The Journey to a Patient Centered Medical Home

The journey of East Granby Family Practice, LLC
to recognition by the NCQA as a Level 3
Patient Centered Medical Home in April 2011

East Granby Family Practice, LLC
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EGFP – Office Composition

- East Granby Family Practice, LLC
  - 7-8 FTE Providers (15,000 patients- 28,000 patient visits)
    - 3 full time & 4 part time physicians
    - 1 full time & 2 part time nurse practitioners
  - 7 FTE Nursing Care Coordinators (2 triage)
  - 4 FTE Patient Care Coordinators
  - 1 Billing Coordinators
  - 1 IT/Patient Sign Out Coordinator
  - 1 Office Manager/Billing/Referral
  - 2 Transcriptionists (Overlap)

PCMH – Why bother?

- Already practicing many of the tenets of NCQA's PCMH to give comprehensive coordinated care – so why not get recognition for it?
  - National Committee for Quality Assurance, NCQA – www.NCQA.org , non-profit (since 1990) nationally recognized organization setting standards based on input from ACP, AAFP, AAP, AOA & others
- Similar requirement as those for "Meaningful Use"
  - Medicare (or Medicaid) Incentive Program www.cms.gov
    - Using certified EHR in meaningful manner, such as e-prescribing
    - Electronic exchange of health information (need regional infrastructure)
    - Submission of clinical quality data (PQRI)
  - Financial - recovery some of the funds spent on EHR
- Fine tune further improvements in patient care
- Certification of quality for future health care changes – ACO's
- Use 2008 Standards for PCMH

Access & Communcation

Standard 1 – see EGFP manual

- Use PCMH as tool to update office policy & then use it as the Office Policy Manual
- Need a care coordinator – we use our triage nurse coordinators
- Open access
  - Scheduling for same day appointments – "holds"
  - Evening & weekend hours
  - 24 hour coverage

Patient Tracking & Registry Functions

Standard 2 – See EGFP Manual & workbook

- Screen shots of EMR functions
- Workbook showing use of EMR
  - Use of basic tools – Vital signs, Preventative services check list, Ask advance directive, Lab charting, Imaging & Pathology charting
  - Organization of charts – Problems lists, Medication & Allergy lists, Risk factors & template use
- Patient letter
- Patient Summary
- E-messaging

Care Management

Standard 3 – see EGFP manual & workbook

- Evidence based guidelines (workbook)
  - 3 conditions – Diabetes, Hypertension, Hyperlipidemia (
  - Knowledge base references, use most stringent
- Health Maintenance Templates & Reminders
- Job Descriptions (Use as office manual)
  - Team approach, standing orders, use of clinical elements, patient summary, patient result letter
- Continuity of care – e-messaging, fax data

Patient Self Management Support

Standard 4 – see EGFP manual & workbook

- Use of clinical elements & special needs
  - Language preference
  - Hearing and/or visually impaired
- Patient summary
  - Identifies goals & patient's present results
  - Identifies measures due (use standing orders)
- Patient letter
  - Identifies patient's new results
  - Use of quick text to aid patient's self management

Electronic Prescribing

Standard 5 – see EGFP Manual

- Screen shots
  - Show features of the EMR's electronic prescribing module
  - Additional reference supports from on-line services such as Epocrates, MDConsult, & UpToDate
- Surescripts e-prescribing
- Fax prescriptions (controlled & non participating pharmacies)
- Medication list updates (standing orders)

Test & Referral Tracking

Standards 6 & 7 – see EGFP Manual

- Paper orders – Electronic entry & recording
  - Use of Quest & CLP interfaces – need for universal
  - Paper tracking of labs ordered & not received
  - Order entry module (not used – cyberspace losses)
- E-messaging to the future
  - Important imaging tests & referrals
- Scanning protocols
  - All imaging reports, hospital discharges & consults
- Referral letter

Performance Reporting

Standard 8 – see EGFP Manual

- Qualidigm www.qualidigm.org
  - Quality Improvement Organization (QIO)-CT
  - Participated in CMS funded projects over 5 years
  - Help to retrieve, organize, analyze data with EGFP
  - Help to develop protocols to improve care
    - Standing orders, record data in retrievable areas of EMR
  - Report data – own data v. insurance companies
  - PCMH assistance & projects
  - Meaningful Use - Direct Assistance Contractor (DAC) through e-HealthCT www.ehealthconnecticut.org the CT REC (Regional Extension Contractor)

Performance Reporting (2)

Standard 8 – see EGFP Manual

- Practice Partner Research Network – PPRNet www.PPRNet.org (218 practices in 44 states)
  - Collaboration (1995) of Dept. of Family Medicine, University of South Carolina & Practice Partner
  - EGFP part of 3 research project to improve care
  - Funded by grants – get quarterly patient reports
  - Annual meetings re: how best practices improve care – EGFP in top 25%award x 5 years
- Patient survey

Advanced Electronic Communication

Standard 9 – see EGFP Manual

- Generate lists electronically for various parameters - conditions, medications, in needs of tests, office visits.
- Electronic interactive website
  - EGFP has chosen not to implement this at this point
  - Lost 3 points

Final Results

- Passed – 96/100 points qualified for Level 3 Patient Centered Medical Home – April 2011
  - Lost 3 points for not having interactive website
  - Lost 1 point for not having fool proof way to track some of the imaging and testing.
  - Need 75/100 points to get to Level 3, but must pass the 10 "must pass" elements within the 9 standards
  - Took 165 hours to put together the manual & submit the standards