

*Ambulatory Practice of the Future*  
*MGPO / Stoeckle Center / CIMIT*



A revolutionary initiative to change the  
delivery of outpatient care.

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CIMIT Task Force on APF  
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*Barbara's experience in the  
doctor's office today:*



# *The perfect storm is brewing...*



- Doctor's office of today
  - Patient's perspective
  - Provider's perspective
- Aging of society
- Rising cost of care
- Today's reimbursement model
- Lack of Innovation (process, technology) despite the changes outside the office...

## *APF – The Mission*



We will design the outpatient medical practice that delivers ideal care in the ideal environment to optimize outcomes for all.

# *APF - The Discovery Phase*

## *Core Themes to drive the design*

- **Care Experience** – culture of service; barriers removed; patient-centered; look outside healthcare
- **Care Team Communication / Education** – patient control over info and shared decision-making
- **Physical Practice** – architecture and technology supports ideal experience
- **Virtual Practice** – always connected

# *The Care Experience – recognizing the patient as expert and an untapped resource...*

“The crux of the difference between present practice and the envisioned future state of health care concerns the intent of health care interactions. In present practice, health care encounters are intended to properly diagnose, prevent, or treat the disease of the patient. In future practice, the focus or intent will be on the life of the patient, not on the disease. From this perspective, the care experience is not peripheral, but core to the care process.

(Read this again, because it is a radical departure from present culture.)

When health care is conceived in this way, most of the work of health care is to be done by patients, not practitioners. Disease is still studied and treated, but the adaptive capability of the patient, not the biological event necessitating the adaptation, becomes the most important concern. When this shift occurs (it is already underway), the most effective therapeutic instruments become social and cultural, rather than biomechanical or biochemical. The care process must be designed to account for this.”

*APF Care Experience Subcommittee, June 2004.*

# *APF – Engaging the MGH Community*

- APF – Stoeckle Center Seminars
- Pilot Projects
  - RFID
  - On-line appointments, results viewing
  - Vitals capture
  - Virtual Practice Committee - remote monitoring / virtual visits
  - Best practices

## *APF – Design Phase*



In October and November of 2005 we engaged in an intensive design workshop with IDEO to carry our vision a step further...



# Building the Ambulatory Practice of the Future

**Massachusetts General Hospital**

An initiative to explore and create  
a future of healthcare and life balance

November 2005

**Sponsors:** MGPO  
CIMIT  
Stoeckle Center


## *APF – Guiding Principles*

1. All participants (patients, staff, etc.) will be included in the design, governance and management of the practice.
2. Create a living laboratory that fosters *continuous improvement* by trial and creation of new processes, technologies and roles; an environment that values both successes and failures as signs of taking risks.
3. Patient care is oriented to the needs of the patient, as defined by the patient. Promoting active involvement and engagement of the patient and the patient's family and care team with dignity and respect is essential.

## *APF – Guiding Principles*

4. Strive to use best clinical evidence to inform care.
5. Use technology to free people to do what only people can do.
6. Measurement and communication of processes and change is central.
7. The APF should promote provider fulfillment, effectiveness and satisfaction.

# *Shifting paradigms for care that will influence our design:*



Focus on sickness	→	Focus on health & life balance
Event-based care	→	Continuous care
Static experiences	→	Iterative experiences
Directive communication	→	Collaboration
Individual experiences	→	Team-based experiences
Patient goes to treatment	→	Treatment to patient
One size fits all	→	Mass customization
Obscurity	→	Transparency

# *APF Design work - Prototypes*

- Staff satisfaction interviews, focus groups
- Team huddles
- Patient Orientation
- Health & Life Balance Plan
- Virtual / Video Consultation (“Connected Health Initiative”)
- Space audits and prototyping
- Member portal
- New Roles (Life Balance Coach, Care Coordinator)

## *APF Design Phase – 2006-2007*

- Prototyping work continues (IDEO)
- Analyst team – what population to serve?
- Business plan – exploring options
- Build the team – simulation lab at MIT
- RFP's to architects, technology companies (CIMIT)
- Fundraising and support
- Build the APF to open phase I in 2007
- APF collaborative / outreach efforts continue (site visits)...

*Barbara's APF Experience  
in 2010*



*Thank you for listening.  
We'd love to hear your ideas!*

