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El Dorado Clinic Takes a Colorful Approach to Medicine



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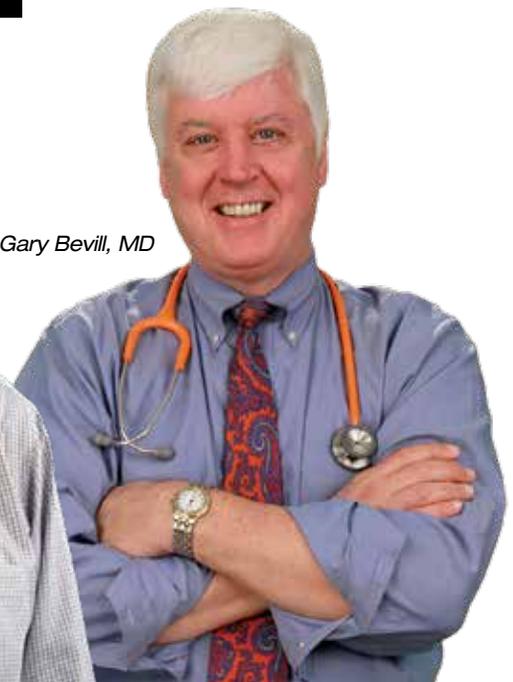
El Dorado Clinic Takes a Colorful Approach to Medicine



Pete Atkinson, MHA



James Sheppard, MD



Gary Bevill, MD

by CASEY L. PENN



Five teams – purple, orange, green, blue, and red – prepare to take on the day’s challenges. The atmosphere is upbeat and fans, while loyal to their own team, root for all sides to win in this crucial game of improving health and, ultimately, saving lives.

These physician-led teams are part of SAMA (South Arkansas Medical Associates) HealthCare Services, a one-stop health care facility that is in the process

of making a unique and deliberate transition from reactive to proactive health care, from the status quo to a patient-centered medical home.

SAMA is the recipient of a grant from the Centers for Medicare and Medicaid as part of its Comprehensive Primary Care (CPC) initiative. As *The Journal* reported last year, 69 Arkansas clinics are participating in this multi-payer initiative (a result of the Affordable Care Act) that fosters collaboration between public and private health care payers and encourages the patient-centered medical home (PCMH) concept. Participating clinics are given a list of milestones to work toward as well as some incentives to aid them in their efforts (<http://innovation.cms.gov/initiatives/comprehensive-primary-care-initiative/>).

Pioneering a new approach is no anomaly for this El Dorado clinic. “We kind of like to do things first,” confided LPN Nancy New of the changes that have put this small clinic on the nation’s radar as a model of a successful PCMH. Her own career a picture of the clinic’s constantly evolving methods, New had worked as a nurse in the clinic since it opened 15 years ago, but as the most computer-savvy person in the clinic, she has also long been the go-to person to help navigate new technology, such as electronic medical records (EMR). That’s why New was recently reassigned as the clinic’s Health Informatics Coordinator, a role that utilizes her skills and experience. Gary Bevill, MD, one of five SAMA physicians, noted that having a devoted IT person like New has greatly helped the clinic to navigate CPC, EMR and other improvements.

The CPC opportunity came along at a time when SAMA was already well on its way to being a PCMH, according to the clinic's administrator, Pete Atkinson, MHA. "In health care, not everybody fits into a square box," said Atkinson, who enrolled the clinic in CPC in August 2012. He and the clinic's physicians saw the opportunity to build on what they had already done, but to do it in their own way. "We chose CPC over a canned version of PCMH because with CPC, we were given eight goals or milestones [of a PCMH] and then given the freedom to reach those goals as we see fit. Working in El Dorado is nothing like working somewhere else. We know our environment, and we know our market."

Even in a rural market, SAMA is succeeding in reaching CPC milestones and is exceeding even its own expectations. "It's been quite a transformation," said Atkinson, who described changes to many aspects of the practice, especially patient care and personnel. "We've moved from reactive mode to proactive mode, for the betterment of our patients."

