

# Complex changes in MS healthcare: indirect care

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## Background

Cleveland Clinic (CC) Mellen Center for Multiple Sclerosis (Mellen) takes care of 7,000 MS patients annually with 70% participation in MyChart (MC). As part of a CC-wide continuous improvement (CI) initiative, Mellen is becoming a model area (MA) for CI. In complement, Mellen participated in CC's A3 program. A3 teaches participants how to tackle complex problems through CI methods. Mellen administrative assistants (AA) participated in A3 to improve workflows and reduce job-related stress by reducing phone call volume. Two years ago, AAs switched from a system in which each AA was assigned individual practices- to a task-based system- where each AA rotates completing a series of tasks for all Mellen providers. This improved task completion within required turn-around times, but daily task volume varied leading to unequal work distribution.

## Objectives

Mellen develops CI skills through manager and frontline MA training. Mellen A3 team participates in root-cause problem solving training to facilitate the MA changes. The A3 project goals are to improve efficiency of AA indirect care management, reduce time AAs spend on the phone, and improve employee satisfaction.

## Methods

CI model area training includes six manager and four frontline training sessions. The manager course included a Gemba walk to another model area that completed CI training to see where the work happens. A3 combines training and coaching in a 12-week program. Mellen A3 team included: AAs and two team leads with goals to reduce total call times and leverage task-based approach. A3 training provided AAs with tools to solve complex problems: AAs collected data, completed root-cause exercises, and shadowed AAs in different areas to share best practices.

Root-cause analysis included the 5 Why process and the Plan-Do-Check-Adjust (PDCA) cycle for implementing countermeasures and documenting improvements. The 5 Why's indicated that challenges in task completion could be traced back to high MyChart inbasket volumes on Mondays and Fridays and inequity in the way tasks were split. This process enabled AAs to work as a team to improve turnaround time by clearing MC inbasket before noon on Mondays (MC Mondays), when an average of 60 MC messages accumulate from the weekend.

	Intervention	Approx. Dates	Results	Lessons Learned
1.	Started Monday huddles	10/23	Cleared MyChart inbasket and MyChart refills before 11am	Split messages for covering APCs
2.	Split messages for covering APCs	10/30	Cleared MyChart inbasket and MyChart refills before 11am	Add items to MyChart Monday
3	Add eScript bucket to MyChart Mondays	11/6	Cleared MyChart inbasket, MyChart refills and RX refill bucket before noon.	We can add daily huddles to confirm

Table1: Plan-Do-Check-Adjust(PDCA) cycle

## Results

Mellen AAs created a visual management board, recorded daily volumes of MC messages, and created a strategy for managing MC Mondays and other high volume days. AAs work together and now clear weekend MCs by 11 AM on Mondays. As a result, Mellen AAs have seen a 2% reduction in abandoned calls, 15 minutes less of daily overall call time, and drop in total call volume from 127 to 116 daily. Each AA has seen an improvement in the management of high volume tasks and as a result of MC Monday.

