The Patient-Centered Ambulatory Facility
Designing for the New Health Care Consumer
## Advisors to Our Work

With Sincere Appreciation

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<tr>
<th>Alter+Care</th>
<th>Frauenshuh HealthCare Real Estate Solutions</th>
<th>NBBJ</th>
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<td>John Driscoll</td>
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<td>Miguel Burbano</td>
<td>Hilary Bales-Morales</td>
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<td>Scott Huff</td>
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1. The Rise of Retail

2. Redesigning the Outpatient Clinic

3. An Evolving Ambulatory Environment
Growth Depends Upon Attracting, Retaining Patients

Covered Lives New Metric of Success for Population Managers

**Hospital Value-Based Growth Strategy**

**Attract Patient Populations**

Provide a range of accessible, coordinated sites of care to draw in new patient populations

**Retain Patients In-Network**

Capture patient share of wallet by ensuring consumers remain in-network across care continuum

Source: Facility Planning Forum research and analysis.
Ambulatory Investments Underpin Future Growth

Outpatient Construction Projects Anticipated to Rise

New Construction Projects Planned in the Next Three Years

2014, n= 38 Hospitals and Health Systems

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Planned %</th>
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<tbody>
<tr>
<td>Ambulatory Facility¹</td>
<td>71%</td>
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<tr>
<td>Medical Office Building</td>
<td>53%</td>
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<tr>
<td>Inpatient Tower</td>
<td>41%</td>
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<tr>
<td>Specialty Hospital</td>
<td>15%</td>
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<tr>
<td>Post-Acute Facility²</td>
<td>12%</td>
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Outpatient Investment Goals for Population Managers

1. Assemble Care Continuum
   Extend reach beyond acute enterprise to bolster network access points, scope of services

2. Secure Patient Populations
   Protect existing patient share of wallet amid heightened competition, narrowing networks

3. Manage Cost and Quality
   Drive patients to lower cost care sites, strengthen disease management and prevention

¹ “Ambulatory Facility” includes retail clinic, urgent care, freestanding ED, imaging center, or ambulatory surgical center

² “Post-Acute Facility” includes skilled nursing facility, long-term care hospital, hospice, rehabilitation, or senior living


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High-Deductible Plans Encouraging Price Sensitivity

Game Changer #1: Greater Consumer Cost Exposure

High-Deductible Health Plan Enrollment
*Individuals with Deductible of $1000 or More*

<table>
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<tr>
<th>Year</th>
<th>Enrollment</th>
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<tr>
<td>2003</td>
<td>7%</td>
</tr>
<tr>
<td>2005</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>18%</td>
</tr>
<tr>
<td>2012</td>
<td>25%</td>
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Price Sensitivity in Action

- **23%**
  Consumers report they are postponing care after enrolling in a CDHP

- **17%**
  Consumers report they are sacrificing care after enrolling in a CDHP

1) Consumer Directed Health Plan.

A Surge of Tools to Compare Providers

Suddenly Subject to the Marketplace of Opinion

Tools to Search Health Care Consumer Ratings

Katy Watters, MD
General Practice
★★★★☆
285 reviews (read below)

Consumer Making Decisions Based on Reviews

Selected a physician based on a positive review
35%

Avoided a physician based on a negative review
37%

N = 2,137
2014

Other available apps, websites:
- Consumer Reports
- HealthGrades
- RateMDs
- Vitals
- ZocDoc
- PatientsLikeMe

65% Consumers aware of health-related reviews online
59% Consumers find ratings somewhat or very important when choosing a provider

## Competition Meeting Unmet Consumer Demands

### Expanding Competitive Landscape

<table>
<thead>
<tr>
<th>Retail Clinics</th>
<th>Concierge Medicine</th>
<th>Virtual Care</th>
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<tbody>
<tr>
<td>• Walk-in retail clinics treating routine health needs, chronic disease</td>
<td>• Full-service primary care clinics for routine health care needs</td>
<td>• Mobile application allowing patients to request house call</td>
</tr>
<tr>
<td>• Clinics within 400 Walgreens locations across the U.S.</td>
<td>• Family health care accessible in 80 locations nationwide</td>
<td>• Offering service in New York City, with expansion planned</td>
</tr>
</tbody>
</table>

### Hospital Business in Peril

“Retail medicine is changing how consumers view value within healthcare services. Consumer focused delivery is helping redefine “high quality” as “convenient.” This shift represents a serious threat to hospitals.”

