CAFP
BOLD CHAMPION FOR COLORADO FAMILY PHYSICIANS

# The CAFP Medical Home *Muse*

## Rediscover the Art of Medicine

**Volume 3, Issue 2** **March/April 2010**

## Profiles of Change

### Joe Hermann, MD

*Editor's Note: Profiles of physicians who are leading the movement toward Patient Centered Medical Homes are a regular feature of this newsletter. Joseph F. Hermann , MD, has been a co-owner for 10 years of Lakewood Family Medicine, which was established in the 1960s. He describes the practice as a small one with two doctors and two physician assistants. The office, which is open Monday through Saturday, does limited lab work with full lab services readily available in the building.*

**When did you begin to provide your patients with a Patient Centered Medical Home?**
Like many other Family Physicians, we had been providing some of the services of a medical home since we began practicing. But, when I studied what was meant by a Patient Centered Medical Home, I noticed we weren't following all of the principles all of the time. Within the last year, we've been following as many of the principles as we can.

**How did you learn about the Patient Centered Medical Home approach to medicine?**
We learned about the PCMH through participation in Improving Performance in Practice, a program of the Colorado Clinical Guidelines Collaborative.

**Why did you decide to utilize this approach in your practice?**
I was frustrated with the traditional approach to delivering care and I believed in the tenets of the PCMH. I felt the PCMH would help solve many of the problems that frustrated me.

**What was the biggest challenge to getting started?**
The biggest problem was probably getting support and buy-in from my partner. By nature, most doctors don't like to have other people tell them to change. In addition, my partner was concerned that the PCMH might require more work, while she wasn't sure about the rewards.

….. *Continued next page*

On page 2:

***From Hippocrates to Harpocrates***

R. Scott Hammond, M.D.,
Chair, CAFP PCMH Task Force

## Tips and ideas

*"The important thing is to not stop questioning"*
*Albert Einstein*

### Tip #11: Ask MORE questions

- We need your questions !! Do you have questions about the Patient Centered Medical Home? Do you find yourself asking questions regarding the evidence that supports elements of the PCMH or that supports staffing changes or practice transformation? The CAFP is collecting questions from practicing physicians in order to create a "question data bank" that will be used to guide evidence collection around what works and what doesn't in the PCMH. Please submit any and all questions about the PCMH to the CAFP to: angel@coloradoafp.org

### LINKS

1 Medical Home Forum for physicians

2 Conferences and Events

3 CAFP Medical Home

***Follow the tips and links starting with the first newsletter and become a PCMH in a kind and gentle way***

**Profile in Change: (cont)**

**What has been the biggest impact on your practice?**
The biggest positive impact has been communicating more and communicating more effectively with my staff. Being part of the PCMH pilot encouraged me to share more of my vision with the staff.

**Could you provide a few details about how you implement just one of the seven aspects of the Patient Centered Medical Home?**
PCMH requires practices to have a physician-directed medical team, so it forced us to work more as a team. Previously, the communication about patient care occurred almost exclusively between the physician and the medical assistant who saw the patient in the exam room. Other staff members felt left out. Everybody had a job description, but they didn't have a clear picture of how they affected patient care ultimately. Now the responsibilities and capabilities off the support staff have been expanded so that they feel they're a more integrated part of the team. This has required a more concerted effort on everyone's part.

Another change has been in the area of planned care. A lot of traditional medicine has been built more around urgent problems. People would come to the office after they had a problem. The PCMH is centered on keeping patients healthy. Instead of waiting for patients to develop problems, we try to plan their care. This approach keeps patients from ending up at urgent care and emergency rooms. It's more proactive than reactive.