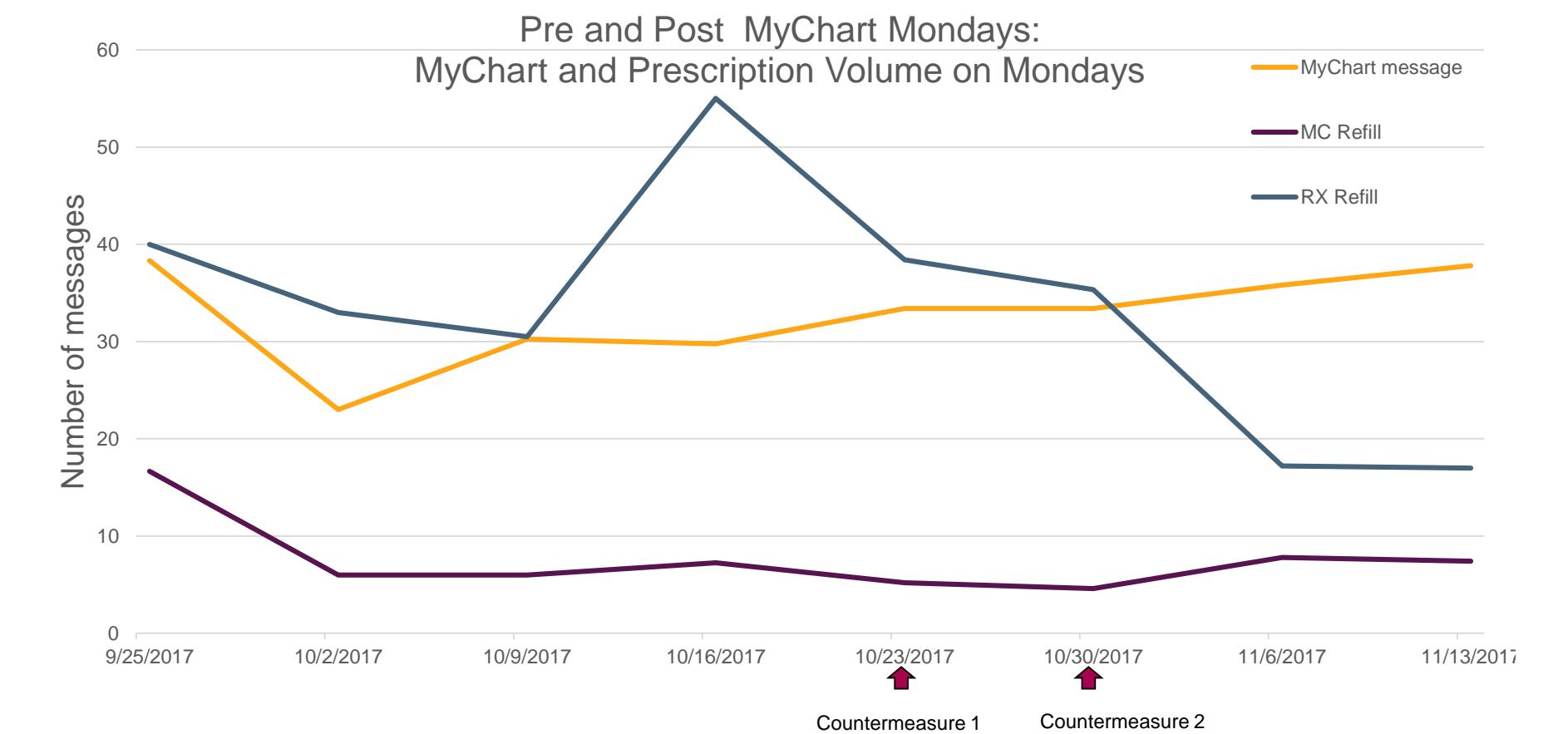


Figure 1: Volume of MyChart and prescription volume on Mondays before and after implementation of countermeasures #1 and #2.

