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October 5, 2009 | Print this page | Email this page

A Shared Vision: Patients, Providers, and Economics Beyond Evidence Based Design

Abstract | ***Article***

Evidence based design, best practice, patient centered care, caring for the caregiver, etc.: all of the current trends and developing theories on caring for patients lead back to one basic question - what's next for healthcare environments? Unfortunately that can often overshadow the more immediate question of what's now, and did I miss it? Healthcare used to be divided into silos. Radiology, surgery, and others were all separately treating patients. Now we have integrated MRIs and ORs. Multi-disciplinary Diagnostic and Treatment Centers provide comprehensive/collaborative analysis of patients to best diagnose and teat what are often complex problems that one discipline could not treat as effectively on their own. These shared spaces provide benefits such as minimizing travel distance for patients and staff, minimizing patient anxiety with shorter waiting time for answers, and minimize space requirements by sharing space and maximizing the efficiency of available area.

With all of this development for the betterment of patient care and positive return on investment in regards to efficient space utilization we still see private doctor clinics missing the boat. Many clinics are still designed as silos with each practice working independently in there own privatized space leaving the patient to find their way through a sometimes hectic and lengthy process not clearly defined from the outset, but this need not be the case. Why can't private clinic spaces be developed to take advantage of all the developments in healthcare delivery to better accommodate Patients, Providers, and Economics? The answer is – they can!

Public lobby healing environments

Patient room healing environments

Staff support healing environments

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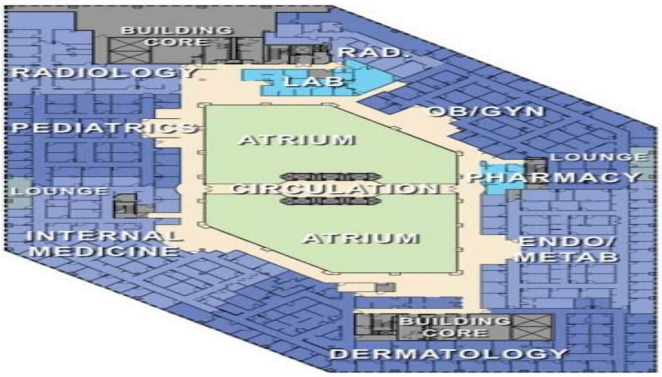
With clear direction from the outset, a private clinical space can provide all of the following benefits:

- ***Patient Perspective – Ease of Way finding***
- ***Caregiver Perspective – Ease of Patient Management***
- ***Clinical Collaboration***
- ***Interior Design – Cost Effective Healing Environments***
- ***BOMA Space Calculations with Future Flexibility***
- ***Economics/Efficiency of Shared Spaces***



Clinical model Henry Ford Health System

Ambulatory diagnostic testing center Henry Ford Health System

Many models for bringing together medicine for care environments exist and have for years. The origins of healing environments trace their roots to organizations such as the Mayo Clinic and the Henry Ford Health System. The Mayo Brothers brought medicine to the farm country of Minnesota in the late 1800's. Operating in what was very distant country at that time, they realized that provision of true medical care for patients traveling great distances would require collaboration. In 1910, William Mayo stated: "As we men of medicine grow in learning we more justly appreciate our dependence on each other." Using that collaborative approach, the name Mayo has become a household term recognized as excellence in healthcare. The collaborative clinic approach is comprehensive in care for the health provider's patients and has allowed the system to grow into a major teaching and research center, with complimentary programs located in northern Florida and southern Arizona. Henry Ford sought to bring care to the large working population of the Ford Motor Company. Mr. Ford recognized the already evident accomplishments of the Mayo Clinic and believed that this collaborative approach to patient care could benefit the urban population just as the rural population benefited. From a small beginning in 1919, Henry Ford has grown into a major health system comprising four hospitals and a large provider organization of primary care physicians and specialists known as the Henry Ford Medical Group. As early as 1953, the Medical Group was formally organized in a very early model ambulatory care center. Known as the "Clinics Building", a 16-story tower of diagnostics and primary/specialized care on the Henry Ford Hospital campus was constructed.

The medical group model embraced collaboration and education through teaching and shared clinics. During the 1970's, responding to the geographic reach of regional population, Henry Ford expanded their reach to a network of major ambulatory care centers, each staffed by the medical group and providing collaboration between one another and with the main hospital.

The network succeeded because of an early recognition for collaboration, operational effectiveness, physical plant efficiency, and ease of navigation for the patient, both organizationally and physically.

Shared common space HFHS Clinic

But more importantly, this model evolved a base for education and research that is today, a nationally recognized system.

This excellence has not only expanded the systems network, but in one case has been the inspiration for a 160-acre medical complex. In this particular case, a new hybrid model transforming and existing ambulatory care center into an in and outpatient major medical center was created.

Over the years, numerous organizations have developed these models including Kaiser Permanente, Aurora Health and organizations developed from Insurance Plans. It is important to realize that the models being discussed were created to bring forth medicine to population groups un-served and grew into significant research based health providers.

