

THREE YEARS. ONE STRONGER SYSTEM.

Progress is a practice.

Mommy and Me Medical Group

From fragmented screening to reliable, patient-centered follow-up

EPT Final Learning Community · Fall 2026



Care rooted in the Inland Empire

Private practice. Approximately 14,000 Medi-Cal lives. One focused improvement journey.



Local care for patients across
San Bernardino and Riverside counties

1	PRACTICE MODEL Independent private practice
2	PEOPLE SERVED Approximately 14,000 Medi-Cal lives
3	POPULATION OF FOCUS Pregnant and postpartum patients
4	THE IMPROVEMENT AIM Increase SUD screening and strengthen postpartum follow-up

Our commitment outpaced our systems

In 2023, screening and follow-up depended on manual steps and individual memory.

The challenge was not commitment. It was visibility and consistency.

OUR STARTING POINT

- No standardized screening workflow
- No reliable reporting to show who was overdue
- Staff relied on manual steps and variable guidance

2023

THE OPPORTUNITY

**Turn good intentions
into a repeatable system.**

The barrier was not willingness—it was friction

Patients and staff needed a process that respected time, trust, and sensitive conversations.

We listened for the moments where screening became harder than it needed to be.

WHAT WE LEARNED

- Screening felt like “one more form” without a clear purpose.
- Extra paperwork could mean more time in the office.
- Staff needed culturally sensitive language and confidence to help.

ONE PATIENT SAID

“*I have to cook, I don’t have time for another paperwork.*”

— Patient

We moved screening earlier—and made support easier

Technology, training, reminders, and warm handoffs now work as one.

The breakthrough: make the right action easier for patients and staff.

FOUR CHANGES THAT WORK TOGETHER

- 01 Send pre-visit screenings through Phreesia
- 02 Explain why screening matters
- 03 Train staff for culturally sensitive conversations
- 04 Use warm handoffs to connect patients with care

OUR GUIDING PRINCIPLE

“Teamwork makes the dream work.”

A SIMPLE, REPEATABLE CADENCE

- **5 DAYS BEFORE** · Send SUD screening and postpartum paperwork
- **1 DAY BEFORE** · Resend incomplete screens and appointment reminders
- **1 HOUR BEFORE** · Send the final screening prompt
- **DAY-BEFORE CALL** · Staff personally reinforce the appointment

The system delivered measurable progress



A stronger workflow turned consistency into reach.

63.8%

2024 BASELINE

75.1%

2025 RESULT

565

PATIENTS REACHED

THE RESULT

SUD screening increased by 11.3 percentage points—from 63.8% to 75.1%.

11.3

PERCENTAGE-POINT LIFT

WHAT WE LEARNED ALONG THE WAY

Some staff brought personal experiences that made sensitive questions difficult. We responded with trauma-informed training, shared language, and practice support.

A practical workflow created a meaningful change in reach.

One patient's words made the problem real

Behind every percentage is a person balancing competing demands.

“

“I have to cook, I don’t have time for another paperwork.”

— Patient

WHY THIS MATTERED

Composite scenario: Screening felt like one more task in an already full day. Moving the form before the visit, explaining its purpose, and offering a warm handoff reduced friction and created a clearer path to support.

FROM BARRIER TO CONNECTION

- Reduce the paperwork burden
- Build trust through explanation
- Connect through a warm handoff

Now we can reach patients before the visit



Earlier outreach gives the team more visibility—and patients a clearer path to support.

This is more than a project. It is a capability we can sustain and improve.

We can now send SUD screenings before visits, identify incomplete screens, and use trained staff and warm handoffs to connect pregnant and postpartum patients with behavioral health support.

WHAT CHANGED FOR THE TEAM

“ A consistent cadence builds confidence, ownership, and faster connections.

One workflow. Shared responsibility.



WHO BENEFITS

Pregnant and postpartum patients who might otherwise be missed because of time, paperwork, or scheduling barriers.

POSTPARTUM NO-SHOW RATE

Reduced to 30%

Three lessons we would carry forward



Start with people. Scale what works. Share the playbook.

1 TRAIN BEFORE LAUNCH

Prepare staff first—especially for sensitive conversations. Confidence and shared language make the workflow possible.

2 SCALE THE PRACTICE, NOT JUST THE IDEA

Use one consistent training and workflow approach across locations, then keep learning from the team.

3 MAKE THE WORK REUSABLE

Share the pre-visit cadence, reminder sequence, staff training, and warm-handoff model so others can start faster.

THE WORK CONTINUES.

Questions & conversation

Every completed screening is an opportunity to connect someone with care.

Mommy and Me Medical Group · Mercedes Michelena and the clinical, medical assistant, front office, and operations teams