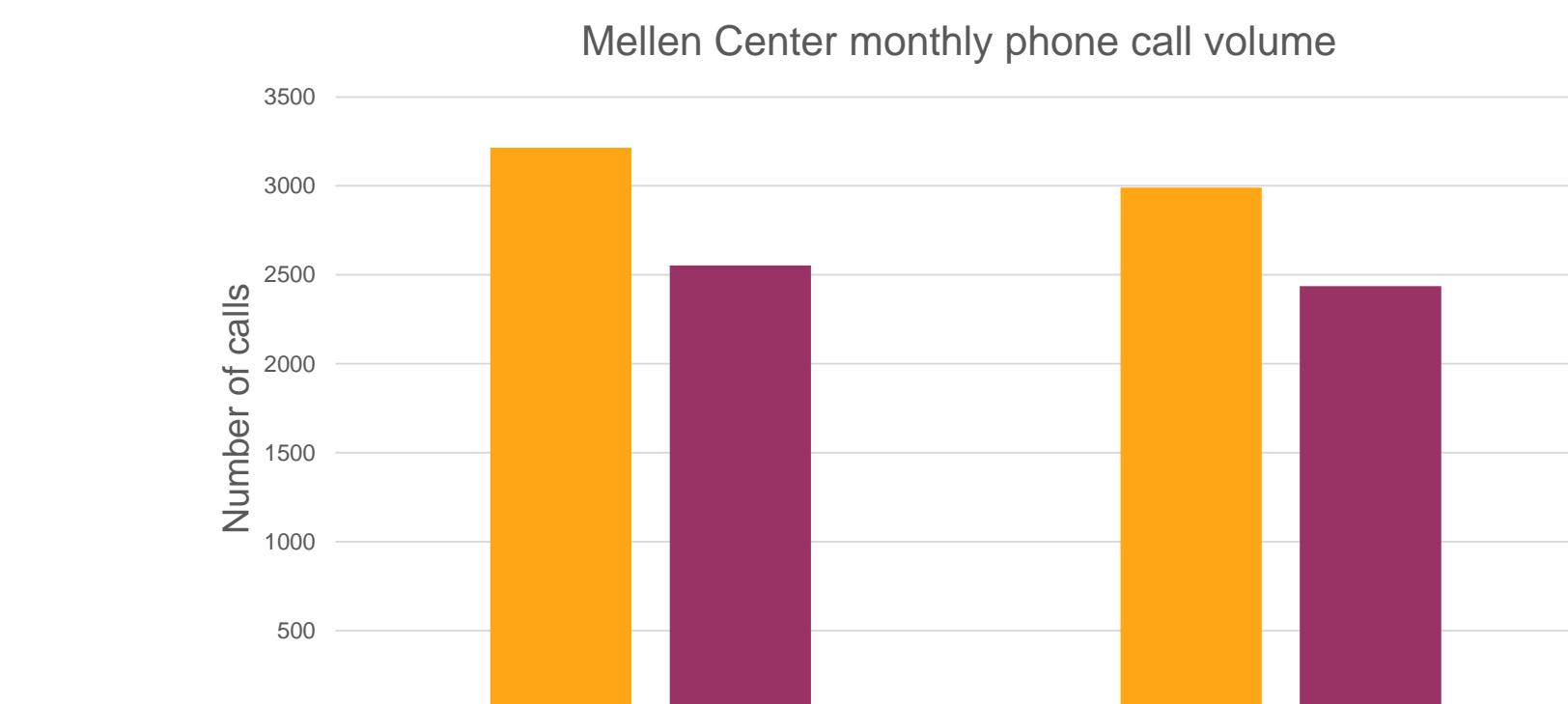


Figure 4: Monthly phone call volume before and after implementation of countermeasures #1 and #2.

## Results

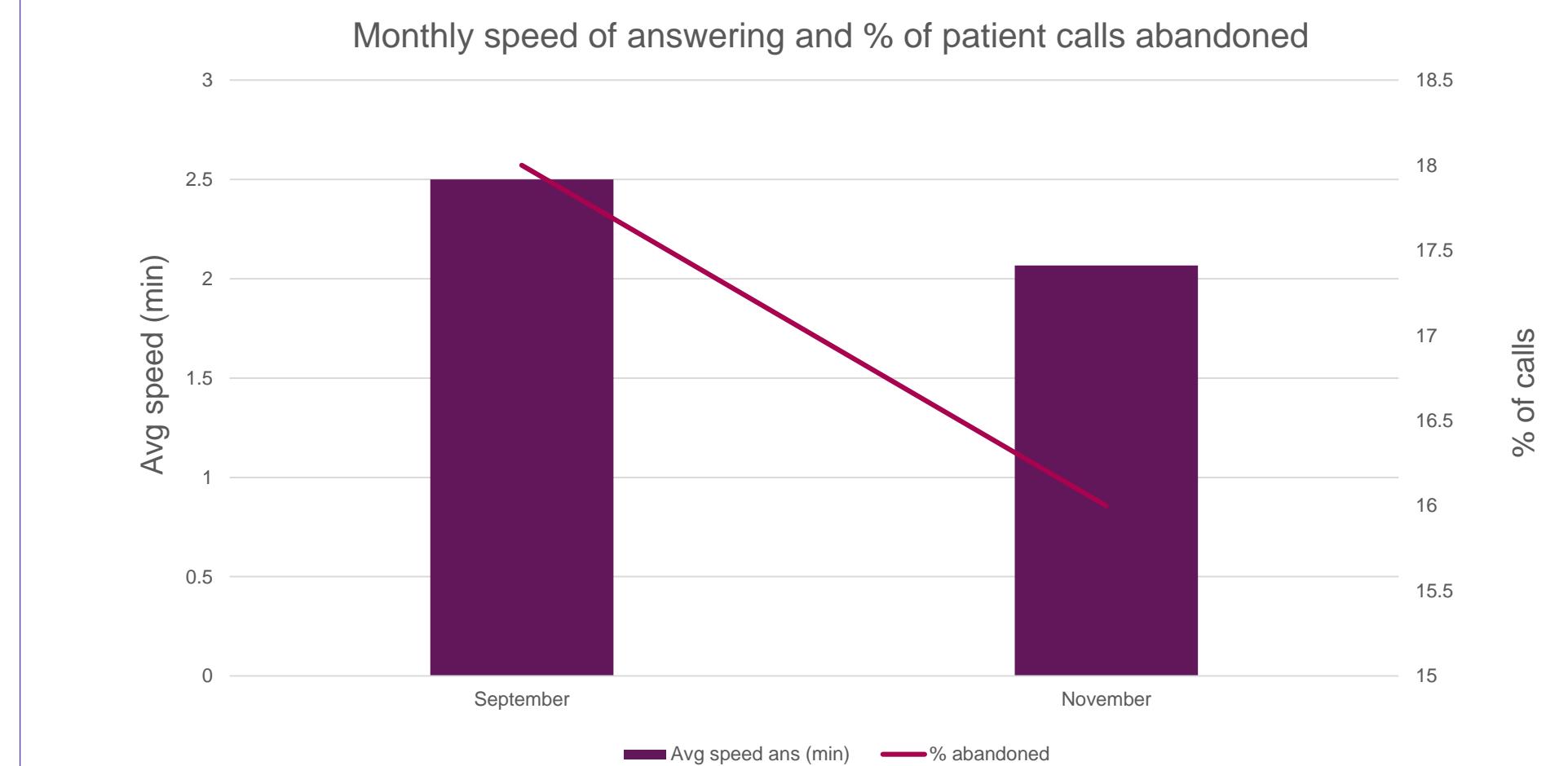


Figure 3: Monthly speed of answering and % of patient calls abandoned before and after implementation of countermeasures #1 and #2.

