



Medical Home: Lessons learned from the field

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Continuing Medical Education



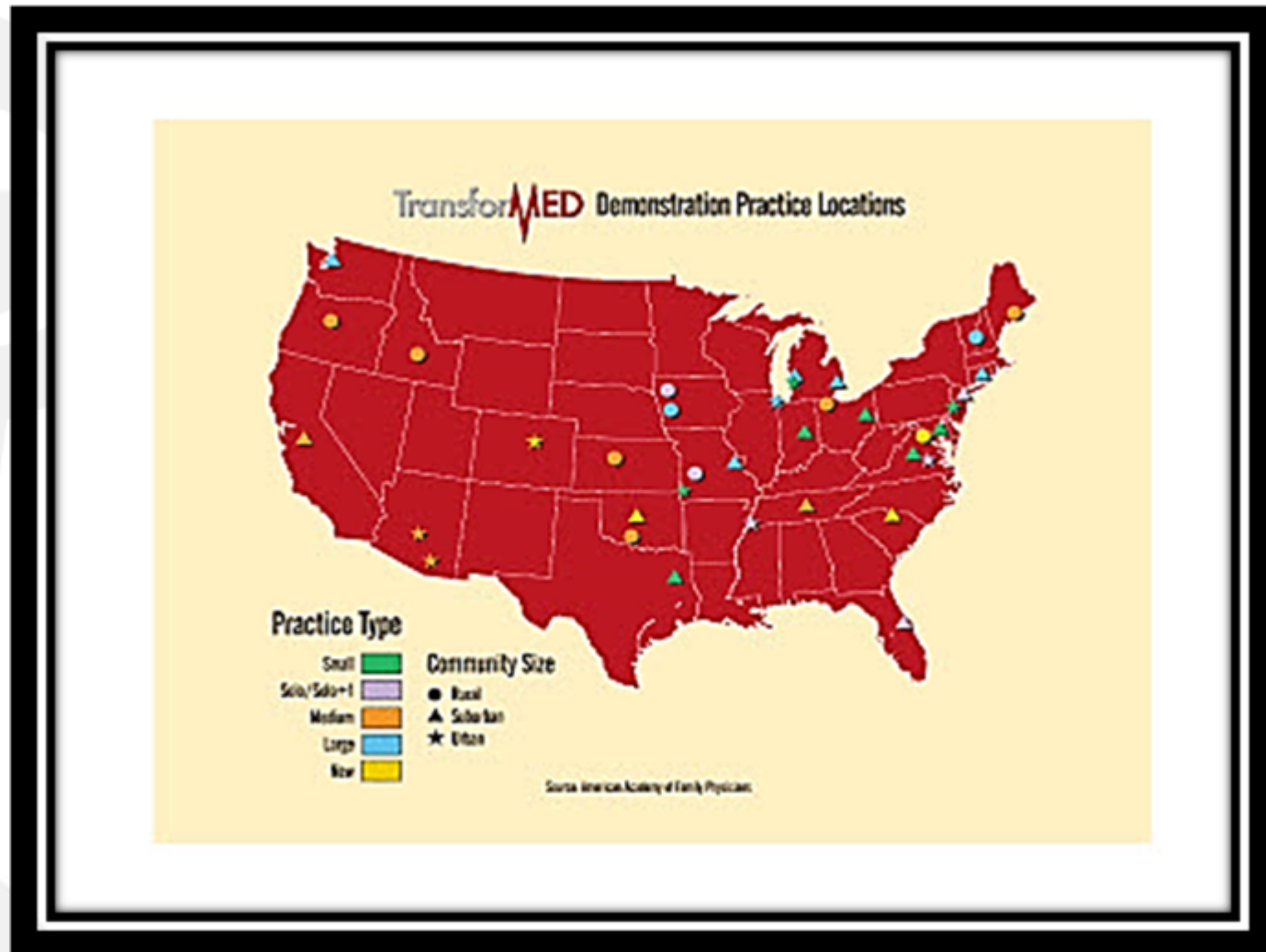
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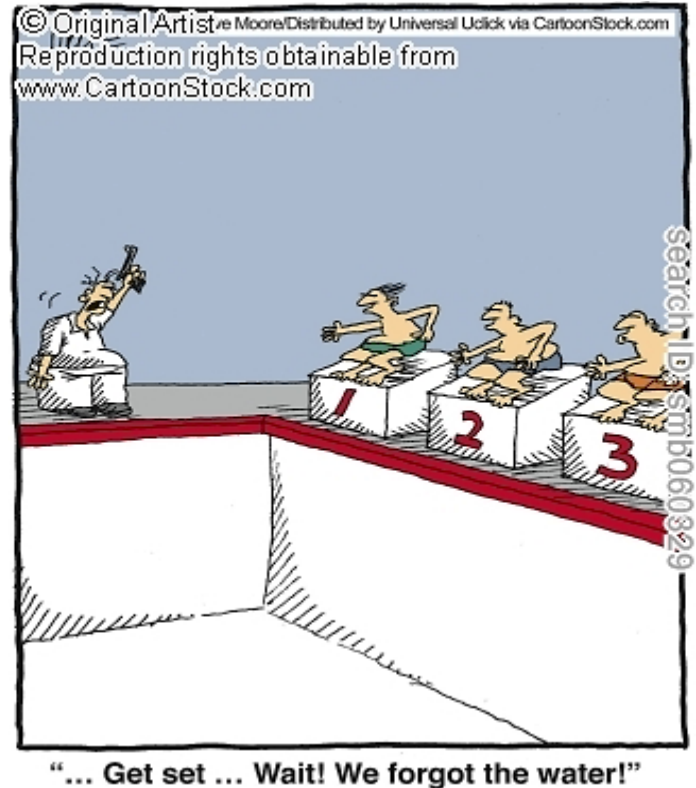


