



The mission of The Wright Center is to continuously improve education and patient care in a collaborative spirit to enhance outcomes, access and affordability.

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The Wright Center

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The Wright Center (TWC) is a unique, community-based consortium that integrates workforce development and leverages the inextricable link between patient care and interprofessional medical education. TWC's interprofessional teaching clinics are committed to engaging its people, its most valued resource, in an inclusive culture of learning where outcomes are prevalent.

As a safety-net provider, TWC's mission is to continuously improve education and patient care in a collaborative spirit to enhance outcomes, access and affordability.

In its 35 year history, TWC has built innovative learning and care delivery environments, expanding its influence through collective enlightenment, grassroots initiatives and organic transformation.

America's healthcare crisis demands those serving within the delivery system to rise above everyday challenges and optimize their unique contributions to the promotion of sincere advocacy for each and every patient. TWC case studies exemplify independent, but aligned, mutually reinforcing roadmaps to practice transformation using Health Information Technology (IT) to illuminate trackable/measurable outcomes.

These roadmaps can drive an iterative quality improvement process that can be replicated and generalized to universal care delivery environments.





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Organizational Overview

Located in Northeastern Pennsylvania, The Wright Center (TWC) Level 3 Patient Centered Medical Home Teaching Health Centers provide innovative, patient-centered and team-based healthcare and high-quality inter-professional workforce development. TWC leads a Graduate Medical Education consortium aiming to address America's physician shortage, mal-distribution and related health disparities, while leveraging learners to stimulate and lead continuous system improvements.

TWC fosters a joyful, interprofessional, "learning" culture to ensure its mission delivery as a non-profit, community-governed backbone organization. TWC has gained local and national recognition as a credible, high-performing teaching and care delivery organization and has become a convener for practices that have the desire to transform but need coaching and enhanced knowledge and skill sets to progress.

TWC was a leading practice in the Pennsylvania Chronic Care Initiative and is one of The Robert Wood Johnson Foundation's "top 30 most innovative primary care practices in the United States." We were recently recognized by the Center for Excellence in Primary Care of the University of California, San Francisco and Association of American Medical Colleges as one of 20 high performing ambulatory training centers actively engaged in primary care practice and medical education transformation.

With the national call to actuate the Triple Aim, TWC strives to meaningfully contribute to replicable practice transformation roadmaps which can be broadly introduced across organizations to catalyze widespread healthcare transformation. Leading roles belong to patients, families, care teams and communities, our most underutilized expert resources, for effective individual and population health management. Health IT provides a powerful, organizing framework for this patient-centered and team-based industrial transformation.

TWC's inspiring journey of transforming primary care and medical education has been captured through a milestones-based Phases of Transformation Rubric. The phases create a roadmap that we call "The Wright Pace" which details the activities and behaviors from "Novice" to "Expert" as a guiding framework integral to transformed care delivery processes. The phases of practice transformation are performance-based, not time driven, to meet practices where they are in order to change clinical outcomes, reduce unnecessary testing, decrease unnecessary hospitalizations and uncover cost savings. Our roadmap was fueled by the inspiration of physician-led teams' enlightened resiliency for value-driven workflow redesign; meaningful contributions of engaged, empowered patients/families; enriched networking of community resources; and catalyzing use of Health IT.

Our Wright Pace framework intends to enhance global understanding of our healthcare industry and economic interdependence to inspire alignment around strategic, mutually reinforcing action plans and shared metrics of success. This framework is a solid foundation for value-driven, networked transformation of healthcare delivery and workforce development systems at local and national levels, organically fueled by collective genius.



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Authentic healthcare delivery transformation is not possible without integrated Health IT enabling the ultimate goal of strengthening patient-centered care continuity and team-based relationships to enhance access, health outcomes and affordability. We encourage any practice in its current state to introduce the replicable and scalable models outlined in this TWC case study compilation.

Case Study One: The Clinical Value of Consistent and Continuous Healing Relationships with Patients and Colleagues

Fragmentation within complex care delivery and medical education systems pose significant challenges to longitudinal continuous healing relationships, which are essential for high-quality patient care and educational outcomes. To improve patient-centered care continuity in all out-patient settings, TWC utilized *Qualis Health's Empanelment Guide* to illuminate EMR-driven workflow of team-based care delivery for defined populations. All providers and staff were assigned to color-coded teams based on FTE availability, and patients were empaneled based on preference and historical attachments to providers. Health IT was used to establish empanelment teams, create visual cues through automated scheduling alerts and promote team-based accountability for population-based care delivery and health outcomes utilizing registry and exception reports. Compliance was measured at all staff levels; metrics for TWC's scheduling team is referenced in this case study. Over time, individual and team-based performance metrics were consolidated in monthly report cards further discussed in Case Study Two.

Case Study Two: Standardizing Individual and Collective Workflow Distribution and Accountability

As our patient-centered, team-based transformation progressed, the Performance Assessment and Competency Evaluation (PACE) Card was developed as an enabling IT tool for organizational-wide performance reporting. The PACE Cards reflected an evolving culture of performance-based employment and commitment to continuous learning for improvement. Staff and providers could now connect their daily work to the greater goals of the organization, resulting in unified and aligned teams collectively delivering defined metrics of a corporate Balanced Scorecard. PACE Cards proved to be a disruptive and initially challenging innovation that quickly invoked a spirit of healthy value-based competition. Corporate Balanced Scorecard results were communicated and recognized at the highest management and governance levels of the organization, generating intense alignment. Widespread engagement in continuous growth and improvement responsive to individual and team-based PACE Card outcomes inspired the development of an interactive "Plan. Do. Study. Act." (PDSA) Tracker Tool as described in Case Study Three.

Case Study Three: Change Management and PDSA Tracker Tool

Our PDSA Tracker Tool is essentially an "idea pool" where everyone within our organization is not only enabled, but expected to contribute to quality improvement efforts and a learning culture. The PDSA Tracker Tool provides a team-based IT framework to organize stackable, deliberate, constructive improvements driven by reflective practice and PACE Card metrics described in Case Study Two. The successful implementation of our PDSA Tracker Tool has advanced a culture of universal employee engagement and continuous learning for system improvement. Within the last two years, 799 PDSAs have been initiated with over 550 completed. Four PDSA examples are highlighted in this case study.