*Moody’s Investor Service Report, 2014*

Current Facilities Not Meeting Consumer Demands

Rethinking the Traditional Approach to Outpatient Design

Facility Challenges

- Bottlenecks in Patient Flow
  - Unnecessary patient wait time from intake through check-out
  - Patients may get lost finding right physician in larger MOBs

- Episodic Care Delivery
  - Facilities designed around care episodes, not health and wellness
  - Insufficient care team collaboration to support patient follow-up

- Inconvenient Site Location
  - Facilities centralized on hospital campus, rather than in the community
  - Few alternatives to the traditional MOB for routine primary care

Planning Imperatives

- Enhance Patient Journey Within Clinic
- Drive Ongoing Patient Engagement
- Extend Access to Care, Anywhere

Source: Facility Planning Forum interviews and analysis.
Supporting Patients At Every Touchpoint

Facility Assets Impact Preference During Visit and Beyond

Optimize Clinic Visit

Enhance Patient Journey Within Clinic
Configure facility layout to streamline the patient flow through facility

Drive Ongoing Patient Engagement
Strengthen care management for high-risk patients after an outpatient visit

Promote Continued Health & Wellness

Extend Access to Care, Anywhere
Broaden non-traditional primary care alternatives within the community

Source: Facility Planning Forum research and analysis.
The Rise of Retail

Redesigning the Outpatient Clinic

An Evolving Ambulatory Environment
Meeting the New Consumer Mandate

Imperatives to Impact Preference During Visit and Beyond

Optimize Clinic Visit

1. Perfect the Registration, Check-in Experience
2. Streamline the Patient Rooming Process
3. Eliminate Clinic Check-Out Lines

Enhance Patient Journey Within Clinic

Drive Ongoing Patient Engagement

4. Reinforce Self-Management with Team-Based Care
5. Accommodate Dedicated Education Space
6. Equip Outpatient Clinic for Group Visits

Promote Continued Health & Wellness

7. Broaden Off-Campus Retail Locations
8. Expand Worksite Clinic Alternatives
9. Connect Patients and Providers Via Telehealth

Extend Access to Care, Anywhere

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Extend Access to Care, Anywhere

Source: Facility Planning Forum research and analysis.
Patients Demanding Greater Convenience

On-Demand Appointments Preferred Attribute for Primary Care

Top 5 Preferred Primary Care Clinic Attributes

Average Utility

n=3,873

1. I can walk in without an appointment, guaranteed to be seen within 30 mins

2. If I need lab tests or x-rays, I can get them done at the clinic instead of going to another location

3. The provider is in-network for my insurer

4. The visit will be free

5. The clinic is open 24 hours a day, 7 days a week

Convenience is King

63% Patients that indicate wait time “very” or “extremely” important

Survey-in-Brief: Primary Care Consumer Choice

• Nationwide survey of nearly 4,000 consumers to determine preferred primary care clinic attributes when seeking routine care

• Respondents prioritized preferences across 56 attributes related to access, cost, service, quality, & reputation

Longer Wait Times, Lower Patient Satisfaction

Time Spent Waiting Central to Positive Visit Experience

Time Spent Waiting and Patient Satisfaction

\[ n = 989 \text{ Providers} \]

<table>
<thead>
<tr>
<th>Time Spent Waiting</th>
<th>Patient Satisfaction</th>
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<tbody>
<tr>
<td>0-5 minutes</td>
<td>95%</td>
</tr>
<tr>
<td>6-10 minutes</td>
<td>94%</td>
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<tr>
<td>11-15 minutes</td>
<td>92%</td>
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<tr>
<td>16-20 minutes</td>
<td>90%</td>
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<tr>
<td>21-25 minutes</td>
<td>88%</td>
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<tr>
<td>25-30 minutes</td>
<td>86%</td>
</tr>
<tr>
<td>&gt;30 minutes</td>
<td>80%</td>
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When you think about value from a patient's perspective, waiting is a waste. We need to get the patient to the care — whether it's the provider or the procedure — in the shortest amount of time possible.

