



The high-tech healthcare huddle

By Joe Cantlupe | March 1, 2017

Several years ago, when government agencies started pushing for team “huddles” to evaluate patient care, the physicians, nurses, and staff at Chesapeake Health Care dutifully held their meetings.

Not that anybody was happy about it.

“It was a convoluted process,” recalls Chris Perry, RN, director of informatics for the Salisbury, Maryland-based patient-centered medical home facility. “We printed out the day’s schedule. Sometimes it would take someone almost two hours to prepare. We met a lot of resistance across the board. They thought it was a waste of time.”

These days, though, healthcare huddles are evolving into critical staff capability tools. And with the help of technology, they’re increasingly using data to facilitate patient health — and address the requirements of value-based care, including clinical decision support.

Today, Chesapeake Health Care runs its huddles with the help of Grand Round Table, Philadelphia-based health IT company that is part of athenahealth’s More Disruption Please program.

Grand Round Table’s “Clinical Assistant” system — used at 49 primary care sites throughout the country — integrates with electronic health records to make huddles more efficient and effective. Providers receive “daily digest briefing” emails about patients who are scheduled to come into their offices the next day, says Grand Round Table president, CEO, and co-founder Eric King.

Each secure email links to a huddle report that contains updates on the patient’s last visit, provides reference links to patient-centered clinical guidelines, and identifies potential gaps in care. Does this patient need that lab result? What about the diabetes monitoring? Check. Check. Problem areas are illuminated in red.

Grand Round Table follows up with biweekly usage reports.

By using Clinical Assistant, King says, clinicians and staff can assess which patient visits may be the most complex and prepare accordingly. In addition, they can prepare for screenings and vaccinations while keeping tabs on medication changes and updated lab results.

Communication and cost savings

Some clinicians say the biggest advantage of a patient huddle isn't the data, but the team collaboration and human interaction. Huddles allow team members such as medical assistants or nurses to share evaluations with physicians on a peer-to-peer level.

"It's a matter of debunking the hierarchy and having people really finding their voice and have an equal say in safety for the patient. And everyone is encouraged to be open," says Heather Budd, vice president of clinical transformation at Azara Healthcare, another member of athenahealth's More Disruption Please program.

Azara, based in Burlington, Massachusetts, specializes in data-driven reporting and analytics for community health centers. The company uses a pre-visit planning report — known as the PVP — to help providers tackle quality initiatives, Budd says.

"The PVP is intended to impact care across the spectrum," Budd says. "Using it in the huddle is just one application. Practices are already using it for care management and behavioral healthcare planning."

Another potential benefit of digital huddle systems is cost savings. One Grand Round Table study shows that using Clinical Assistant could save each member of a care team up to 30 minutes that would otherwise be spent digging through paperwork.

"The average health center has 10 providers," King says. "In many cases, one person ends up doing the chart prep for many providers, and so quickly that turns into a part-time job. With 16 providers or more, it becomes a full-time job. This time could be so much better spent focused on patient care and serving more patients."

Using Clinical Assistant also helps providers improve PCMH compliance, King says, by assisting with requirements such as coordinating a practice team, test tracking, and follow-up care. That can increase practice revenues by around 11 percent per year, he says, since providers "are paid more by insurers by meeting these standards."

For Perry at Chesapeake Health Care, the move to Clinical Assistant "has been night and day."

Although it took awhile for a few staff members to get used to the system, he says, enthusiasm for huddles is now widespread.

"It really makes our quality measures stand out. There is a process now and the potential to evaluate risks and opportunities," Perry says. "The [system] fleshes out everything and brings what care is needed to the forefront."

Some providers have even found that the system is effective with a "huddle of one." At Hawaii's Hāna Health, a federally qualified health center that serves a remote population on the eastern end of Maui, staff changes have left one nurse who must coordinate care. So these days, Rosa Valenzuela, RN, pulls together huddle sheets from Clinical Assistant and gives data to each physician.

"The huddle sheet saves time," she says. "This person may not have had a diabetic foot exam. The message comes right there, off the bat. We make sure the provider is ready. It does improve care."

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