approach and attempt to standardize efforts across various sites which may have different sets of needs.

“They are looking for the perfect solution rather than, okay what we can standardize up to this and then might have allow that local tailoring and tweak it as we've try and put it in.” -GPM

Perceived purpose of GPM role

- Interviewee insights regarding understandings and descriptions of the national initiative indicated a multifaceted, socio-technical concept (i.e., recognized the interaction of human behavior, technology, and to some degree society, in designing and executing modern work) of the initiative across the VHA.

- Participants spoke in terms of the high-level goals of enhanced care coordination, implementing the law, improving care quality, providing timely access, and improving process efficiency, as illustrated below:

Enhance Care Coordination

- *"We need to have a strong process in place for communication, across the different services, particularly in transferring the patients from the primary care setting into the specialty care setting and back."* – Intervener

Implement Law

- *"To meet the intent of the law, which is really to have a structure in place across the VA that has some key roles and responsibilities."* – GPM

Improve Care Quality

- *“Have the goal in mind of, ‘what's best for that patient?’ You know, it may not be that, what we are going to do for scheduling in the end, will be best for him. But as long as clinically and for his care and then it is, then that's what we are going to do.”* - GPM

Improve Process Efficiency

- *“So we're looking at creating efficiencies. Getting down to the clinic level and looking for clinics where there's a high amount of unutilized capacity. And often at times what we see is, actually there's that clinic capacity is duplicated, it's actually been utilized in another clinic.”* – GPM

Poll Question #2

- What is your primary role in PACT?
  - PCP
  - NP
  - RN
  - MSA or MA
  - PCMHI
  - Other
  - None

Provide Timely Access

- *"Veterans would receive timely care while still getting good outcomes, improving access that's the high level vision of this."* -Intervener

Providing guidance for redesigning existing structures and culture.

- Participants reported Changes in organizational structure designed to standardize ambulatory management processes

"… to establish a clinic practice management infrastructure inside of these facilities so all the processes have to take place. We have to create that orchestrated team inside each facility to do that, and that's where we're really facing up a huge challenge" –Intervener

- Facilitating a culture change towards metrics. GPM

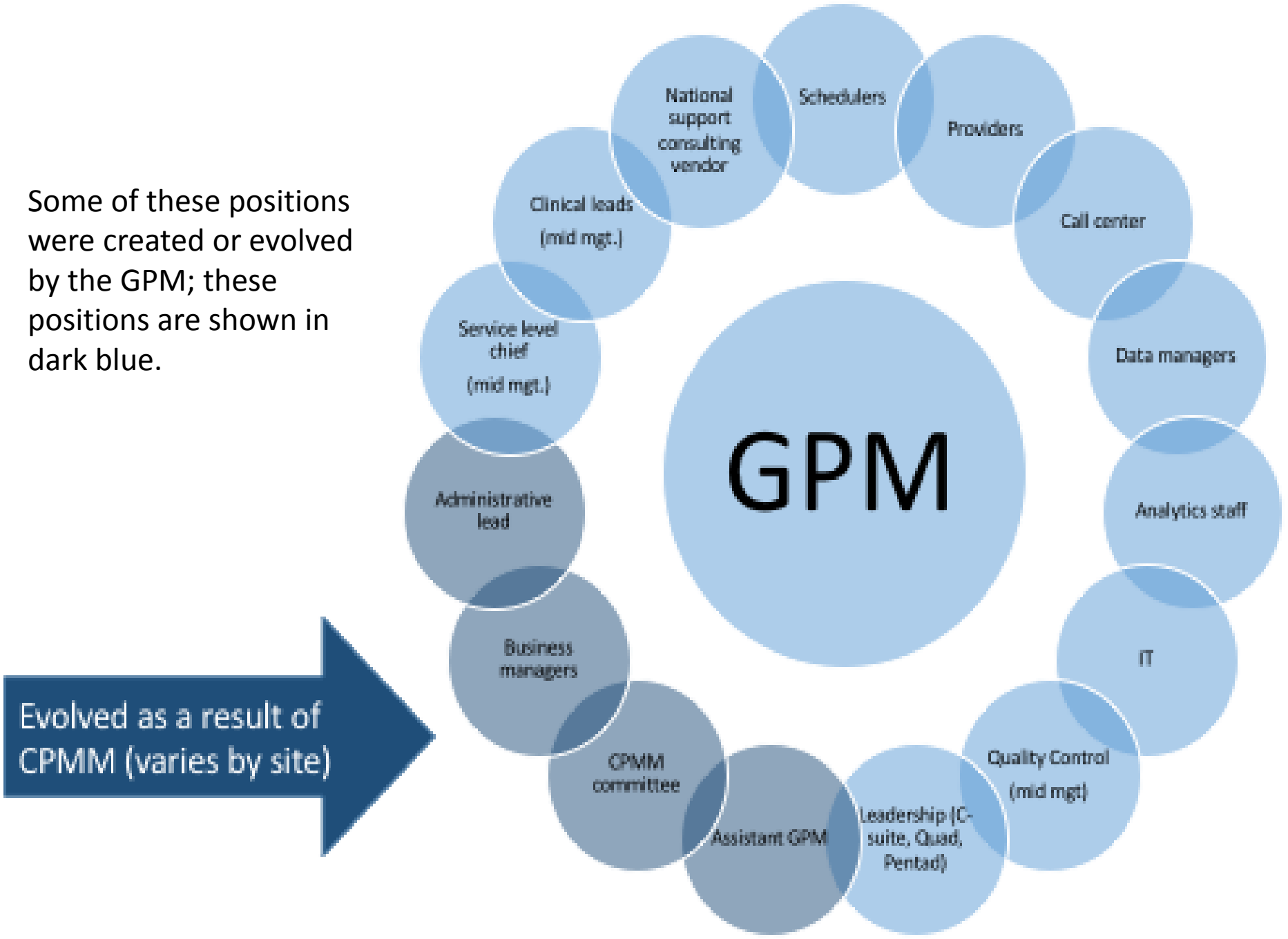
"To me the harder thing is the culture; we got to get away from the mindset that we are working with numbers. That's why access performance measures is a dirty word as I mentioned earlier. We are trying to provide timely quality care for veterans and that's really what it is about." – Intervener.

