



The CAFP Medical Home *Muse*

Rediscover the Art of Medicine

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Profiles of Change

Greg Sharp, MD

Editor's Note: Profiles of physicians who are leading the movement toward Patient Centered Medical Homes are a regular feature of this newsletter. Greg Sharp, MD, practices at Ideal Family Healthcare in Woodland Park, which is a participant in the Colorado Patient Centered Medical Home Pilot. As is explained on the web site, <http://www.idealfamilyhealthcare.com>, Dr. Sharp shares one full-time position with his wife, Family Physician Heather Sharp, MD, so that one of them can always be available to their two children. They are the only physicians in the practice.

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

Our practice was started in September 2004. Our template for practice design was the micropractice movement, but this was built off of a lot of the work around chronic disease management, quality improvement and practice redesign, which also funneled into the AAFP's medical home model. Once we started working on the NCQA medical home certification, we found that it was right in line with the work we had already been doing. We had the advantage of starting a practice from scratch in this new model instead of having to do the much harder work or re-design within an existing practice.

How did you learn about the Patient Centered Medical Home approach to medicine?

This approach has many historical influences, which we have been exposed to as Family Doctors. I see it as an old idea with a new name and some technology thrown in. Family Doctors have really always been about patient-centered care. Our practice summary line is "Our goal is to provide compassionate, evidence-based medical care that is accessible and affordable. We use the latest in computer technology to decrease medical costs and provide more personalized health care. Essentially, we return to old fashioned medicine with the technology of today."

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Impossible Dream

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

Tips and ideas

"Change is excruciating when done to us but exhilarating when done by us."
Rosabeth Kantor, Harvard Business School

Tip #8: Plan a Change

- Set the aim
What are you trying to accomplish?
- Define the measure
How will you know that a change is an improvement?
- Test improvements
What changes can you make that will result in an improvement?

Change process outlined at:

<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/>

LINKS

- 1** [Medical Home Forum for physicians](#)
- 2** [Conferences and Events](#)
- 3** [CAFP Medical Home](#)

Profile in Change: (cont)

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

This approach makes a lot of sense. We have seen in the last five years just how valuable technology can be in terms of organizing our work, helping us make more informed decisions as doctors and allowing patients to feel like the center of their care while having easy access to their doctor.

What was the biggest challenge to getting started?

It took a little courage to give out our cell phone and e-mail to patients at first but this has actually worked out very well and patients understand that when they are offered a truly personal experience with their physician and have completely open access, they don't want to abuse that.

What has been the biggest impact on your practice?

From a business standpoint, the low-overhead model of the micropractice was the best decision we could have made as we looked at starting a practice from scratch in a place where we were unknown. It allowed us to take the time to do it right and will continue to serve us well even in tough economic times like the present.

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

Over the past four years, we have been using a custom-built database to track patient results like labs, radiology services and consults from order to completion within our office. This has not only made the work easier, but it has also made our communication with patients of results more reliable. It also made it feasible for us to begin using a registry to track chronic diseases without having to do additional data entry. This system prepared us well for Standards 6 and 7 of the NCQA Medical Home certification.

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

The patients love it. We did a small patient-satisfaction survey a little while back and the response was very positive and encouraging. My favorite patient quote from the survey was "Clone yourselves."

What do you love most about living in Colorado?

The natural beauty that is the backdrop for our days.

Impossible Dream

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

"Come on you unbelievers, move out of the way. There is a new army coming and we are armed with faith."

Life Uncommon, Jewel

Many years ago in my adolescent years, I had the opportunity to see the opening of *Man of La Mancha* on Broadway. I was inspired and in my imaginary play, I found a bamboo stick to charge windmills in search of the unbeatable foe in the glorious quest. Time passed.

I entered Medical school with idealism and many of the characteristics to be a successful physician of that generation. Dedication, compassion, curiosity, and perseverance gave me the strength to overcome the intellectual and physical challenges in training and to develop the skills and confidence to succeed. The stereotype of the day was the rugged individual; independent and self-sufficient. Indeed, to survive the rigors of training and autocratic professors, these attributes were a necessity. Whether solitary or in a group, I went it alone with my brand of medicine and values. I dreamed of a life of learning and caring but managed care, capitation, health care regulations, administrative burdens and payer restrictions became the focus. The course of my career seemed littered with broken lances. Was Medicine still my Dulcinea that is the "prayer that angels whisper" or did it become Aldonza, scorned, used and abused? Disillusioned, I drifted into the illusion of Medicine as hopelessly degraded, soiled and sold. Years of anger ensued. I whined a lot. I sold my practice to a hospital and for 5 years lived a comfortable life but followed a path devoid of heart and soul. What could one man do?

