Gregory M. Coe, M.D., FAAFP
220 Hospital Drive, Vallejo CA 94589
COEG145MSPFD@aol.com

My primary care interest lead me to specialize in Family Medicine. I enjoy the variety and continuity in my practice. My interest in learning new ways to improve the delivery of care with my patients has resulted in my group not being change averse and me being quick to participate in the Breakthroughs in Chronic Care Program.

I was contacted about a year and a half ago by Hill Physicians Medical Group, the IPA for about 60% of my practice, inviting me to be one of the representatives of the group in participating in the BCCP for diabetes and cardiovascular disease. This has been an opportunity to participate in a cutting edge project that focused on practical learning to improve the delivery of care to my patients. The scope of the project went far beyond my expectations.

We started with a 2 day learning session that covered a broad range of topics form the most current information on effective interventions in the management of diabetes and CVD to rapid cycle improvement and models of chronic disease management. It was exciting to cover the volume of material so rapidly with such a broad based and highly motivated group. I was pleasantly surprised to learn that we had already implemented several of the described techniques in our practice like planned and group visits, flow sheets and working collaboratively with nutritionists and health educators. The new things that really caught my interest were the use of screening tools for depression, working with patients to develop action plans and the use of a registry.

Using the PDSA rapid cycle change model I chose to start with the implementation of the PHQ-9 depression screening and assessment tool. This was one area I identified where there was a significant opportunity to bring in an aspect of care in diabetes that was significantly lacking in our practice. In the learning session it was clearly demonstrated that depression was a common and often overlooked complicating factor in diabetes care. I started by making copies of the tool and putting them in my exam rooms with some of the other forms that I routinely use. My first goal was to find one diabetic patient to use the tool with and then evaluate the experience. I found it so convenient and simple for patients to use that I now use it routinely with any patient. The first two questions are an effective screen and the full questionnaire can be used for diagnostic assessment and comparative evaluation of therapy. The use of the PHQ-9 has now become a tool that I utilize routinely with diabetics and other patients for which depression is a concern. My next step is to train my MA to have patients who raise the issue on intake screened with the tool and complete it before I come in to see them.

I've found the PHQ-9 and easy tool to work into routine visits. It helps focus the assessment and care of depression and I quickly became very comfortable integrating it into the office visit routine.

Similarly I have worked with the use of Action Planning and Hill Physicians has implemented a registry and we have just begun using on line access for the registry. Additionally with BCCP it reinforced the use of planned and group visits and I have worked on refinements of their use in my practice as well. With each of these I have started with very small goals to 'test' their usage in the routine flow of office visits and adjusted and expanded their use based on the results of my 'test cycles'. I've found that each of these has helped make improvements in my care of patients that has been borne out in the quarterly assessments of my diabetes and lipid measurement criteria. I've found that finding small steps in making changes has made them feel more doable and

made me more comfortable and motivated to give them a try. Usually a ‘test’ of one is sufficient to develop options to make adjustments if things don’t go well. Generally patients have been very receptive to new things when I explain that I am trying something new that I learned of and I think it will be helpful in their care. By making small changes and small tests of those changes I am able to try things out more quickly and generally don’t feel intimidated about trying something new. The rapid test cycles also make it more comfortable to not have something go well since you are ready to change it or try something else the next time. If nothing else the project has taught me that excellence in care with chronic diseases requires a multifaceted approach customized for individual patients that is constantly refined over time.

--Gregory M. Coe, M.D.