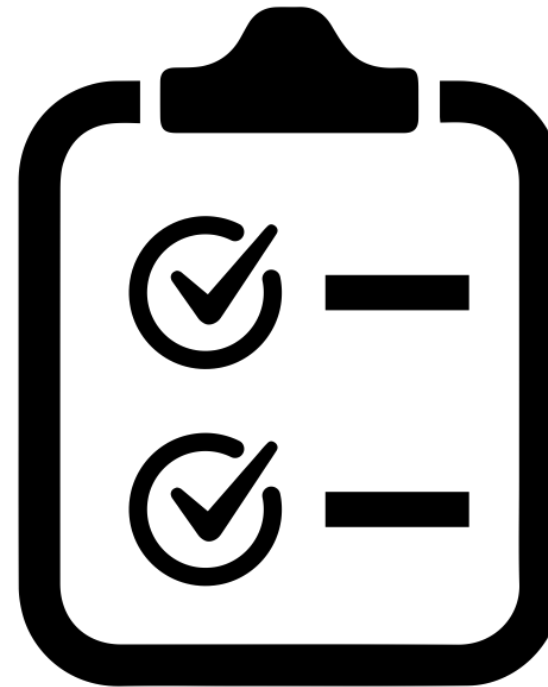


SCOPE OF PRACTICE

MEMBER SURVEY



Scope of Practice Survey – Care teams

What is the composition of your primary care teams?

Who is on the care team and in what ratios relative to a 1.0 FTE PCP?

	MA	LVN	RN	Admin	Other
Alameda	1.25	.25	.25	.25	.1 PharmD .2 RD/CDE .2 LCSW
Arrowhead	.5	.5	.25		
LA	1.5 Health Coordinator		.5 Care Giver .3 Care Manager .2 Service Coord		
Riverside	1.0	1.0		.5 - 1.0	
San Joaquin	1.0		.1	.2	.1 Health Coach .1 Referral Coordinator .1 Case Manager .1 PharmD .1 RD .05 LCSW
San Mateo	1.26		.6	1.26	.15 Urgent Care NP .07 PharmD .07 Social Worker (new)
UC San Diego	.99	.87	.28	1.65	.1 PharmD .1 Collaborative Care MFT

Scope of Practice Survey – Care teams

What is the composition of your primary care teams?

Who is on the care team and in what ratios relative to a 1.0 FTE PCP?

*“We have a 4:1 staff to provider ratio. Core team members include the Provider, LVNs, Medical Assistant, Medical Office Assistant, Receptionist Ancillary Teams include Registered Nurse, Coder, Management Team, Dieticians, Behavioral Health Clinicians
- VCHCA*

*“The primary care team is the provider/MA dyad. Dyads have access to RNs, RDs, LCSWs, and PharmD for wrap around services.”
- AHS*

*“For every provider we have 2 MAs and 1 front desk staff support.”
- Monterey*

Scope of Practice Survey – MAs

Please indicate which of these activities are part of the MA's role at your organization:

Perform screening surveys (e.g. for tobacco use, healthy eating and activity level)	10
Care coordination and referral follow-up, e.g. specialty appointments, labs	7
Discuss self-management goals and provide patient education during visits	5
Connect patients to services for non-medical needs, like housing	5
Contact patients between visits to support self-management and healthy behaviors	4

Scope of Practice Survey – MAs

What questions or challenges do you have when it comes to scope of practice for MAs?

- Defining Roles and Responsibilities/Team Dynamics
 - Overlap in scope between MAs and RNs
 - Defining exactly what "top-of-license" means
 - Lack of trust / resistance to give up control to MAs
 - Inspiring staff to buy-in to team-based care
- MA Oversight
 - Delegating MA supervision to RNs
 - Need licensed personnel to review all medications
 - Ensuring MAs perform required screenings
 - Cannot enter POCT results
- Performance Measurement
 - Auditing tools and feedback for MAs
- Regulatory Concerns
 - Allowed to initiate immunizations from a standing order?
 - MA scope in a Hospital Licensed clinic versus a Non-Hospital Licensed clinic
 - MA use of diagnosis codes

Scope of Practice Survey – RNs

Do some or all of your care teams include RNs? Are RNs assigned to one or more care teams for longitudinal care for a panel of patients?

8 of 9 systems said “Yes”

- Care Management/Chronic Disease Management (7)
 - Patient education
 - Medication management/administration/reconciliation/refills
 - Lab follow-up
- Triage (4)
- Care Coordination (3)
 - Referrals out of network
 - DME
 - Care transitions
- Clinical Operations/Flow (2)
 - Patient flow in clinic
 - MA oversight
 - Clinical cross-coverage

Scope of Practice Survey – RNs

- 5 out of 9 systems use nursing staff to **manage refills**
- 2 out of 9 systems use nursing staff for **medication titration protocol**

Scope of Practice Survey – RNs

What questions or challenges do you have when it comes to scope of practice for RNs?

- Implementation/adoption of RN protocols
 - Understand limits on ordering diagnostic services by RNs (standing orders vs. protocols), refilling/prescribing, and billing for RN services
 - How to launch standing orders within an EHR
 - Lack of protocol driven workflows for immunization management
- Workforce development
 - RNs working independently in chronic disease management
- Care team dynamics and operations
 - Trust issues between RNs and providers
 - Balancing urgent triage with chronic disease care
 - How to shift RN responsibility to other care team members
- Standardization across sites

Scope of Practice Survey – Data

How is data made available for identifying gaps at point-of-care (in-reach) and for proactive outreach?

- Pre- and post-visit checklist
- Population health tools
 - Patient visit summaries
 - Population-level registry reports
 - EHR add-ons: health maintenance module, quality measure alerts
- Analytics to track care gaps
- Enterprise data warehouse
- Excel sheets
- Patient registry
- Regular open referral reports

Scope of Practice Survey – Data

Is this process for acquiring data working well?

What could be improved?

- 3 respondents said process for acquiring data is working well
- Areas for improvement
 - Fewer log-ons
 - More real-time and customizable
 - More data integrity
 - Ability to integrate external (non-health system) data
 - Access to population health data for non-physician providers (RNs, LVNs and MAs)