

Medical Home

NEWS

The Patient Centered Medical Home Moves into the Neighborhood

By Lisa Lipton

The Patient-Centered Medical Home (PCMH) model of primary care is designed to strengthen the patient-clinician relationship, replace episodic care with effective care coordination, and improve health outcomes.

Medical homes offer patients enhanced access, informed shared decision making and active involvement in their own care. This model seeks to reduce the cost of care through patient self-management, prevention, and effective chronic disease treatment.

Recognition from the National Committee for Quality Assurance (NCQA) has become the “gold standard” for patient centered medical homes. In 2013, only about 10 percent of all primary care practices in the United States had attained this industry recognition. The application process is rigorous, standards are high, and financial incentives have not always been clear.

Maryland is one of 37 states nationally that supports the PCMH model through private and state funding. After receiving NCQA Level 1 accreditation in 2011, (the practice achieved Level 2 accreditation in 2012) Parkview Medical Group gained entry to the Maryland Multi-Payer Plan (MMPP), the state supported patient-centered medical home program.

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The Pain Scale: Evaluating Patient-Physician Relationships

By Nick van Terheyden, MD

The constant flux in healthcare regulations and policy has left physicians feeling frustrated and disconnected from the Art of Medicine. They are being pulled in disparate directions and forced to change how they allocate time, use technology, and document patient notes, and this has made them feel that the most rewarding part of their responsibilities -- patient care -- has been subsumed by less important administrative duties.

Today, this pivotal point impacts physician productivity, quality of care, and provider economics. The time physicians used to dedicate to interacting directly with patients now accounts for less than 13 percent of their day, with the vast majority of time spent providing mandated regulatory documentation of the visit. So when it comes to an office visit, every second spent with the patient counts.

At Nuance Communications, we commissioned a [new patient survey](#) to gain insight into what patients need and want from their doctors, and what we, in the health IT industry, can do to protect the Art of Medicine. We gathered feedback from 3,000 people across the U.S., the UK, and Germany, which revealed high expectations for patient-physician relations when it comes to quality medical care.

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Editor's Corner**Raymond Carter****Senior Editor, Medical Home News**

We continue with our op-eds and brief reports from the field this month with a commentary from Melissa Goldberg on nonclinical frontline workers and their changing roles and educational needs.

**Melissa Goldberg**

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Nonclinical, Frontline Health Care Workers -- New Roles Demand New Educational Opportunities

As the Affordable Care Act (ACA) rolls out, the effects on healthcare jobs, particularly for nonclinical workers who are on the frontlines -- medical secretaries, billing technicians, patient navigators, community health workers, and others -- have been dramatic. These staffers have more visibility with patients and more direct contact with clinicians. In order to achieve the efficiencies demanded by the ACA, the roles of these frontline workers are expanding to leverage their access and allow doctors, nurses, and others to work at the top of their licenses.

Given the changes, hospitals and healthcare facilities need readily available education and training programs that they can tap to upgrade their employees' skills -- ensuring their workforce is ready to take on new responsibilities and work in a more collaborative way.

We at College for America at Southern New Hampshire University have been intrigued by these changes, and sought to learn more. We dug into the literature about the healthcare workforce, used data analytics to pull apart the skills people need to effectively perform in these frontline roles, and partnered with industry to really understand what was happening on the ground. In fact, we have been lucky enough to collaborate with Partners HealthCare, the largest private employer in Massachusetts. Through this collaboration, we have had the opportunity to hear from over fifty directors, managers, supervisors, and practitioners across the system about what frontline staff need to know.

What have we learned? Nonclinical and frontline healthcare workers, now more than ever, need to speak the language of healthcare -- medical terminology, medical specialties, and the what and why of HIPAA -- as they take on greater patient-facing roles. They need to be able to participate confidently and effectively as a part of a team. They need to understand how they have a role in quality improvement initiatives and in changing the outcomes of patient satisfaction surveys. They need to be armed with the appropriate information to make judgment calls on patient handoff, or waiting room prioritization. And, they need to have the skills to communicate effectively and directly with the clinical staff, including doctors.

The research has led us to create a suite of educational credentials and degrees designed to provide nonclinical frontline healthcare workers with the skills required both to be effective on the job and to grow their careers. Our collaboration with Partners HealthCare has deeply informed the competencies that students master while earning their credentials, which are available at different levels appropriate to the individual's academic and professional goals. Degrees are available up to a full Bachelor of Arts in Healthcare Management, which prepares frontline healthcare workers with experience to move into supervisory and management positions

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Lead from Need: Four Ways to Motivate Employees

By Ascanio Pignatelli

His CEO performance review is in and Scott is clearly alarmed. Unless next quarter's KPI goals are met the Governance committee will ask for his resignation. He grabs his phone and calls Jarin, his gregarious college roommate and the person who transformed Silicon Beach's most dysfunctional company into one of its most electric. "Jarin, I need your help. My staff is not producing like they once were. They are lethargic, apathetic, unmotivated, dis..."