**How have your patients, their insurers, the staff and specialists responded to the Patient Centered Medical Home?**
The shining stars have been the staff. They've responded most positively. Educating patients and specialists is a slow process. The PCMH encourages patients to be more involved in their care, which for some patients, especially the elderly, requires a paradigm shift. Some adapt more quickly than others. Specialists are interested in participating in our medical neighborhood, which we're just developing, because, like us, they want to provide good care and they want referrals and good relationships with referring doctors. The response from some insurers has been disappointing. For whatever reasons, some have dragged their feet on payments. Other insurers have been quite supportive.

**Do you have a favorite anecdote relating to the Patient Centered Medical Home?**
I think we're the only practice in the PCMH pilot that still uses paper records. You don't have to be high-tech to be a medical home, even though it helps. You don't have to have electronic medical records, but you do need to use some technology to provide good care and prove that you're meeting certain standards.

**What do you love most about living in Colorado?**
As a fisherman, I love the rivers and the streams and the mountain that they come from. I also love the people and their adventurous spirit.

## *From Hippocrates to Harpocrates*

R. Scott Hammond, M.D., Chair, CAFP PCMH Task Force

> “"Life is short, and the Art long; the occasion fleeting; experience fallacious, and judgment difficult. The physician must not only be prepared to do what is right himself, but also to make the patient, the attendants, and externals cooperate."
> *from* Aphorisms, *Hippocrates*

Graduation speeches are generally amnesic events. It seems you leave inspired but never remember why. I recall 2 speeches. Denver's past Mayor Webb spoke at a high school event and started with, "You will not remember a word I say…" He was funny and he was right. The one memorable speech I attended was the Family Medicine graduation ceremony at Mercy Medical Center. Lou Hall, M.D., the prototypical General Practitioner and progenitor of the Family Physician, delivered thousands of Denver children and walked the wards with humble devotion. Despite his comprehensive skills, he was from the previous generation and I from the new, modern and more scientific world. Despite my arrogance, I listened but dismissed his words as folksy and quaint. The curious thing is that I remembered them and as I grew as a physician I began to understand the wisdom of his experience. He said that we had worked hard to become excellent physicians but medicine will only be a part of your relationship with patients. "Right", I thought. I was trained to fix people and quickly with precision and modern medicine, clearly reflecting the acute care model of medicine. He continued to outline a litany of roles of the Family Physician, innately understanding the yet to be described chronic care model. You will be a lawyer, social worker, educator, confessor, counselor and coach. You will be friend and family. You will be hope. This will be both a burden and joy and test your most cherished values. He spoke of tolerance, humility, honesty and the most important value that supports all the others – courage.

Over the years, I have learned how to wear the many hats of the Family Physician and welcomed the opportunity to be so much to my patients.

Dr. Hall was right. It takes *physical* courage to face the hardships of medical life; the discomfort of the long hours; the exposure to illness and communicable disease and sacrifice of personal well-being. It takes *moral* courage to act rightly and prescribe the right treatment in the face of opposition or uncertainty; to avoid temptations of personal gain; to persevere through discouragement and foster hope; to push through fear. Now we test another form of courage, *civil (social)* courage, in which an individual must stand against injustice despite possible harmful consequences. Our patients need us now. There are tremendous inequities in our society. Harm happens too frequently. Motivations seem misaligned. Medicine is fragmented, industrialized and manipulated by large organizations. Where have all our traditions gone?

There are many physician oaths. A common theme among them is to do right for the patient in disregard to one's own well-being. The patient comes first. ….*Continued on Page 3*

## *Spotlight on Standards*

**Standard 3: Care Management**
This Standard involves how the practice systematically manages care for patients according to their important clinical conditions and needs, and how the practice coordinates patients' care
**Standard 3D**
This Element demonstrates through a chart audit that physician and non-physician staff use clinical reminders, care plans, access treatment progress, review med lists, assess barriers to treatment goals and med adherence and review longitudinal data on measures.
Go to AAFP Road to Recognition and CCGC Coach in a Box. Also:
http://www.ncqa.org/Portals/0/Programs/Recognition/Companion_Guide/Standard%203.pdf

