



The CAFP Medical Home *Muse*

Rediscover the Art of Medicine

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Profiles of Change

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Editor's Note: Profiles of physicians who are leading the movement toward Patient Centered Medical Homes are a regular feature of this newsletter. Located in Colorado Springs, Michelle Eads, MD, provides vaccines, skin cryosurgery, paps, cerumen removal, CLIA waived tests and similar services. Lab and imaging facilities are nearby. Carotid IMTs are offered monthly.

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

When I began my solo practice six years ago, it encompassed the majority of the qualities that were later recommended in the Future of Family Medicine Report. I have not attempted PCMH certification at this point, but have implemented changes that provide the desired end result. Starting with an electronic medical record and patient registry, I began focusing on whole-person care rather than systems care, wide-open access, coordinating care across the health care maze, using electronic tickler and recall systems, and gathering patient-centered quality data to see how we were doing at meeting our patients' health care needs. I also offer a telephone coach and group visits and check on patients' progress via email.

How did you learn about the PCMH approach to medicine?

Before it was called that (PCMH), I learned about it from L. Gordon Moore, MD, by being in the first cohort of his Ideal Medical Practices project.

Why did you decide to utilize the approach in your practice?

I thought it was the right thing to do. Harnessing technology frees up my time to be a caring physician connected to my patients and to provide what they need when they need it. That results in soaring quality of care and professional satisfaction and, hopefully, more physicians considering Family Medicine as a career. I would want to be a patient at an office that embodies the principles of a PCMH.

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Anyone Home?

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

Tips and ideas

“One can never plan the future by the past.”

Edmund Burke

Tip #5: Create an effective Vision for your practice.

- To clarify your direction and goals in response to our changing world.
- To motivate your staff to take action in the right direction and overcome resistance to do the right thing.
- To coordinate your efforts and align individuals to increase efficiency and reduce waste.

from [Leading Change](#) by John Kotter

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 was the biggest challenge to getting started?**

Deciding to do it and planning everything out. I had to become frustrated enough with the situation I was in for me to want to jump ship and start up my own practice that met my goals, as I knew the practice I was in at the time would not change quickly enough for me.

What has been the biggest impact on your practice?

The personal interaction I now have with my patients by being a partner in their health care and the improved clinical outcomes, as well as increased patient and professional satisfaction. By using HowsYourHealth, (a well researched online patient survey that un.masks issues of concern to patients, barriers they have and their clinical outcomes like A1cs) I learn what areas in general I need to focus on to improve the care of my patient population and what each individual needs. In addition, I can compare my patient results to tens of thousands across the country and see areas that need improvement and focus on them.

Would you provide a few details about how you implement just one of the seven aspects of the PCMH?

I sought to eliminate as many barriers as possible between my patients and me and to provide unfettered access. I implemented open-access scheduling for all needs, including same-day physicals, and not just same-day access for urgent needs. In addition, I offer my patients various encounter options to grow our continuous healing relationship -- via online virtual visits, home and phone visits. They can reach me via my e-mail, fax, office phone, cell phone, and home phone, 24 hours a day, 365 days a year.

How have your patients, their insurers, the staff and specialists responded to the PCMH?

Patients gush words of praise for these changes. They love the access to their personal physician and having a partner in their health care. They get excited as they see their health care needs met (finally)! The insurers don't seem to want to pay for physicians to make these changes, and they are the ones that can monetarily benefit the most from the decreased ER utilization, decreased hospitalizations, etc. Fortunately, my one staff member was on board with the idea from day one, and jumped right into the tasks and increased her job satisfaction as well, feeling that she was meeting the needs of our patients. Specialists like having the care coordination in general, but we often catch them when they are dropping the ball, e.g. not sending consult notes, not having the notes that we sent earlier available when the patient is there, etc. So we often try to work around their inefficiency, which adds to our work, unfortunately. The AHRQ got wind of my practice changes, and wrote an Innovation Profile on my work (www.innovations.ahrq.gov/content.aspx?id=2196).

What do you love most about living in Colorado?

Living and playing in these gorgeous mountains with my family, and playing handbells in the Pikes Peak Ringers.

Anyone Home?

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

No pessimist ever discovered the secrets of the stars, or sailed to an uncharted land, or opened a new heaven to the human spirit.

Helen Keller

Knock, Knock!

Who's there?

Sara.

Sara who?

Sara doctor in the house?

Or will it be a Nurse Practitioner, Physician Assistant, Pharmacist or other health care provider occupying your Patient-centered Medical Home? Of course, these able providers are essential in the physician-guided team, but there is some alarming news.