"Disengaged," interjects Jarin. "So how are you keeping your people engaged?"

"We've been investing heavily into employee engagement programs, but they're not really working. We keep pouring money into recruiting and retaining the best. We even keep increasing salaries, benefits and perks, basically giving them everything they want, but nothing's working."

"The problem is you're giving them what they think they want, but not what they really need," explains Jarin. "Your employees are emotionally detached; their real needs aren't being met. Fat salaries and perks are great, but what they really want is to be inspired, connected, and living a life of purpose. They need to feel valued. As their leader you need to lead from need. Once our basic survival needs have been met, we all aspire to satisfy the four deeper needs: connection, contribution, freedom, and growth."

Jarin is right and is part of a new wave of leaders who know that to get the best out of someone you need to coach and empower them to greatness. As a leader in your organization you want to ensure that your employees feel they are:

- Connected: building relationships with others
- Contributing: doing something meaningful
- Free: have a sense of choice and autonomy
- Growing: developing personally and professionally

Once our basic survival needs have been met, we all aspire to satisfy the four deeper needs: connection, contribution, freedom, and growth.

Connection

Companies with employees who have strong personal ties to each other have far higher engagement rates than those that don't. To connect with your employees, create greater trust and loyalty by being more authentic. Great leaders don't fret over public opinion and neither should you. Let go of who you think you should be, and just be yourself. You will gain their trust and respect in the process. Be vulnerable. Show them the real you. We all have the same fears of not being good enough, smart enough or worthy enough, so why pretend we are the exception? The best managers connect deeply with their employees by paying attention to what's important to them. Carve out some time each week to grab lunch or a coffee with your key team members. Find out what they enjoy doing outside of work and get to know them personally. Finally, let them know that you and the company care for them. As their need to belong is met, they will give more of themselves, which, in turn, fuels their next need: their need to contribute.

Contribution

Studies show employees are happiest when they know they are making a difference and helping others. Often their contribution goes unnoticed. Metrics for measuring an employee's contribution should shift from measuring their individual performance to measuring their team's performance. How are your staff members influencing those around them? A staff member with excellent soft skills who constantly uplifts his fellow employees is an incredible asset to your team, yet this won't show up in any assessment. To help your workers feel they are contributing something meaningful you can try recognizing and publicly celebrating their accomplishments as often as possible or sharing a client story that shows your employee the difference they are making in someone's life.

When we choose from fear, our actions lack power. When we choose from our values, our actions have more power, more meaning, and more energy.

Freedom

Self-direction is the key to performance, creativity, and engagement. The real you only shows up when you feel free. Employees are far more loyal and productive in workplace environments that respect their freedom and encourage their self-expression. To ensure your

staff feels a sense of autonomy remind them that everything they do is a choice. Choice is power, and when your employees believe they have a choice they will become more engaged in the process. Align their choices with their values, not their fears. When we choose from fear, our actions lack power. When we choose from our values, our actions have more power, more meaning, and more energy. Give your employees more flexibility to accommodate their schedules. What long-held beliefs might be blocking new win-win opportunities? Decentralize whatever authority you can to give your workers more decision-making power. This will empower them and make your company much more efficient.

Growth

If your staff feels they are not making progress in their own personal development, they will soon become disconnected and seek opportunities elsewhere. Ensure that each employee is constantly challenged so that they can grow.

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Lead from Need...continued from page 3

The greater a person's belief in their own power to influence an outcome, the more likely they are to succeed with a new challenge. To help your employees grow, try building confidence. Challenge any belief they might have that is limiting their performance. For example, if an employee thinks they aren't experienced enough to manage a project, you can remind them of their unique strengths and capabilities.

Another way to promote growth is modeling. Have inexperienced employees watch other colleagues with similar skills perform more advanced tasks. Seeing others with similar abilities succeed at a task will help them develop positive, "can-do" beliefs. Recognition and positive feedback are key to helping your employees feel more competent, motivated, and open to growth. Negative feedback can devastate those with low self-esteem. Finally, optimize the environment. Create a vibrant, energetic, stress-free workplace that encourages your employees to get the food, exercise, rest, and water their bodies need so they can perform at their best.

The most successful CEOs in the world unleash the energy and creative power of their employees by honoring those four needs: connection, contribution, freedom, and growth. They know that what really motivates people -- once their basic financial needs have been met -- is their desire to grow and develop as human beings, connect and collaborate with others, and contribute something to a worthy cause. Like Jarin, you can inspire your employees to reach their full potential by making your company a place where those four needs will be met.

Ascanio Pignatelli is an award winning speaker, seminar leader, coach, and author of the forthcoming book Lead from Need. He is the founder of ApexCEO, an executive coaching and leadership development group that helps C-level executives develop the leadership and communication skills to create more engaging workplaces. He may be reached via his web site at www.apexceo.com.

