



Practice-based improvement: The Challenge of Small Practices

Richard J. Baron, MD, FACP
President, Greenhouse Internists, PC
Past Chair, American Board of Internal Medicine

New Jersey Health Policy Conference 2009
New Brunswick, NJ
October 15, 2009



Goals of this talk

- 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?

- 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

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

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

¹ Practice identification based on site address

² Practice identification based on TIN



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

- 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

- 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

- 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

- 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

- 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

- 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

- 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

- 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?

- 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?

- 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

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