



# Practice-based improvement: The Challenge of Small Practices

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# Goals of this talk

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- Review workforce trends in primary care and, specifically, general internal medicine
- Discuss new models of care- “Advanced Primary Care”, PCMH, etc.
- Illuminate the challenges facing small practices in transformation
- Catalog resources available to help
- Describe the PCMH pilot in SEPA
- Describe transformation at Greenhouse



# Won't small practices just go away?

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- 68% of all encounters between patients and doctors in the US happen in groups of four or less!
- CHCS Medicaid data confirm this

# Distribution of Medicaid Beneficiaries Across Practice Size: Results from PSEP

## Percent of Beneficiaries Linked to Practice Settings

|                       | <b>Solo</b> | <b>2-3 PCPs</b> | <b>4-10 PCPs</b> | <b>10+ PCPs</b> | <b>FQHCs</b> |
|-----------------------|-------------|-----------------|------------------|-----------------|--------------|
| <b>AR<sup>1</sup></b> | 32%         | 15%             | 26%              | 18%             | 9%           |
| <b>MI<sup>1</sup></b> | 24%         | 29%             | 25%              | 8%              | 14%          |
| <b>PA<sup>1</sup></b> | 29%         | 21%             | 22%              | 14%             | 13%          |

|                                | <b>Solo</b> | <b>2-5 PCPs</b> | <b>6-20 PCPs</b> | <b>21-70 PCPs</b> | <b>70+ PCPs</b> | <b>FQHCs</b> |
|--------------------------------|-------------|-----------------|------------------|-------------------|-----------------|--------------|
| <b>Bronx, NY<sup>2</sup></b>   | 16%         | 7%              | 6%               | 2%                | 25%             | 44%          |
| <b>Erie Co, NY<sup>2</sup></b> | 13%         | 22%             | 14%              | 35%               | 11%             | 5%           |

<sup>1</sup> Practice identification based on site address

<sup>2</sup> Practice identification based on TIN



## But what is it about primary care that leads to higher quality/lower cost?

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- Is it the 8 minute visit?
- The failure to refer?
- The willingness to tolerate uncertainty and **not** to refer?
- Care coordination?
- Care management?
- Proactive, inter-visit care?
- Preventive care?



# Patient Centered Medical Home: ACP, AAP, AAFM, AOA

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- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access
- Payment



# NCQA PPC PCMH tool criteria

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- Access and communication
- Patient tracking and registry
- Care management
- Patient self-management support
- Electronic prescribing
- Test tracking
- Referral tracking
- Performance reporting and improvement
- Advanced electronic communication



# Practices need a new mental model AND resources

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- Mental model
  - Not visit based
  - Includes population level care
  - Pro-active inter-visit care
  - Really is a new business
- Resources
  - Staff, technology, physician
- In a fragmented payment system, hard to avoid 3 foot rope for 10 foot hole!



## Resources: Staff

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- Can print the report of diabetics lost to follow up; what do I do with it?
- MDs doing a lot of things they should not be doing
- Technology far from perfect- for now, have to throw staff at it
- MDs not good at some things
  - Patient education, lifestyle counseling, behavioral health



# Staff

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- MAs rooming protocol
  - Chief complaint, vital signs
  - Also: Med reconciliation, review “services due”, Living Wills, etc.
- Front desk telephone outreach
  - Future flag appointments, lost to f/u
- Health Educator
  - 50% “wholesale”, 50% “retail”



## Resources: Technology

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- EHR Adoption is disruptive and perilous
- Everyone hated going to work
- 2.6% absolute decrease in revenue year we implemented
- \$44K stimulus money nice, but nowhere near enough
  - We spend more than that on support
- Project mammogram
- MAs and goal setting



# Physicians

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- Taking time off FFS hamster wheel
- Recognition of email, phone calls as part of productivity metric
- Expectation of “team leadership in chronic disease management”
- Change in “full time” direct patient hours



# SEPA pilot- a model you can replicate?

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- Viewed as “new business” for primary care
- Agreement that costs and revenues needed to be defined
- Got to multi-payer through engagement of Governor’s Office
- GOHCR named the number, tied to PCMH level
- Plans funded pro rata based on share of gross practice revenue



# What has this enabled at Greenhouse?

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- Health Educator
- Increase staff from below- MA, front desk
- Physicians as managers
- Increase in email/phone
- Increased MD salaries
- Increased staff satisfaction
- High levels of patient satisfaction



# Resources for transformation

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- Payer/purchaser side
  - PCPCC
  - NCQA
- Practice side
  - ACP
  - TransFORMED
  - IHI