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The Pain Scale...continued from page 1

At the heart of the visit, patients agree on the **top things physicians cannot ignore when it comes to quality medical care:**

- 73 percent say "time for discussion"
- 66 percent say "verbal communication of specific recommendations"

Three's a Crowd.

"It used to be the doctor, the patient, and the paper chart. Now we have the doctor, the patient, and up to 15 real-time sources creating a data overload, but no point of truth," says **Dr Brian Yeaman, CMIO of Norman Physician Hospital Organization.**

In an attempt to speed documentation and overcome challenges associated with physicians entering data in electronic health records (EHRs), some providers are using medical scribes to listen to the conversation between patient and physician, and record care plans and documentation in the medical chart. But that extra set of ears comes at a cost.

This survey found that patients in the U.S. and the UK expect everything from eye contact and a handshake to verbal communication when they visit their physician, and these contribute the most to an overall positive experience. In Germany, privacy in the exam room was of the utmost importance. This ranked third in the U.S. and the UK.

The presence of an extra person in the room shifts the dynamic from a private conversation to one where the patient may worry over confidentiality and judgment. This can detract from the experience and erode trust, which is fundamental to an honest account of a patient's behaviors, symptoms, and health.

"Something shared between two people is a secret ... anything shared with a third person is shared with the world. If I sit in my exam room and type while the patient is talking, patients sense that their privacy is at risk. And if there is a scribe in the room, they are certain of it," notes **Dr. Reid Coleman, CMIO for evidence-based medicine at Nuance and a practicing internist for 20+ years.**

As healthcare providers look for ways to save time and improve productivity, they should consider that the Art of Medicine is built on the strong bond between patient and physician, and this relationship should be protected at all costs by eliminating things that threaten to disrupt it.

Technology in the Hands of Doctors.

While other studies show that many physicians feel EHRs slow them down, interfere with face-to-face care, and intrude upon patient relationships, patients don't see it that way. We found that while 69 percent of people have noticed a difference in the amount of technologies being used by their doctor over the last five years, 97 percent are **comfortable with tech** as long as it doesn't interfere with the physician-patient relationship. Additionally, 58 percent believe the use of technology in the exam room leads to better medical care.

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The Pain Scale...continued from page 4

As technology adoption continues to rise and innovations make their way into healthcare, patients will become more exposed to different types of tools and become more comfortable with them. For example, EHR deployments have made laptops and desktop computers a standard piece of equipment in the modern-day exam room, and high patient comfort levels reflect this acclamation. Meanwhile, patients demonstrate comfort with tools becoming more readily used, such as mobile devices (tablets and smartphones), telemedicine, and image-sharing via the cloud.

"Clearly to deliver the high quality, safe, efficient care our patients demand, we must embrace current technologies while realizing they are insufficient and need to evolve," says [Dr. John Halamka](#) of Beth Israel Deaconess Medical Center. "We must work in care teams, and grow the number of care traffic controllers serving as the navigators for patient wellness. We must listen to our patients/families, leveraging their opinions to reform our existing workflow and processes. Now that we have data to guide us, I look forward to creating the next generation of tools."

The Doctor Has No Time to See You Now.

Patients take the time to navigate the complexities and challenges of today's healthcare system in order to discuss their concerns and conditions with their doctors, and then 40 percent of patients feel rushed during their actual visit. For more than 30 percent, the appointment lasts less than 10 minutes, making it easy to understand why they want focused attention during their scarce time with physicians.

"Successful physicians know that there are certain actions that convey a deeper sense of connectivity with a patient. Fully walking into the room instead of standing in the doorway has a profound effect on the patient's perception of time. It comes down to all of those seemingly little nuances in behavior -- a hand touch, taking a seat, looking directing at the person -- that make the biggest impact. We can't promise outcomes, but we can always treat each person with the respect, care and compassion he and she deserves," shares [Dr. Tony Oliva](#), regional medical director, JATA and former CMO of Borgess Health.

The sense of being rushed can not only negatively impact satisfaction and convey the sense that the patient is not a priority, it can also influence whether or not s/he recommends the doctor to others. In fact, in Germany, 68 percent of people rely on a family or friend's recommendation when selecting their physician, followed by 52 percent in the U.S., and 24 percent in the UK. The average office visit lasts 12 minutes, and during this time physicians are expected to listen, understand and sympathize, examine, diagnose, treat, and document the patient's story in the EHR. Given this time constraint, they need to focus on those elements of a visit that deliver the most value to better medical care in the eyes of their patients.

Physicians Get an "A".

This study found that 89 percent of people have a good relationship with their doctor, and 95 percent say they are honest during visits. Physicians are doing a great job of meeting patient expectations, and most patients said that if they weren't satisfied, they would find a new doctor.

