Comprehensive, Whole-Person Care

Why Do It?

Comprehensive care involves the use of evidence-based guidelines to provide prevention and screening services, chronic disease management, self-management support, medication management and more. Care should reflect the needs of the patient population, and to do this practices must know who their population is, what they need, how they are doing and how well the practice is meeting those needs. Also see the tip sheets *Collecting & Using Data* and *Patient & Family Engagement* for additional ideas.

Where to Start

1. Focus on creating a "one stop shop" for your patients. Analyze your patient population as a whole and identify their most frequent needs and health determinants before making workflow changes, investing in new technology or creating new roles within the clinic. Also see the tip sheet on *Recruitment & Retention.*

2. Develop checklists of age-appropriate services that can be used by staff to "scrub" charts before visits. This step can sometimes be automated within your EHR. Combine this with population-level scans of patient panels for gaps in recommended care. See the tip sheet on *Collecting & Using Data.*

3. When possible, **avoid adding screenings and preventive measures on top of acute-care appointments**, which can be frustrating for both patients and staff. Instead, schedule a separate wellness appointment with the patient while they are on the phone or in the clinic.

4. Plan for increased documentation needs. Engage your care teams in developing workflows for visits that ensure adequate time for documentation. Be mindful of burnout when asking staff to incorporate new preventive measures without additional visit time. If staff or providers are falling behind on documentation or waiting until the end of the day to catch up, consider adding a scribe to the team. Also see the tip sheets *Quality Improvement* and *Team Based Care.*

"It's not just the patient's health care that you are dealing with here now. You deal with outside mental health issues, with daily living issues. Where do they get food because they are hungry? Where do they get resources? I've seen [staff] spend two hours trying to find resources for a patient who was going to be homeless, and they found her resources so she wouldn't be homeless anymore. It's not just about medical care anymore. It's about the whole person. We look at the whole person, and not just their health care."

PCPCH tip sheets were developed from the reported experiences of recognized PCPCH's, by a Portland State University research team under contract with the Oregon Health Authority, 2016. These recommendations are not part of the official OHA technical assistance guide and are not a guarantee of program recognition. Access this Tip Sheet and other resources: http://www.pcpci.org/search/resources.

5. Ensure that staff are equipped to **connect patients with social services** when these will facilitate better self-care. When possible, social service referrals should be monitored and followed up on as the clinic would do with any other referral to ensure follow through.

6. Tailor staff training to specific needs of your patient population, whether it be dementia, language barriers, or chronic disease. Include front office staff in these trainings. Consider participating in a learning collaborative with other clinics so that when changes are implemented, you can get support from the group. Also see the tip sheet on *Quality Improvement.* View a variety of training webinars on the Institute website, such as "Health Literacy: A Key to Patient-Centered Communication".

Tips for Making the Most of Comprehensive Care

- Leverage your EHR to examine how and when your patients are requesting prescription refills and **establish clinic protocols that facilitate the refill process**. Consider standardizing prescribing practices so that recurring prescriptions always end on a weekday or early in the week to prevent patients from running out of medication on days when the clinic is closed. Educate patients about optimal times to request refills.

- Some clinics have found patients are more forthcoming, or less alarmed by screenings, when questionnaires are included in the initial visit paperwork rather than conducted in the examination room. If your EHR allows it, **consider utilizing tablet computers in the waiting room** so that patients can complete paperwork that is automatically entered into their chart.

- **Organize well-check visits in blocks** by age group, health status or other patient characteristics so that your staff can conduct a single round of patient outreach and scheduling. Small clinics without full-time specialized staff can leverage these blocks of time to ensure behavioral health providers, nutritionists and others are on site when needed.

- **Ensure that all providers within the clinic are credentialed with the same group of insurers** so that patients have access to the full scope of services the clinic provides regardless of specific insurance. Also see the tip sheet on *Team Based Care.*

- Being patient centered and comprehensive go hand-in-hand. While the clinic should tailor its workflows to emphasize evidence-based care for its patients, team members should also **recognize when a protocol or guideline isn't working for a particular patient**. All members of the team should feel empowered and supported in working with patients to strike a balance. Also see the tip sheet on *Patient and Family Engagement.*

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