



Expanding the Reach of Care:
Taking a Design Approach
to Healthcare Everywhere



While most clinical encounters have traditionally occurred in an exam room setting in a medical practice where caregivers meet with patients in person, that model is being challenged. Advanced technology and the shift to create a more accessible, patient-centered experience is driving the expansion of the point of care outside of the traditional model.

The ongoing growth of non-traditional primary care providers is changing the landscape and definition of primary care to meet patient demands for the convenience of healthcare everywhere. However, one constant remains, regardless of the model for the delivery of care: better care starts with a better designed experience.

In this Midmark white paper, we explain why it is important that as care delivery continues expanding beyond traditional primary care environments, it is shaped by existing, clinical design components. We also show how the design of the clinical space can help ensure a consistent healthcare experience, opportunities for efficiency gains and enhanced quality care.

New Primary Care Models

Non-traditional providers have been around for many years. The most notable example is urgent care that in certain cases can serve as an alternative to hospital emergency rooms, specializing in delivering medical care for minor illnesses and injuries. Examples of these companies include GoHealth Urgent Care, CareNow Urgent Care and WellNow Urgent Care.

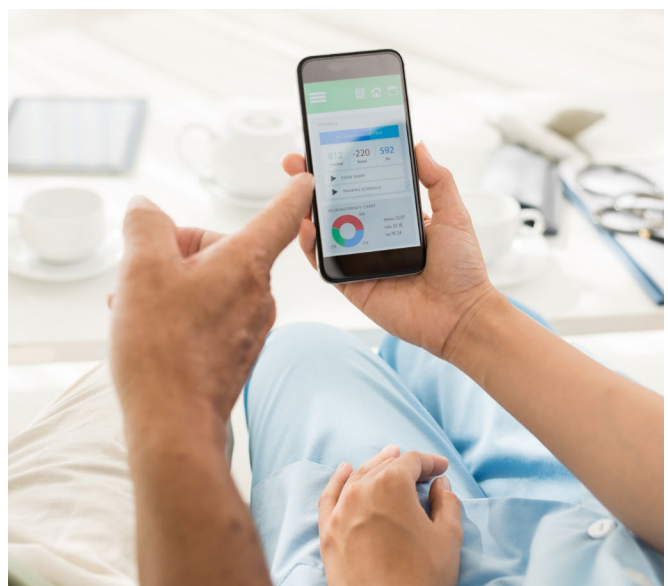
There are also employer-owner/third-party contracted sites that offer a company's employees a convenient way to meet certain primary care needs. For instance, on its Versailles campus, Midmark maintains an onsite wellness center that offers flu shots, mammograms, vascular and skin screenings, blood pressure checks and other wellness checks throughout the year.

Most recently, several commercial and private equity entities, including retailers such as CVS Pharmacy and Kroger, have entered the primary care space, focusing on the cost and convenience aspect to attract potential patients. A major example of this model is the Amazon One Medical primary care offering, made possible by the Amazon acquisition of One Medical and billed as "care that goes where you do." Amazon Prime members that subscribe to the service have access to a variety of services, including 24/7 on-demand virtual care and same-day or next-day appointments at hundreds of locations nationwide.