Expectations are high, and with physician scorecards, public reporting of HCAHPS results, and patient satisfaction playing a bigger role in provider success and reimbursement, no one in healthcare can ignore what matters most to patients and its primary role in the overall patient experience and keeping people satisfied and invested in their health.

Physicians are being forced to make hard choices, and one of these sacrifices often comes at the expense of the patient story. They are making trade-offs through shorter patient notes or using copy-and-paste functions in their EHRs -- anything to save time so they can spend it attending to the people who need it and who appreciate their time, insight, and care.

When that story is lost, the patient becomes a collection of somewhat unconnected data points. This has a profound downstream impact as the next physician will ask the same questions or end up sleuthing around, which not only frustrates the patient, but can waste time. While technology is a key component in the healthcare ecosystem, it should only play a supporting role. Patients need to be center stage, and physicians need to be able to communicate their clinical decision making.

Dr. Nick van Terheyden is the Chief Medical Information Officer, Healthcare Division at Nuance Communications. He can be reached at nvt@nuance.com. For more on Nuance's survey, "Healthcare from the Patient Perspective," see www.nuance.com/artofmedicine.

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Nonclinical, Frontline Health Care Workers...continued from page 2

As the healthcare landscape in the United States continues to change, the challenge is to ensure there is a well-prepared workforce today, and that includes the evolution of nonclinical healthcare education, training, and job paths. These new members of the health care team will provide an important contribution to providers as they seek to maximize their Triple Aim success.

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The PCMH Moves into the Neighborhood...continued from page 1

The MMPP, which included 52 primary and multi-specialty practices, was established to test the PCMH model of care and required Maryland's four major insurance carriers (Aetna, CareFirst, CIGNA, and UnitedHealthcare) to participate in the program.

Participation in the Maryland program brought financial incentives for care coordination, including fixed transformation payments (FTP) and shared savings eligibility. Practices receive a semi-annual per-patient, per-month fee and the ability to earn a percentage of savings resulting from improved care and better patient outcomes. For the first time in 2014, Parkview Medical Group received shared savings resulting from fewer hospital admissions and reduced referrals to specialists and ancillary services. Collaborative efforts by Parkview's providers and care coordination team helped lower costs, improve quality outcomes, and decrease hospital admissions.

In 2013, Parkview set a goal to achieve Level 3 NCQA Patient-Centered Medical Home recognition. Eligibility required participation in an NCQA-approved regional collaborative (MMPP) and the ability to demonstrate strong or improved performance in a combination of Triple Aim measures. In order to meet NCQA standards, intense collaboration between practice administration, providers, staff, and hospital senior leadership was needed. Financial and operational support made it possible to hire administrative, clinical, and support staff necessary to meet the more rigorous Level 3 standards. Parkview's dedicated systems analyst is a key team player, essential for devising technological solutions that support the PCMH care model. Management of data extraction sources enables performance and quality metric reporting to external and internal stakeholders. In addition, this position is responsible for leveraging electronic platforms allowing remote electronic patient interactions with the care team.

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After more than a year of preparation, Parkview submitted its NCQA application and in February 2015 gained Level 3 recognition for all four sites serving Frederick County, Maryland. As Parkview's patient-centered medical home matured, so did care coordination efforts. The practice's highly skilled clinical teams work with providers to identify, counsel, and educate most at-risk patients. Parkview promotes patient involvement, self-care, and use of community resources to supplement primary care delivered in the office. If patients are unable to pay for medications, providers and the care team explore less costly drugs, or prescription assistance programs, as an option. For co-payments and other expenses, Parkview's care coordination team works to arrange financial assistance so patients may keep regular appointments and obtain other critical products and services. The electronic health record is used to track risk factors that increase patients' likelihood to develop potentially debilitating diseases such as hypertension, diabetes, COPD, and heart disease. Methods to help patients maintain good health include individual counseling, appointment reminder letters, and group educational programs that address health issues.

Parkview has worked to enhance access to the practice and increase patient satisfaction by adding on-site lab services and walk-in hours. The practice offers walk-in appointment availability in addition to scheduled hours reserved daily for same-day sick appointments, as well as evening and weekend hours. In the summer of 2014, Parkview launched a mobile and online patient portal making it possible for patients to request appointments, view health information, and communicate with the care team. Moving forward, patients will be able pay their bills and schedule appointments directly through the portal.

Government, private payers, employers, and individual patients are increasingly purchasing care based on cost, quality, and service. Outcomes are driving and shaping payment models. In January 2015 HHS announced efforts towards measurable goals and a timeline for migrating Medicare and the health care system at large away from fee-for-service. By 2018, 90 percent of fee-for-service (FFS) payments will be tied to quality using alternative payment models such as Accountable Care Organizations (ACOs). Parkview's improved care coordination and tracking of quality measures benefit our health system's ACO, Frederick Integrated Healthcare Network. Working closely with partners in the clinical community, Parkview providers and care teams help prevent potentially avoidable admissions, readmissions, and unnecessary emergency room visits, effectively managing each patient's transition of care.

