

# Patient-Centered Medical Home at a Small, Primary Care Office

## Lessons Learned (earned)

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March 17 2014

We all think that we are the best at what we do (in our own little silos)

We then get the data about ourselves ..

Then we say the data is corrupt

Then we generate our own data

The system must be flawed

**Then there is reality**

We may be great at *any*  
given time but not at *every*  
given time.

## OUR TEAM

- 4 1/3 FTE Providers (4 Doctors, 1 RPAC)
- 1RN
- 3 LPNs
- 4 MA
- 0.5 RN Care Manager
- 3 Receptionists, 2 Medical Record clerks
- 3 Billers
- 1 Referral Auth specialist
- 1 Assistant office manager
- 1 Practice administrator( HR, IT, Project manager, troubleshooter)

# Patient Centered Medical Home



- Are we done yet? **Absolutely not**
- We achieved NCQA Level 3 Patient-Centered Medical Home recognition with distinction
- We participate in the Comprehensive Primary Care Initiative from CMMI
- But that means that we have just really started the process

- Ultimately you must have a motivated leader in the practice on the clinical and the administrative side to be able to meet the expectations.....  
Technological, Practice and Patients



# Patient-Centered Medical Home

- No staff left behind
  - Nurse transition officer
  - Rewards and recognition



- Remember that your team needs to have breaks and nourishment along the way





## Additional Staff for Continuing Medical Home Advancement

- Care Management
- Medical Assistant
- Make the entire office a care management function

# What opportunities and challenges exist related to quality reporting?

- The opportunities are many;
- Having quality reports available for populations can quickly identify trends for better resource allocation
- Disease state analytics allows us to identify individuals who need specific education or testing. Also helps us to do better gaps in care analysis.
- If less structured data (free text), NLP (Natural Language Processing) were searchable, there might be a better capture rate.

## Positive outcomes that have been attained by Participating in Medical Home Initiatives

- The collaboration among team members to get information into the system in usable format as well as the discussion of quality and quality measures.
- CPC and Medical Home Initiative's have given me the financial resources to be able to add staffing, case management.
- Have also been able to slow down the physicians and given them longer visits to be able to provide more comprehensive care to our patients, while maintaining their overall salary structure
- I have been able to add, technical hardware also to be able to do better population management.

- The desired goal may not always be a straight path



# Challenges and Opportunities for Improvement

- While innovation is great, it is a slow process.
- We often do not know what we don't know!
- Plans need to be developed sooner so that they can fit the development cycle of the vendors and the practices. (All focus of vendors on MU2, Direct, HIE)
- Retraining staff to function in new roles and skill sets that has not been traditionally found in small practice sites.

# Patient Centered Medical Home

- Pick early wins, when your practice has limited resources
- You have to do your implementation in phases to allow the staff to work through the process workflow changes
- Remember that change management requires change breaks
- Lots of team building



- Team meetings and goal setting are part of the process, review your data, implement changes



# Challenges and Opportunities for Improvement

- We need to clearly define the outcome of the project to set appropriate strategic plans in place.
- There are many technical challenges that are beyond our control that drastically reduce our efficiency
- Being in a cliff region between two rhio's the ability to have liquid data will likely require 2 interfaces. This may be the only way to be able to have transition of care data available.
- Currently the only way to see the hospital data is to dial in to the system and toggle between the office system and the hospital system.



# Patient-Centered Medical Home: It Makes a Difference

Improved Front Desk

Improved Billing

Improved Preventative  
Medicine/Documentation

Providers get more done  
in a day

Patients in and out more  
on time

- Celebrate your successes



Questions?