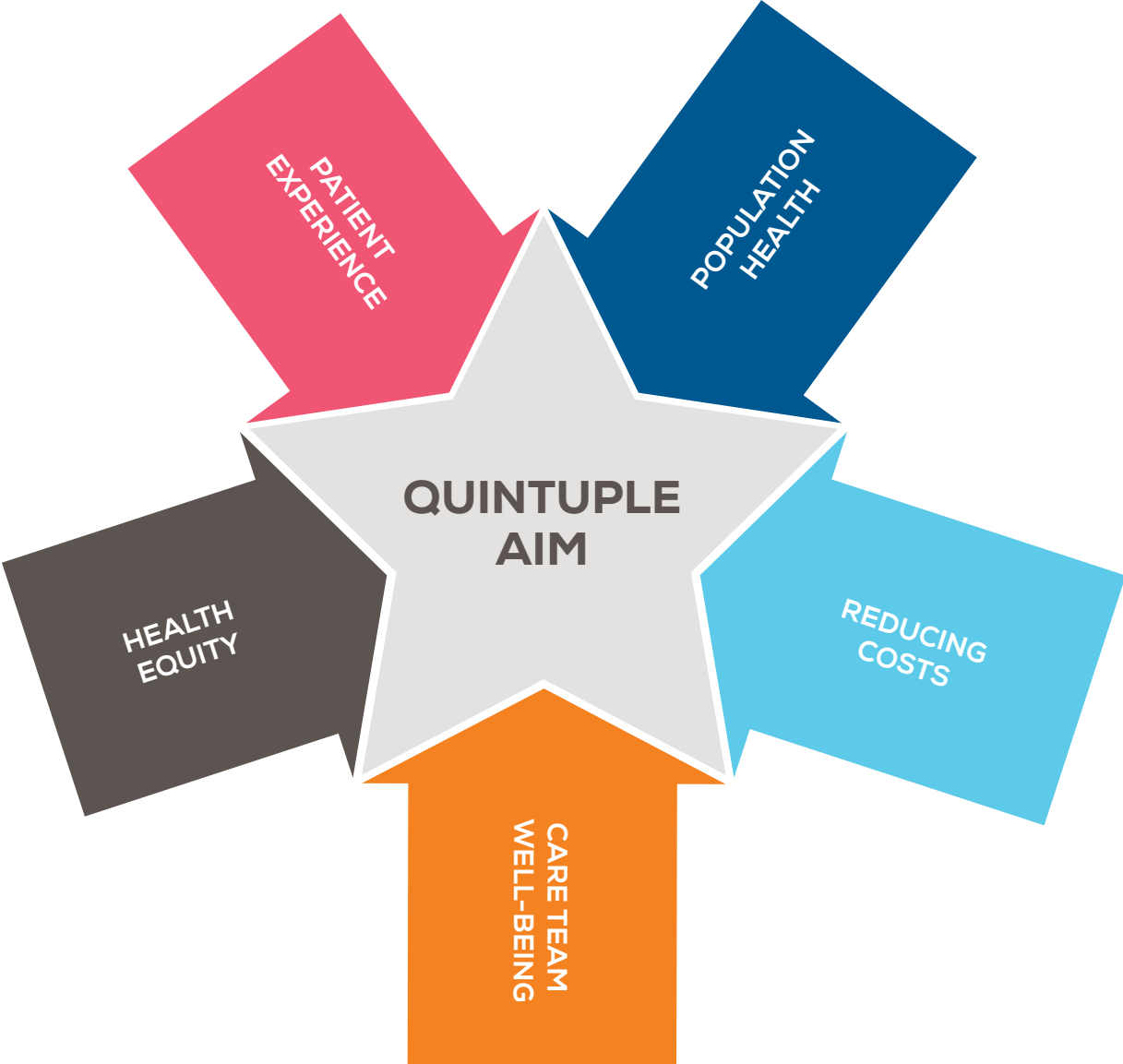
While not an entirely new concept, the non-traditional provider segment continues to see new players enter the space. This segment is also expected to see significant growth in the next few years. Bain & Company estimates that non-traditional primary care providers **could capture as much as a third of the US primary care market by 2030**. The global management consulting firm attributes some of this increase to the fact that rising costs, physician shortages, consumerism and digital disruption will continue to put pressure on traditional healthcare models, paving the way for additional growth of these alternative models.

Another factor is that patients want convenient access and on-demand care including digital access to information, billing, scheduling, provider ratings and price transparency. **According to a survey from NRC Health**, 80% of respondents said they would switch providers on convenience factors alone.

One might assume that only younger members of the population are turning to non-traditional healthcare sites. However, a **survey conducted by the University of Michigan** showed that adults aged 50 to 80 are increasingly accessing these new channels of care.



The shift toward value-based reimbursement programs is also accelerating this growth. Non-traditional providers are aligning with the Quintuple Aim and placing clinical outcomes, patient satisfaction, staff well-being, efficiency, profitability and health equity at the same level of importance when it comes to optimizing the delivery of care.



Important Guiding Principles

While these non-traditional providers do represent a different model of care from the traditional physician's practice, the end goal is still to deliver quality care to patients to help achieve desired clinical outcomes. That is why, regardless of the model, the point of care environment should be guided by two important clinical principles of care delivery.

Patient-centered medical home

The [Centers for Disease Control and Prevention](#) (CDC) defines the patient-centered medical home (PCMH) as a model for delivering high-quality, cost-effective primary care that uses a patient-centered, culturally appropriate and team-based approach. It is the opposite of long-standing episodic-based care, which is often reactive and provides short-term care management for patients experiencing a particular health episode with an expected endpoint.

PCMH encourages patients and providers to work together to ensure care is comprehensive and coordinated across the entire health system, including specialty care, hospitals and primary care physicians. This level of coordination is designed to help standardize procedures and streamline processes. It is also intended to help effectively manage chronic diseases, strengthen preventive care, increase cost savings and improve the overall quality of care.

Evidence-based design

According to the [Center for Health Design](#), evidence-based design (EBD) is the process of basing decisions about a built environment on credible research to achieve the best possible patient, staff and operational outcomes. As greater attention and focus are being placed on the interaction between the patient and caregiver at the ambulatory point of care, EBD is being more frequently used in clinical design, including exam rooms and hospitals.

Taking an EBD approach when establishing or renovating the point of care elevates the strategic importance of equipment, exam room layout and design decisions, and ensures they are based on proven research and best practices. It helps healthcare organizations and their design partners create an ambulatory care environment conducive to achieving better outcomes through enhanced patient/caregiver experience, standardization and interaction at the point of care.

One of the strengths of the EBD approach lies in the simple fact that it links equipment and design decisions directly to desired clinical outcomes.