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According to the National Committee for Quality Assurance, "PCMH's are the fundamental building block for meeting NCQA's rigorous Accountable Care Organization (ACO) standards." NCQA continuously evaluates, refines, and improves its recognition program to reflect changes in the healthcare marketplace and reimbursement models designed to financially incentivize providers who achieve the Triple Aim of reduced cost, improved quality, and enhanced patient experience.

Beyond traditional patient-centered medical homes, NCQA is moving across the continuum and "into the neighborhood" with programs designed to recognize providers who improve the quality and coordination of care and standardize care delivery in these major areas:

- Patient-Centered Specialty Practices were introduced in 2012, outlining specific expectations for providing timely access to care, continuous quality improvement, and co-management of specialty and primary care patient populations.

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The PCMH Moves into the Neighborhood...continued from page 6

- In 2015 NCQA added a new program, Patient-Centered Connected Care, intended to increase the exchange of information from immediate care and retail delivery systems to primary care providers, in an effort to reduce fragmented care.

Migrating from provider to patient-centric care continues to be an important goal for Parkview Medical Group. The practice is evaluating how to add behavioral health services to better serve one of our most challenging patient populations. Much time has been spent discussing the need to evolve from treating patients' separate health issues, complaints, or symptoms (episodic care), to addressing whole patient needs.

Administration and practitioners recognize that to be successful, this level of care requires longer appointments and engaged providers working alongside highly trained clinical support staff. Newly formed care teams have helped reduce non-essential tasks and allow more time for direct patient care. Clinical staff ensure regular communication and maintain a close connection with at-risk patients.

Parkview's focus remains the key PCMH components of patient satisfaction, effective shared decision-making, and helping patients establish and work toward personal health goals. Hospital administration and Parkview's practice administrator, medical director, clinical, and support staff are working together to design new practice space with an eye toward "lean" transformation.

Providers, transitional care nurses, and front office support staff will be housed together in "off stage" support areas. The "on stage" area will be uncluttered, calm, and reassuring to the patient, thus helping to reduce anxiety and fear about health issues. This "lean" model emphasizes improved communication, greater efficiency and a better patient experience.

The patient-centered medical home is the anchor of the patient centered medical neighborhood. In this health care delivery system of the future, all entities have access to critical patient information and the ability to share this data. Providers, care teams and community service organizations will be fully equipped to manage patient care effectively and efficiently. And with this seamless integration, patients and care teams will facilitate cohesive services and effective transitions between primary care, specialty care, urgent/retail care, the hospital, long-term care, and community services. Parkview looks forward to continuing this journey and engaging our partners within and outside the health system.

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Thought Leaders' Corner

Each month, *Medical Home News* asks a panel of industry experts to discuss a topic of interest to the medical home community. To suggest a topic, write to Editor@MedicalHomeNews.com.

Q. Are you seeing or having to deal with “provider fatigue” over the many metrics and different reporting requirements?

“Provider fatigue is increasingly common, and the many metrics and reporting requirements are coupled with the added time and stress of completing the EHR. Providers, especially physicians, see this as taking away from the interaction with patients, relationship-centered care, or the art of medicine. Finding the balance in medical practice is critical, and having the right staff support can reduce provider fatigue.”



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“Absolutely. Not only are there incessant new changes to implement, but also, sustaining old changes is demanding. Add limited resources and lack of clinical relevancy to many of these reporting requirements, and you can see how our providers are stretched to the max with little relief on the horizon other than more change a comin' with ICD10 and MU3. Just look at the primary care burnout rate reported in recent studies.

We have met these challenges by implementing team care and sharing the many responsibilities of comprehensive care with our staff. We have also considered opting out of Medicare as these demands are quite onerous to a small, independent practice, but we cannot bring ourselves to abandon our elder population. It may, however, become a matter of survival as the bureaucratization of medicine continues.”



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“I did, and do see, provider fatigue when a new practice is going through the process of becoming a PCMH. That process, which transforms a practice and ultimately improves quality measures, is itself overwhelming and may lead to change fatigue, or even burnout, in the first few years.

The fatigue, I believe, is then tempered for several reasons: (1) the skills gained through experience of the PCMH as the team matures allows adaptation to more changes; (2) the improved satisfaction of the physicians and patients when the office is functioning more efficiently; (3) any improved patient outcomes are a great form of positive feedback; (4) the fact that many metrics are duplicative for different insurers and related to Meaningful Use may lessen reporting changes; (5) improved population software helps more than hinders data reporting; and, perhaps the most important game changer, (6) practices are starting to see increased payments for reaching target metrics, so the value of the effort is realized.”



