



Cadillac Family Physicians

Many Roads Lead to Home

June 2009



Cadillac Family Physicians

- 6 Physician office with over 100 year history
- Nurse Practitioner – Board Certified Diabetic Educator; currently working on PhD
- Masters Level Social Worker as Practice Administrator
- 45 Staff with 27 full time
- 22 clinical with 8 BSN/RN, 5 LPN, 9 MA
- X-Ray – 2 staff
- Moderately Complex Lab – 5 staff with 3 Med Tech's

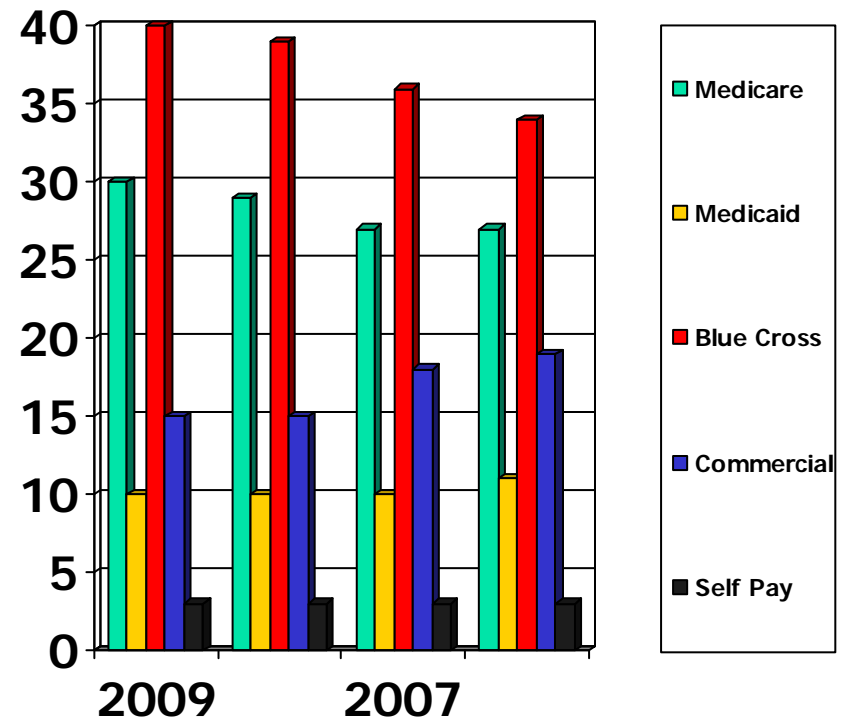


Full Spectrum Family Practice

- Obstetrics
- Occupational Health – in clinic and on-site
- Laboratory – moderately complex
- X-Ray
- Minor Surgery
- Allergy Clinic
- Protime Clinic

Patient Mix

- Blue Cross 37% +
- Medicare 28% +
- Medicaid 10%
- Commercial 17% -
- Self-Pay 3%





If I have seen further it is by
standing upon the shoulders
of giants.

Isaac Newton



Serendipity

- Practitioners
- Staff
- Electronic Health Records
- PHO
- CIPA
- Schedule – Open Access



Electronic Health Records

- Allscripts Practice Management – Nov 2004
- Allscripts Electronic Health Record – Mar 2005
- E-Prescribe with Surescripts – Feb 2008
- Interfaces with Quest, Hospitals – 2005 - now
- Wellcentive Patient Registry – 2008
- MCIR Interface – Feb 2009
- RxHub Formulary - Feb 2009



Economic Reality for Families

Medical bills are involved in 60% of US personal bankruptcies.

- 29% directly blamed medical bills as reason
- 50% increase in last 6 years
- 92% over \$5000 in debt or 10% of family income
- More that 75% have health insurance
- Diabetes seconded largest out-of-pocket medical expense for these families.

