Colocation: Implications and Insights from the Mayo Clinic Florida Department of Family Medicine
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MAYO CLINIC FLORIDA DEPARTMENT OF FAMILY MEDICINE

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Introduction
In today’s primary care office, the delivery of care can be overwhelming. A physician is expected to simultaneously treat patients, lead a multidisciplinary team of allied health professionals, interpret laboratory and radiology studies, and respond to numerous patient messages. To succeed, strategies must be in place to optimize communication and appropriately delegate tasks to each member of the team.

Practice Innovation
One such strategy is known as colocation. Traditionally, patient issues have traveled vertically through the chain of command before reaching the practitioner. With colocation, the practitioner at participating locations is horizontally integrated into the rest of the department and is available to direct care in a real time and dynamic manner. Practitioners begin each day with a multidisciplinary huddle where preparations for each patient are detailed and discussed. Between visits, practitioners are situated within the working areas of triage, medical assistants, nurse practitioners and social workers. Additionally, a “doc of the day” is tasked with addressing patient refill requests and messages to providers who are currently out of the office.

Impact
We posit that, with colocation, multiple facets of patient care can be improved including efficiency of clinic testing and procedures, turnaround time of triage messages, communication amongst team members, and patient satisfaction. Furthermore, we believe colocation can reduce physician stress during clinic hours and minimize after hours tasks.

Discussion
Preliminary feedback on colocation within our pilot clinic has been positive and providers have acclimated to the change. The feedback has been positive enough that institutional funding has been provided to our department to redesign our office to better accommodate colocation (doubling workstations, increasing walk-through space, adding sit/stand work stations). Further research can compare colocation with the traditional system of hierarchy on outcomes related to the aforementioned care parameters.