2006-2008



Lesson #1: What do we do now?

- We asked our staff
- We surveyed our patients



“.....Get set.....Wait! We forgot the water!”

On the cheap...

- Clipboard survey
- Uncovered parking lots
- Lead to adjustment of schedule
- Lead to hiring of new staff

Lesson #2: Leverage the Team

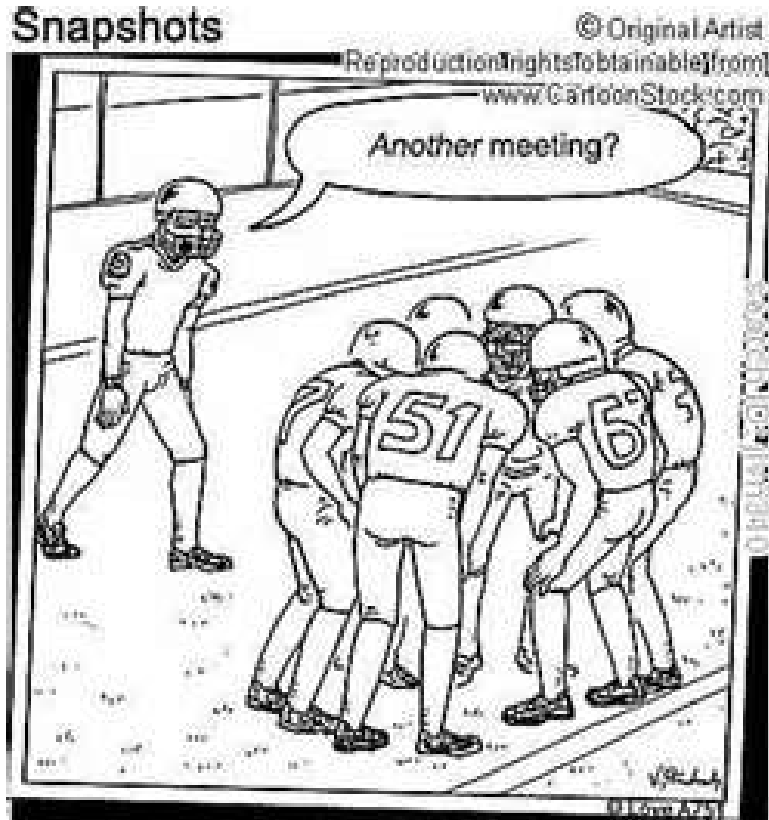


- Your best asset
- You might lose a few along the way

Lesson #3: Turnover

- “We will start this project when we are fully staffed”
- The only guarantee is that you will never be fully staffed - sick, vacations, etc.
- Cross training is essential

Lesson #4: Daily Huddles



“Be sincere, be brief,
be seated.”
Franklin D. Roosevelt

Huddles - Two Minutes to Change your Day

- Evaluate the schedule
- Plan for unexpected problems
- Pre-plan for well child checks/immunizations
- Prep for procedures
- Assign tasks as needed
- Gets your entire team involved

Lesson #5: Access



"Would you like to wait?"

Variation

- Prior to NDP our office visit types were called:
 - New
 - Acute, Same Day, Next Day
 - WWE, WCC, WME
 - URI
 - 3MoF/U, 6MoF/U, 2WkF/U

It's about time...

- After the NDP we had consensus on two types based on TIME
 - Follow Up
 - Acute

Lesson #6: Staff Empowerment



How?

- Front desk could make scheduling decisions
- Nurses could act on standing orders/pre-signed orders based on huddle
 - Strep Tests
 - UAs
 - Flu Shots
- Refill protocols were put in place

Results?



Lesson #7: Try something new



E-Visits

- Established patients only
- URI, HTN, Depression
- \$30 paid online, insurance not billed
- Who?
 - Uninsured
 - Shift workers
 - Those who can't afford to take off work
 - Those who can't get an appointment

What do patients think?

