



The CAFP Medical Home *Muse*

Rediscover the Art of Medicine

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Profiles of Change

Paul Fonken, MD

Editor's Note: Profiles of physicians who are leading the movement toward Patient Centered Medical Homes are a regular feature of this newsletter. Paul Fonken, MD, joined Timberline Medical, LLC, in Estes Park in 1990 when he finished his residency. The practice, which has been affiliated with Poudre Valley Health Systems since 2003, includes four Family Doctors and a nurse practitioner. The patient population and scope of practice vary seasonally. Winters are dominated by caring for patients' health maintenance issues, while summers are busy with more urgent care issues and caring for "snowbird" patients. The physicians in the practice also provide inpatient care services at the Estes Park Medical Center and its associated nursing home. None of the physicians continue to do obstetrics.

When did you begin to provide your patients with a PCMH?

Our practice has always tried to provide compassionate, coordinated, comprehensive, continuous care to the whole person in a family and community setting. These basic principles of Family Medicine are the foundation of a PCMH. The electronic health record and upcoming changes in health care financing are making it possible to more fully implement these components of the PCMH.

How did you learn about the PCMH approach to medicine?

Initially, we learned about PCMH from general media exposure. We became more excited about it and learned more specifics when we attended the annual CAFP conference in Colorado Springs in 2009.

Why did you decide to utilize the approach in your practice?

We see this as a tool for more fully realizing the goals and principles of Family Medicine that can ultimately improve the health of a larger proportion of our patient population. Previously, our focus was almost exclusively on the patient in front of us in the exam room. PCMH is helping us to more adequately serve our broader patient population. I became more interested in a population-based approach to Family Medicine while I helped with national health care reform in Kyrgyzstan from 1997 until 2004. I am excited to be applying some population-based principles in our practice here.

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Am I My Patient's Keeper?

R. Scott Hammond, M.D.,
Chair, CAFP PCMH Task Force

Tips and ideas

"Physician, heal thyself."

Luke 4:23

Tip #12: Take a break

Perhaps it is time to take a break and celebrate the successes of your journey. Even a small improvement is worthy of celebration. Do not forget to include your staff. Individually and publically, thank them for their hard work. Bring in lunch, buy them tickets to the ball game or a movie, arrange a family picnic in a nearby park or, perhaps, give them achievement rewards. Take a breather for a few weeks and consolidate your gains. Other ideas at:
<http://www.hrworld.com/features/25-employee-rewards/>

LINKS

- 1** [Medical Home Forum for physicians](#)
- 2** [Conferences and Events](#)
- 3** [CAFP Medical Home](#)

Follow the tips and links starting with the first newsletter and become a PCMH in a kind and gentle way

Profile in Change: (cont)

We are also hopeful that becoming a PCMH will help us to survive financially during the challenging transitional times ahead. As a PCMH, we will be well positioned to qualify for stimulus funding for the short term and for pay-for-performance bonuses for the longer term. We want to continue to provide high quality health care. Being a PCMH should help us be able to afford to do that.

What was the biggest challenge to getting started?

It is hard for me to find time between patients to work on EMR customization and workflow reform. I am now more personally aware of the challenges involved with implementing reforms at the clinic level, while working full-time as a practitioner. Our PCMH implementation experience has increased my respect for the primary care doctors in Kyrgyzstan, who accomplished dramatic primary care reforms since 1995. I am also very grateful for the help we have been receiving from the Colorado Clinical Guidelines Collaborative's Improving Performance in Practice program.

What was the biggest impact on your practice?

Our initial focus has been with our diabetic patients. We are starting to see more consistent application of the CCGC's diabetic guidelines across this patient population.

How have your patients, their insurers, the staff and specialists responded to the PCMH?

We are at a relatively early stage in the PCMH process, so our patient response has been limited to some general positive comments about the EMR. I have not heard of any patient complaints, but do anticipate that some patients may be resistant to coming in more frequently for chronic disease management visits.

The transition has taken some extra time and effort on the part of the staff, and they have risen nicely to the challenge. We are hopeful that the potential efficiencies provided by the PCMH model will eventually outweigh the demands of transitioning to the new system.

We have had no specific response from insurers, but are hopeful that many of them will eventually reward us for the improved care provided by our PCMH. It really should save insurance companies a lot of money by preventing hospitalizations and avoiding duplicate testing.

We have had positive feedback from specialists regarding referrals. They appreciate the more timely and informative referral letters.

What do you love most about living in Colorado?

I love our small mountain community.

Am I My Patient's Keeper?

R. Scott Hammond, M.D., Chair, CAFP PCMH Task Force

"The hottest places in hell are reserved for those who, in time of great moral crisis, maintain their neutrality."