Christy Dempsey, Chief Nursing Officer, Press Ganey

Bottlenecks at Every Step in the Process

Opportunities Abound to Improve Patient Flow, Save Space

Registration and Check-In
- Patients lack check-in options outside in-person registration within clinic
- Decentralized registration results in multiple waiting lines for patients

Patient Rooming
- Staff work flow, clinic space can hinder rooming process
- Patients may get lost finding an appointment in larger MOBs

Clinic Check-Out
- Check-out lines add unnecessary wait time following visit completion
- Separate check-out reception space results in larger clinic footprint

22 min
Average time waiting to see doctor at a clinic

42 min
Average total visit length for primary care

Main Line Health Designs ‘One Stop’ for Patient Check-In

Imperative #1: Perfect the Registration, Check-in Experience

Centralize the Registration Desk

Main Line Health, Exton Square Mall

Work Flow Advantages of Central Registration

- Avoids multiple check-ins across physician practices
- Expedites patient referrals, scheduling
- Serves as integration hub for services within outpatient center

Case in Brief: Main Line Health, Exton Square Mall

- 32,000 square-foot, $4.5 M health center located in mixed-use mall
- Designed central registration for co-located primary care, specialty care, and imaging and lab to streamline patient referrals, improve patient experience
Weighing the Advantages of Central Registration

Understanding When to Consolidate Outpatient Check-In

Major Considerations for Central Registration Implementation

1. **Assess Service Mix**
   - Understand the mix of services and associated patient population
   - Consider decentralized registration for high volume departments

2. **Evaluate Patient Flow**
   - Project impact of central registration on patient queuing, clinic workflow
   - Align number of check-in stations, waiting seats with anticipated volume

3. **Estimate Space Requirements**
   - Determine space savings from consolidated registration desk
   - Review downstream impact on department layout, clinical areas

4. **Review Appropriate Staffing**
   - Calculate required staffing levels to meet annual demand of appointments
   - Develop and provide standard training for scheduling, registration

Source: Facility Planning Forum interviews and analysis.
Self-Service Check-In Expedites Throughput

Goals of Kiosk Check-In at Vanguard Urology Institute

- Minimize wait times
- Streamline routine processes
- Optimize physician-to-admin ratio

2 min
Average check-in time achieved

4:1
Physician-to-administrative staff ratio

Vanguard Urology Institute

- Outpatient provider in Houston, TX
- Implemented self-service kiosk to streamline patient intake and registration process within the clinic, minimize wait time
- Kiosk also expedites copayment and bill collection by capturing patient payments prior to appointment

Tailor Approach to Cater to Different Visitors

Segmenting Patients By Preferred Method of Registration

**Former Standard Model**

*Patient Registration*

- **In-Person Check-in for all Patients**
  - Complex visits
  - Routine visits

- **New patients**
- **Long-standing patients**

**New Tailored Model**

*Patient Registration*

- **In-Person Check-In**
  - New patients
  - Complex visits requiring face-to-face discussion

- **Mobile Tablet**
  - Long-standing patients
  - Routine visit to clinic

- **Electronic Kiosk**
  - Long-standing patients
  - Routine visit to clinic

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**Factors Driving Kiosk Utilization**

- *Frequency of Appearances*: Long-standing patients returning to the clinic more comfortable with self-service check-in process

- *Reasons for Visiting*: Routine visits, follow-ups may not require face-to-face check-in