## *Muse News*

***Send in your stories, news, tips, helpful tools and products, comments and humor to*: *shammond@evcohs.com***

- Revised legislation in Ohio now includes a provision allowing 4 advance-practice nurses (APN) primary care practices to be part of the pilot and eliminates language that restricts who may lead an eligible PCMH.
- President Obama announced the release of $600 million in ARRA funds for community health centers and a CHC patient-centered medical home demonstration project.
- Several prospective studies point to the PCMH model's success, according to a report from the Patient-Centered Primary Care Collaborative.
- A Safe Harbor bill was passed in the state of Washington granting antitrust immunity to payers to discuss payments for PCMH reimbursement in Pilot projects.
- AAFP revised its policy and does not endorse Retail Health Clinics. AAFP believes that the RHC model of care is not a medical home and has the potential to further fragment patient care. http://www.aafp.org/online/en/home/policy/policies/r/retailhealthclinics.html

(From Hippocrates to Harpocrates……….continued from page 2)

That is the onerous responsibility of trust and commitment that the physician bears. Family Medicine is closely linked to these great traditions in medicine. Am I upholding the words that I uttered so many years ago or do I now follow Harpocrates, the Greek God of Silence? From the Oath of Maimonides, I pledged, "Grant me the strength, time and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend indefinitely to enrich itself daily with new requirements". In 1964, Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, ended his modern version of the Hippocratic Oath with, "May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help".
What traditional values and virtues should we keep as the incessant march of progress obscures them? Hippocrates, the Father of Medicine and Medical Ethics, concisely said it 2400 years ago, "It's far more important to know what person the disease has than what disease the person has". Add a few principles of access, coordination, safety and quality and you have the essence of the PCMH. As our specialty and our patients suffer, do we have the courage to embrace the PCMH and make the necessary changes to improve our system and " to correct what I have acquired, always to extend its domain"? I hear many objections and misconceptions about the model. Becoming a PCMH does not require significant capital investment and can be done without EHR. On the opposite spectrum, it is not that easy either. According to NCQA, only 15 % of practices meet the standards without significant redesign. No one can do this for us. Appealing for public support will not lead to change. We must take action.
The PCMH is not the ultimate answer; it is just the vehicle to get to the solution. You do not need to be a PCMH to be a good physician but we need the structure to consistently provide quality care. We need the platform to prove our outcomes to enable payment reform. We need the physical courage to face the demands of transformation. We need the moral courage to acknowledge that we are part of the problem. We need the civil courage to challenge powerful organizations and face the prospect of more broken promises. We need the fortitude to make this model ours. Otherwise, we will pass silently from Hippocrates to Harpocrates.

Check out "A Catalogue of Physician Oaths":

http://www.pneuro.com/publications/oaths/#The%20Physician%27s%20Oath%20and%20Prayer%20of%20Maimonides

## Cool Tools

Yet another resource to guide your PCMH transformation is available. A do-it-yourself guide, 'Obtaining Patient-Centered Medical Home Recognition: A How-to manual', is available **free** due to the generous support of the New York Community Trust. The manual was developed for safety-net providers, specifically, Community Health Centers, in mind but provides valuable tips and resources for any practice on the recognition process, team building and making practice change at:
http://www.pcdcny.org/index.cfm?organization_id=128§ion_id=2047&page_id=8829

According to a release from Ingenix in January, 'Ingenix today introduced a package that includes interest-free financing, health information technology (HIT) services and performance guarantees to help physicians integrate HIT into their practices. The program enables physicians to implement Ingenix CareTracker EHR, a low-cost, full-functioning electronic health record (EHR), with no out-of-pocket costs and no payments until 2011 when American Recovery and Reinvestment Act (ARRA) reimbursements for EHRs begin. For more info: http://finance.yahoo.com/news/InterestFree-Loans-Available-bw-2664974851.html?x=0&.v=1

*This is a product review and does not represent an endorsement from CAFP*