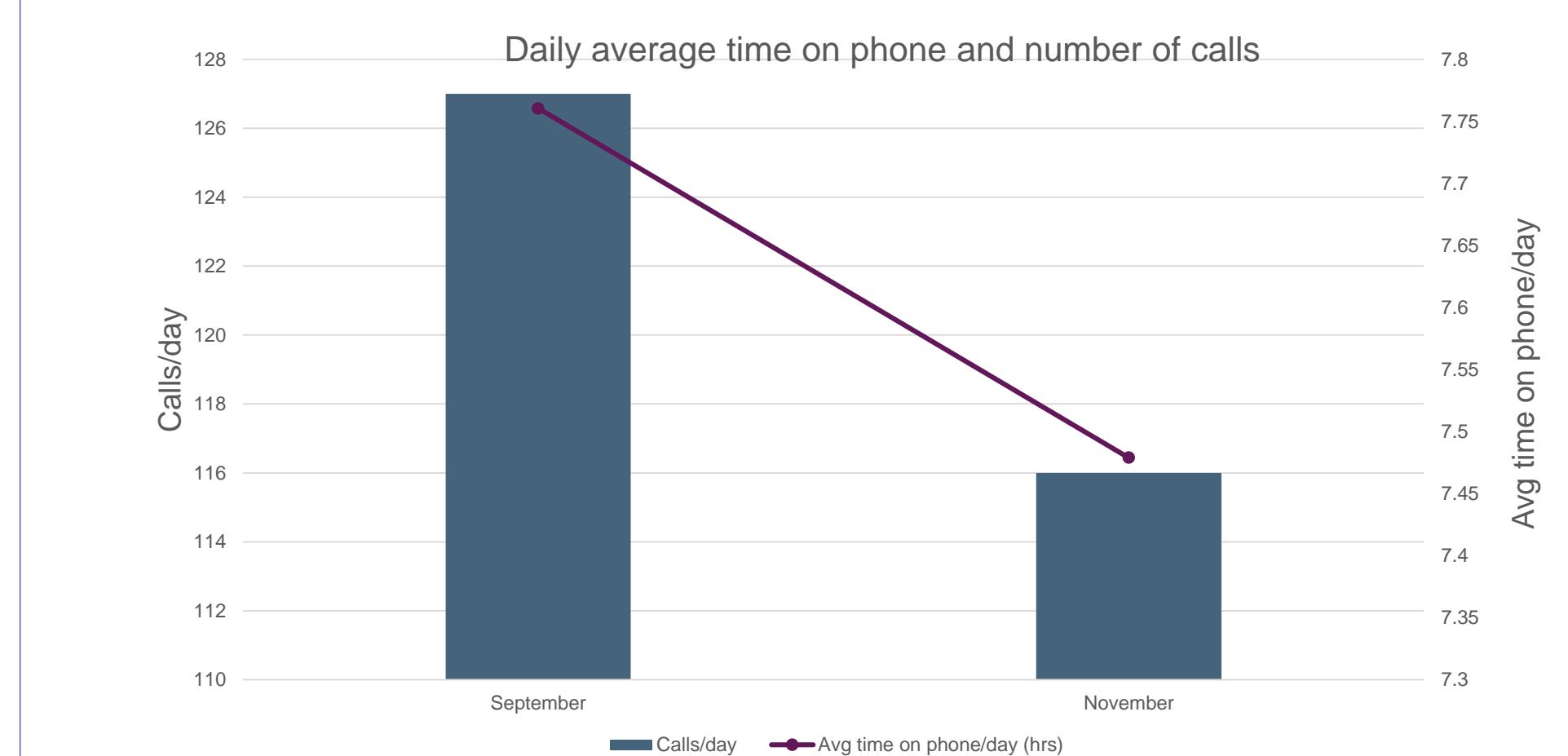


Figure 4: Daily average time on phone and number of calls before and after implementation of countermeasures #1 and #2.

## Conclusions

Mellen team has seen a reduction of call volumes as a result of implementing MC Mondays, and A3 participation will continue to help facilitate the transition to a CI MA. Through A3, AAs saw an improvement in task distribution equity and employee satisfaction.