For tips on implementing an evidence-based approach to the design of a care environment, read the Midmark white paper, "[Taking an Evidence-Based Design Approach into the Healthcare Environment.](#)"

A Holistic Clinical Design Approach

Along with being guided by the two principles of PCMH and EBD, any primary care space should also be based on a holistic clinical design approach to help strengthen the healthcare experience for both providers and patients, improve clinical outcomes and increase operational efficiencies.

This approach, which has been adopted in numerous traditional primary care environments, incorporates and equally elevates the following three main components:

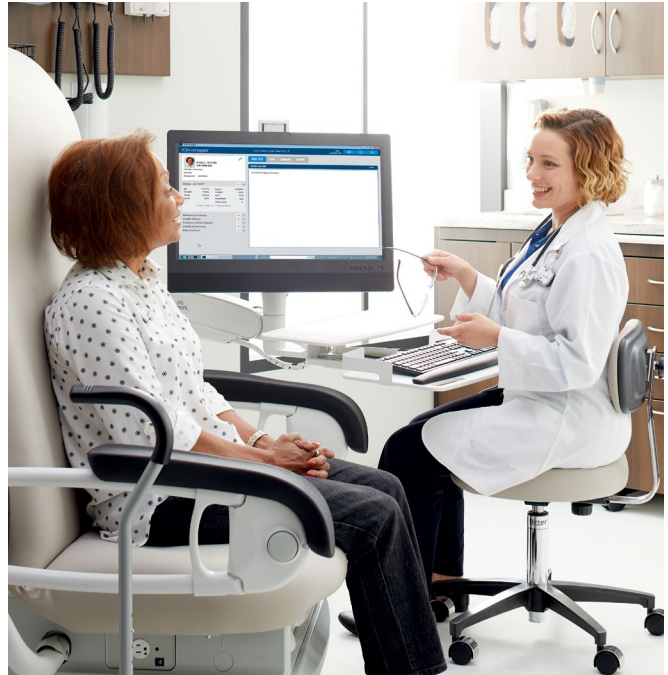
- 1. Facility design** where the configuration of the exam rooms and the layout of the equipment inside those rooms positively impacts the effectiveness and safety of the clinical space. Consideration given to ergonomics and mobility issues ensures a more safe and comfortable experience for patients, clinicians and clinical staff.
- 2. Workflow design** that moves beyond the typical linear design of care environments to focus on patients to create a better care experience. A more patient-centered workflow design allows better management and limiting of unnecessary patient interactions and movement throughout the facility.
- 3. Technology/equipment design** that is specifically suited for clinical environments to increase the level of efficiency, flexibility, safety and comfort. This means equipment that can withstand the rigors of daily use and even strike the right balance of clinical functionality and comfort. It also means technology, that when integrated into the environment, does not negatively impact the patient-provider interaction.



Benefits of a Holistic Clinical Design Approach

Non-traditional primary care spaces that adopt a holistic clinical design approach, will be well-positioned to realize a number of strategic benefits. The following are four examples of those benefits:

1. Strengthening patient-caregiver interaction by designing the clinical point of care environment around the patient. The **layout and configuration** of the room and the equipment it contains can significantly impact the effectiveness of any clinical space. When following a patient-centered approach, everything from the size of the room to the location of the exam chair can be important. For instance, the size of the room needs to be large enough to comfortably accommodate the patient, physician and staff, and allow exams and procedures to be properly performed.



2. Gaining operational efficiencies by seamlessly integrating new technology into the delivery of care. One way to do this is by utilizing **mobile workstations that can centralize the digital ecosystem**, providing clinicians with a flexible solution for integrating connected technology and bringing data to the point of care without sacrificing workflow. Many mobile workstations available on the market can be customized to provide a platform for telehealth programs. They can also incorporate advanced technology, such as cameras, digital instruments and expanded monitors.



3. Creating safe, inviting environments

for patients, clinicians and clinical staff by utilizing cabinetry designed specifically for use in clinical environments. For instance, cabinetry that is **designed for average height healthcare workers** who interact with cabinetry in the medical space and enable staff to easily reach frequently accessed supplies without unnecessary stretching or constant overreaching. These same cabinets also feature **design elements that play a part in infection prevention efforts**, including a seamless design and antimicrobial handles and surfaces that help protect from infections.



4. Enhancing quality care and clinical outcomes

by bringing **increased standardization and accuracy to blood pressure (BP) measurement**. For example, using a power examination chair that is designed to promote **American Heart Association (AHA) recommended patient positioning** for BP capture. This includes multi-positioning options to ensure a patient's back is properly supported, while the arm is maintained at heart height by the accessory rails. A low chair height also helps ensure a patient's feet are firmly placed on the floor while acquiring BP readings.



Most industry experts agree that non-traditional healthcare providers have the potential to evolve how care is delivered to patients. While these alternative primary care sites continue to grow, it is important they adopt a holistic design approach that aligns with the idea that better care starts with a better designed experience.



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