

Continued  
Transformation of a  
Primary Care Practice  
A Labor of Love From a  
Team of Responsible  
Providers

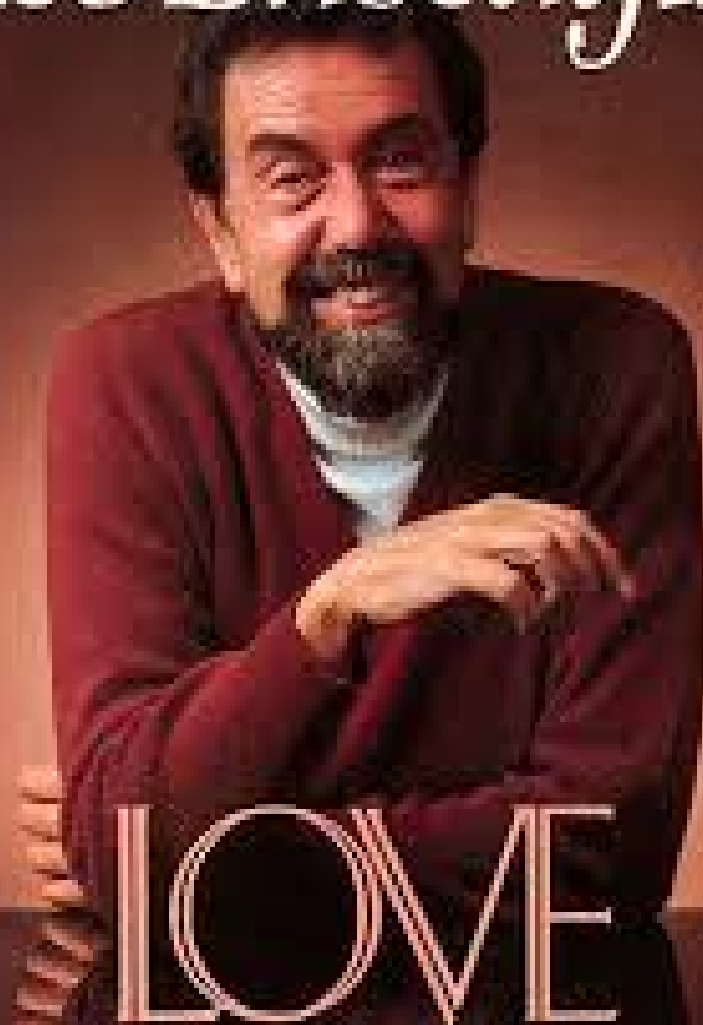
IHA National Pay for Performance Summit

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# Leo Buscaglia



*A fresh dynamic approach to developing your fullest potential*

# How have we evolved?

- We are more responsive to our patients needs
- Patients are more responsible for their own health care
- Physicians are no longer the “star of healthcare” but part of the team
- Patients are no longer passive recipients of what we deem best for them
- I wear jeans on Friday!

# What's different in our practice since 2006?

- EMR
- Electronic prescribing
- PGIP
- Generic drug use
- PCMH
- Meaningful use
- Organized systems of care and the Patient Centered Medical Neighborhood

