



“They give me exactly the
help I want (and need) exactly
when I want (and need) it.”



IdealizedDesign™

of Clinical Office Practices

Access

Interaction

Reliability

Vitality

Better clinical outcomes, lower costs, higher satisfaction, and improved efficiency.

How Can We Make Office Practice Ideal?

Our AIM is to demonstrate that clinical office practices, with appropriate redesign, can achieve significant improvements in performance to meet today's urgent social needs for higher-value health care.

We will design, test, and deploy new models of office-based practices in health care capable of fundamentally improved performance levels, better clinical outcomes, lower costs, higher satisfaction, and improved efficiency in a more rewarding work setting.

Clinicians Work Very Hard

Clinicians work very hard in today's office practice. Fatigue and frustration levels are high and finding the time to improve the practice is difficult. Collaboration and innovation can help clinicians make progress more quickly.

In January 1999, the Institute for Healthcare Improvement, a nonprofit organization, launched a national initiative to pursue the question: "How good can medical practice get?" The project called Idealized Design of Clinical Office Practices (IDCOP) involves 34 prototype sites across the United States and one site in Sweden.

Why This Guide?

This guide is designed as a "high level" view of the complexities of a practice. We call it the IDCOP Model. A companion guidebook, "A Guide to Idealized Design of Clinical Office Practices" (IDCOP), is available to provide specific details, tools, and examples to support clinical office improvements.

The Mission of Idealized Design

IdealizedDesign™ has been developed by the Institute for Healthcare Improvement to bring together organizations that are committed to comprehensive system redesign. We are convinced that new levels of performance can only be achieved through dramatic and sustained system-level redesign.

The IDCOP Model

The Model of Idealized Design of Clinical Office Practices (IDCOP) has evolved to focus on **Four Themes** for change as key to the design:

ACCESS Patients have unlimited access to the care and information they need, when they need it.

INTERACTION Interaction between the patient and care team is deep and personal. The care team has “memory” of the patient.

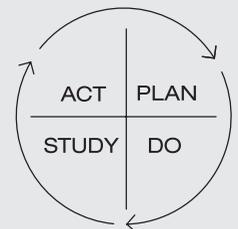
RELIABILITY The system exhibits high reliability in that it provides all and only the care known to be effective.

VITALITY The practice has vitality: a happy staff, a spirit of innovation, and financial viability.

Within each **Theme** you will find **Components** that require implementation to realize the ideal model. Components are listed under each appropriate theme. Crossing the themes and components are activities that a practice can engage in to support achieving better clinical outcomes, lower costs, higher satisfaction and improved efficiency.

How Do I Get Started?

1. Organize your interdisciplinary team
2. Understand the components of the IDCOP Model and Measures of Success
3. Plan a timeline using multiple rapid Plan-Do-Study-Act (PDSA) cycles



Four Themes of Office Practice Design

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Theme 1

Access

Access to care should be available 24-7-365

Timing is an essential component of health care. “Care” means all forms of interaction, suited to changing patient and family needs, including access to information, support, dialogue, reassurance, treatment, and supplies. Care includes all possible routes of delivery, not just face-to-face visits, but also electronic, print, and other ways of communicating.

ACCESS	INTERACTION	RELIABILITY	VITALITY
Open Access	Customized Communication	Knowledge Management	Research and Development
Continuous Flow	Interaction Technology	Population Management	Staff Development
Alternatives to 1:1 Visits			
Optimized Care Team/Master Schedule			
Leadership/Measurement Systems/Financial Management			

Open Access

We will do *today’s work today*. Through understanding practice demand for care and managing panels of patients and not appointment slots, scheduling systems support doing today’s work today.

Continuous Flow

We “promise” to take care of patients’ needs today. We commit to “doing all of today’s work today.” The structure and processes of the office practice synchronizes patients, information, and resources within the office. All work is done in current time—clinical and administrative activities intermingle.

Measures of Success

- Third next available appointment
- Future capacity: total open appointment time over the next four weeks
- Patient ratings of satisfaction with access to care
- Measures of process delays

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Theme 2 Interaction

Every patient is the only patient

The hallmark of successful interaction in care is that it is individualized. Interaction is not the vehicle, it *is* care which involves shared decision making. Health care is interaction.

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Customized Communication

Practices should individualize care and communications based on patient preference. Communications can occur face-to-face, through e-mail and the Web, over the telephone, or via mail.

Interaction Technology

Interaction occurs each time an individual accesses the office in the form of a visit, telephone call, e-mail, or Web interaction. Maximizing available technologies to provide options to patients to meet their needs is key. Systems will have “memory,” eliminating repetitive information gathering. Technology can also be used to support the practice in care planning and the patient/family in decision making.

Measures of Success

- Patient ratings of quality interactions (visit and non-visit)
- Use of shared decision making models
- Patient/Provider match

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Theme 3 Reliability

“All and only” effective and helpful care is given
 “Reliability” aspires to assure the exact match between knowledge and activity in the IDCOP practice.

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Knowledge Management

We will assure a match between new science and best practice. The knowledge is not just scientific, but also includes knowledge of the unique history, desires, social and cultural background of each individual.