Centralization of existing responsibilities into one role.

- Many of the sites reported that had been doing or planning to do something similar to the clinic management efforts when the GPM initiative rolled out. As one interviewee noted:

“In one way it's a very new concept and others it's not really new. It's just gotten a different name. There's been staff who've been doing some of this work all along in the V.A. We just didn't have them grouped together. They weren't necessarily all working in the same type of service under the same type of structure.” -GPM

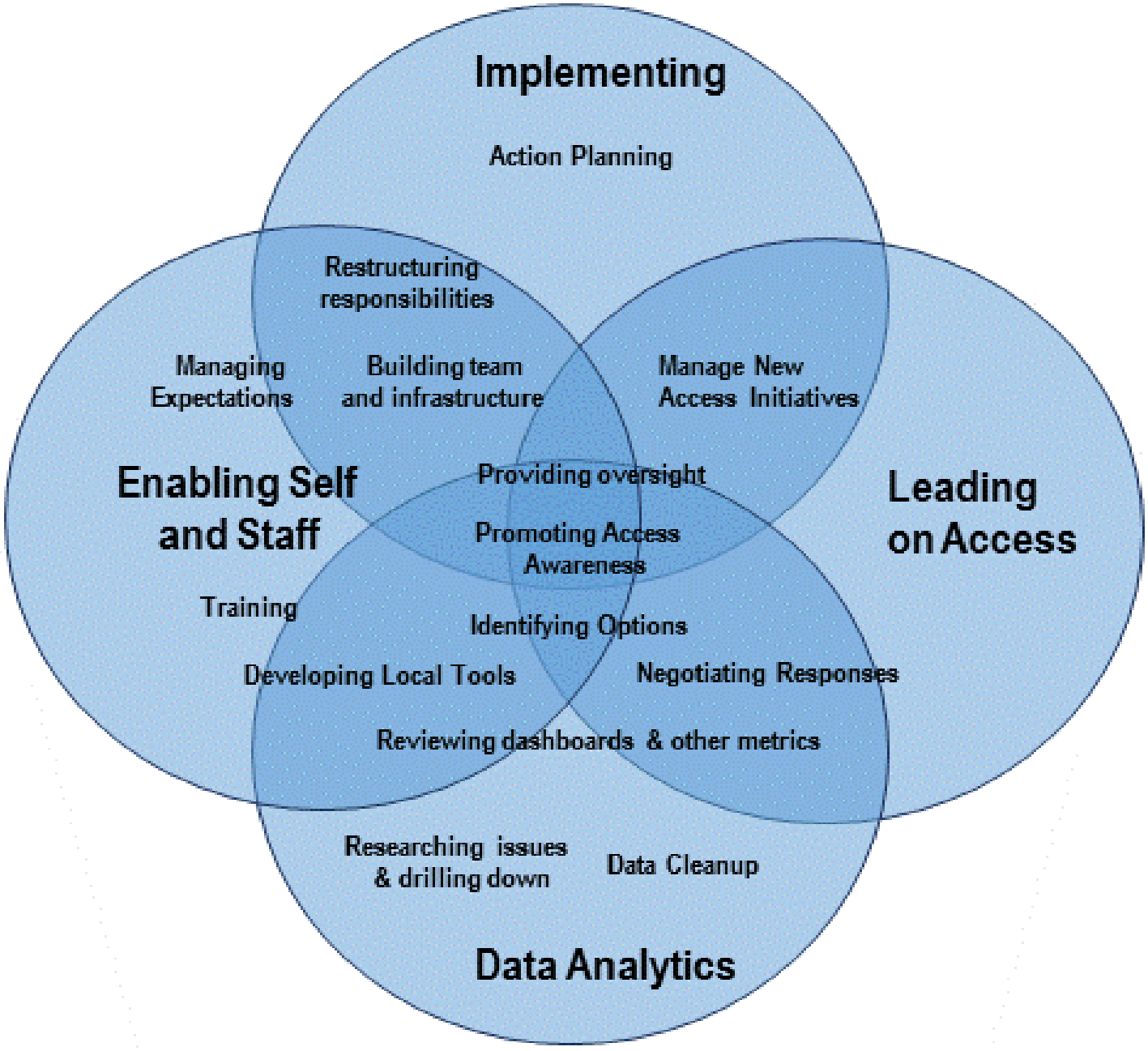
Some of these positions were created or evolved by the GPM; these positions are shown in dark blue.



