Practice Spotlight 11

May 2, 2014

Located southeast of Denver in Greenwood Village, ***DTC Family Health and Walk-In*** *is a three-physician practice serving about 9,000 active patients. In addition to traditional appointment-based primary care services, the practice offers walk-in services Monday through Friday, 7:30 a.m. to 4:30 p.m., and Saturdays, 8 to 11 a.m. The practice uses AthenaHealth for its EMR and patient portal.The practice website is http://www.dtcfamilyhealth.com/home.html.*

"Culture eats strategy for lunch every time," **Tim Dudley, MD**, of DTC Family Health and Walk-In, said. "Marjie Harbrecht, MD, the CEO of HealthTeamWorks, often says this, and she's right. We lead change in our practice by emphasizing our culture. We say, 'This is how we deliver high-quality service. This is how we treat each other professionally and this is how we work together as a team.' "

Tim Dudley, MD

This small practice of three physicians — Dr. Dudley works with his wife, **Lindy S. Gilchrist, MD**, and **Lynn Joffe, MD** — relies heavily on daily interaction and communication as it takes on the CPC work along with other initiatives for quality care.

"We start with the big picture of what we're working on and then we drill down to the workflows, the PDSAs and the like," Dr. Dudley said. "Our attitudes vary by our roles. As physicians, we can be skeptical. We ask, will this do any good? How will it work? Is it sustainable? Then our PAs are intrigued and genuinely interested, but wary of the workload. The MAs are looking for a combination of the big picture and the drill down."

With 50 to 70 daily advanced appointments plus walk-in visits, it can be challenging to look up from the day-to-day activity to focus on transformative change. Each staff member's daily workflows include carve-out time for CPC. This dedicated time is how DTC "steps off the treadmill," as Dr. Dudley says, from patient visits to focus on other tasks that support the comprehensive approach. For example, each physician-MA team will meet with the care manager for patient updates. Or, MAs will use the time for visit prep, ensuring preventive care like vaccines are administered before appointments. Over time, these processes will work through the entire patient population, meaning future patient encounters will focus solely on acute needs and less on the catch up work of preventive care. A dashboard feature in the practice's EMR (AthenaHealth) allows providers to monitor patient workflow through real-time updates and data, and then help each other as needed.

Why CPC Fits for DTC Family Health

After several years in academia, Dr. Dudley returned to private practice when he joined DTC Family Health in 2007. During his tenure as director of the University of Colorado Family Medicine Residency program and director of the University of Colorado Hospital Family Medicine In-Patient team, he began thinking about how aspects of the residency programs could be integrated into primary care.

Change concepts like risk stratification were among those components he could envision at DTC. Joining CPC sped up that integration as well as rounded out the practice's services with bringing **Heather Cherry**, a registered dietitian, and **Karen Foreman**, **LPC, NCC**, a behavioral health therapist, on board.

Following DTC's work on PCMH, CPC was the "next logical step" for the practice. Dr. Dudley pointed to the engagement of major payers as well as the hybrid payment model as key factors that piqued his interest. This

combination allows practitioners to build a comprehensive approach as the traditional fee-for-service model undergoes reform.

"The benefits of CPC are increasingly obvious," Dr. Dudley remarked. "The daily use of a care manager and how a risk-stratified panel identifies those high-risk patients who need more of our focus — that's very satisfying."

DTC followed a simple methodology for risk stratifying the highest-risk patients: First, the practice identified all patients with two or more co-morbidities and a recent hospitalization or ED visit. Then from this pool of patients, providers further analyzed patient records to flag patients with conditions out of control, potential for preventable readmissions and inappropriate use of EDs.

During weekly meetings with the care manager, providers review the stratification and make adjustments according to their knowledge of the patient and the patient's health behaviors. Currently 2% (or about 180) of the practice's patients fall into the highest risk cohort.

"If there's an emerging concern about a patient, even if he doesn't have the two co-morbidities, we will put him on our high-risk list," Dr. Dudley explained. "We also take patients out of that high-risk group if they are obviously self-managing their conditions well."

Barriers? What Barriers?

The process of integrating technology into the traditional primary care setting often starts with identifying the barriers, specifically how to overcome patient resistance. Dr. Dudley thinks those attitudes should be shelved with VCRs and Walkman MP3 players.

"The grandmothers in my practice are used to getting email from their kids and grandkids," Dr. Dudley said. "Everyone, even my older patients, is accustomed to instant communication. Once they use the technology, it resets their expectations." The number speaks for itself — **about 72% of DTC's patients actively use the patient portal.**

Why are 72% of DTC's patients using the patient portal for asynchronous communication? Find out in the next Spotlight how this small practice has shaped workflow around the portal and why patients are embracing it too.

This perspective has been a key to how DTC has built robust use of its patient portal. In the next Spotlight, DTC shares how the practice has "hardwired" portal use among its patients and how other technology continues to enhance the patient experience and access.

Next Spotlight: Why 72% of DTC's patients use the practice's online portal.

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CPC Comprehensive Primary Care

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Practice Spotlight 12

May 16, 2014

DTC Family Health and Walk-In is a three-physician practice serving about 9,000 active patients in Greenwood Village, Colorado. Four PAs, seven MAs and a care manager round out the practice staff. The practice uses AthenaHealth for its EMR and patient portal.The practice website is http://www.dtcfamilyhealth.com/home.html.

Tim Dudley, MD

The email sent to new patients at **DTC Family Health and Walk-In** has the usual welcome message along with one key piece of information: the patient's log-in information for the practice's portal.