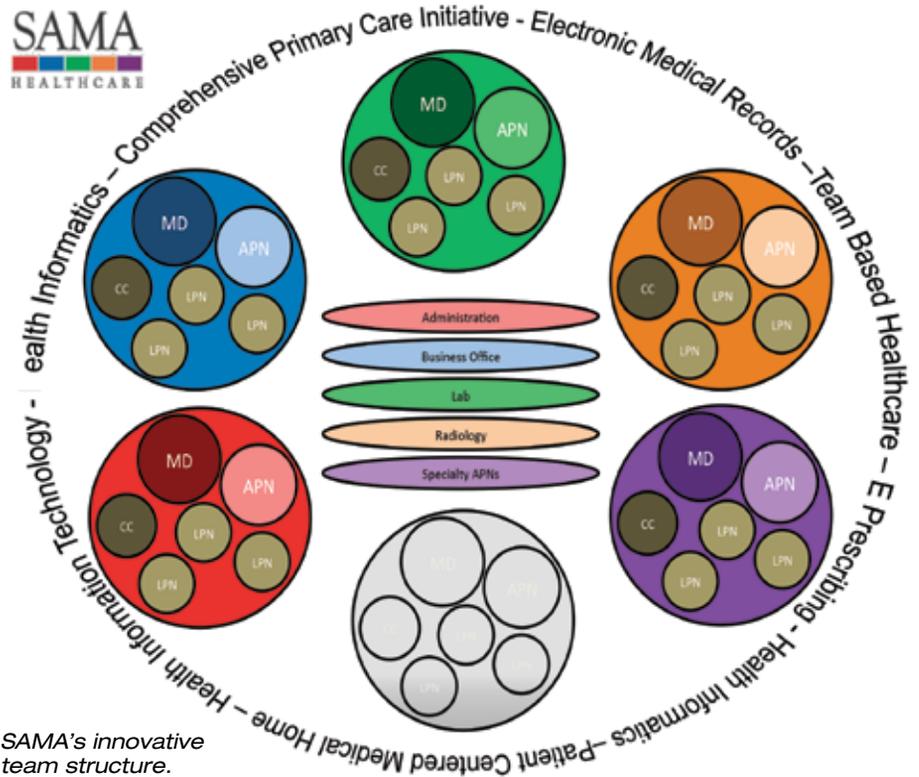
Previously, SAMA physicians and staff worked under one roof but independently; duties were largely disconnected. "They shared the EMR, common areas, and business office staff, but each physician had two nurses and each Advanced Practice Nurse (APN) had one," said Atkinson, who noted that there was certainly no sharing of nurses.

While the physicians clearly wanted to make sure patients had mammograms, colonoscopies and other preventive services, staff and resources were limited. "In reality, when physicians are seeing 25 to 30 patients a day and handling acute situations, a lot of preventative services fall to the back burner – to a reactive position," Atkinson explained.

Being reactive is old news – in the past. Today, resources and preventive services stand front and center as part of SAMA's new model of care, a blatant, color-coded, team-based approach that appears to be a fan favorite.

Logistics of Change

Atkinson described the SAMA health care model – initially sketched out on the back of a pizza box at the end of the first CPC meeting – as a combination of good medical care he had witnessed over time. "I had seen a physician and a nurse practitioner working very well together, and I liked it," he said. With that cooperation in mind, he led the clinic to put together five (so far) self-contained teams. Each includes one physician (team leader), one APN, three nurses and one care coordinator (an LPN by training).



SAMA's innovative team structure.

Now, a team's physician and APN both see acute visits and follow-ups. Depending on the circumstances of the visit, they may even pass patients back and forth, each concentrating on a different area of need.

Another change? Within each team, LPNs rotate duties weekly (within their team) to equip them for each area. "One will take the phones and the other two will 'pull' patients for the providers," said Atkinson. "Call is taken by each team, and we no longer send all same-day acute visits to on-call provider(s). The idea is that you're only as strong as your weakest link. Each team's schedule has a mix of follow-up and acute visits each day which allows patients to see their own team most of the time and improves continuity of care."

Enter the answer to preventative care and an important component of a PCMH, the **care coordinator**. Each team's care coordinator reviews patients' charts before appointments, manages and checks on referrals, coordinates transition of care from the hospital (inpatient and ER), manages and schedules preventative services and more. "Before CPC, we didn't have the resources to keep up with preventative care services like we wanted," said Atkinson. "Now, the care coordinators provide things we did not do in the past or things we did not do well. Now, the care coordinator takes care of preventative care, and the physician cares for patients."

