The New Healthcare Environment
Clinical Integration and the Physician Practice
Clinical Integration as it relates to the physician practice in the outpatient setting

Healthcare regulatory reform is here, and the challenge of improving access, containing costs and producing better clinical outcomes needs to be met by healthcare providers. In this new environment, providers need new practice patterns to meet these challenges. Facilities need to be different to support these changes in the delivery of care.

One of the first strategies as a result of the new healthcare environment will be Clinical Integration. The focus on quality, information sharing, and contracting will require greater interdependence among healthcare providers, and enable them to respond to a accountable, accessible, efficient, and cost controlled environment. This means working across specialties and outside the boundaries of individual practices to provide patient care with improved cost control and better clinical outcomes.

In response to this, we will see more and more physicians organizing themselves into groups. The advantages are two-fold: To provide an increased relatedness between individual providers, and to offer the resources and professional support necessary for success. A patient-centric model that delivers comprehensive services in an accountable, evidence-based manner requires a collegial approach, one where the sharing of knowledge, experience and resources is key. Clinical integration breaks down the silo model of healthcare delivery that has worked against this approach, and allows for:

1. Increased collaboration and relatedness
2. Measurable quality in clinical methods and clinical outcomes
3. Use of systems and resources that control costs and optimize the outcome
4. Working alignment with hospitals, healthcare systems, other providers, payers, and regulators that emphasizes accountability, coordination of care and management of chronic disease.
5. Support of the change from episodic care to prevention and wellness along with the management of chronic illness.
Designing the facilities for **integrated healthcare**

This new multi-disciplinary physician practice pattern will present a sea change in the model of healthcare delivery in this country. It will call for a parallel, forward-thinking shift in healthcare facility design. The comprehensiveness and accessibility of services provided through physician networks will demand new outpatient facilities that:

1. **Improve communication, support collaboration and coordination of care**
   a. Teaming spaces that support provider coordination and peer review.
   b. Co-locates providers and organizes them in a group setting to foster communication and a team approach to care delivery.
   c. Layout that deconstructs the “silos of care” found in legacy practice patterns.

2. **Accommodate alternative visits – virtual visits, group visits, wellness and complementary medicine**
   a. Group visit space.
   b. Space and connectivity for electronic correspondence with patients.
   c. Places for complementary medicine and community-based public health education.

3. **Maximize use of staff and manage overhead costs**
   b. Minimizes staff travel.
   c. Maximized physician time.

4. **Accommodate standardization and increase safety**
   a. Standardize processes and supporting spaces.
   b. Adaptable to patient and staff flow.
   c. Use of universal rooms.
5. **Improve utilization of space and resources**
   a. Supports practice patterns that maximize provider-patient contact.
   b. Maximize room usage.
   c. Shared use of rooms across specialties.

6. **Are flexible**
   a. Provide for a critical mass in numbers that offers flexibility.
   b. Match spaces with patient, staff, provider, and information flow.
   c. Accepts change without major physical changes.

7. **Improve access to services and convenience**
   a. Located and organized such that requires only a single patient visit.
   b. Provide for convenient community access.

8. **Are scalable**
   a. Can be sized up or down depending on need.
   b. Provides for economy of scale.
   c. Provides for grouping of related disease-based service lines.

9. **Support use of technology**
   a. Technology that enhances patient self-reliance and minimizes staffing
   b. Speed and connectivity of EHR
   c. Key locations of computer terminals to enhance usage

10. **Leads to wellness**
    a. A place where wellness is treated with a seriousness of purpose
    b. Provides for community based screening, prevention and wellness events
    c. Linked to related services and activities that support the shift to wellness

“As we go forward with new models of care and reimbursement, integration is critical to foster the necessary collaboration between hospitals, physicians and other providers.”

Peter Fine | Banner Health
DENVER HEALTH
WELLINGTON E. WEBB CENTER FOR PRIMARY CARE
Denver, Colorado

The DHHA Webb Center for Primary Care offers extensive clinical services to a vulnerable population. The program includes family dental, wellness and preventative care, and diagnostic imaging. Both the Denver Health Plan Clinic and the La Mariposa Community Health Center are located within this building. The center blends with existing Denver Health buildings, and incorporates a number of sustainable design features and locally manufactured materials.

Clinical integration design features:
• provider collaboration
• alternative visits
• minimizes staff travel
• patient-focused
In order to maximize the client’s investment and improve circulation, Boulder Associates combined reception and waiting along a major central community gathering space in this medical office building. High quality materials ensure the CHW-branded look-and-feel remains consistent throughout the facility. The program includes pediatrics, OB/GYN, allergy, cardiology, dermatology, internal medicine, family practice, urgent care, pharmacy, imaging, orthopedics, occupational medicine, and laboratory.

**Clinical integration design features:**
- co-locates service lines and specialties
- standardizes work flow
- improves utilization of space
LOWRY MEDICAL CENTER
Denver, Colorado

Located on what was formerly the tarmac of Lowry Air Force Base, this multi-tenant facility offers a diverse set of services including ophthalmology, imaging, orthopedics and sports medicine, and outpatient surgery to a new, growing mixed-use urban community.

The design and materials of the building reflect both the history of the base and the high-tech services it currently provides. It is graciously landscaped to maintain an animated presence to both the street and the building entrance.

