

Improving Quality of Care: Clinician Tip Sheet



Advice from HCH Quality Leaders

March 2013

This Clinician Tip Sheet is drawn from the National Health Care for the Homeless (HCH) Council's Case Study on HCH Quality Leaders¹, which identified the key practices promoting quality of care and quality improvement (QI) strategies among four high-performing HCH grantees.² This publication highlights the advice from staff of the HCH Quality Leaders regarding practices that can improve quality of care in a range of settings, geographies, and patient populations.

Approach each patient as a whole person through the consideration of medical, behavioral, and social service needs.

A high level of cultural competence allows providers to treat the whole person and address the social determinants of health. This includes understanding the great diversity within the homeless population (such as differences among sheltered, street, doubled up, and safe haven homeless). HCH quality leaders have a commitment to treating the whole patient, balancing the provision of quality care with productivity needs. They recommend looking beyond acute concerns by also integrating health education that covers preventive and lifestyle changes into each visit. Although this comprehensive approach may impact productivity, the returns in quality of care are well worth it and of the highest priority.

Build provider relationships and continuity.

Many HCH consumers have never experienced provider consistency at a medical home and respond well to this newfound trust and support. According to Harbor Homes staff, its focus on building provider relationships has yielded exceptional patient engagement in treatment. Community Health Care has recently moved into patient panels as providers go live with the newly acquired electronic medical record (EMR). Care for the Homeless prioritizes continuity by enforcing set site schedules, bringing a high level of consistency and predictability to patients.

Increase access through responsiveness to consumer needs.

The quality leaders integrate open access scheduling and evening and weekend hours when possible. RiverStone Health offers advanced access, including same-day appointments and walk-ins. Its shelter-based clinics have a walk-in-only policy, having found that consumers responded better to this flexibility than a structured appointment system. Its other health center is open until 7 p.m. and is considering adding Saturday hours to increase access. Community Health Care increases access to its network of clinics by providing bus tokens to overcome transportation barriers, offering walk-in hours, and holding late night clinics from 5 to 8 p.m. As of June 2012, all of its sites adopted open access scheduling (with an 80:20 hybrid, meaning 80% of schedule is open access and 20% is by appointment).

¹ The Quality Leaders Case Study is available at:

<http://www.nhchc.org/wp-content/uploads/2012/11/HCH-Quality-Leaders-Key-Practices-Supporting-Quality-of-Care-and-Improvement-Processes.pdf>

² The Quality Leaders profiled in the Case Study included: Care for the Homeless, New York, NY; Community Health Care, Inc., Davenport, IA; Harbor Homes, Nashua, NH; and RiverStone Health, Billings, MT

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Streamline referral tracking and remain accountable.

Although quality leaders report difficulty managing the referral process—specifically achieving successful referrals, in which patients complete appointments and specialty provider reports are received afterwards—EMRs help improve their effectiveness and accountability. At Care for the Homeless, using the EMR to track referrals has prompted providers to become more aggressive and proactive by reminding patients about appointments, providing transportation, and rescheduling missed appointments. RiverStone Health operates in a similar manner, using the EMR to see if patients followed through with their referral appointments, if reports were received following the referral visits, and to trigger follow up with patients and resolve any issues impeding the referral process.

Encourage staff to work in integrated provider teams.

These do not have to meet the formal definition of a care team, but utilizing a team approach can improve staff satisfaction, efficiency, and quality of care. Each team member serves an important, complementary role, providing advice and support to fellow providers. This arrangement can also facilitate reinforcement through provider continuity, according to Care for the Homeless. Providers should have their goals and messaging aligned so that consumers receive consistent guidance on how to manage their health. From medical assistants to physicians to health educators, all parties should be on board with a care plan.

Consistently review process and outcome data and act upon results.

With the aid of technology like EMRs, evaluating process and outcome data can be done with greater ease. Harbor Homes recommends that grantees take advantage of these capabilities, running reports on at least a monthly basis to see good results. Of course, also act on these reports, investing in practices that are yielding strong results and altering areas that are falling short.

Strive to obtain staff buy-in to encourage ownership in the quality improvement process.

This was especially essential for Community Health Care given its multiple sites and large staff. By opening the process to all levels of staff, explaining the why and how, and welcoming any suggestions for new data indicators or performance improvement projects, staff became more engaged and trusting in the quality improvement process. Providers should also be continuously informed of their own performances so they can improve on an individual level, supplementing the organization-wide improvement activities. This requires grantees to invest in quality infrastructure, ensuring their improvement efforts are properly supported by designated staff.

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