# WEST SIDE STORY

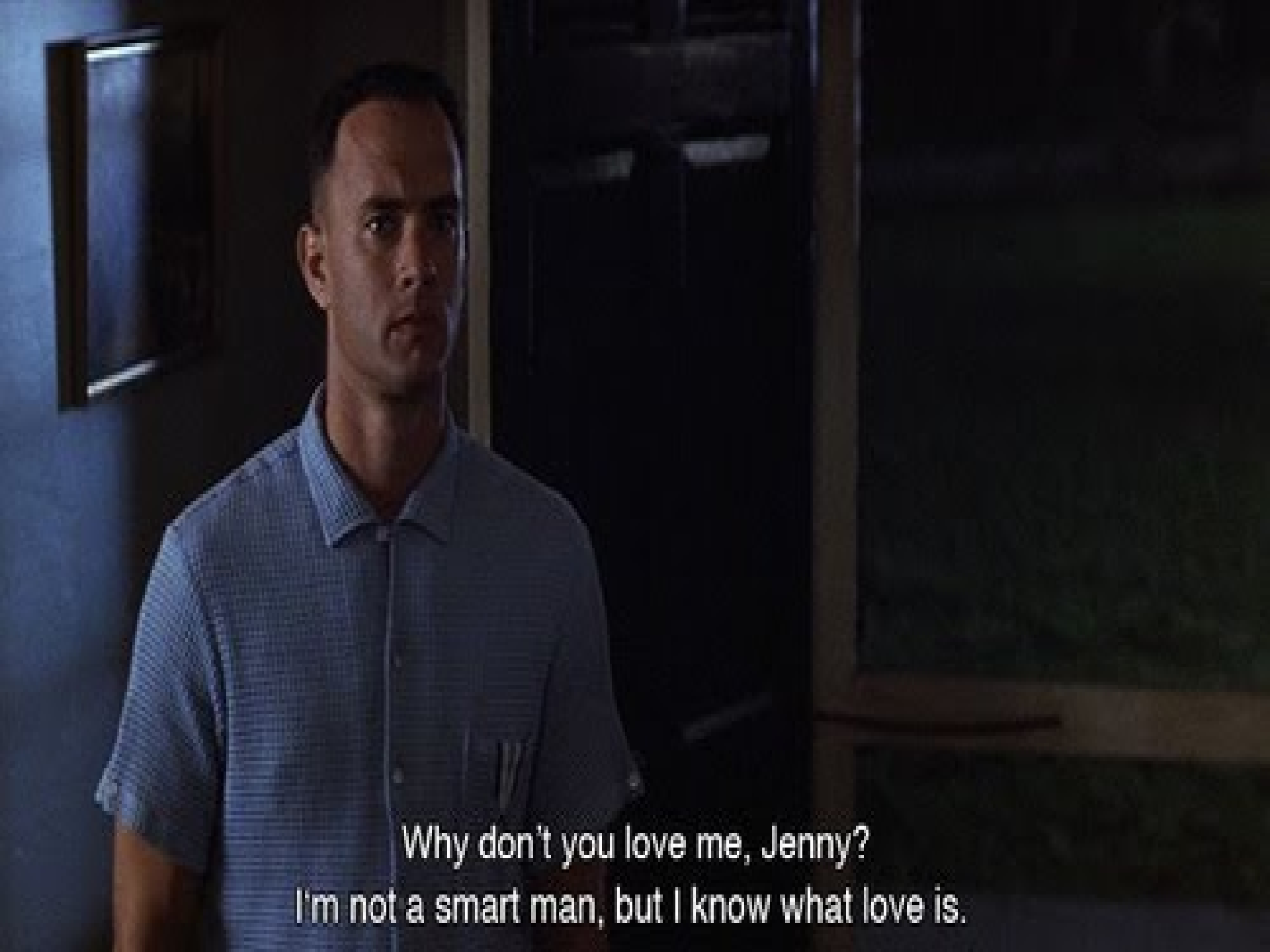


A portrait of Fred Rogers, the host of the children's television series "Mister Rogers' Neighborhood". He is shown from the chest up, smiling warmly at the camera. He has short, graying hair and is wearing a red cardigan sweater over a white collared shirt and a patterned tie. His hands are clasped in front of him, resting on a wooden desk. The background is a solid, bright blue. Overlaid on the lower half of the image is the show's title in a large, white, stylized font. The word "MISTER" is in a simple, bold, sans-serif font. "ROGERS'" is in a similar font but with a large, elegant, white flourish that starts under the "M" and loops under the "S". "NEIGHBORHOOD" is in the same simple, bold font, followed by a registered trademark symbol (®).