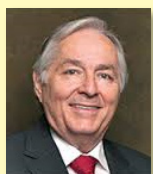
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Thought Leaders' Corner

"After completing four PCMH accreditations (AAAHC, URAC, Joint Commission, and renewal of NCQA Level III), efforts to initiate Planetree accreditation failed because of 'accreditation fatigue.' That fatigue is real and must be recognized since metric fulfillment and reporting requirements are seen as 'add ons' to the excellent practice of medicine and to maintaining excellence in quality and safety. The solution is continuing to make metric standards and reporting requirements easier to maintain.

The number of 'things' a provider is able to fulfill in a single visit depends upon three things: how important is the task, how much time does it take, and how much energy does it take? If the task is very important and takes little time and little energy, it is possible to fulfill many tasks without fatigue. Automation and intuitive, simple clinical decision supports can avert fatigue and sustain excellence, while improving professional satisfaction. An example of this can be reviewed at <http://www.setma.com/epm-tools/Automated-Team-Tutorial-for-the-EMR-Automated-Team-Function>. With proper design and deployment 'an automated team' can solve these problems and improve care.

One of the most complex and difficult tasks to perform is fulfilling State Health Department Disease Reporting requirements. However, with a simple design, this complex requirement can be automatically fulfilled. When a diagnosis is made and documented in the EMR, a template with all of the reporting requirements is noted, an alert is sent to the care coordination department, and that department automatically makes a report to the state and sends a note to the provider that this task has been performed. At SETMA, this very important but complex public health action requires zero time and energy of the provider, thus zero fatigue."



James L. "Larry" Holly, MD
CEO
Southeast Texas Medical Associates (SETMA)
Beaumont, TX

"Many providers with whom we work, especially those in small practices, are beyond fatigue, and are deeply frustrated with what they experience as non-value added (at least to them) reporting requirements.. A major frustration is the inability of many electronic health records to easily and flexibly provide performance metrics, whether for meaningful population management purposes, or for performance reporting to third parties. In some large practices, particularly in complex institutions, providers are frustrated because system resources are almost entirely focused on reporting measures of interest to purchasers and payors, typically long after care is delivered, leaving little time for the IT and analytic staff to focus on providing real-time data that would be helpful for managing care of individuals and populations."



Jonathan R. Sugarman, MD, MPH
President and CEO
Qualis Health
Seattle, WA

"Primary care is particularly susceptible to provider fatigue because of the abundant measures that apply to such a broad scope of practice. The AAFP has been working to reduce this type of administrative burden so that our members can focus more on providing quality, patient-centered care and worry less about checking boxes and myriad reporting requirements. We support performance measures that take into account the burden of data collection, particularly in the aggregation of multiple measures, and are harmonized across all payers.

In fact, the AAFP is participating in a measure harmonization project led by America's Health Insurance Plans. This project aims to narrow the list of metrics to create a core set of measures among all public and private payers for primary care physicians in patient-centered medical homes and ACOs. We believe this effort will alleviate some of the administrative burden that plagues primary care. It is critical to address this issue as the government implements the Medicare Access and CHIP Reauthorization Act."



Robert Wergin, MD, FAFPP
President
American Academy of Family Physicians
Leawood, KS

Thought Leaders' Corner

"Capturing a patient's data to match non-patient and non-physician 'think' is the challenge, i.e., reporting data to the many outside/third parties. Example: a patient with a breast lump. Is the history that the patient's mother and aunt had breast cancer captured in the family history or present illness -- of course it's both -- that requires redundant 'clicks' if the external 'performance measure' requires those two data point be identified in the EMR and reported in some PQRS or other 'quality measure.' Computers still don't think. They record data that humans capture. The demands of the external environment professing to measure quality with data points that are not in the physician's work flow are the problem. Does this create 'provider fatigue' -- Yep -- and it adds to the provider's expense via software patches and upgrades, scribes, etc., which are also fatiguing."



Sam JW Romeo, MD, MBA
Tower Health & Wellness Center
Turlock, CA

Industry News

HealthAffairsBlog

NPs, PAs, and Pharmacists in the Pipeline

Writing in the *Health Affairs* Blog, Edward Salsberg provides updated numbers on the pipeline of nurse practitioners (NPs), physician assistants (PAs), and pharmacists, noting that "If these practitioners are fully integrated into the delivery system and allowed to practice consistent with their education and training, this growth can help assure access to cost-effective care across the nation."

Low-Income Patients and Behavioral Health Access

In a separate blog post Rachel Wick, a program officer for Blue Shield of California Foundation's Health Care and Coverage program, notes that their research confirms that low-income patients prefer to receive behavioral health services in the same setting as they receive their primary care. At the same time, however, among low-income Californians who have needed to discuss a behavioral health issue with a provider in the past year, only half have been able to do so, according to the foundation's survey report, published in March 2015. Solving the access problem, she argues, will require three things: (1) putting patients at the center of system transformation; (2) engaging new community partners and resources; and (3) fixing the funding disconnect between behavioral health and primary care via integrated financing and shared accountability.