*Harvard Medical School and Ohio University Studies reported in
American Journal of Medicine, June 2009*



Cadillac Economic Realities

- Cadillac Area has population of 46,768
- Unemployment at 17%, Michigan average at 12.9%, US average at 7%
- Heavy manufacturing make up 35% of jobs
- Median cost of home is \$90,890, down 5% from last year
- Cost of living is 20% lower than US average



CFP's Economic Realities

Comparing 2008 to 2009 YTD

- Decrease in visits of 5% (9% decrease from 2006)
- Decrease in charges of less than 1%
- Working hard to keep expenses at bay – no raises this year, etc.
- Surprisingly, no increase in A/R – YET!



Transition to PCMH

- Pay for performance
- Bigger slice of a smaller pie
- Clinical Integration



PATIENT REGISTRY

- Wellcentive purchased by Wexford PHO
- Demographic data exported in August 2008
- Used in December 2008 to track PQRI
- Uploads of active diagnosis in January 2009
- Labs, procedures interfaced
- Our staff manually loading all new patients and PPA
- Poised to export data from Allscripts – using Continuity of Care Records Format
- Waiting for interface to be built



PROVIDER PATIENT RELATIONSHIP

- Communication to patients
- Training of staff
- Documentation in charts
- Tracking
- Implementation History



Communication Methods

- Website
- Patient statements
- Signs on front door, waiting rooms, in each exam room
- Digital picture frame in main waiting room
- Brochure
- Provider-Patient Relationship Form
- Clinical Staff discussion with patient



Training Staff

- Philosophy
- Monthly Meetings
- Scripts laminated
- Tracking, reporting, feedback
- Incentives



Documentation in Charts

- Clinical staff notes in A&P with scripted/customized note using auto expand
- Patient signs agreement and brings to checkout with encounter form
- Checkout staff note in Practice Management so will show in the future – patient not asked again
- PPA Scanned into charts
- Entered into Patient Registry - Wellcentive



Tracking and History

- Reports of dx code used in A&P run weekly against possible number of eligible appointments
- Currently at 15%, began May 2009
- Will be at 30% by July 2009
- 80% by December 31, 2009



Performance Reporting

- Diabetic Care Standards Adopted
- Northern Michigan Diabetes Initiative
- Performance Reports for Diabetes and other pay for performance measures
- Electronic Alerts
- Preventative Care Alerts and Process
- Working on other chronic conditions and preventative reports.



Individual Care Management

- Alerts on charts for diabetes and preventative care for point of care use
- All clinical staff trained and will perform necessary labs, etc.
- Scheduling staff working reports and contacting patients
- Action plans and goal setting for diabetic patients



Extended Access

- 15 Hours of After-Hours Availability:
7:30 am – 9:00 am each day
Tuesday and Thursday evenings
Saturdays
- Combination of Open Access/Modified Wave Scheduling



Open Access Scheduling

- **Six providers each day.** 5 have 30-40% openings for same day. On-Call Doc has at least 50% open for same day
- **Second slots, on the 15 minutes,** are left open for same day appointments – Modified Wave Scheduling
- **Less than three providers.** All have 50%+ open for same day. On-Call Doc may have completely open day
- **Variants** include time of year, flu season, holiday, etc



Test Tracking Results

- Patient Care Specialist position created two years ago to “close the loop” on all orders
- Use of EHR to monitor is invaluable!
- Written policy in office policy manuals
- Staff trained and retrained often
- All staff involved; both clinical and front



E-Prescribe

- E-Prescribing began in February 2008 with Surescripts interface with Allscripts
- Major chains initially
- Small, local pharmacies beginning to be on-board
- Receive requests from pharmacies and fill from visits and patient requests



Increased Reimbursements

- Better and more complex interfaces
- Digital x-ray and other office equipment which is interfaced into EHR
- Patient Portal for lab review, e-communication, scheduling, etc.
- Patient Kiosks



Challenges

- Technology is not cheap
- Each Practitioner practices differently
- Patients need education
- Community Challenges – Primary care and specialists
- Still too much paper!



Next Steps

Dial Down:

- Expand Self-Management Goals
- Group Visits
- Chronic Conditions

Wider View:

- Community level management – shared infrastructure.



Questions?

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