Source: Facility Planning Forum interviews and analysis.
Employ Waiting Room Space for Patient Education

Kiosks Encourage Portal Sign-Up and Utilization During Wait

Hands-On Patient Education

Kiosks available to patients in waiting room to review portal features, encourage sign-up

Kiosks in Waiting Room:
- Review portal features
- Encourage patients to sign-up
- Educate about other care offerings

Case in Brief: Veterans Affairs Black Hills Health Care System

- Health system based in Fort Meade, South Dakota
- Launched “My HealtheVet”, the VA’s online personal health record, 10 years ago
- Installed kiosks in waiting rooms to encourage My HealtheVet participation and education

UW Health Improving Patient Satisfaction, Eliminating Wait

**UW Health’s Patient Self-Rooming Process**

Upon arrival, patient notifies receptionist and proceeds directly to exam room

Receptionist alerts caregiver via a note in the EHR, activates red light over exam room

Caregiver proceeds to exam room from back-of-the-clinic door for staff

**UW Health—Yahara Clinic**

- 32,000-square-foot family medicine clinic in Monona, Wisconsin
- Leverages unique patient self-rooming process to reduce waiting, enhance privacy

25% Increase in patient satisfaction following implementation


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Designing the Facility for Self-Rooming

UW Health’s Clinic Module Supports Seamless Flow

“On-Stage, Off-Stage” Design Streamlines Patient Flow

- Uses “double door” exam rooms, providing patients dedicated corridor
- Minimizes congestion at front of clinic, improves privacy, reduces noise level

Open Layout Increases Visibility Across Clinic

- Employs a hub-and-spoke model with reception desk at center
- Allows receptionist to have clear lines of sight down corridor

Innovation in Brief: “On-Stage, Off-Stage” Design

- Provides separate space for care team and patients, with the goal of reducing bottlenecks in the clinic
- Employs dual access exam rooms where patient enters from public corridor and medical staff enters from the back areas

Perfect Ratio Often Elusive in Medical Office Buildings

Four Major Factors Driving Exam Rooms Required

**Physician Specialty**
Consultative specialties with longer visits require a lower exam room ratio than specialists

**Room Scheduling and Utilization**
Practice scheduling patterns impact total utilization, exam space needed

**Type of Care Model**
Team-based care models may extend clinic capacity, increase the ratio of exam rooms per provider

**Patient Volumes**
Rightsizing the number of exam rooms requires accurate patient volume forecasts

Source: CannonDesign; Facility Planning Forum interviews and analysis.
The Digital Age of Patient Navigation

Mayo Clinic Invests in Electronic Wayfinding Device

**Mayo Clinic Patient Application**

**Electronic Wayfinding Features**

- Provides real-time, turn-by-turn navigation to facilities across Mayo clinic campus
- Offers directions within any building on campus with sophisticated interior mapping technology
- Works together with existing patient services, including a network of information desks

**Innovation in Brief: Mayo Clinic’s Patient Application**

- Free patient application with location-based navigation on smartphones and other devices, helping patients find their way to appointments
- Directs patients to and through facilities within Mayo Clinic campuses nationwide, which includes 16 million square feet and 59 different buildings

Imperative #3: Eliminate Clinic Check-Out Lines

Make Check-Out Lines A Thing of the Past

Colorado Springs Orthopaedic Group Employs Exam Room Check-Out

New Exam Room Check-Out Process

*Colorado Springs Orthopaedic Group*

Patient Exam

Physician conducts exam, recommends prescriptions & referrals

MA¹ Notification

Front-desk notified physician exam complete, MA enters exam room

Check-Out

Medical assistant performs check-out, schedules follow-up

Case in Brief: Colorado Springs Orthopaedic Group

- Largest orthopedic group in Southern Colorado, offering outpatient surgery in sports medicine, spine, joint replacement, foot and ankle, hand and upper extremity, hip and knee
- Clinic designed to offer patient check-out in the exam room, minimizing standing wait times and reducing congestion at the front end of the office