Dante

In the quiet, early hours of the morning, Kitty Genovese returned home from work. Within 100 feet of her apartment, she was attacked, raped and murdered. Her screams echoed silently in the dark canyons of Queens. At least 12 people, perhaps more, witnessed the attack in the safety of their apartments as she struggled and fought during her 30 minute ordeal. No one helped. There was a lone cry, "Leave the girl alone!" and the attacker left, only to return 10 minutes later to resume his horrific assault. Her death, in 1964, sparked a national debate on social responsibility and the psychological inquiry into the 'bystander effect'. The ugly scene was replayed a few weeks ago, when a man bled to death on the streets of Queens as a steady stream of people passed by for at least an hour before police were called. Most turned their heads but others were more curious, one taking a photo. Hugo Alfredo Tale-Yax was not a bystander. He had come to the aid of a woman, a stranger, and paid the price for his humanness. This time, however, no outcry -- just a small article appeared on page 6 in the News.

Am I my brother's keeper? The biblical interpretation of the question must focus on the ancient definition of 'keeper'; however, in the modern sense, the phrase challenges our concepts of responsibility to others. What are the reasons behind seemingly reprehensible behavior? There are many speculations, such as the fear of consequences and the legal or personal risks of becoming involved. There is the concept of "pluralistic ignorance" suggesting that if no one acts in a group then it must be all right to ignore the situation. Many assume that someone else will act and, therefore, they feel less responsible or they simply believe that others who are more qualified will help.

Does this psychological syndrome carry over to us as physicians? What are our responsibilities to our patients? Our colleagues? Our profession? Our families? And ourselves?

I had the opportunity to hear Captain Charlie Plumb speak a few days ago. He was a Vietnam fighter pilot who was shot down over enemy territory. He spent 6 years, ages 24 to 30 years old, tortured and frequently isolated in the darkness of an 8'x 8' prison cell before he was released to come home to a wife that had filed divorce papers, just 3 months prior to his release.[Continued on Page 3](#)

Spotlight on Standards

Standard 3: Care Management

This Standard involves how the practice systematically manages care for patients according to their important clinical conditions and needs, and how the practice coordinates patients' care.

Standard 3E

This Element demonstrates coordination of care in outpatient and inpatient settings including those patients receiving care management or transitioning to other care. This is difficult to achieve without a highly functional clinical team.

Managing Health Care transitions:

<http://www.ahip.org/content/default.aspx?bc=38|65|69|5743>

Muse News

Send in your stories, news, tips, helpful tools and products, comments and humor to:
shammond@evcohs.com

- Maryland proposed legislation to create a medical home program for up to 50 practices. It allows the state Health Care Commission and insurance companies to agree on a monthly fee paid to primary care practices, relaxes a state law about disclosing medical records without patients' written permission, and allows health insurers to reward primary care practices for improving outcomes.
- Two health plan initiatives—the PCMH and value-based insurance design—can lead to lower health costs and improved health. Reforming payment structures for primary care is essential to the implementation of medical homes, according to Allan Goroll, M.D., chair of a Patient-Centered Primary Care Collaborative task force on payment reform. PCPCC called for a blending of value-based insurance design and the PCMH to improve care delivery and reduce costs.
- Metropolitan Health Networks released the first-year results from its Humana-sponsored medical home in Florida. Per 1,000 customers: hospital days dropped by 4.6% compared to a 36% increase in the control group.

(Am I My Patient's Keeper.....continued from page 2)

He had much to say about survival, determination and duty but the essence of his message was that our struggles as family physicians are very similar to his plight. How could his experience relate to us?

He spoke of how Family Medicine is threatened and how the skills he used to survive can be applied to us. He said the biggest threat to the American prisoners was succumbing to "prison think." Feeling sorry for yourself and blaming others for your misfortune. This leads to relinquishing control of your life to your captors. You die, not from injuries and disease, but from a broken spirit. He outlined three essential components to his survival - faith, commitment and pride. He needed the faith of his spirit, his country and his roots. The guests of the Hanoi Hilton committed themselves to high standards of conduct to do "what was right" for the group. They needed each other's support and could not survive alone or isolated. They maintained pride in being an American military man despite their rotting and decrepit personal condition. Ultimately, he said that it was simply a matter of choice. Believe you were a prisoner and be tortured and die. Believe in your country, your comrades and your core values and survive. These values came from his lifetime of "parachute packers," people in his life, often behind the scenes, that gave him the courage, fortitude and perseverance that led to his choice to live. Especially poignant was his humbling story of the chance meeting with the sailor who literally packed his parachute.

Do you have enough faith and pride in Family Medicine to join your leaders and fight for the survival of our profession? Do you have the commitment to your profession to redesign your practice to meet the demands of our present needs? Will you choose to overcome these hardships in order to survive and eventually thrive or will you succumb to "prison think"?

A day does not go by without encountering patients harmed by our broken health care system. Will you come to their aid and risk the consequences to do the "right thing?" Are you a bystander or can you say, "I am my patient's keeper."

Check out Captain Charlie Plumb (Part 1 of 4) at:

<http://www.youtube.com/watch?v=4OZQ5yxNWtl>

Cool Tools

Send in the ideas, tools or processes that helped you in your practice redesign to:

shammond@evcohs.com