

# SGIM Practice Innovation Precourse

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### Practice Redesign: Rebuilding the Patient Centered Medical Home

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*In few other sectors of the economy is the highest-level professional responsible for the majority of production, customer service, and clerical work. (1)*

**Question:** How can we structure office practice to take best care of our patients, do it efficiently, and enjoy it!

**Introduction:** Primary care has becoming increasingly complex. Lower thresholds for diagnosis, stricter targets for management, intricate coding rules, clinical practice guidelines, pay for performance and increasing paperwork all add to the workload in general internal medicine.

How does a primary care physician meet all of these requirements and still have the energy and emotional reserve to connect with the patient? One model, the Patient Centered Medical Home, provides a blueprint for building office systems for effective chronic illness care, acute symptom management and health maintenance.

#### The Patient-Centered Medical Home

- **Principles**
  - Personal physician
  - Physician-directed practice
  - Whole person orientation
  - Care is coordinated and integrated
  - Quality and safety are hallmarks
  - Enhanced Access
  - Payment recognizes the value
  
- **Components**
  - Care Management
  - Patient Self-management
  - Access
  - Registry
  - Test Tracking
  - Referral Tracking
  - Quality Improvement
  - HIT

#### Practice Redesign: A Systems Approach

- The majority of the work occurs correctly by default
- Each staff person works to the level of their ability
- Minimize tasks the physician does that are within the skill set of others on the team
- The majority of quality is related to clinic operations
- Pre-appointment organization pays off with a smoother, more comprehensive and yet more relaxed visit.

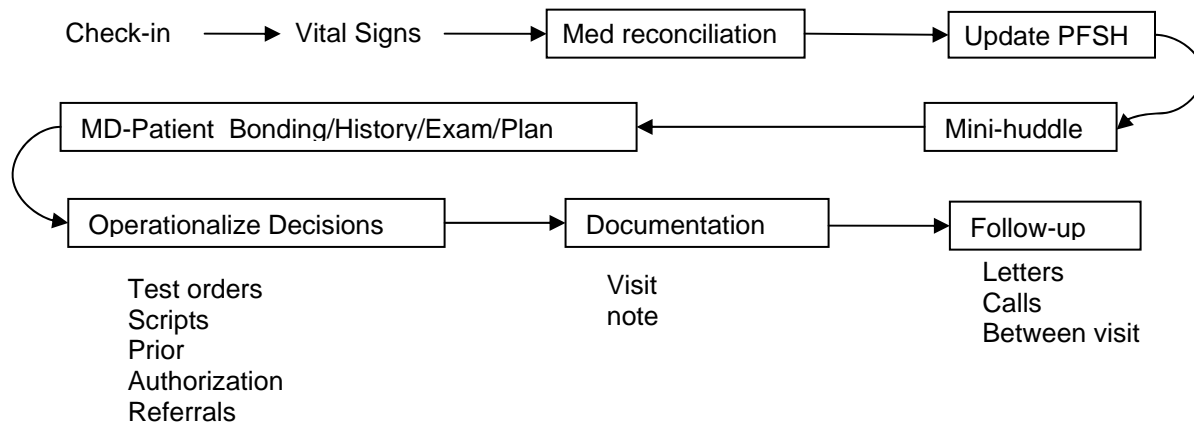
#### Rebuilding the Medical Home

- Staff support: “Unload the Constraint”
- Workflow: “Do Today’s Work Today”
- Access: “It takes 30 seconds to say ‘yes’ to a patient, 5 min to say ‘later’ or ‘no’”

## Nine Tools for Building the Patient Centered Medical Home

- Planned Care Appointments
- Empowered Nursing
- Mini-huddle
- Standardized Order Sets
- Prescription Management
- Annual Comprehensive Care Visit
- Visit Summary
- Rapid Access
- Intentional Behaviors

## Deconstructing the Office Visit



## The Business Side: Sustaining the Medical Home by Demonstrating Value to Institution and Optimizing Financial Management

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### Challenges

- Does General Internal Medicine have value in your institution?
- How do I measure that value?

### Value of General Medicine

- Patient Care - Managing complex medical conditions and care coordination
- Inpatient management – Decrease overall LOS, leads to greater throughput
- Referral source for Medicine subspecialties
- Resident education

### Measuring Work Effort

- Productivity (Visits vs. wRVUs vs. Receipts)
- Benchmarking (MGMA, UHC, others)
- Downstreaming - Must quantify (one patient = how much downstream \$)
  - Testing (laboratory, radiology, specialty testing)
  - Referrals
  - Other ancillaries

## **Optimizing Financial Management**

- Understanding your costs (direct and indirect)
  - Negotiating costs across the institution
  - Subsidization standards
- Understanding your practice
  - Staffing ratios (clinical, administrative)
  - Fixed vs. Variable costs
  - Patient Mix (New vs. Established, no-show rate, payor mix)
- Understanding your metrics
  - Reporting productivity
  - Right-coding
  - Maximizing patient volume
  - Maximizing Ancillary Billing (capturing all CPT codes)

## **Change Management**

*As we develop a vision for our practices and a plan for how we want to implement them, we meet the new challenges of how to translate challenges into performance and help our organization, colleagues, staff and patients to embrace change.*

## **Managing Change within the Practice**

*Susan Day, MD*

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### **Steps to Change**

- Develop the vision
- Establish a leadership team
- Analyze your environment, both micro and macro
- Define goals and measurable outcomes
- Manage the process: Plan/Do/Study/Act

### **The Toolbox for Change**

- Environmental Analysis
  - Identifying Strengths, Weaknesses, Opportunities and Threats
  - Practice Surveys
  - Patient Satisfaction Surveys
- Team Competencies
  - Characteristics of an effective team
- Leadership Assessment tools
  - Knowing your personal management style
  - Knowing the styles of those around you and how to work with them
  - Knowing when to lead and when to let others lead
- PDSA and SDSA cycle

## **Change at an Organizational Level**

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### **Principles of Organizational Learning**

- Learning is essential in a changing environment
- Learning is a social process
- An effective learning environment is a positive environment
- Deming's description of a change manager

## Deming's description of a change manager

- Sets an example
- Has high standards
- A good teacher and communicator
- Instills creativity
- (Like a good doctor or professor)

## Change can be more valuable than accomplishing your specific or short goals

- Colleagues can learn to work together in new ways with greater openness and creativity
- They can develop greater confidence in them selves and respect for each other
- To solve problems collectively and listen better
- To learn individual analytic, communication, and management skills

## Effective organizational learning promotes the goals of bigger your organization

- Create an atmosphere of optimism
- Demonstrate effective leadership skills and become a resource to others
- Proclaim your successes
  - Recognize and promote demonstrable change in clinical practice management
  - Develop a competitive aware for best practices
- Sustain the change
  - Teach skills and culture of innovation and quality improvement
  - Develop critical performance standards for health information technology

## Benefits of Practice Innovation and Transformation

- Improved quality of care
- Improved training environment
- Improved job satisfaction

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