¹ Medical Assistant

Source: Davis Partnership Architects; Facility Planning Forum interviews and analysis.
Meeting the New Consumer Mandate

Imperatives to Impact Preference During Visit and Beyond

**Optimize Clinic Visit**

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- 2. Streamline the Patient Rooming Process
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**Promote Continued Health & Wellness**

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Extend Access to Care, Anywhere

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Source: Facility Planning Forum research and analysis.
Supporting Care Transformation Efforts

Design Must Adapt to Medical Home Practice Model

Medical Home Practice Changing Facility Requirements

**NCQA¹ PCMH² recognition requires:**

1. Team-based care
2. Population health management
3. Clinical quality improvement

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**Facility must support:**

1. Seamless coordination among larger practice team
2. Patient education and health coaching to strengthen ongoing engagement
3. Robust preventive care for high-risk, vulnerable patients

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**NCQA PCMH Model Widely Adopted**

- **5,000+** NCQA-certified medical homes
- **26,000** Approximate number of clinicians practicing in certified medical homes

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1) National Committee for Quality Assurance.  
2) Patient-centered medical home.

Source: NCQA, “PCMH Eligibility,” “NCQA and Pfizer Publish Strategies For Becoming A Patient-Centered Medical Home,” both available at: [www.ncqa.org](http://www.ncqa.org); Facility Planning Forum interviews and analysis.
Balancing Shared Lounges With Private Space

Touchdown Areas Encourage Team Coordination

UW Health—Yahara Clinic Integrated Team Center

Goals of Clinic Design

- Draw physicians out of private office environment
- Encourage face-to-face communication amongst care team
- Provide informal space for confidential patient cases

Case in Brief: UW Health – Yahara Clinic

- Primary care clinic in Monona, WI offering primary care services, health and wellness offerings, and imaging and diagnostics
- Invested in an Integrated Care Team (ICT) space to foster collaboration among physicians and the broader care team

Imperative #4: Reinforce Self-Management with Team-Based Care

Optimizing Use of Limited Physician Offices

Rationalizing Private Work Areas Among Caregivers

Private Office Eligibility Considerations

- Physician is in office delivering patient care 75% of the time
- Physician is a sub-specialist requiring consultative space
- Physician has academic or teaching responsibilities
- Physician uses facility as primary work site

Eliminating Private Offices Not Always Option

“At a time when maximizing the ROI of every square foot is of critical importance, hospitals cannot afford historical levels of private office space; but sometimes their culture hasn’t caught up with reality.”

Tonia Burnette, Principal
CannonDesign

Source: Frauenshuh HealthCare Real Estate Solutions; CannonDesign; Facility Planning Forum interviews and analysis.
Adopting Hoteling Space for Impromptu Huddles

Fostering Collaboration Through Informal Work Areas

IU Health, Neuroscience Center of Excellence

Touchdown Spaces

Case in Brief: IU Health – Neuroscience Center of Excellence

- Comprehensive neuroscience center in Indianapolis, Indiana home to IU Health medical faculty, independent physicians, and owned neuroscience practices
- Clinical floors have been specially designed with collaborative niches for impromptu meetings and discussions of patient status
Moving Conversations Out of the Exam Room

Substituting Exam Rooms with Multi-Purpose Education Space

USF Health’s Diabetes Home for Healthy Living

Education Space

- Provides a less clinical setting for visits not requiring an exam table
- Offers flexible space for customized nutrition and exercise planning, phone calls, waiting area for families
- Enables patients, family, care team to sit side-by-side, promoting participation

Case in Brief: USF Health Diabetes Home for Healthy Living

- USF Physicians Group leasing space in retail shopping center to develop a medical home for patients with diabetes, opened in August, 2013
- Designed with open, welcoming consultation areas for patient education and treatment planning

HDL Going Beyond Diagnostics and Testing to Include Patient Education

Imperative #6: Equip Outpatient Clinic for Group Visits

Anchoring the Clinic Around Group Visit Space

HDL Hub—Group Visit Space

HDL – Available Services

- Education sessions for chronic disease reversal and prevention
- Personalized fitness plans for patients’ bodies and schedules
- Nutrition guidance for grocery shopping and dining out

More Than Just Lab Testing

“My HDL Hubs are not only a place to receive our comprehensive lab testing, but also a health community, a place to engage and take control of your health, and help you take steps to improve your life.”