**MISTER  
ROGERS'  
NEIGHBORHOOD®**

# PGIP: Physician Group Incentive Program

- Example of how a payer, BCBSM, and a provider community, Physician Organizations, can collaborate to improve health care quality
- Working together to craft a common vision of a high-functioning health care system
- An approach to harness the intrinsic motivation of physicians to lead system transformation and enable them to do their best for their patients.

A man with short dark hair, wearing a light blue short-sleeved button-down shirt, stands in a dimly lit room. He has a serious, contemplative expression on his face. The background is dark, with some architectural elements like a door frame and a window visible. The lighting is soft, highlighting his face and shirt.

Why don't you love me, Jenny?  
I'm not a smart man, but I know what love is.



# What's different for physicians?

- No obstetrics
- No nursing home rounds
- No 1<sup>st</sup> assist on surgeries and c-sections
- Reduced hospital care
- No longer independent
- Heightened awareness of our responsibility to embrace change

# How are physicians more responsive?

- Enhanced access - attitude is the key
  - Portal, email, text, cell phone
  - Same-day appointments
- Prompt test results, today's work today!
- Follow up regarding treatment
- Connected directly with specialists
- Patient surveys



W I L L I A M H U R T

We place our faith in their hands

We lay our lives in their hands

But every so often  
we realize that they are only human  
and we hope that they know  
we are here

THE  
**DOCTOR**

A man that's beyond the lines of ordinary pain  
and lives beyond an ordinary day done.

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# What's different for our staff?

- Hire for attitude, train for skill
- Have become experts in change management
- Continuous learning environment and opportunities for personal growth
- More lean
- Nurses have a much expanded role
- Work with students and other providers



# CHANGE

IS THE END RESULT OF ALL

TRUE LEARNING

LEO BUSCAGLIA



# What's different for our staff?

- Population management
  - Using our registry to identify gaps in care
  - Understanding ER and urgent care utilization patterns
- Test tracking and follow up
- Chart preparation
- Use of protocols
  - Immunizations
  - Med refills
  - Forms





# What's different for patients?

- It's not our job to take care of them!
- “Physicals” have changed forever
- Are more aware of the potential harm that can occur from interactions with the health care system. Choosing Wisely.
- Encouraged to participate in programs
- Encouraged to learn, know their medications, know their numbers, and to come prepared and to ask questions!
- Good health is not an accident and better health happens intentionally

You have  
chosen wisely

*Patients won't care how  
much you know until they  
know how much you care*

# Care management

- Focus has been on the high complexity patient and their many needs
- Transitions of care focus is working
- I believe the long-term success of care management will be keeping the low and moderately complex patients from getting highly complex
- Teaching patients to be self-managers is the key. Goal setting can work.
- Don't make patients feel controlled, energize them!



# What's different with Insurers and employers?

- BCBSM has stepped up
  - Is your practice a PCMH practice?
  - Moving away from only volume based payment
  - Goal setting, care management
  - Moving from pay for performance to pay for behavior change
- Employers are engaging in wellness programs
  - Carrot versus stick approach may encourage only participation, not real change
  - Moving from “wellness” to “well-being”

*“It’s tough to make predictions, especially about the future”*



# Much work still to do

- HIE is improving but slowly
- Primary care must be emphasized
- Physician leadership is important
- Can organizations be responsible?
- Recognize that the tremendous rewards we got from treating patients illness must now come from helping them thrive with purpose
- Learn how to tap the intrinsic motivation of our patients and helping them activate









# Intrinsic Motivation

- I have never influenced a patient toward better health that didn't want to be influenced
- Good health is not an end in itself but a vehicle for human joy and effectiveness
- Population health will only be successful by considering the entire community.  
Can't ignore it because it's hard 😊

# Community of Care

The health and well-being of our people is more dependent on cultural, social, economic, and environmental issues than it is on our ability to rescue them from death near the end of life. Our communities must be able to support and promote healthy lifestyles, behavioral health, and chronic illness care that enable people to function and contribute to family, work, and community.

Bruce Bagley

***“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around”***

***Leo Buscaglia***







# Thank You

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