Walgreens, owner of Take Care Health Systems, took out a full page ad (about \$100,000) in the *Washington Post* and implied that the retailer could provide the solution to the health care crisis and stated that we "cannot wait another day for health care reform." They claimed that "through preventive screenings, new care points, a new distribution of work, and a new, more transparent prescription-pricing system, we will realign the health care system's incentives and place the patient back at the top of the pyramid." I will not outline the absurdities of such a claim, but how do we respond to such a corporate behemoth? The answer is simple. Provide the care better. Fragmentation and segmentation of the health care system is what started this mess. Only PCMH primary care physicians can provide the continuity and therapeutic relationships necessary to restore a healthy health care system.

Fortunately at the 11th hour and despite intense congressional and corporate pressure, the AAFP reversed its opinion and voted to suspend their approval of an Addendum to the Joint Principles for the Patient-Centered Medical Home stating that Nurse Practitioners, Physician Assistants and other health professionals have the capability to serve as a PCMH. AAFP notified other primary care organizations to reconsider their support of this Addendum until a consensus is worked out that is consistent with AAFP policy.

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Spotlight on Standards The Game Plan

- **Standard 1 – Access and Communication**
- **Standard 2 – Patient Tracking and Registry Functions**
- **Standard 3 – Care Management**
- **Standard 4 – Patient Self-management Support**
- **Standard 5 – Electronic prescribing**
- **Standard 6 – Test Tracking**
- **Standard 7 – Referral Tracking**
- **Standard 8 – Performance Reporting and Improvement**
- **Standard 9 – Advanced Electronic Communications**

Muse News

CAFP members and friends of the PCMH:
Send in your stories, news, tips, helpful tools and products, comments and humor to:
shammond@evcohs.com

- AAFP President, Ted Epperly, M.D., spoke with President Obama last week at the White House health care summit bringing primary care's message to the President and the health care reform working group of congressional leaders.
- Paul Grundy M.D., IBM's Medical Director and leader of the Patient Centered Primary Care Collaborative (PCPCC) discussed the PCMH with President Obama last month.
- United Healthcare and IBM teamed up to start a large PCMH initiative with 7000 patients and 26 doctors in Arizona. The new reimbursement system could increase practice revenue as much as 30%.

(Anyone Home?.....continued from page 2)

These are disturbing events and a clear wake up call that we do not have a lot of time to think about the merits of the Patient-Centered Medical Home nor the failings of NCQA certification to fully embrace the essence and intent of the Medical Home. Our next steps are clear. No whining is in order. Dr. Epperly, AAFP president, told President Obama that "speaking on behalf of over 100,000 family doctors, we're ready to do our part." He continued, "We'll roll up our shirt sleeves and do everything possible to make (health care reform) work because it is the right thing to do." Are you ready? The crisis is upon us and the race is about to begin. All participants are lining up to secure their piece of the prize. The forces of change are posturing and positioning at the starting gate. The rules are posted. The race is waiting to be won. Your colleagues have been working hard to pioneer the Patient-Centered Medical Home and establish the right track to take and are waiting to hand off the baton. Will you be left in the dust at the starting gate? Are you ready to "do what it takes to make reform work", win this race and "open a new heaven of human spirit?" You have the control. You have the training. You have the tools and support. Do you have the will?

If not, the joke may be on us.

Knock, Knock!
Knock, Knock!
Knock, Knock!
Anyone Home?

Next Month: Humble pie

Don't forget the CAFP Medical Forum is waiting for you to start the conversation and exchange valuable information and experience to those who choose to win this race.
[Medical Home Forum for physicians.](#)

Cool Tools

Another disease management registry to consider is CDEMS (Chronic Disease Electronic Management System) that uses Microsoft Access as a database application designed to assist medical providers in managing and tracking the care of patients with chronic health conditions. CDEMS is pre-coded to track diabetes, asthma and adult preventive health but is customizable to change those tracking measures or add other chronic conditions. Printed progress notes, patient lists, and summary reports generated from the registry database can measure quality improvement efforts and improve medical care and services. Registry data is valuable for quality certifications such as NCQA and pay-for-performance reimbursements. CDEMS is an excellent transition tool to electronic record management requiring little capital investment and a low level of technical expertise. This shareware is courtesy of your tax dollars and available for download at www.cdems.com.

Last month the website for [ReachMyDoctor](#) was inadvertently cut off. Check it out at www.rmdnetworks.com.

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