Tonya Mallory, HDL, Inc.’s Co-founder, President and CEO

Limited Implementation Despite Patient Interest

Group Visits Remain Underutilized in Traditional Physician Practices

Use of Group Visits by Family Physicians

- Family Physicians Not Offering Group Visits: 91.6%
- Family Physicians Offering Group Visits: 8.4%

Patient Receptivity to Group Visits

- Patients Would Accept Enthusiastically: 40%
- Patients Would Agree with Encouragement: 40%
- Patients Would Decline to Participate: 20%

Key Considerations for Group Visit Space

- Does clinic have the resources to support group visit model?
- Is there a relatively standardized care plan for the condition?
- Are there enough patients in the clinic to reach critical mass?

Source: AAFP Practice Profile I Survey, Table 1. Use of Patient-Centered Medical Home Components by Family Physicians, July 2008; “Quality Grant at Work Improving CAD Program”, available at: [www.harvardpilgrim.org/portal/page?_pageid=253,217486&_dad=portal&_schema=PORTAL]; The Advisory Board Company, Blueprint for the Medical Home, Washington, DC; Facility Planning Forum interviews and analysis.

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Supporting Comprehensive Care Management

The Villages Dedicating Four Adjacent Spaces for Learning Center

Spaces Within the Villages “Learning Center”

Seminar Room
- Built for larger group classes, practice orientation sessions for new patients, or “in-service training” for staff
- Accommodates up to twenty patients and providers

Small Group Room
- Designed for activities that involve discussion, such as physician-led group visits or support groups
- Accommodates groups between 6-10 individuals

Health Coach Office
- Supports small (one-on-one or one-on-two) sessions with care manager
- Offers room for telephone and electronic contact with patients between visits

Knowledge Pharmacy
- Provides patient access to library of educational content to better understand proper medication use
- Houses briefings, videos, and audio presentations focused on health education

Meeting the New Consumer Mandate

Imperatives to Impact Preference During Visit and Beyond

**Optimize Clinic Visit**

1. Perfect the Registration, Check-in Experience
2. Streamline the Patient Rooming Process
3. Eliminate Clinic Check-Out Lines

**Enhance Patient Journey Within Clinic**

**Drive Ongoing Patient Engagement**

4. Reinforce Self-Management with Team-Based Care
5. Accommodate Dedicated Education Space
6. Equip Outpatient Clinic for Group Visits

**Promote Continued Health & Wellness**

**Extend Access to Care, Anywhere**

7. Broaden Off-Campus Retail Locations
8. Expand Worksite Clinic Alternatives
9. Connect Patients and Providers Via Telehealth

Source: Facility Planning Forum research and analysis.
Access to Primary Care Major Challenge

Provider Shortage Resulting in Long Waits, Travel Time

Patient Barriers to Access for Routine Primary Care

Average Time to Schedule Family Medicine Visit (in Days)¹

<table>
<thead>
<tr>
<th>Location</th>
<th>Time (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston</td>
<td>66</td>
</tr>
<tr>
<td>New York</td>
<td>26</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>20</td>
</tr>
<tr>
<td>D.C.</td>
<td>14</td>
</tr>
<tr>
<td>U.S. Average</td>
<td>20</td>
</tr>
</tbody>
</table>

Average Travel Time for Routine Care (in Minutes)

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Time (Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>16.6</td>
</tr>
<tr>
<td>35-49</td>
<td>17.0</td>
</tr>
<tr>
<td>50-64</td>
<td>18.5</td>
</tr>
<tr>
<td>65+</td>
<td>18.0</td>
</tr>
</tbody>
</table>

Patients in rural areas that travel outside county for physician services: 40%


Facility Planning Forum interviews and analysis.

