

# Considerations in clinic relocation or expansion

By Nancy Doyle, AIA and Jessica Anderson

If your clinic has ever considered opening a satellite location or relocating to a new facility, you know how daunting the decision-making process can be.

Today, these decisions are further complicated by a host of factors, such as changes in the health care industry, technological advances, and more restrictive networks of care.

The traditional approach to medicine, based on a diagnosis-and-treatment model is not well equipped to thrive in today's rapidly evolving health care environment. Today, medical groups are responsible for more covered lives than in the past, so physicians are seeing more patients. Increasingly, practices are delegating routine visits to extenders (e.g., physician assistants, nurse practitioners, advanced practice providers), thereby allowing physicians to deal with more complex visits where their expertise is more fully utilized. All of these factors influence facility design and operations. The discussion below examines five key aspects of health care that clinics may want to consider when planning to relocate or expand.

## Patient experience and practice image

Research indicates that patients' perception of the quality of care they receive is directly linked to the physical environment where they receive care. For example, if outdated floor coverings and other poorly chosen furnishings dominate a facility's décor, a patient may question the safety of the care environment.

As health care consumers become more aware of their choices, health care organizations need to attract their business with a welcoming environment. Facilities today are moving away from the traditional front desk check-in model to a concierge model where patients are greeted at the door and assisted in navigating their journey. In an effort to accommodate a diverse patient population, organizations are offering more variety and choices to their patients as they move through the facility. Waiting rooms have become more home-like with choices that include love seats for parents with small children, oversized chairs for larger patients, taller seats with sturdy arms for elderly patients, play and reading areas for children, as well as maneuvering space for wheelchairs and scooters.

Patient privacy is a primary concern as we look at the patient's journey through their clinic visit, from the moment a patient checks in at a desk or kiosk until he or she leaves with follow-up instructions and appointments. Designing the desk with private check-out stations out of the main traffic pattern on the back side of the desk offers additional privacy to those patients scheduling follow-up appointments and procedures while maintaining staff efficiency in covering both check-in and check-out.

Although the lobby and waiting/public spaces are important elements in the patient journey, the exam room is the patient's principal destination. Until recently, the exam room has seen very little change. However, today we have a new understanding of how the design of the exam room can affect the patient's perceived quality of care. The standard exam room today is about 50 percent larger than it had been in the past. Today's exam rooms can better accommodate large families and caregivers, patients with disabilities, and bariatric patients. In addition, research shows that the design of the physician's desk influences patients' involvement in and understanding of their care. For example, mobile desks and larger monitor screens allow patients to see their medical records, X-ray images, and test results, which creates greater interaction with their care provider.

## Demographic studies lead to opportunities for referral networks

As practitioners seek ways to care for populations, demographic data can guide them in pinpointing potential geographic locations for clinic expansion or relocation, and identifying opportunities to build referral networks that can create greater access to specific patient populations.

Most patient accounting and electronic health record systems allow practices to capture and monitor patient demographics, payer classes, referring physician data and other pertinent information that can help determine a business case for expansion or relocation to a new market. For example, a specialty practice that is centrally located may begin to see a large portion of their patient population shifting to the west metro area due to population growth, new referral sources from affiliated physician practices, or new health care facilities. The demographic data may indicate that the practice would likely have sufficient patient volume to open a new practice with a new or established practitioner.

## Health system alignment opportunities

More and more medical group practices are aligning themselves with hospitals and integrated health systems that are increasingly focused on population health management. These health systems need physicians of all specialty types in their networks to provide comprehensive care for their patient populations. When considering relocating or expanding, practices may want to consider new ambulatory care facilities that are affiliated with large health systems so that they can secure their participation within the provider network.

## Gaining workflow efficiencies through space programming

Planning for a new location should involve assessing practice patterns, anticipated future growth, and recruitment plans to determine the total number of exam and procedure rooms the practice needs. The assessment should include an analysis and understanding of the daily provider schedule so that exam rooms are fully utilized even when individual physicians and providers are caring for patients in the hospital or other practice locations. Incorporating utilization factors will help prevent “over-building” of a new practice location, this can provide opportunities to sublet space to unaffiliated physicians on a part-time basis. Practices may also want to consider designing offices and support spaces so that they can be easily converted to clinical use in the future.

Incorporating principles of “lean” design into space programming involves an objective evaluation of the practice to identify opportunities to reduce waste and redundancy in practice operations. The most effective design will aim to minimize provider travel distances, maximize access to materials and supplies, and eliminate nonessential or duplicative functions. Consideration should be given to designing larger exam rooms so that they can accommodate additional provider staff, office-based procedures, and greater involvement of family members and patient caretakers during office visits.

## Planning for collaborative care

The delivery of care increasingly has been shifting to patient-focused models that support the best possible state of wellness for each patient over the long term. This shift from an episodic mindset to a holistic approach requires greater collaboration among all participants in the care delivery process for primary care and specific disease conditions. Accommodating this model in the practice setting may require a different approach to the organization of the clinical care environment.

In collaborative care, the medical team often cares for the patient in one clinical space or room, in contrast to the traditional care model in which the patient ventures from one clinical space to another to receive specialty care. In this new design, providers flow in a tight pattern of movement among their patients while the patient remains in one exam room. Ultimately, this approach to care should reduce the cost of space per patient encounter because the rooms are used more efficiently than in the traditional, one-room/one-provider system of care. Often this type of planning is an integral part of changing physician work patterns from their existing norm to a more efficient system that will yield higher productivity and lower overhead.

The objective of the medical home model is to create a universal clinic module that facilitates multi-use by an expanded team of providers. Because there are no customized, private spaces built into the module, it can be used by

any specialty needing space. With this care model, utilization of the exam rooms has the potential to increase to 10–12 half-day sessions per week, allowing the system to build fewer rooms and use the space more efficiently. The central team space provides a collaborative work environment for the multifaceted care team supporting a provider with an increased patient population. The care team of case managers, dietitians, mental health providers, medical assistants, and other care professionals allows the provider to focus on the medical tasks critical to patient health and wellness.

## Interlocking factors in facility planning

In today’s health care environment, decisions about relocating or opening a satellite location cannot be made based solely on the availability of space at the right price. Physician practices should consider this type of planning as an opportunity to lower overall practice costs, adapt to new delivery models, align with a preferred health system partner and referral sources, and increase patient loyalty. If these factors are incorporated into the planning process, the practice should be well positioned for the changing health care landscape.

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Franciscan Medical Building, Tacoma, Washington (2012)