Population Management

We will develop systems and registries for proactive population management of patients. We will provide the failsafe systems for tracking and anticipating patient needs. Systems will coordinate care across boundaries of people, place, time, and organizations.

Measures of Success

- Patient ratings of coordination of care
- Disease-specific health outcomes
- Use of accepted protocols
- Hospitalization rates

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Theme 4

Vitality

IDCOP redesign and improvement of a practice should be sustainable.

The new system should be financially viable, innovative, and a great place to work.

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Research and Development

The clinical practice is a “living laboratory” and “learning organization.” The practice goals include exploration and creation of new products and services. Programs support testing and research outcomes.

Staff Development

We will create systems and staff development programs which maximize the skills and productivity of each employee. Staff function at their highest possible level with the highest degree of staff satisfaction. The organization views staff as a vital resource and important investment.

Measures of Success

- Proportion of work that is innovative
- New patient visits
- Staff morale
- Operating margin

Important Concepts for Themes and Outcomes

Understand Your System

The Idealized Design of Clinical Office Practices requires the team to explore and understand the context of the health care system. Identifying the setting of the practice within an organization and community will enable collaboration with available resources to provide the highest quality care.

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Questions to Consider

- Who is your patient population?
- How many patients do you have?
- What are their needs?
- How do you currently meet patient and family needs?
- Who in your practice does what?
- How can patient and family needs be met differently?
- What are your current patient and family outcomes?
- Who should your practice collaborate with in the health system/community?

“We are on the threshold of remaking entire care systems—beginning with the clinical office itself—and the courageous among us will get there first. The changes we face have never been bigger. . . or more exciting.”

—Donald Berwick, MD
 President and CEO, Institute for Healthcare Improvement

Alternatives to 1:1 Visits

The traditional face-to-face, one-on-one visit is often unnecessary to meet the needs of the patient. Improved patient/provider interactions can result from use of the Internet, e-mail, and group visits such as DIGMAs (Drop-in Group Medical Appointments).

Optimized Care Team and Matching Patient Needs to the Team

Patient needs can be better matched by **“the right person performing the right activity at the right time.”**

In addition to a daily rhythm of work, clinical office practices also have a weekly rhythm. The development of a **Master Schedule** which provides the “match” between work and the team provides a predictable plan to maximize resources to meet patient needs.

Leadership

Leadership is essential in executing change. Organizational leadership from senior executives to site leadership of day-to-day activities must provide the vision, resources, and direction for clinical improvement teams.

Measurement Systems

Measurement must be made part of everyday work in an ideal practice. Organizations should develop strategic measurement systems linked to the organization’s mission. Measurements of success include:

- Practices are measurably “better”
- Practices use data to manage and improve themselves
- Measurement comparisons between sites is imperative to build “will” for improvement

The measures shown on pages 2–5 are the minimum recommendations.

Financial Management Systems

Practices must be aware of external forces in health care and be able to develop financial models that optimize the external environment while also providing high quality, high value patient care.

References

Resources Used in this Guide

Case studies and helpful tools can be found in the guidebook *A Guide to Idealized Design of Clinical Office Practice*.

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IDCOP Participating Organizations

Academic Medical Centers

Baylor College of Medicine
Beth Israel/Deaconess Medical Center
Joslin Diabetes Center
Strong Health
Vanderbilt

Primary Care Sites

Baylor College of Medicine: Family Medicine, Baylor-Methodist Primary Care Associates
Bellin Health System: Family Doctors, Family Practice Associates
Beth Israel/Deaconess Medical Center: Affiliated Physicians Group, HCA-General Medicine
Cambridge Health Alliance: Somerville Primary Care
Geisinger Health System: Lake Scranton, Lewiston
Greater Lawrence Family Health Center
Harvard University Health Services: Internal Medicine, Primary Care
Independent Health: Buffalo Medical Group, Tonawanda Medical Associates
Latham Medical Group
Luther/Midelfort-Chippewa Falls
Magic Health Partners
MeritCare: Desk 35, Detroit Lakes-Fargo
Scripps Clinic: La Jolla/Torrey Pines, Rancho Bernardo
Skelleftea Medical Center, Skelleftea, Sweden
SSM: St. Mary's Health Center, Dean Health System-Sun Prairie Clinic Family Practice
Strong Health: Primary Care
Thedacare: Family Doctors-Appleton Medical Center, Family Doctors-Kimberly

Specialty Care Sites

Beth Israel/Deaconess Medical Center: Hematology/Oncology
Cambridge Health Alliance: Somerville Pediatrics
Joslin Diabetes Center: Adult Diabetes, Eye Institute
Luther/Midelfort-Behavioral Health
Strong Health: Ophthalmology

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First Consulting Group

Visit our website

Interested in creating office systems that assure optimal access, interactions, reliability, and vitality?

See our Website www.ihl.org/idealized/ for more information.

Join our FREE office redesign e-mail discussion group.

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Join our mailing list

You can check IHI's Website www.ihl.org for updates, or email your complete mailing address to: info-idcop@ihl.org



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