¹ Merritt Hawkins, Jan 2014
Site the Clinic with Patient Access in Mind

Outpatient Clinic Location Strategy

Patient Population

- **Demographics:** Growing population, high concentration of families
- **Service Utilization:** High use rate of health care services in general market
- **Unmet Demand:** Local population lacks access to primary care and proposed offerings

Care Site

- **Reliable Consumer Traffic:** High foot traffic, clinic in neighborhood with prime medical office space
- **Convenience:** Ample parking, available transportation options, and pedestrian circulation
- **Community Adjacencies:** Close proximity to shopping and business centers, residential areas

Doctors Without “Borders”

Kelsey-Seybold Securing Retail Location Through Adaptive Reuse

**Kelsey-Seybold Clinic—Meyerland Plaza**

**Benefits of Facility Reuse**

1. **Speed to Market**
   - Expedites project delivery by retrofitting existing retail location

2. **Construction Cost**
   - Offers reduced first-cost of construction compared to built-to-suit option

3. **Clinic Visibility**
   - Provides Kelsey-Seybold a visible storefront image in proximity to community

**Case in Brief: Kelsey-Seybold Clinic**

- 365-physician multispecialty group based in Houston, Texas
- Opened a 72,000-square-foot two-story neighborhood clinic in retail setting which formerly housed a Borders bookstore in Spring, 2013 in Houston, Texas.

Proper Due Diligence Essential Prior to Project Launch

**Main Considerations for Adaptive Reuse**

**Real Estate Availability**
Repurposing existing building stock most advantageous when excess supply of real estate, low-cost financing options

**Access and Parking**
Modifications may be needed to enhance building entrance and access features, install any required elevators

**Space Configuration**
Existing facility configuration, floor plan may not be readily adaptable for health care use, insufficient structural support

**Clinical Infrastructure**
Building lacks appropriate MEP and HVAC systems, medical gas, emergency power, and life safety features for health care

**Regulatory Compliance**
Careful consideration of state regulations governing facility licensure and occupancy type\(^1\) required prior to space planning

---

1) Business versus health care occupancy requirements vary

Source: Adrian Hagerty and Noah Tolson, Array Architects; Ruth Granfors, K&L Gates; Facility Planning Forum interviews and analysis.
Employer-Based Clinics Becoming Mainstream

Offering Wide Range of Onsite Health Services

Imperative #8: Extend Worksite Clinic Alternatives

Medical Services Offered at Onsite Employer Clinic

<table>
<thead>
<tr>
<th>Service</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biometric Screening</td>
<td>81%</td>
</tr>
<tr>
<td>Wellness Counseling</td>
<td>73%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>70%</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>66%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>63%</td>
</tr>
</tbody>
</table>

Meeting Consumer Demands

- Large employers groups with onsite clinics: 44%
- Projected worksite health centers in U.S. by 2015: 7,000

Companies with Onsite Clinic

- Facebook: 7,185 Employees
- Lockheed Martin: 116,000 Employees
- Apple: 50,250 Employees
- Google: 52,069 Employees


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Cisco Systems’ Health Center Offers Full-Service Primary Care

Cisco’s LifeConnections Health Center

Designing a Medical Home Where Patients Work

Case in Brief: Cisco Systems' LifeConnections Health Center

- 26,000 square-foot, $16 M worksite clinic with primary care, lab services, physical therapy, pharmacy and vision care, behavioral health, fitness center, and day care in San Jose, CA
- Offers on-demand access to Cisco’s 18,000 employees and their families in the region, including walk-in appointments and longer physician visits

Total covered lives that have access to Cisco’s health center: 45 K

Employees that report higher productivity and less time away from work from using health center: 80%
Virtual Visits Extending Physician Capacity

