



# The CAFP Medical Home *Muse*

## Rediscover the Art of Medicine

Volume 2, Issue 7

October/November 2009

### Profiles of Change Roger Shenkel, MD

*Editor's Note: Profiles of physicians who are leading the movement toward Patient Centered Medical Homes are a regular feature of this newsletter. Roger Shenkel, MD, practices at Primary Care Partners, which includes 38 physicians and about 10 mid-level professionals. In addition to two groups of Family Physicians, the practice includes a pediatrics group, a diagnostic lab, occupational health services, nutritional services and diabetic care. The practice is located in Grand Junction, which is in Mesa County and has been the focus of national attention for its successful health care system. That system is the subject of an opinion piece by Dr. Shenkel in the November-December issue of Family Practice Management. It is also the subject of a paper by David West, MD, which will be posted soon on the CAFP web site.*

#### **When did you begin to provide your patients with a Patient Centered Medical Home?**

From my standpoint, we've been providing a medical home since 1973 because that's the premise on which Family Medicine is based. We have always emphasized such elements as access, availability and coordinated care to help patients through a complex system. We've had electronic health records since the late 1990s. The technology has changed over the years, but what we want to accomplish is no different.

#### **Why did you decide to utilize this approach in your practice?**

We feel the PCMH results in better patient care. Many aspects are what we consider care should be.

#### **What was the biggest challenge to getting started?**

The greatest frustration has come from the NCQA's extensive requirements to document that we are now doing things the way we have been doing them for many years. Changing physician and staff behavior to do things, including some that we think are unnecessary, has also been challenging. Our community is close-knit enough that we usually know if patients follow through, but to be a certified medical home we need to track the follow-through. This increases our administrative burden, which increases our cost. As yet, there is no reimbursement reform or pay for performance.

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#### *Thanksgivings*

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

### Tips and ideas

*"Most human beings have an almost infinite capacity for taking things for granted."*

*Aldous Huxley*

#### **Tip #10: Give thanks**

Your staff are your greatest asset and motivated employees take responsibility, improve performance, work hard and reduce your stress.

- Improve your communication with daily huddles.
- Treat your staff with respect and trust.
- Learn to give constructive feedback.
- Recognize their good work publically.
- Praise positive change.
- Thank each staff member individually for their help and contribution.

### 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?**

That's hard to say. All we're doing is tweaking what we've been doing.

**Could you provide a few details about how you implement just one of the seven aspects of the Patient Centered Medical Home?**

Even though the terminology hadn't developed yet, we started planning to provide a PCMH in the mid-1990s. This has been part of a pre-meditated plan. We had to merge several smaller practices to have the revenue to provide "side businesses" such as lab and nutrition services. These don't provide a profit, but they do generate income that supports activities like web site management and e-prescribing, as well as the documentation that goes along with that. That's why we are the size we are.

Then, to obtain certification, we assigned one administrator to coordinate activities. Physicians who spend time on certification activities, like attending meetings, are compensated for their time at the same level as they are for patient care. The decision to go forward with certification was made by all of the doctors, even though the extra expense affects their paychecks. We feel the PCMH movement will continue and reimbursement reform will eventually come through.

**How have your patients, their insurers, the staff and specialists responded to the Patient Centered Medical Home?**

We get rave reviews in the patient satisfaction surveys, which we have done since 1974. Patients like being seen on time, having a convenient place to park, a physician who listens to them, friendly staff and competent care. Our staff is enthusiastic because our practice is thriving and they help to provide excellent care. The specialists appreciate having us in the coordinating role, participating in discharge planning, resource management and long-term care. With the exception of Rocky, the insurers act as if the telephone had never been invented – much less any more recent technology, which is often more expensive and time-consuming. They don't pay for phone calls, let alone tracking patients.

**Do you have a favorite anecdote relating to the Patient Centered Medical Home?**

Our goal has been to make sure our doctors don't need to see more than 20 patients a day. We've vigorously tried to keep our schedule to that. The patient-physician relationship is important. Doing right by the patient is what it's all about.

**What do you love most about living in Colorado?**

I have the best job in the world, I live in the best part of the country and we have a wonderful community of doctors in Mesa County. And I'm really excited that the benefits of coordinated care and the PCMH are being recognized.

## Thanksgivings

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

*"Thanksgiving, after all, is a word of action."*  
W.J. Cameron

On September 15, 1565, Spanish explorers led by Pedro Menendez de Aviles invited the Timucua nation to a Thanksgiving meal of salted pork, garbanzo beans and biscuits in St. Augustine, Florida. This was 56 years before Plymouth and a turn in fortune for turkeys. It would be 224 years later before Thanksgiving was proclaimed a holiday by George Washington in 1789. This harvest festival is celebrated in many parts of the world. In 678, it was the rice harvest in Japan that now honors labor and production on November 23<sup>rd</sup>. Grenada celebrates on October 25<sup>th</sup> commemorating the US-led invasion. Canada and the Netherlands have their own holiday and Southern India's Pong Festival begins on January 14<sup>th</sup> or 15<sup>th</sup> to name a few. Giving thanks for good fortune is a recurring theme in any society. Perhaps it is time, amidst the trials and tribulations of primary care, to reflect on our blessings.

