Ideal Medical Practice: One IMP’s Story

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Status of US Healthcare


- US infant mortality is 6.7/100 live births, 17th among other industrialized countries. (2010)

- US Life expectancy 78.7 years, ranked 26th (2010)

- US, $8,233 per person per year, 17.6% GDP (2010)
  - $3000 more than the next highest (Norway, Netherlands and Switzerland)
Status of US Healthcare Providers

- There is stress in the system!
- 48% Family physicians overall satisfied
- 64% Would choose medicine again
- 32% Would choose family medicine again (ouch!)
Signs of Burnout

1. Physical and emotional exhaustion
2. Depersonalization
3. Reduced sense of personal accomplishment
“Whoa—way too much information.”
High Quality Primary care

- Person focused, not disease focused
- First contact care
  - Accessibility
- Person focused over time
  - Relationship based
- Comprehensive care
  - Reduce unnecessary specialist care
- Coordination of care

Barbara Starfield, MD
Yesterday I was clever, so I wanted to change the world. Today I am wise, so I am changing myself.

Rumi
Models of Practice

- Hospital owned practice
- Traditional private practice-partnership
- Community health center
- Concierge medicine
- Direct primary care

- **Ideal medical practice**

- Not mutually exclusive
Ideal Medical Practice

L. Gordon Moore, 2001, FP Rochester NY

Idealized Design of Clinical Office Practice

- 1999, Institute for Healthcare Improvement (IHI)
- Deep and personal patient interactions
- Access! Same day appointments regardless of urgency
- Reliability, getting all and only appropriate care
- Practice vitality. Innovative, staff and physician satisfaction, financial viability.
- Lead by John Wasson, MD
Eliminate barriers between patient and doctor
  - Phone number and email address available
  - Website for information about

Make time for meaningful interactions
  - Low overhead, fewer patients
  - Spend 100% of visit with doc

Invest in technology
  - Scientific and patient information at point of care (reliability)

Measure your worth
IMP Map
How’s Your Health

- Tool for gathering meaningful patient reported data
- Dr. John Wasson, 1990s
- QUALITY in primary care, beyond disease specific metrics

- Patient aspects
  - self report data, understanding and confidence
- Practice aspects
  - Access delays, lack of continuity, sense of time wasted
- Studies have supported its use
Who are we?

- Small practices
  - most solo, some solo-solo
- Smaller panel size
  - 400-1000
- Most primary care
  - Family, internal medicine, pediatrics
- Physician and Nurse Practitioner practices
- Diverse business models
  - Traditional insurance based, membership, direct primary care, integrative medicine
<table>
<thead>
<tr>
<th>IDEAL MEDICAL PRACTICES</th>
<th>TYPICAL PRACTICES</th>
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<tr>
<td>Care is driven by the patient's needs, goals and values.</td>
<td>Care is driven by the practice's priorities.</td>
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<tr>
<td>The care team uses technology to its fullest (e.g., electronic health records, e-mail,</td>
<td>The care team avoids new technology.</td>
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<td>Internet scheduling).</td>
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<td>Patients can see their own physician whenever they choose.</td>
<td>Patients must see whoever is available.</td>
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<td>The majority of the office visit is spent with the physician.</td>
<td>The majority of the office visit is spent waiting.</td>
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<td>Overhead is low.</td>
<td>Overhead is high.</td>
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<td>Patients are seen the same day they call the office.</td>
<td>Patients typically wait for an appointment.</td>
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<td>Physicians are able to see fewer patients per day.</td>
<td>Physicians must generate high numbers of visits per day to cover overhead.</td>
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<td>Practices measure themselves regularly.</td>
<td>Practices have little or no performance data.</td>
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<td>Practices are proactive in their care of patients with chronic illnesses.</td>
<td>Practices are reactive in their care of patients with chronic illnesses.</td>
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<td><strong>Physicians are satisfied and feel in control.</strong></td>
<td><strong>Physicians feel harried and overbooked.</strong></td>
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How are we doing?

Patient responses for 50 practices (12 ideal medical practices and 38 “usual care” practices).
Modern IMP

- Adolescence
- Model of care
  - Inclusive but defined
- Organization providing support
  - Annual meeting
- Advocacy
  - Patient and practice redesign
- Impcenter.org
**IMP Principles**

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<td>- Continuity of care</td>
<td>- Use technology to facilitate care</td>
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<td>- Measurement, whole person and practice</td>
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RicherWellnessMD

- Integrative family medicine clinic
  - Solo practice
- Opened May 6, 2013
- 5 days a week
  - 24 patient office hours
  - 4 home visit hours per week
- 0.5 FTE, office manager, front office person
  - No clinical staff
  - Just added remote contract employee for billing
- Athena Health EHS
  - EMR, practice management, billing, patient communications
• **500 patient panel**
  ○ Closed to new patients in Nov 2013

• **Ages 3-96**
  ○ New patients over age 7

• 40% are 65 years or older

• 8% are 18 years or younger

• Medicare 34%, BCBS/Anthem 28%, self pay 5%

• 40% discount for same day payment if self pay

• Ave 25-30 days in accounts receivable
RicherWellnessMD

- **Integrative Medicine**
  - Nutrition and exercise counseling (DASH, Anti-inflammatory, elimination)
  - Mind body (breathing, guided imagery, mindfulness, biofeedback)
  - Herbals and supplements

- Ave 23-30 patients per week
- 30 and 60 min appointments
- Give all immunizations
- 24/7 access with cell phone, secure messaging, email, texting
IMP Resources

- IMPCenter.org
  - Organization website
  - Member services
  - Connections to other IMPs
- IMP Camp June 20-22, 2014, Providence RI
  - “How to” for any stage of IMP development
  - Great information, formal and informal.
- IMP Map at impcenter.org
  - Interactive map of IMPs around the country
- richerwellnesmd@gmail.com


Why don’t patients come: Patient perceptions on no shows. Ann Fam Med. 2004;2:541-545