GPM Roles and Tasks

Participants described four primary roles that the GPM was expected to fill:

- Implementing
- Leading on Access
- Supporting Data Analytics
- Enabling Self and Staff


Implementing
Action Planning
Restructuring responsibilities
Managing Expectations
Building team and infrastructure
Manage New Access Initiatives
Enabling Self and Staff
Providing oversight
Promoting Access Awareness
Leading on Access
Training
Identifying Options
Developing Local Tools
Negotiating Responses
Reviewing dashboards & other metrics
Researching issues & drilling down
Data Cleanup
Data Analytics

Implementing

Sites had latitude to interpret the GPM initiative in a way that would work in their context within given boundaries and ongoing initiatives.

- Defining the scope and tasks of the GPM

Basically right now my big job is to finalize what we think group practice management is going to look here. And then push it through. So a lot of planning for implementation? Yeah." – GPM

Leading on Access

- Participants saw the GPM as the central staff member responsible for providing oversight of any activities.

Just you know, honestly, the oversight, ensuring everybody's doing what they're supposed to do. It's the absolute oversight. And then when I see gaps, trying to develop a process or again develop training and have finding time to meet with people, to kind of close those gaps. Give it or-- that's what it is. The oversight and assisting, providing training." – GPM

- Managing multiple access initiatives

"Now at this point in the process, I'm just essentially maintaining or trying to keep up with any new initiative that's coming up." – GPM

- Working with leaders across the VA facility,

"We [GPMs] are not here to tell chiefs, department chiefs or section chiefs, how they should do their jobs but we are here to provide them enough tools to alert them to better manage their section, okay. I put it like, a lieutenant as a GPM in a clinic, how is the lieutenant is going to talk to a major or a colonel in the clinic and tell the colonel say hey, your clinic has problems, how that lieutenant is going to do that? With people skills." – GPM

Leading on Access (cont.)

- Managing expectations about the speed and extent to which a problem would be resolved

"I see myself as managing expectations both to the leadership and down to the front line. So that's a constant juggle. Because with this new structure there are a lot of assumptions. So I find myself talking to leadership of our progress. But at the same time we have to say, not everything can be fixed overnight." – GPM

- Developing options
- *"There is bunch of people in that area who have offices there. In working collaboratively in this GPM model, we have identified where we need to move those people (to somewhere else), so that we can take over those rooms and use them as exam rooms to help clinic flow. But the problem is where are they going to go. So, we need the space committee...to get someone to look at our overarching space and find someplace else for them to sit so that it is not congesting the clinical area. I think that will probably evolve and get better. I would say those are going to be the interesting challenges ahead. And, just continuing to raise those issues and find out who can kind of be like a space czar or something to get this over arching view and to really look at where we're inefficient in terms of our user space*." – Analytics/Data Management

Supporting Data Analytics

- Gathering data in one place

"What I would like to have is some more standardization on what's being reviewed it seems to change frequently and so be able to track and trend and have something given to me to review instead of having to you know really try to spend time digging into the data and trying to figure out on my own." –Provider

- Ensuring data were accurate and clean

"The group practice manager and the business managers that are under her are doing a tremendous amount to clean up our data to make it accurately reflect what it is that we're doing." –Mid Level Manager

- Reviewing metrics

"We have also maintained access through a lot of administrative scrubbing and scheduling and finding ways to...finding smart ways to get patients scheduled and get them through the system. I think that's probably the biggest accomplishment because I think that without driving that, without those driving that whole process, I don't think our facility would have taken care of as many Veterans in the timeframe as we did.... I mean we've cleared over 4,000 consults that were older than 90 days. We have cleared thousands and thousands of weekly reminders." – GPM

Enabling Self and Staff

- Developing training and education.
- Medical scheduling assistants (MSAs).