It has been a year since we started the **CAFP Medical Home Muse**. Hopefully, you find your practice further down the PCMH continuum. As Walt Disney said, "It is kind of fun doing the impossible" yet as Eric Hoffer in *Reflections on the Human Condition* noted, "the hardest arithmetic to master is that which enables us to count our blessings."

Not that long ago in 1978, I graduated from medical school. Imagine treating peptic ulcer disease with antacids 30 ml ac and qhs and being ecstatic when cimetidine was released as the breakthrough advance in therapy. Imagine ordering a pneumoencephalogram during which your patient is strapped to a chair, air injected into the spinal canal and then the patient is rotated to move the air to the desired location in order to define the suspected cerebral pathology. When the CT scanner became readily available in the early 1980s, this horrific procedure was discontinued. Imagine having only reserpine, methyl dopa and aldactone available for hypertension management and being limited to a rigid sigmoidoscope as the only endoscopy tool in your diagnostic arsenal. Imagine sitting at your patient's bedside when only bed rest, nitroglycerine and lidocaine are your intervention choices for myocardial infarction OR caring for your patient with lymphoma before the option of chemotherapeutic cure OR managing your patient's pain prior to the development of total joint replacements. ....[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 3A** is a *Must Pass* element that demonstrates the adoption and implementation of evidence-based diagnosis and treatment guidelines for at least 2 of 3 important clinical conditions. These should relate to the practice's patient risk and needs identified in Standard 2E. You will need to adopt evidence-based protocols and use templates and flow sheets to document use and progress.

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](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](mailto:shammond@evcohs.com)

- A study of the "medical homeness" of 43 primary care projects in New Hampshire shows that higher **Medical Home Index** scores (organization capacity, care coordination and chronic-condition management) were associated with significantly fewer hospitalizations. The Medical Home Index is another PCMH model developed by AAP.
- Blue Shield of California announced that it will disperse \$29.6 million in bonuses to medical groups and IPAs in CA based on performance.
- The number of physicians using e-prescription increased from 74,000 in 2008 to 143,000 currently, according to WSJ/Dow Jones Newswires.
- IBM announced that they will eliminate copays for primary care visits in a bold move to support the PCMH movement and reduce health care costs.

(Thanksgivings.....continued from page 2)

My career has witnessed an explosion of medical miracles. The economics and legislation of medicine are similarly better. Really! The passage of Medicare in 1965 meant that my predecessor and esteemed General Practitioner, Kenneth Platt, M.D., was actually paid for seeing elderly patients instead of providing the usual charity care. Even more patients could get health care when disabled persons under age 65 and those with end-stage renal disease become eligible for coverage in 1972 and hospice care benefits became permanent in 1982.

Just as Family Medicine today, General Medicine was undervalued and faced extinction as the rise of post-WW II specialization swept the nation. Nicholas J. Pisacano of the heroic GI Generation and his fellow pioneers with audacious foresight fought for and achieved recognition of Family Medicine as a specialty in 1969. That was only the beginning as 'Warrior Chairs' in medical school and 'Guerilla Residency Directors' fought to establish a foothold in teaching centers. They proclaimed that "the initial promise of family medicine was that we would rescue a fragmented health care system, put it together again, and return it to the people." Sound familiar? My first editorial last year, *The Journey Home*, outlined how the Patient-Centered Medical Home must continue this fight and deliver on that dream of 40 years ago.

John F. Kennedy said, "As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them." We have benefited from the toil of our predecessors and reaped the rewards. We must not only give gratitude but build on their achievements to truly honor these thanksgivings.

#### Bonus Corner

Can you eat a healthy Thanksgiving meal? Check out:

<http://www.mayoclinic.com/health/turkey-gravy/MM00720>

Read the fascinating Promise of Family Medicine:

<http://www.jabfm.org/cgi/reprint/19/2/183v>

Start a dialog! [Medical Home Blog for physicians](#) is waiting for YOU.

### Cool Tools

Another resource to facilitate the transition to a PCMH is TransforMED's **Delta-Exchange** which is an online, collaborative network for primary care practice transformation. Delta-Exchange provides tools to help primary care practices transform to PCMH via an easy-to-use, private, online collaborative Web site where practices can ask questions, and share practical knowledge and experiences. Members of Delta-Exchange can create their own profile, post documents, share images and videos, create wiki pages and engage in discussions with other members. Practical "how-to" articles with downloadable practice forms (such as policies and procedures) are available. Watchlists allow you can track discussions and topics. You have access to TransforMED's highly experienced Practice Facilitators via "Ask an Expert" zone. Resources, whitepapers, and case studies are posted and there are vigorous blog exchanges among the 600 members on pertinent and practical PCMH matters. For \$30 per month, you have direct access to the expert advice and 'best practice' suggestions of the leaders in Advanced Primary Care. Go to <http://www.delta-exchange.net/> for more information.

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