Joint Interprofessional Education Program at NYU

The New York University School of Medicine and New York University College of Nursing are collaborating on a four year project funded by the Josiah Macy, Jr. Foundation to support a program called NYU3T: Teaching, Technology, Teamwork. The program provides medical and nursing students with systematic interdisciplinary education in the competencies of team-based care and generate the evidence base for a technology-enhanced, interdisciplinary curriculum to efficiently teach a large and diverse group of health care learners.



Rhode Island PCMH Collaborative Celebrates Success

The Care Transformation Collaborative of Rhode Island now reports that there are 73 PCMHs with 400 care providers in Rhode Island providing care to nearly 300,000 residents, nearly one-third of the State's population. 70 percent of diabetes patients have blood glucose levels under control, hospital admissions are down, and ER visits are trending down, although work remains to bring total costs down.



New EHR Functionalities Recommended for Pediatrics

A new AHRQ report prepared by researchers at Vanderbilt University's Evidence-Based Practice Center recommended that EHR systems include six core functionalities that could improve pediatric care. The report notes that these core functionalities' "key role in the care of children in contrast to their minimal role for adults could mean they can get overlooked if an EHR is designed primarily for adult care."



University of Phoenix®

Americans' View of their Nurses

In honor of 2015 National Nurses Week the University of Phoenix College of Health Professions conducted a poll of more than 2,000 adults, ages 18 and older nationwide, to find out how they feel about the nurses who administer care and what barriers exist for those interested in pursuing the nursing profession. Among the findings: (1) 94% admire the job nurses do for patients; (2) 87% believe that nurses are underappreciated for the role they play in giving medical care; (3) 89% think a nurse is a trusted source when they need medical information; and (4) 94% say role nurses play in giving medical care has greatly expanded over the years.

Catching Up With...continued from page 12

Larry Holly: Our staff had no more anxiety about involving our patients in the governance and operations of SETMA than our patients have had in involving us in their health care decisions. This was a reflection of SETMA's mission statement, which declared: "To build a multi-specialty clinic in Southeast Texas which is worthy of the trust of every patient who seeks our help with their health, and to promote excellence in healthcare delivery by example."

Our patients have to trust that we have their best interest in heart. and we have to do the same in trusting them. In exercising that trust SEMTA has the control and guidance of our three standards of decision making which are legality, morality, and ethicality. We will do anything they asked, as we will do anything we judge to be good for them, as long as it is legal, moral, and ethical. We are in the early stages of the development of the full potential of the Council but so far it has posed no risk to our commitments, values, or standards.

Medical Home News: *You and your team have successfully earned recognition/accreditation already from AAAHC, NCQA, The Joint Commission, and URAC -- which is a lot of work -- and you're now looking at Planetree. Anybody there getting "accreditation fatigue"?*

Larry Holly: Yes, we did experience "accreditation fatigue" after completing the first four in a twelve month period. We did not pursue Planetree immediately after completing The Joint Commission in March, 2014 because of that "accreditation fatigue." We are addressing future risks of fatigue by the development and maturing of our accreditation team and by practicing a plan of continuous review of our compliance with all elements and standards of all four organizations. Not only does that continuously improve our march toward a true PCMH delivery model, it also updates our performance when the standards and/or requirements of any of the accreditations change. Thus when it is time to renew our accreditations, it will simply be part of our routine work plan.

Medical Home News: *What advice do you have for practices that want to begin (and continue) the transformation journey to become a patient-centered medical home?*

Larry Holly: PCMH recognition and accreditation are worth the process, the price, and the pain. We believe that PCMH is the future of healthcare, and it is possible to be part of that future now. It is not easy to transform a practice into a medical but it is not impossible. A practice with the goal of being a medical home should measure success by their own advancement and not by whether someone else is ahead of or behind them. In the same way, they must share their success with others. Remember, recognition and accreditation are valuable but ultimately it is the cultural change which will make a difference.

The following steps will help:

- Determine where you are and where you want to be.
- Select the template or model you will follow.
- Outline the steps you will take.
- Develop a timeline for completing each task.
- Be innovative. Emulate the best of others, but expand upon the work and make it yours.
- Be patient but eager.
- Enjoy what you are doing and celebrate where you are.
- Be relentless; don't give up.

Medical Home News: *Finally, tell us something about yourself that few people would know.*

Larry Holly: I am fundamentally a lazy person, and my raw intellectual capability is far below the performance level we maintain. I attribute the differential to the providence of God. But, even with my limitations, I do have what Peter Senge calls Personal Mastery which describes people thusly:

They have a special sense of purpose that lies behind their vision and goals. For such a person, a vision is a calling rather than simply a good idea.