Clinical integration design features:
- co-location of independent groups along a specific service line
- coordination of care – diagnostics, care planning, treatment and recovery
- maximizes physician time
THE UROLOGY CENTER OF COLORADO

Denver, Colorado

This 60,000 s.f. “Center of Excellence” brings multiple service lines for a single specialty under one roof including: surgery, radiation oncology, research, clinical space, imaging, and pathology. The warm, inviting material palette is intended to be a nod to the neighboring Denver Broncos’ stadium, while maintaining the range of traditional brick colors in the neighborhood.

Clinical integration
design features:

- coordination of care
- vertical consolidation of specific disease management
- access to services
This 92,000 s.f. ambulatory care center and medical office building will offer a wide variety of healthcare services. The program includes radiation oncology, X-ray, urgent care, imaging, mammography, public meeting space, and more. The building features a unique fabric canopy and terra-cotta rain screen.

**Clinical integration design features:**
- access to services
- wellness
- technology
SUTTER GOULD MEDICAL FOUNDATION
600 COFFEE ROAD REPLACEMENT FACILITY
Modesto, California

This 133,000 s.f. freestanding, four-story medical office building includes the expansion and master planning of the SGMG’s home campus and phased replacement of the current facility. The new facility will be the home of 14 specialties including oncology, dermatology, allergy, internal medicine, urology, urgent care, full lab and a 15,000 s.f. medical imaging department.

Clinical integration design features:
• collaboration
• standardization of work
• improves utilization of space

Second Floor Plan

Key
- Wailing/Reception
- Internal Medicine
- Family Practice
- Endocrinology
- Rheumatology
- Neurology
- Physician Growth
- Nephrology
- Admin/Staff
- Support/Public

Second Floor Plan Image
This pilot program to locate convenient care modules in Rite-Aid pharmacies in the Sacramento area involved six Express Clinics, each with a combination exam room and workspace and an associated waiting area. Drawing from the Best Practices program developed collaboratively by Sutter Medical Foundation and Boulder Associates, the Express Care clinics included cart-based electronic health records, a warm and natural palette of finish materials, and low-VOC materials and adhesives.

The challenge of competing with merchandise in a retail setting was met by an inter-disciplinary design team that provided not only medical planning, construction documents, and interior design, but also environmental graphics as an integral part of the project.
This project’s innovation centered around the design of electronic health record as part of the greater strategy for communication and technology. The design team deployed the first hallway-based EHR work stations in Sutter Medical Foundation. The process map indicated that physicians could save time and maintain the integrity of their work flow by accessing a work station while moving between exam rooms.

In contrast, a much lower-tech solution for communication between clinical assistants and providers was deployed. An enhanced exam room sign with a small glass panel was used for dry-erase short-hand notes between providers and clinical assistants to indicate patient status or needs. This proved to be simple, cost-effective solution that aligned with the way the clinical team naturally worked.
This facility is a 54,000 s.f., two-story building that houses multi-specialty clinics for Sutter Medical Foundation. The building connects to an existing multi-story medical office that accommodates private physician practices. The connector contains diagnostic imaging, specimen collection, patient education spaces and rehabilitation services and provides for the convenient use from both buildings. The MOB was designed using a clinical model that maximizes the utilization of exam spaces and centralizes administrative functions.

Clinical integration design features:
- universal rooms
- flexibility
- coordination of care
Stockton Boulevard Medical Office Building’s humble beginnings as a nondescript warehouse are almost indistinguishable now that it has been transformed into a welcoming, easily-navigated space for pediatric patients and their families. The interior spaces were created with young visitors in mind. An expansive waiting room serves general practice areas as well as pediatric neurology and GI specialties. Its design is reminiscent of a forest, with columns cleverly disguised to resemble trees, wayfinding that incorporates animal imagery, and nature-themed artwork and photography.

Clinical integration design features:
- standardization
- provider collaboration
- patient focused
This project was a renovation of an existing health-care clinic space. The new program for the facility called for a pod-based clinical practice concept. This resulted in three color-coded practice team areas, each with its own distinct waiting area. The clinical areas are designed with centralized, open office pods surrounded by exam rooms. This arrangement allows for improved staff communication and easy visual coordination of patients, providers and rooms.

Clinical integration design features:
- collaboration
- alternative Visits
- flexibility
- wellness/prevention
“Their ability to quickly gain the trust and confidence of the physicians is invaluable. They really understand the healthcare business and what is important to the physicians.”

Kevin Fosse
Development Solutions Group
BOULDER ASSOCIATES has specialized exclusively in healthcare and senior living design since our founding in 1983. We understand the core issues that concern our clients, from broad economic and regulatory pressures to day-to-day operational challenges. We take these challenges on as our own, and we meet them by combining beautiful, innovative design with high-quality, efficient, and cost-effective solutions.

Our clients include some of the most progressive healthcare and senior living organizations in the United States. We help them set new standards for healing environments by aligning their facility investments with business strategies and goals. We achieve this by emphasizing innovation, design and technical excellence, and a collaborative approach that forms lasting partnerships. Our hands-on approach focuses on one goal: to become a leader in design for health and aging by establishing ourselves as trusted advisors to our clients.

With offices in Colorado, California, and Texas, Boulder Associates maintains a staff of architects, interior designers, and graphic designers who all share a belief in the power of design to enrich lives. We believe that good design directly serves the needs of our clients, their patients and residents, and the surrounding communities.

Boulder Associates’ goal is to be a trusted advisor to our clients.

“They are committed to understanding new trends and best practices in healthcare operations and delivery.”

DAN CONWELL
SUTTER HEALTH

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boulderassociates.com | 800.499.7796
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