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To Whom It May Concern,

For eight years I have served as both a practicing physician and Medical Director at Rochester Regional Health. RRH is a large integrated network provider with a team of 14,000 providers, clinicians, nurses and more offering services at over 150 locations. I feel my dual role as physician and administrator affords me a unique perspective on the Team Care Medicine Model.

Team Care Medicine, with their extensive preparation, on-site training, and in the exam room coaching helped our teams adopt the TCM Model of patient care about four months ago. Based on the strong results we are experiencing thus far, I am very comfortable endorsing Dr. Peter Anderson, and the rest of the Team Care Medicine team.

This model of patient care has now proven to alleviate several problems all administrators are concerned about:

1. **Patient satisfaction** - I think patients really like the increased contact they have with team members. They have more face to face time with me where I don't have the distraction of the Electronic Medical Record (EMR). I can face the patient and have a high level of interaction. Patient satisfaction is something we are always very concerned with and Team Care Medicine helps address this positively.
2. **Provider / physician satisfaction** - We have a lot of discontentment over the rigor of the EMR and how much data must be entered to satisfy documentation requirements. The TCM Model delegates much of this work to the TCA. It takes away that burden so most of my notes are closed out a few minutes after seeing the patient. I no longer have 2 hours of documentation to deal with at home at night.
3. **Patient safety and quality** - We are improving our rates of cancer screening and immunizations as our TCAs work to assure that every patient is up to date on health maintenance. We have a larger team working around the patients, and the TCAs are also able to spend more time gathering data to make sure the patient is meeting their hemoglobin A1C goals, etc. so we are doing better with our quality measures as well.
4. **Finances** - As administrators, we have to consider the bottom line and the viability of our clinic. To be able to improve our productivity without risking patient satisfaction or clinical staff satisfaction is a huge win. I've seen the benefits; from an administrator's standpoint it's great, it's a home run.

I was concerned about hiring additional staff at first but I can see where several providers we sent through the customized Team Care Medicine training and launch coaching program have already reached a majority of the goals we had for them. The others are still ramping up but on the right track. I am confident they too will reach their goals. Hiring the additional staff has proven to be a worthwhile investment.

My two Team Care Assistants (TCAs) are split as one is an LPN and one an MA. The MA has been fantastic as she is young, bright, enjoys increased patient interaction and is very competent on the computer. My LPN has been with me for 18 years and is doing great as well. I am very comfortable telling others considering the Team Care Model that you can in fact use MAs for this role and expect that they will do very nicely.

I have already seen an uptick in the job satisfaction of the clinical assistants. They now have a higher level of responsibility and a more interesting and engaging job. They connect more with patients, learn a lot about clinical processes and feel they are serving an incredibly important purpose with their job.

The productivity gains promised before the purchase have been realized. I am currently doing 100% of my visits using the TCM Model of executing the patient visit. I am on average able to limit my time in the exam room to 15 minutes. In a 4 hour session I now see 14 patients where previously I was seeing 11. Additionally, I've eliminated nearly all chart work at home in support of those 14 patients. One day recently, I was short a TCA and I did 3 office visits using the old method and the difference is remarkable. I would never consider going back to the traditional office visit.

The productivity gains are great but more importantly I really feel I am giving very high quality care to the patient. I am able to address all issues more comprehensively because of the amount of data gathered and provided to me by the TCA. In considering health maintenance and all we try to accomplish in the context of a single patient visit, I think the quality and consistency of the documentation is better. I am able to focus completely on the patient, as I am no longer entering data into the chart during the visit. All this contributes to an overall increase in quality.

As an administrator, I do think this could tip the scale if implemented correctly for many hospital systems looking for a way to help their primary care facilities operate at a profit. I think it works best for physicians that are already somewhat efficient, reasonably experienced, and open to some outside assistance. This is the extra boost they need to get over the top.

I think the Team Care Medicine engagement was excellent and really was well worth the money. I would recommend to my group that we bring Team Care Medicine back to train additional provider-led teams. I think doctors trying to train their teams on their own is not a cost effective way to roll this out. The Team Care Medicine team was great and I think we are a success because of their training, experience and implementation process.

Sincerely,



Dr. Jane Salamone

Rochester Medical Group