

# Implementing PCMH in a Safety Net Clinic

## The Terry Reilly Experience

The Fifth National Medical Home Summit  
Philadelphia, PA  
March 13-15, 2013



# Terry Reilly Overview

- 41 year history in Southwest Idaho
- 7 Primary Care Clinics
  - 3 “Urban”
  - 4 Rural
- 5 Dental Offices
- Behavioral Health Services co-located in all 7 Clinics
- 8.09 MD’s 14.44 NP/PA
- 1.92 support staff per clinician



# Patient Demographics 2012

- 27,636 users
- 105,741 encounters (3.8 encounters per patient)
- 56% male, 44% female
- 5,605 children/adolescents
- 64% uninsured
- 62% at or below 100% poverty
- 53% White not Hispanic 39% Hispanic



# Terry Reilly and PCMH

- Began 4 years ago
- Corporate Leadership
- Empanelment
- Care Coordination
- QI/HIT



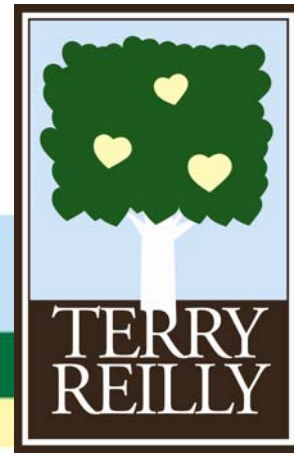
# Engaged Leadership

- Visible and sustained leadership
- Ensuring that the PCMH transformation effort has the time and resources needed to be successful
- Ensuring that providers and other care team members have protected time to conduct activities beyond direct patient care



# Empanelment

- Addressing key questions
- Determining patient definitions
- Working with front office staff
- Writing procedures on how to maintain empanelment
- Creating and using panel reports to drive balancing of supply and demand
- Developing metrics to help us monitor the patient's ability to access their PCP
- Developing methods to determine when a provider's panel needs to be closed to new patients



# Care Coordination

- Establishing and providing organizational support
- Linking patients to a provider and care team
- Assuring that patients are able to see their provider or care team whenever possible
- Creating and implementing a closed loop referral coordination process
- Developing policies and protocols for Behavioral Health/Medical care integration
- Developing scheduling options that are patient and family-centered and accessible
- Developing and Implementing a patient portal



# Quality Improvement/Health Information Technology

- Streamlining our rooming protocols
- Creating registries
- Choosing and using a formal model for quality improvement
- Establishing, and monthly monitoring, metrics to evaluate improvement efforts and outcomes
- Creating templates and tools in our EMR





# What a PCMH Clinic Looks Like

## The Boise Clinic Experience

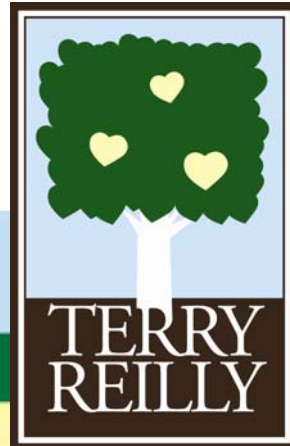
- 11 exam rooms
- 4 Behavioral Health/Nurse consult rooms
- 2 bullpens for all staff
- 2 procedure rooms
- 1 Conference Room and 1 Group Room
- Both Express and Empanelled care