To help develop preventive and long-term, chronic care plans for patients at highest risk, care coordina-

tors now assign a risk level (*risk stratification*, in CPC terms) to each patient. This helps the patient and the clinic over time. To assign a level, New explained, "They take into account a number of defined conditions (i.e., diabetes, hypertension, etc.), if the condition is controlled or not, the number of medications the patient takes and patient hospitalization in the last year."

"The concept of going to the doctor when you feel well has been foreign to all of us, but this clinic is changing that," added Atkinson. "Our care coordinators are constantly proactive. You may call it pestering, [but if you need preventative services,] we're going to call you, and call you again."

Increased staff and team members make possible another huge element of SAMA's new approach, which is patient satisfaction. "I'd been getting complaints that people weren't getting to see *their* doctor – in other words, continuity of care was already an issue as it is in a lot of practices," said Atkinson, recalling the days before CPC. "Patients come in and see whoever's available. But patients like to see *their* doctor. This model, outside of but still in line with CPC, was our attempt to fix that issue ... and it's working."

Under the old system, clinic physicians shared being on call. On their on-call days, they saw nothing but same-day acute visits for all the doctors in the clinic. APNs, too, saw mostly acute visits, too, and the patients they saw were assigned to the various doctors in the building.



Initial Team Care Coordinators (left to right): Yolanda Moody, LPN; Amelia Dolden, LPN; Candy Cates, LPN and Britni Jones, LPN.

Now, by definition, teams work together. “If a patient is sick and they call in when their physician’s on vacation, they’re still going to talk to a member of their own team. In that scenario they’re usually going to see that team’s nurse practitioner,” said Atkinson. “The patient feels comfortable dealing with the same team all the time, and the team gets to know the patient better. This is good from an efficiency and scheduling standpoint. We know whether that’s going to be a 15-minute visit or a 30-minute visit, where before, we didn’t know the patients well enough.”

“With the team getting to know the patients very well, they can be aware,” he explained, using the example of a patient who is a recent widow. “If Mrs. Smith calls in, we know she’s coming in for a cough, but she also has depression issues, so we need to allow time for that.”

Inevitable Growing Pains

Since enrolling in CPC 18 months ago, SAMA has grown from 37 to 57 employees. The first year brought much change and with it, growing pains. “It took time – about 14 months to get all the teams in place. We had a lot of turnover initially – people don’t like change,” said Atkinson, contrasting that with the team in place today. “This is what the staff in place now is used to. That has been nice.”

Challenges have also included additional staff training, some recruiting for APNs, and money, of course. CPC provided much help in the start-up, and that help came with clear expectations. “CPC

gave us the initial investment by way of a per-patient-per-month payment – paid quarterly,” explained Atkinson, stressing that every dollar from CPC was to be used as part of the clinic’s transformation into a PCMH. “It’s roughly \$8 per member per month for the healthiest patients and \$40 per patient per month for the sickest patients.”

It’s worth noting that, in addition to CPC funds, the new approach gained additional funding – at least on the front end – from within. SAMA physicians stood behind the plan 100%, going so far as to contribute their own money to initial start-up costs while trusting the program to pay off over time.

Elaine Butler, Nurse Manager, has been part of the clinic’s efforts to bring a five-year plan to fruition in just 18 months. “It’s been a wild and crazy ride,” said Butler. “We’ve gone from 12 nurses to 22 nurses (four from the original team).”

Making fast strides comes down to focus, Atkinson indicated. “If you focus on your core competencies, the rest will follow. As we got better at what we were doing, people [employees and patients] started coming to us. We have done very little recruiting as a result.”

A Win-Win for All

Staff and patient response, exhibited in a number of ways, has been favorable overall. Since being accepted into CPC (in August 2012), SAMA has billed 2300 new patient visits – 465 just this year.

“It’s kind of fun,” said Atkinson, who pulled the colors idea from his experience being a soccer coach. He uses social media, too, to perpetuate the concept. “When you go back and look at Facebook posts from when we’ve done team vs. team contests, patients like to root for their team. Also, I can post something about Dr. Bevill, without saying anything about the teams, and somebody will inevitably comment ‘Go Team Orange!’”