"You have to very deliberately opt-out of using our portal," **Tim Dudley, MD**, admitted. "Over the past six years, we have been pretty clear that this is how we will communicate with you, where we'll post your labs and where we'll answer non-emergent questions."

With many high-tech businesses located in the vicinity of Greenwood Village, the practice's patient panel tends to be gadget-friendly and most patients haven't resisted using the portal. When the practice went electronic in 2008 and introduced the portal, the sign-up rate was predictably sluggish but rates have steadily increased year after year.

"Patients are more familiar with signing on and registering at a website. Sure, some patients hesitate at first, but we remind them that this is how they shop and even how many of them bank these days," Dr. Dudley continued. "Our system is as safe – or even safer – than those systems."

Currently 90 percent of the practice's patients are registered users of the portal, which is accessed through the practice website. Of those, 72 percent are active users, defined as having logged in to access information in the past 12 months. The patients who have not signed up are reminded at each office visit that this valuable tool awaits them. Some patients cling to paper and pen, and the office staff will continue to accommodate their preferences.

As DTC planned its portal adoption, physicians, PAs and MAs weighed in on the design together. They discussed what information to include and then how the staff would blend the portal messaging into the daily processes and workflow. This approach allowed the staff an inside view of the portal, which in turn helped them encourage patients to use it.

Although Dr. Dudley was skeptical at first, the appointment scheduling feature in the portal has been a big plus for patients. Every provider has two open slots per half-day session that are designated as portal appointments. Patients love the access, and despite Dr. Dudley's concern that self-booking would wreak havoc on the workday, it hasn't happened. It's going so well, the practice is incrementally opening up additional appointment slots for portal booking.

A patient comment about DTC's portal from Yelp:
*"This has been my doctor's office for years and I don't plan on leaving. … **The best thing they did in the last few years is the patient portal.** You can schedule appointments, pay any bills (not associated with a co-pay), get all your lab results and even email your physician if you have questions about the results."*

The Good, the Better and the Best Examples

The portal continues to offer DTC savings in time and effort.

Lab results are a good example. When lab results are loaded into the patient record, an email alerts the patient. Once the patient views the information, that time/date stamp is part of the record. If the patient doesn't view the results, the portal alerts the care team for follow up. This provides the care team an opportunity to explore why the patient hasn't accessed the portal, such as a lost password or misdirected email alert.

A better example is how patients and staff save time by communicating through the portal. Patients can log on at any time to ask a non-emergent question or make a simple request (such as a prescription refill). As requests cross the practice dashboard, an MA scans the messages,

answering as appropriate and flagging more complex issues for the physician's attention. Dr. Dudley estimates portal messaging halved the number of phone calls the practice receives for these types of questions and requests.

"Often I can respond between patient visits," Dr. Dudley said, "and an email tells patients a response is in the portal for them. They don't have to call in during office hours or leave a voice mail after hours. We don't have to play phone tag with them to ensure they get a timely response."

DTC's best example of how the portal can spur timely care happened when a patient used the portal to request a specialist referral. Despite the practice's efforts to educate patients about using the portal for non-emergent requests, patients may not realize their concern is out of the ordinary.

"We saw the message from 'Pat' [*name changed to protect patient privacy*] come across the dashboard, and we instantly recognized the patient," Dr. Dudley began. "Pat doesn't like to come in for appointments, grumbles about care and Pat is someone who resists recommended treatment. A little bit of a curmudgeon. So, Pat is asking for a cardiology referral because Pat is having chest pains."

Dr. Dudley paused and chuckled, "Now, I know this is a 60-something diabetic who is a heavy smoker. Pat doesn't need a specialist referral. Pat needs to go the ED. So, we immediately call Pat and send [Pat] to the hospital. Sure enough, Pat's having a heart attack and ends up with bypass surgery later in the day."

No, the Patients Aren't Playing Flappy Birds on Those iPads

DTC has purchased two iPads and is currently piloting their use during the patient check-in process. Should this test prove effective, there are plans to add 10 more. DTC's EHR vendor, AthenaHealth, is partnering with Seamless Medical Systems to integrate the iPad solution, but other EMR vendors also offer this feature. When patients return the iPad to the front desk, the information immediately transfers into the patient record. The clean input of data saves time for a busy administrative staff and, in the long run, money as the staff isn't tracking down patients for follow-up information.

"The only patients who are resistant to the iPads are those who are completely unfamiliar with a tablet and have never touched one," Dr. Dudley said. "Our front office staff will sit with them and coach them through using it, but occasionally we'll have a patient who wants the paper forms."

Dr. Dudley envisions the iPads will eventually accompany the patient throughout the office visit, becoming an informational and educational asset for both the provider and the patient. For example, when a 47-year-old female patient checks in for her annual well visit, the iPad will be loaded with information pertinent to her visit such as a shared decision making tool about mammograms or perhaps new information about her current medication regimen. She can view the information while waiting to be called to her exam room or opt to have the information emailed to her so she can view it later.

Kathy Wilson, MA, holds one of DTC's iPads, which patients use at check-in to update history and personal information.

What Else Is Out There

Dr. Dudley is excited about how technology will expand patient access beyond the traditional office visit.

"We know that a hefty percentage of patient treatment doesn't have to be in the office," he said. While the CPC care management fee supports increasing our capacity to integrate technology in the daily workflow, "What we need is a sustainable payment mechanism to put technology like Skype and FaceTime into play. Think how that would help a patient with transportation challenges. Or, the patient who can't miss work but can call in from the office."

It's the 21st century version of house "calls" as we build our medical home.

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