- They see current reality as an ally, not an enemy. They have learned how to perceive and work with forces of change rather than resist those forces.
- They are deeply inquisitive, committed to continually seeing reality more and more accurately.
- They feel connected to others and to life itself.
- Yet, they sacrifice none of their uniqueness.
- They feel as if they are part of a larger creative process, which they can influence but cannot unilaterally control.
- Live in a continual learning mode.
- They never ARRIVE!
- (They) are acutely aware of their ignorance, their incompetence, and their growth areas.
- • And they are deeply self-confident!

NOTE: *The details of this story can be found at:*

- <http://www.setma.com/Your-Life-Your-Health/pdfs/Memories-on-the-Auditorium-Dedication.pdf>
- <http://www.setma.com/In-The-News/pdfs/mission-magazine-a-call-to-heal-a-call-to-serve.pdf>
- <http://www.setma.com/Your-Life-Your-Health/pdfs/the-honor-of-being-a-physician.pdf>



Catching Up With ... James L. Holly, MD

Dr. James L. "Larry" Holly is Founder and Chief Executive Officer of Southeast Texas Medical Associates (SETMA, www.setma.com). He is a graduate of the University of Texas Medical School in San Antonio, where he is an Adjunct Professor of Family and Community Medicine. He is also an Associate Clinical Professor in the Department of Internal Medicine at Texas A&M College of Medicine. SETMA has the unique distinction of being the only patient-centered medical home practice in the U.S. with recognition/accreditation from AAAHC, Joint Commission, NCQA, and URAC. He talks about his passion for excellence, building his own EHR, the SETMA Community Council, "accreditation fatigue", advice for other practices, and himself.

James L. Holly, MD,

- Founder and Chief Executive Officer, Southeast Texas Medical Associates (SETMA), Beaumont, TX
- Adjunct Professor of Family and Community Medicine, University of Texas Medical School in San Antonio
- Associate Clinical Professor, Department of Internal Medicine, Texas A&M College of Medicine
- Patient-Centered Primary Care Collaborative (PCPCC) Patient-Centered Medical Home Practice Award (2014)
- Distinguished Alumnus, University of Texas Medical School in San Antonio (2012)
- HIMSS Physician IT Leadership Award (2012)
- Author, *Your Life, Your Health* blog and frequent speaker on patient-centered primary care issues
- Medical degree, University of Texas Medical School in San Antonio

Medical Home News: *You have an extraordinary passion for your practice, your patients, and your pursuit of excellence. Where does that passion come from?*

Larry Holly: The greatest influence upon my passion was my father. From my earliest memories, I watched his drive and energy and his commitment to excellence without supervision and without guidance. I saw rich, educated, and powerful men defer to him. Although he made less than \$5,000 a year, he was never without money to help others. I still live with a desire to be like him, to be a man of integrity, honor, compassion, and fearlessness.

The other great diver of my life is the overwhelming gratitude which I feel for the honor of being a physician. Forty-two years after graduation, I still stand in awe of having the privilege of being a physician. I can honestly declare I have a passion for which I am owed no credit and over which I have no control as it is a gift from God. Passion is the fuel which energizes any noble endeavor. Those who have been allowed the privilege of being physicians can and should know the passion of a noble purpose every day of our lives.

Medical Home News: *You built your own Electronic Health Record system at SETMA. Why did you feel the need to do that?*

Larry Holly: In May, 1999, four seminal events transformed SETMA's healthcare vision and delivery. First, we concluded that EHR was too hard and too expensive if all we gained was the ability to document an encounter electronically. EHR was only "worth it" if we leveraged electronics to improve care for each patient; to eliminate errors which were dangerous to the health of our patients; and, if we could develop electronic functionalities for improving the health and the care of our patients. We also recognized that healthcare costs were out of control and that EHR could help decrease that cost while improving care. Therefore, we began designing disease-management and population-health tools, which included "follow-up documents," allowing SETMA providers to summarize patients' healthcare goals with personalized steps of action through which to meet those goals.

Second, from Peter Senge's *The Fifth Discipline*, we defined the principles which guided our development of an EHR and the steps of our practice transformation from an EMR to electronic patient management; they were to:

1. Pursue Electronic Patient Management rather than Electronic Patient Records
2. Bring to every patient encounter what is known, not what a particular provider knows
3. Make it easier to do "it" right than not to do it at all
4. Continually challenge providers to improve their performance
5. Infuse new knowledge and decision-making tools throughout an organization instantly
6. Promote continuity of care with patient education, information and plans of care
7. Enlist patients as partners and collaborators in their own health improvement
8. Evaluate the care of patients and populations of patients longitudinally
9. Audit provider performance based on endorsed quality measurement sets
10. Integrate electronic tools in an intuitive fashion giving patients the benefit of expert knowledge about specific conditions

To transform our delivery of healthcare required that we design and build our own EMR as no existing EMR shared our vision, philosophy, and goals.

Medical Home News: *Your Community Council gives your patients a very strong voice in SETMA governance and operations. Were any of your staff or doctors worried about that when you first set it up?*

(continued on page 11)