

## St. Jude Heritage Medical Group

### At-a-Glance



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**Location:** Yorba Linda, CA

**Practice Type:** Multi-specialty group practice, part of an integrated health system

**Primary Care Physicians:** 25 (13 family physicians; 6 pediatricians; 6 internists)

**Approximate Annual Patient Visits:** 130,000

**Reimbursement Model:** Mix of fee-for-service and capitation

The Yorba Linda practice is one of six St. Jude Heritage Medical Group sites throughout Southern California. In 2011, the site moved to a new facility designed to improve patient flow and team-based care with supporting specialists co-located. On-site specialists include OB/GYNs, dermatologists, allergists, a gastroenterologist, an orthopedist, a cardiologist and an endocrinologist.

## What Makes the Practice a Provider of America's Most Valuable Care?

The team at St. Jude Heritage Medical Group in Yorba Linda is available to meet their patients' needs in a comprehensive and timely manner. They offer same-day access to keep patients with their own care teams and out of the emergency department (ED) and urgent care. The practice's staff regularly perform tests and procedures that many practices commonly refer out to specialists, including joint injections, simple skin procedures, treadmill tests and more.

The practice also employs hospitalists to help coordinate inpatient care and transitions for patients at St. Jude Medical Center in nearby Fullerton. This feature has led to a 67 percent reduction in hospital readmissions in the last year. The practice's staff are aware of what is happening with their patients, including whether they've filled their prescriptions, and help make sure patients get the care they need.

## How Do They Do It?

The St. Jude Heritage Yorba Linda practice uses a care team approach to help deliver responsive, high-quality care for their patients. At the center of the team is a 'teamlet' composed of a medical assistant (MA) and a primary care physician. The MAs take on many tasks for the clinician, initiating each visit by taking vitals and a recent history, checking the medication list with the patient to identify discrepancies, and identifying preventive services that are needed. They also close out the visit by printing a clinical summary and scheduling all follow-ups for the patient.

Between patient interactions, the care team works together in an open plan 'pod' to facilitate communication and collaboration. Each PCP/MA 'teamlet' is responsible for following up on missing labs, prescriptions that have not been filled, and other care gaps for patients between visits, as well as scheduling a follow-up appointment when they are alerted that a patient has used the ED or been hospitalized. The redesigned layout and team-based approach has led to a 21 percent increase in physician productivity because physicians are better supported. In addition, with training and support from specialists, physicians have been able to take on the more time-intensive procedures more typically performed by a specialist.

## Q&A:

*Khaliq Siddiq, MD, medical director, and John Bennett, chief administrative officer, answer questions about their model for providing high-quality care and keeping costs low.*

### **Q: What is unique about your practice's care team model?**

**A:** "Physicians and operations managers work together, which increases efficiency in patient care and clinical outcomes. For example, all of the primary care MAs were educated on clinical measures that are being looked at today—whether they be pay-for-performance or otherwise—to give context to certain procedures. Not only would they know how to examine a diabetic patient's feet, but they would understand why this is important. This bottom-up approach has empowered staff to come up with their own ways to improve clinical outcomes. When the MAs felt more connected to what each clinical measure meant, it gave them greater interest in improving those measures." —*Khaliq Siddiq, MD*

### **Q: What are some of the ways in which the practice encourages clinicians to deliver more care in-house and be more available to their patients?**

**A:** "To combat the amount of work that left the site and went to urgent care or emergency rooms, providers were encouraged to do more common procedures in-house. For example, the family practice doctors have the skills to do their own biopsies on skin lesions. Providers in the office also attend monthly specialist education sessions to refresh them on procedures they can do on their own. To help them be more available to their patients, physicians' schedules were changed so that they were often able to see their own patients when the patient needed them. If you're able to see your own patient, if you're able to perform a service at your own site, if you're able to fit another patient in instead of having them go to urgent care—we call these 'patient satisfiers.'" —*John Bennett, chief administrative officer*

### **Q: What challenges did you have to overcome when you brought more procedures in-house?**

**A:** "While there was some concern over the demand that increased procedure in-sourcing may put on physicians, people were generally excited to perform what they were trained to do. There was concern from physicians that the amount of administrative work necessary in primary care takes away from time with patients, so they were glad to have the opportunity to minimize administrative duties and increase time with patients." —*Khaliq Siddiq, MD*

### **Q: Do you have any advice for other practices wanting to improve the value of the care they provide?**

**A:** "Yorba Linda measured physicians against one another and their peers, which really showed physicians that they had room for improvement, and it motivated them to succeed. It's imperative that there are strong, motivated physician leaders in place and an innovative care team structure that allows the physicians to focus on patient care while other support staff to do the rest. Having our most expensive employees doing the things they have to and those who are less expensive doing the other tasks that don't have to be done by the licensed professional is one reason for our success." —*John Bennett, chief administrative officer*

## Features Highlighted:

- Always on
- Staying close
- Responsible in-sourcing
- Upshifted staff roles
- Hived workstations



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