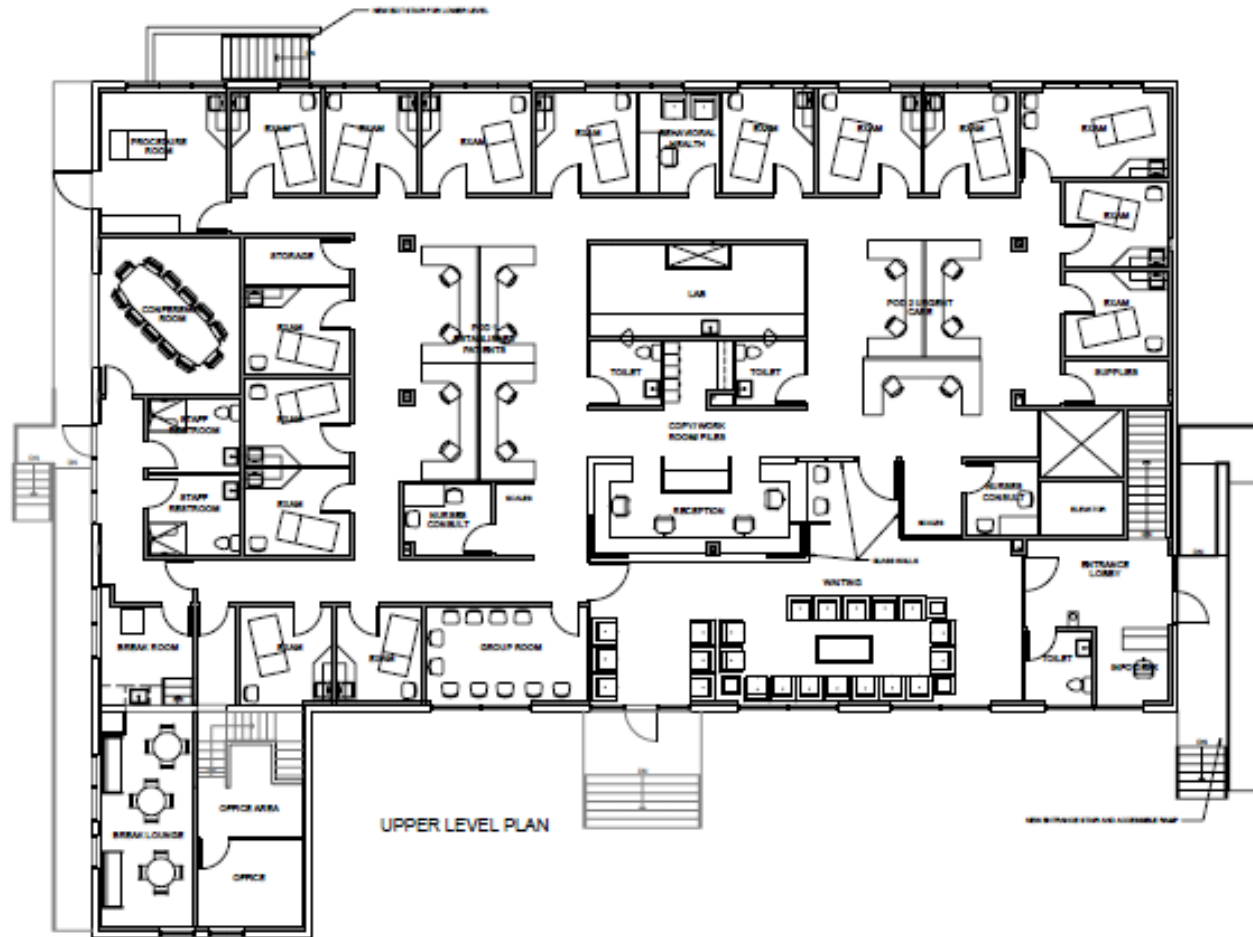
# Overview of new Clinic location

## Staffing Level and Support Ratios

- 3.2 clinician FTE - 2.0 FTE Primary Care and 1.2 Express Care.
  - The 2.0 FTE in Primary Care provides empanelled coverage of approximately 2400 patients. The 1.4 clinician team in Express Care can likely serve up to 2000 additional patients in a non-empanelled model of care.
- 1:1.5 matching of Clinicians with MAs plus an RN
- Behavioral Health integration – 1 social worker  
1 Case Manager, 1 prescribing Clinician