"So what we are doing, is we are putting together the training for incoming MSAs and the ones that are already MSAs for refresher courses because the law you know, with the CHOICE, all the guidance keeps changing and so the training has to be ongoing. So that is something that greatly affect Access. Because if they don't understand all of the scheduling principals and potential, we will not be maximizing the utilization of our parts and so forth." –GPM

- Clinicians

"GPM's also have to be teachers to be most effective because sometimes they have to be able to teach a position without being overbearing, in a way a physician will accept it as advisement. They have to work with the nursing staff and teach that as well so that the people understand that this is going to be, you know we are going to a different place to achieve our primary objectives and goals." –Leadership.

GPM Knowledge, Skills, and Abilities

GPMs require a complex range of knowledge, skills and abilities:

- Healthcare
- Clinical
- Administrative processes
- Data analytics
- People skills.

GPMs' education and experience varied.

- Health administration or business (e.g., MBA).
- Clinical training such as a (e.g. licensed physician assistant)

All interviewees reported that their prior education and experience did not completely train them for the GPM role and a willingness to learn quickly on-the-job was critical

Those GPMs that already had working relationships and familiarity with the VHA system were at an advantage :

- *You have to have VA knowledge of out patient flow, you have to understand how a clinic flows. You have to understand what out patient is. I mean it's not just everybody shows up for a visit and then they get seen and go home. There's a lot of pieces to it, you have to understand the flow.*

Technical skills

- GPMs need to be able to analyze patient demand metrics and underlying data in order to determine supply of providers and then to allocate adequate resources to complement providers

I got this many patients in primary care, and based on our model capacity if we have 10 full time providers that means I can have 1200 patients and know that I can see them in a timely manner. I got enough extra patients I need to get two or three more providers and they need to be able to be assured that they can recruit more providers if needed, they need to be assured they got to have space to put them in and they got support staff. – Intervener

People skills

- Communication skills

And then the biggest thing that I think is outside of all of those qualities that I mentioned is I think it's really critical that the GPM has the ability to communicate – communicate and lead. Because they're going to be responsible for communicating throughout the entire facility. And they're going to have to help lead and communicate with administrators and clinicians …. So, they're going to need to be able to foster and build those relationships and gain the trust from those individuals. – Intervener

- Organizational political and cultural skills.

GPMs also have to be teachers to be most effective because sometimes they have to be able to teach a position without being overbearing in a way a physician will accept it as advisement. They have to work with the nursing staff and teach that as well so that the people understand that this is going to be,… we are going to a different place to achieve our primary objectives and goals. So rather than directing and being authoritative the GPM has to almost teach and nurture. - Leadership

Issues and Challenges

- Technical Challenges

Well, honestly, I don't at this time. But the most of them don't even report to facility. So, whenever I need anything from a programmer, I have to go through, you know, IT Gods in the sky. That usually takes a few months or more. - GPM

- Social Challenges

Resistance to change, you know, that is frankly in any system but it is particularly hard in the VA just because it has a unique culture. I think that is one of the more difficult things. If we have been doing it for a long time then people tend to embrace it but if there is time to change it is not really embraced quickly. There is a comfort in the legacy way of doing things. - Leadership

- Multiple competing initiatives
- Staffing issues
  - Grade level
  - Hiring process
- Lines of authority

Discussion

- Effective Clinical Practice management requires engaging providers, local leadership and a wide range of clinic staff in a long term transformation to a Veteran centered data analytics culture.
- GPMs play a pivotal role in this effort to improve Veterans' access to care.
- Hiring, training and retaining well qualified individuals will be a critical, and potentially challenging, component of the GPM effort as it is rolled out across the VA.

Three key characteristics of the GPM initiative

- It is intentionally flexible to allow individual sites to adapt the clinical practice management principles to address their unique challenges, resources and population demands.
- GPMs have access to a tremendous amount and range of data to facilitate identifying, understanding and addressing access problems
- GPMs act as the local point person responding to both national access initiatives and local requests for information.

Limitations and Future work

- Small initial sample of self-selected sites.
- Currently conducting National mixed methods evaluation of *MY VA Access*
  - Reveiwng and assessing VA Access Metrics
  - National GPM survey
  - 21 site visits

Conclusion

- Substantial further development of the GPM role, supported by efforts to assess its impacts, are needed.
- The GPM role comprises a broad set of tasks; managing access involves understanding the big picture as well as a number of underlying variables.
- Ambulatory practice management within a large health system requires a complex set of skills
- The practice manager serves a highly relational role requiring the engagement of all clinic staff
- Attention to the ability of the position to exercise authority and participate in meaningful strategic planning, to engage frontline leaders and staff effectively, and to engage a team of operational experts particularly in data use, will be necessary to bring the GPM development to its next phase.

Team

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Questions/Comments?

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