10 THINGS A PRACTICE NEEDS TO BE A SUCCESSFUL PCMH
VISION AND LEADERSHIP

Practice redesign is not for the faint of heart. It’s a heavy lift that requires a lot of dedication, time, resources, and effort. Create an environment of accountability and shared responsibilities by providing the team with the resources and skills they need, and a clear vision to perform toward this mission. Strong leadership, data gathering and evaluation, and patient engagement can help support continuous quality improvement.

– Emilie Buscaj, recognition manager, HealthTeamWorks, Golden, Colo.
2. RECOGNITION OF THE PHYSICIAN AS ‘QUARTERBACK’

Keep care local. Sometimes patients go directly to their specialist or to their urgent-care center. Work with your patients to eliminate the fragmented healthcare experience and serve as their healthcare “quarterback” to determine the best direction. The primary-care physician and the patient should jointly decide on care avenues.

– Andrew Aronson, chief medical officer, Privia Health, Arlington, Va
THOROUGH DOCUMENTATION AND TRACKING

Have someone in charge of reporting monthly quality measures. We have someone who reports on 68 measures, which are both primary-care provider-specific and across all primary-care providers. This reporting allows us to understand if some of the measures are slipping. Our reporting is posted at the nurses’ station and on our patient waiting room bulletin board.

4. A PATIENT PORTAL

Patient portals are a convenient way to communicate. Patients can send us messages directly, keeping us up to date on blood pressures and sugar logs, for example. Our patients are also able to schedule appointments online through the portal.

– Liz Dewey, family physician, Greensboro, N.C
5. **A CASE MANAGER**

Hire a case-management nurse. If you really want to move the needle, you need to expand your frame of patient engagement. Technology alone won’t make any difference. However, a skilled case-management nurse will actually change practice patterns. In many markets, health plans will help pay for them.

– Bill Frack, managing director and partner, healthcare services, L.E.K Consulting, Los Angeles, Calif.
A FOCUS ON ‘HIGH UTILIZERS’

Have your office manager keep track of the high utilizers. A motivated office manager will know exactly which patients need extra management. Have a weekly meeting for 15 minutes to review the list and establish appropriate outreach. Your PCMH metrics will soar.

– Bill Frack
ENGGAGED LEADERSHIP

Without engaged leadership, practice transformation is almost impossible. Engaged leadership goes way beyond a slap on the back and a “Hey! Good job! I’m right behind you all the way!” You sense it in the way staff hold their heads high and aren’t afraid to provide their input at a moment’s notice. Engaged leadership is critically important for small- and medium-sized practices that will need to carefully re-examine staff roles and responsibilities.

– Trudy Bearden, senior consultant, Qualis Health, Seattle, Wash.
Figure out how your patients find it most comfortable and convenient to communicate with you. It could be by phone, text, e-mail, patient portal, mobile apps, video, or Skype. If they don’t have a way to access you that meets their daily work flow, they may skip their primary-care relationship altogether.

– Josh Seidman, vice president, payment and delivery reform, Avalere Health, Washington, D.C.
9. **A PCMH-FRIENDLY EHR**

Research your EHR vendor’s certifications. Has it undergone the PCMH corporate review managed by National Committee for Quality Assurance? Ideally, it has reached Level 3, the highest level of recognition. Some vendors even offer “accelerator programs” to help expedite the transition process for practices, providing credit for many of the requirements. You’ll need an integrated suite of EHR, practice management, and patient communicator services that work seamlessly together to coordinate care and manage populations so that you don’t just qualify for PCMH but thrive doing it.

ADVANCE REIMBURSEMENT PLANNING

Medicare’s new chronic-care management codes offer a new way for small- and medium-sized practices to improve patient care and bolster practice revenue. For years, primary-care doctors were unable to bill for many of their non-face-to-face patient services. Now, with the help of their PCMH teammates, physicians can get paid for providing chronic-care management services to eligible Medicare patients. It’s important to note, however, that the scope of services required to bill for corporate claims management services will require advance planning and preparation on behalf of the physician and ongoing support from team members.

– Wanda D. Filer, family physician, York, Penn., and president-elect, American Academy of Family Physicians, Leawood, Kan.