Then I received two blessings, one went to medical school and the other found my old lance. Their spirit reawakened me from my slumber and I looked for the nearest windmill. The Chronic Care Model and then the Planned Care Model and then the Patient-Centered Medical Home were conquered without extra funds but with ample resources and support from a few who shared my dream. 3 serendipitous encounters occurred. Julie Schilz and CCGC/IPIP provided the knowledge and tools to understand the language and principles of change and the hope that a large, dedicated group could empower and revitalize primary care. KY Lin of Microlife showed me connectiveness and working together can be done on a global scale when backed by a socially conscious corporation.

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Spotlight on Standards

Standard 1B requires that you document the policies and procedures of 1A.

1. Create a documentation Tool to monitor the Elements of Standard 1A.
2. Review the policy and procedures with staff and encourage their feedback.
3. Implement the review process. Initially, monitor for 1 week each month and when the process is functional, test quarterly.
4. Give positive feedback to staff. Listen!
5. Respond to deficiencies with PDSAs to improve process.

Go to **CAFP Medical Home Tool Box**, <http://www.coloradoafp.org/cafp/pages/medicalhome.asp> for an example of a documentation tool.

Muse News

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

- Ted Epperly, AAFP President, along with the AAP and AOA told the US House Ways and Means Committee that FPs need a 30% increase in Medicare payments over 5 years to remain viable and support reform.
- The Colorado HealthCare Foundation granted 900K to CAFP, CMS, CSOM and CAAP to research, educate and spread the PCMH in Colorado.
- A recent study from Seattle's Group Health PCMH Pilot was cost neutral in 1 year and showed a 29% decrease in ER visits, 11% decrease in hospitalization, 1.6x improvement in health measurements, less staff turnover/burnout. As a result, they decreased their PCP panel size to 1800 patients and increased visit time to 30 minutes.

(Impossible Dream.....continued from page 2)

Raquel Alexander of CAFP showed me that I was not alone. She asked me to be on the CAFP Board of Directors. I told her, "That is hardly possible. I am a maverick (not the Republican version) and too opinionated to work with a group." She replied, "No problem, the Board is full of mavericks. You will fit in perfectly." I was elected and joined a world of men and women willing to "march into hell for a heavenly cause". I was not charging windmills alone but now among an army of medical crusaders armed with faith in Primary Care.

Many of my colleagues still believe that I am tilting at windmills. They say that they do not have the time or money to change but 17 Colorado practices in the PCMH Pilot did so without funds in less than 6 months. They say that they already practice quality medicine but cannot show confirmatory data. They say that there is no evidence that the PCMH will solve the problems but are unaware of the overwhelming literature stating otherwise. They say that the PCMH is a gatekeeper model but do not understand the principles and process of the PCMH. They say that they are not paid enough to suffer such brain damage and have previously heard these promises. I understand why they have lost hope but wonder what happened to the energy, drive, enthusiasm and ideals of their training years. Others say that they do not know how to begin and I understand the fear and befuddlement but point to the extensive resources that are now available.

The PCMH is real and will happen. Only together, can we shape and control its future. We can reclaim the joy of Medicine and our role as physician. Is your profession, your calling, your patients worth the fight? The time is now! This is not a fool or madman's impossible dream.

Next issue: A new neighborhood

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

Impossible Dream Hollywood tear jerker:
<http://www.youtube.com/watch?v=RfHnzYEHAAow>

Cool Tools

Having trouble getting your diabetic patients' blood pressure under control? Tired of inaccurate and illegible scribble of home BP measurements? Do you want evidence-based guidelines to interpret home BP data? WatchBP provides physician practices with a highly efficient and reimbursable system for hypertension diagnosis and treatment using the new 2008 guidelines recommended by the American Heart Association (AHA) and American Society of Hypertension (ASH). The program fulfills many of the elements of the Patient-Centered Medical Home required by the National Commission for Quality Assurance (NCQA). The WatchBP Solution consists of a unique combination of office, home and ambulatory devices to meet the varied needs for accurate BP evaluation and patient participation. The model requires minimal changes to existing practice workflow. Microlife Medical Home Solutions (www.mimhs.com) provides the details and support for implementing both HBPM and ABPM into the practice workflow using ancillary medical personnel, protocols and structured patient training.

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