Now, how can the ideals of a collaborative clinical model be extended the private provider world? One such example is evolving in the community of Clarkston, Michigan. The Village of Clarkston and its immediately surrounding region were traditionally lightly served by healthcare. In 1968, a young general practitioner, Dr. James O'Neill located his new practice in the Village. Over the years, Dr. O'Neill's reputation in the community grew and along with it, his practice. The practice was relocated a number of times to accommodate the growing number of patients. In 2006, the family care/internal medicine/urgent

care center known as the Clarkston Medical Group had grown to 14 practitioners and had established a critical mass of referring physicians who were really the "best in class" of the region.

With this substantial base of providers, Clarkston Medical Group began surveying these specialists regarding formulation of a comprehensive health center. This discussion also included conversations with leading healthcare systems of Southeast Michigan. The surveys indicated that the entire group that had been working together would have interest with investigating such an opportunity. What ensued is the formation of the Clarkston Medical Building, an organization of 21 service lines as a collaborative medical effort, bringing together what may be considered the best providers in 21 areas of medical practice within one comprehensive medical center.

Module layout HFHS Clinic

> ***Exterior rendering Clarkston Medical Center***

Interior rendering Clarkston Medical Center

This 3-story, 133,000 square foot medical complex is based on the provision of medicine to an area located somewhat distant from the

northern Detroit major health systems. The center is fostered on tenants, which include:

• Patient Perspective: Make the overall patient experience outstanding. This includes overall experience, access, way finding, and consolidation of visits, quality of healthcare provided, and enrichment of the healing environment. Planning for the Center considered organization of the site for easy identification, access, small parking zones, simple interior way finding from a central core and simple, yet very directive organization.

• Caregiver Perspective: The stakeholders of the Clarkston Medical Building recognized the ever-growing need to take care of staff as well as the patients. High-caliber staff is often difficult to recruit and replacement is a costly burden. Recent statistics have indicated that a cost in excess of $60,000 is incurred for each registered nurse that is transitioned in the healthcare market.

• Clinical Collaboration: The stakeholders are all committed to the intention of referral within the medical center (provided that such referral is medically appropriate) and even to recognition of such collaboration in the planning of the facility. Services of medicine change rapidly. Within the specialty services, inevitable change of space is anticipated with corridors and clinical spaces that align making for easy transitions in the future. The large number of leading physician providers in the facility enables interactive collaboration with one another, permitting the sharing of learned medicine.

• Interior Design: The goal was to create the best possible patient experience with the best possible value. What has been constructed is a dignified, enriching environment. While great care has been taken to provide higher cost finishes in the areas which will benefit the most persons, consideration was given to extending the palette and textural assembly into all of the buildings spaces. The result is a continuous flow of warmth and caring.

• Economics/Efficiency of Shared Spaces: Most interesting during planning for this comprehensive center was the willingness of providers to share functions and operations, including lab services and imaging.

• The Business Model: As all of the providers are owners of the Clarkston Medical Building, concern for the business model is crucial to all. The physical facility must be profitable for its ensuing business of patient care to work. Within that framework, the building, while reasonably elegant, is extremely efficient. The overall floor plan has a 92% efficiency rate, fairly high for a medical building. The entire Ownership organization was involved in development of the design and engineering portions of the program from start to finish, and considered each option brought before them for value added effectiveness. The result has been design and construction of a new and substantial medical complex at a much lower cost than had been anticipated at the time of original business planning.

Shared public space and circulation for staff collaboration Clarkston Medical Center

Quite a list of goals for a group of individual participants coming together to form a comprehensive medical model. Within the Clarkston Medical Building, service lines include:

- ***Ambulatory Surgery***
- ***Orthopedics***
- ***Cardiology***
- ***Pharmacy***
- ***Eye Care***
- ***Psychiatry***
- ***Family Care***
- ***Sleep Studies***
- ***Home Health***
- ***Surgical Consulting***
- ***Gastrointestinal***
- ***Wound Care***
- ***Imaging***
- ***Urgent Care***
- ***Infectious Disease***
- ***Urology***
- ***Kidney Disease***
- ***Women's Health***
- ***Neurological-pain***
- ***Conference***
- ***Lab***
- ***Café***

The formation of the Clarkston Medical Building ultimately involved association with a health system provider. The McLaren Health System has partnered with the development and the site for the new health center is located on the master planned McLaren Health Village. The health system will be a significant tenant in the 133,000 square foot medical center and will bring the strength of a major health system, enabling the stakeholder partnership to reach further into the community and provide additional complex services and programs.

Ambulatory care has existed for well over 120 years in the United States and has truly come full circle as today we are bringing the collaborative spirit of sharing learned medical knowledge to in some cases rural and far

reaching communities.

The Academy Journal is published by the AIA Academy of Architecture for Health (AAH). The Journal is the official publication of the AAH and explores subjects of interest to AIA-AAH members and to others involved in the fields of healthcare architecture, planning, design and construction. www.aia.org/aah

This article originally appeared in The Academy Journal, published by the AIA Academy of Architecture for Healthcare (Volume 12 – October 2009).