Massachusetts General Saving Time, Resources With Telemedicine

Imperative #9: Connect Patients and Providers Via Telehealth

Offers Virtual Follow-Up Option for Ongoing Chronic Disease Management

- Both phone and video virtual visits are conducted for chronic disease management and follow-up
- In-person clinical visits booked for 60 min, typically run 30-40 min
- 10-20 min virtual consults slotted into excess time throughout the work day

<table>
<thead>
<tr>
<th>Daily Schedule</th>
</tr>
</thead>
</table>
| 9:00 | In-Person Clinical Visit  
*Chronic Disease Intake* |
| 9:30 |  
| 10:00 | Virtual Consult  
*Chronic Disease Follow-Up* |
| 10:30 |  
| 11:00 |  

Case in Brief: Massachusetts General Ambulatory Practice of the Future

- Primary care innovation pilot clinic located in Boston, MA
- Uses multidisciplinary care teams and technology to support both in-person/in-practice visits as well as virtual visits; virtual visits replace in-person visits for disease monitoring/management, weight management, blood pressure monitoring, etc.

Source: Facility Planning Forum interviews and analysis.
Making the Most of Medical Office Building Space

Centralize Telemedicine Capabilities Off-Site

Holmes¹ Moves RNs from Primary Care Practice to Call Center

Patient calls RN-staff telemedicine center

Scheduler and RN evaluate risk level

- If patient or complaint is complex, scheduler finds in-person appointment with physician
- If low-risk or complaint is simple, RN deals with issue over the phone

Institution in Brief: Holmes Physician Network¹

- 700-physician group based in the Southwest
- Employs dedicated RNs to offer telemedicine in nine regional call centers; centers soon to incorporate virtual visits

Source: Facility Planning Forum interviews and analysis

¹ Pseudonym

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1. The Rise of Retail

2. Redesigning the Outpatient Clinic

3. An Evolving Ambulatory Environment
Expanding Access at Both Ends of the Spectrum

Outpatient Facility Models Moving in Two Directions

Outpatient Facility Models

Remote Access  Practice Integration

Market Growth

Facility Square Footage

Market Growth

Retail Walk-In Clinic
- Satellite clinic offering routine care, physicals, health screenings
- 1,500-2,250 SF

Traditional Primary Care
- Neighborhood center with basic primary care, limited labs, ancillaries
- 10,000-15,000 SF

Full-Service Medical Office Building
- Community facility with multispecialty care, onsite labs, imaging services
- 30,000-50,000 SF

Specialty Diagnostic and Treatment
- Focused factory co-locating surgical specialties, labs, advanced imaging
- 50,000-100,000 SF

“Hospital Without Beds”
- Regional hub with full suite of services; serving expansive catchment area
- 100,000-150,000 SF

Source: Facility Planning Forum interviews and analysis.
Planning a Community for Health, Not Health Care

Blue Zones Aspiring to Improve Population Health

Completed and Ongoing Blue Zones Projects

2014

State of Iowa
Moved from 16th to 9th in the Well-Being Index state rankings

Beach Cities, California
 Experienced a 14% drop in obesity and a 30% decrease in smoking across the community

“...We’re starting to ask our clients, ‘Why don’t we start looking at all the health resources within the community, not just health care?’ Many hospitals are thinking about how they can get ahead of population health instead of just surviving the next 24 months.”

Michael Pukszta, Principal CannonDesign

Case in Brief: Blue Zones

- Approach to strengthen population health through state and local programs that support community transformation
- Over a dozen locations have been designated “Blue Zone” communities in the U.S.

Designing for the New Health Care Consumer

Optimize Clinic Visit

Enhance Patient Journey Within Clinic
  Imperative
  Streamline the patient journey across registration, rooming, and check-out

Promote Continued Health & Wellness

Drive Ongoing Patient Engagement
  Imperative
  Support care management, expanded education offerings for high-risk patients

Extend Access to Care, Anywhere
  Imperative
  Bring care into community within retail settings, the workplace, and at home

Source: Facility Planning Forum interviews and analysis.