Team loyalty is an added benefit, but patient acceptance of the new approach is clearly about much more than shirt colors and cheerleading, as pointed out by SAMA’s James Sheppard, MD (“Go Team Blue!”). “Patients like it because they’re getting more attention,” he elaborated. “Their preventative needs are being discussed with them. They like the perception – a true perception – that they’re taken care of a little better.”

Increased support from this team approach allows the physicians to see more patients while still improving quality of care. “Before working with an APN, I may have tried to see about 25-30 patients in a day – and felt some guilt about spending less time with each than I might want,” said Dr. Bevill, who added that now, on a regular day, he and his APN together will see closer to 45 patients and are able to give them better care and more follow up.”

As staff has increased, SAMA increased in-house services – another perk for patients – including an on-site lab and radiology and specialty APNs. “Patients are not having to visit multiple locations for care,” explained Atkinson. “It’s great for physicians, too, as results are timely and go directly into our EMR. This allows us to treat patients much faster than if we were sending everything out.

“We have a Pediatric APN and an Adult APN who is a Certified Diabetes Educator (CDE). The Pediatric APN helps with walk-ins and does a majority of the yearly physicals for Medicaid. Our CDE spends a lot of her time doing annual diabetic education.”

Dr. Bevill leans heavily on the diabetes-certified APN in his team’s approach to patients. “As a physician, if I’m seeing a diabetic with a cold, I’ve felt guilty of not spending the time I wanted to spend to look at preventative care and maintenance issues,” said the doctor, echoing Atkinson’s earlier sentiments about time constraints. “When it’s just the physician, there just isn’t time. In this model, it’s easier to take the 10 minutes to deal with the cold, and then let the nurse practitioner spend 45 minutes – whatever is needed – to focus on patient education, etc.”

SAMA has not noticed a backlash from patients about seeing an APN instead of their physician, either, Atkinson pointed out, relaying a helpful, *peaceful* process the clinic employs when it comes to patient interactions. “Our approach has been, when we introduce the APN, the doctor has been in the room, and vice versa,” he said. “Patients see the mutual respect between the two and learn to feel a kinship with their doctor and his / her team. This approach empowers every member of the team to make things work, so the physicians aren’t bearing the full brunt of patient care.”

Dr. Bevill finds the new approach energizing. Having practiced medicine since 1985 – 14 of it spent in solo practice – he likes the change. “Health care is changing,” he admitted. “I find that I want to see that through. There are challenges, but it’s encouraging to focus on my patients. It’s been nice to reach this stage of my practice and find that going to work is not a chore.”

Sustaining a Working Model

Change will continue to come to health care in this country, and for the most part, SAMA’s team is ready. Future plans include recruiting one more physician in 2016, using less paper and increas-

ing attention on medication management and risk stratification.

Definitive results – such as specifics on shared savings – are, for the most part, still a little ways out. Yet, some improvements are apparent without detailed statistics. “Part of CPCI is seven-day access. A natural outcome of that is reduced ER visits,” said Atkinson. “We’re seeing better care, and we’ve survived financially as things shift from quantity to quality. Our staff is trained and can adapt to change as it comes.”

CPC still has another two and a half years as a pilot program, but it could well be rolled out nationally. Regardless, SAMA plans to stick with this approach that’s working for them and their patients.

“We are not working in a vacuum with CPC,” concedes Atkinson, who realizes that other state and national initiatives exist that can work for or against a small, independent clinic.

“We’re not backed by a large hospital system or university,” he said. “Like any small business, we would have to make some changes because of the loss of revenue; however, our approach from the

beginning was to use this money to build a sustainable model. With the additional providers we have put in place, we believe that we have done that in the past 18 months. Having our own ancillary services on site helps financially, but we have also found that there is no better marketing than just doing a great job. The team model seems to be ‘selling’ itself because of quality of care as well as the accessibility of our providers.” **AMS**

ADDITIONAL READING:

<http://www.msnbc.com/msnbc/one-states-health-care-revolution>

www.facebook.com/samahealthcare

<http://youtu.be/B7LdYzZA4uk>

<http://www.medpagetoday.com/PracticeManagement/PracticeManagement/44299>

<http://innovation.cms.gov/initiatives/comprehensive-primary-care-initiative/>



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