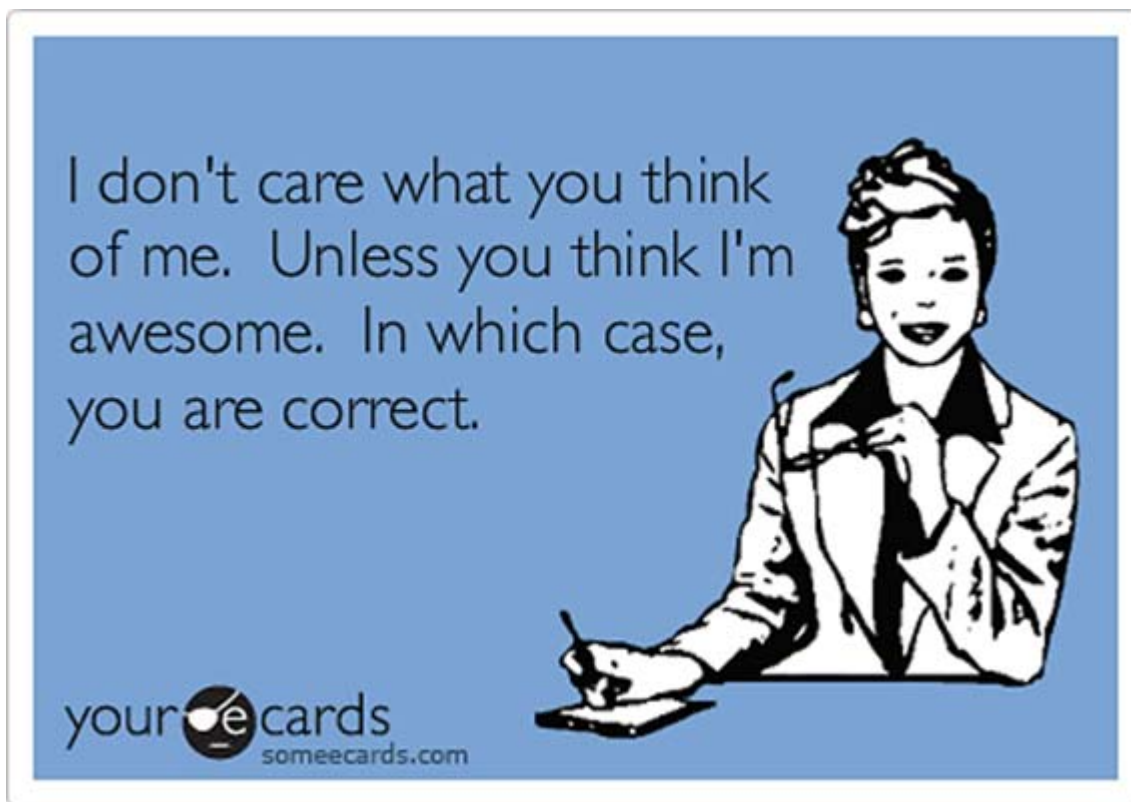
- Some loved it and used it all the time
- Others never used the system
- If we felt an E-visit was inappropriate for online care, we cancelled the visit and had the patient come to the office

Lesson #8: Technology...good, bad, and ugly

- Emailing patients lab results
 - Patients love this!
 - It prevents “phone tag”
 - Your words go directly to the patient
 - Gives time back to your nurse



Lesson #9: Quality



Quality

- Quality had been a “focus” of our health system since 2004
- Metrics were reported to physicians quarterly based on regional HEDIS targets
- CAD, HTN, DM, Mammograms, Colonoscopies, ASAabout 12 metrics total
- Part of our compensation was tied to quality
- Stages of grief...

In my experience....



**Doctors are trained in the
science of medicine but not in
the skills needed to improve
patient care and patient safety!**

Basically, we need help!



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At the practice level

- Care Gap lists were provided to each site
- Patients contacted regarding missing services
 - Mail
 - Phone call
 - Email

Quality improved (almost) across the board!

Lesson #10: Care Coordination

- Two LVNs hired and embedded in a highly productive clinic
- Pre-visit Planning: Phone call about visit, labs ordered, reports gathered, etc.
- Care Gap Management
- Hospital Discharge F/U

Results?

- No show rate decreased from 4.5% to 2.8%
- Absolute visits increased by 600
- Quality increased (examples)
 - Eye exam rates 34% to 72%
 - A1C <7% 49% to 55%

Cost?

- Cost of two CC for six months was \$50,000 (\$19/hr + benefits)
- Downstream revenue for six months was \$75,000

Final Lesson

- Transformation is HARD
- It is never over
- You might lose some along the way
- That is ok!



Questions?
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