# New Clinic Floor Plan



# New Clinic Beginnings



- Beginning of the remodel



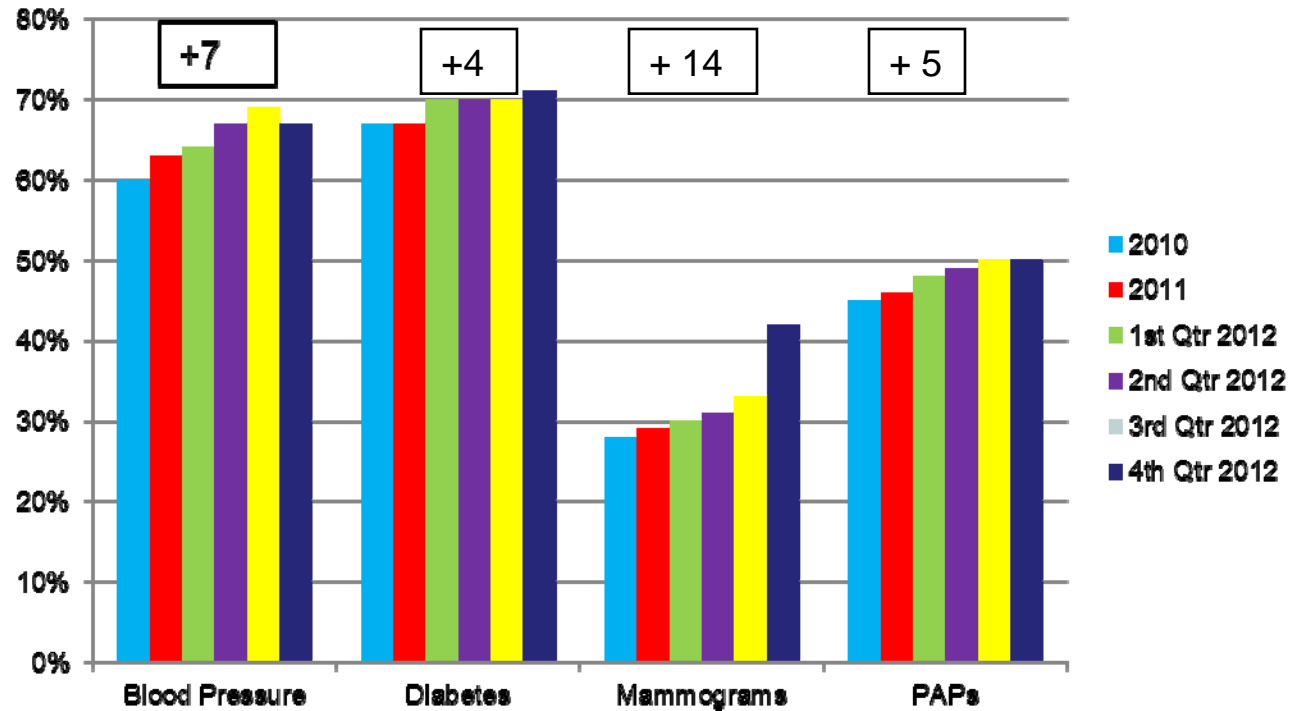


# New Clinic



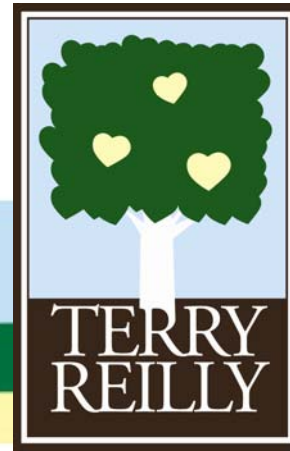
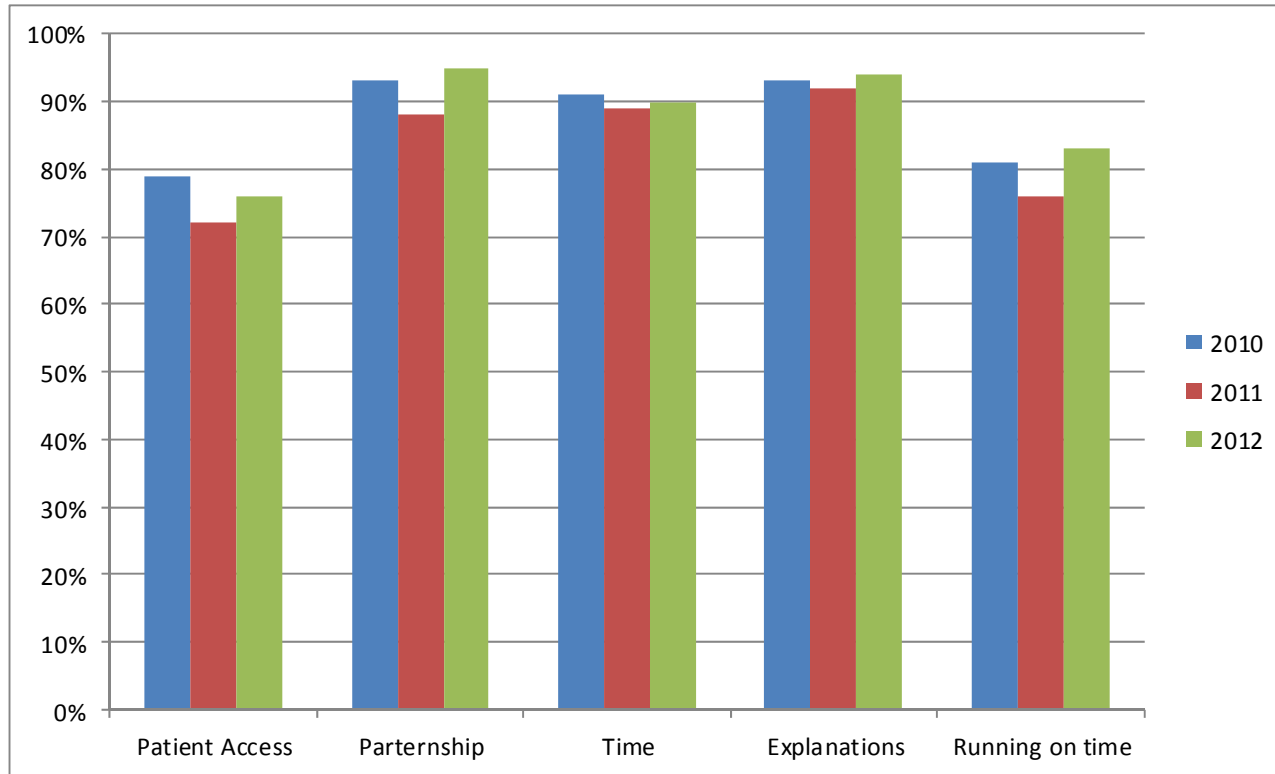
# Clinical Outcomes

2010-2012



# Patient Satisfaction

2010-2012



# Provider Satisfaction

2009-2012

