

The CAFP Medical Home *Muse*

Rediscover the Art of Medicine

Volume 1, Issue 1

November 2008

The Journey Home

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

The future is purchased by the present.
Samuel Johnson

Welcome to our new monthly newsletter. CAFP is committed to bringing the Patient-Centered Medical Home (PCMH) to Colorado and helping you meet the challenges of this necessary and critically essential transformation. The commercialization of medicine with its focus on technology has left us with a broken and ineffective health care system. All of us are suffering the consequences of the burdensome bureaucracy of our medical infrastructure. We must cope with the difficulties of caring for patients with chronic disease, complex multi-morbidities and advanced age under insane time pressures and inadequate resources. Primary Care, however, is the only viable solution to our health care crisis and[see page 2](#)

Tips and ideas

Changing behavior is as hard for physicians as for patients and getting started is often the biggest hurdle.

Tip#1: Build your knowledge base

Visit CAFP's website (www.coloradoafp.org) and check out the Medical Home link.

LINKS

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

Profiles of Change

John Bender, M.D.

Miramont Family Medicine, Ft. Collins



Profile in Change: John L. Bender, MD, FAAFP

Editor's Note: Profiles of physicians who are leading the movement toward Patient Centered Medical Homes will be a regular feature of this newsletter. Colorado Academy of Family Physicians President John L. Bender, MD, FAAFP, is a senior partner at Miramont Family Medicine in Fort Collins. The small-group practice comprises three full-time physicians and five part-time physician extenders, three of whom are physician's assistants and two of whom are residents. With approximately 6,500 patients, Miramont services three hospitals and 11 nursing homes. In addition to his CAFP presidency, Dr. Bender is also president of the Larimer County Medical Society and Northern Colorado IPA and he is on the board of the Colorado Medical Society.

When did you begin to provide patients with a Patient Centered Medical Home?

Even though we have not received status as a PCMH with the National Committee on Quality Assurance (yet), we introduced many elements four years ago when we moved into our current location. We started in-house lab, X-ray and pharmacy services and expanded ancillary services. We began continuous coordination from one point of care to the next and we began using quality reporting to track our patients with chronic conditions like asthma and diabetes. [\(continued page 2\)](#)

despite our under-valued status and neglected talents, we must reclaim the lead to calm the storm and put the person back in the patient. The PCMH is the vehicle and only clear hope to reverse the course of escalating health care costs and bring back the Art of Medicine. The future of our specialty depends on whether we make these changes. According to the 2004 Future of Family Medicine Report, “unless there are changes in the broader health care system and within the specialty, the position of Family Medicine in the United State may be untenable in a 10-20 year time frame.” Other systems will fill the void as demonstrated by the current trends of retail clinics and the increased freedoms granted to paramedical groups.

The Journey Home is more than a catch phrase. We all learned that there is both an Art and Science of Medicine. Somewhere along the road, science and technology with all its wonders and miracles consumed the focus of the nation yet approximately 50% of patients do not receive the recommended treatment based on scientific studies. On the opposite end, it is estimated that 50% of medical care is redundant or wasteful leading to \$700 billion in unnecessary treatment yearly. Applying simple mathematics, one would have to ask, what are we doing?

We were late to the specialty ranks and lacked the clout to bring monetary value to relationships, continuity and commitment. We became the forgotten mortar that supports the brick edifice called the Health Care System. It no longer matters whether it was greed or folly that caused the crisis. The solution is clear and family medicine is the answer. We must act instead of being acted upon. Primary care must reclaim our position in the medical world and lead the way to an equitable and effective health care system. This structure has been defined as the Patient-Centered Medical Home. Do not be fooled by the platitudes and flowery language of the principles. There is plenty of substance to the concept and research to support its efficacy. Fulfilling the criteria, however, presents many challenges for busy practices. We will need to look deeply into our personal commitment to our profession and to our patients. It will take hard work. Are we willing to make the sacrifice? As Dr. McGeeny of TransforMed said at the 2008 AAFP Scientific Assembly “the PCMH is...not about more money or even doing better with chronic disease. It is about the survival of Family Medicine and redefining and redesigning Family Medicine.....Most practices think they are producing quality but most are not.” If we succeed, and we must, the PCMH will liberate the FP to practice the way we were trained. The PCMH will provide us the tools and structure to deliver the right care at the right time in the right way to our patients. The PCMH will bring us back home to foster the relationship with our patients that we find most valuable and meaningful. Join me as I transform my practice. I will share my experiences, frustrations and triumphs with the hope that you will join this journey home. The time is now.

Next month: Aaagh! What did I agree to?

Profile in Change: John L. Bender, MD, FAAFP (cont)

We use a recall roster and offer the services of a health coach, licensed clinical counselors and a physical therapist. We bring in a general surgeon and a pain manager every week and we present group classes for smoking cessation, weight loss and diabetes management. Open-access scheduling allows us to accommodate same-day and evening walk-in appointments.

How did you learn about the PCMH approach to medicine?

We learned about PCMH mainly through the American Academy of Family Physicians and their TransforMed program. The approach also fits with other initiatives under way, including those of the Colorado Clinical Guidelines Collaborative and Improving Performance In Practice.

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

I believe the future of Family Medicine is the Patient Centered Medical Home. In many cases, Family Physicians are “Selling Studebakers in the time of Hybrids.” As a profession, we haven’t fully utilized technology and costs have not been contained. At Miramont, we hope to improve the quality of care we provide and make Family Medicine more appealing to medical students and those already in practice.

What was the biggest challenge to getting started?

It takes a lot of forethought partly because the money comes after the improvement. Our revenues are over four times what they were six years ago. But we invested more than \$100,000 of our own money in our computer system alone. There are some incentives and potential incentives. The Physician Quality Reporting Initiative of the American Medical Association paid us an extra \$4500 last year and will pay \$9,000 this year. Additional funds may be available through pay for performance (P4P) and Bridges to Excellence, which has helped fund the diabetes and cardiac chronic disease management programs through the Colorado Business Group on Health in Colorado Springs.

What has been the biggest impact on your practice?

We get to see more people and we can take better care of each of them. We’re definitely seeing better outcomes, such as more patients reaching their A1c goals and more patients receiving their immunizations. Any metric we measure improves. It’s like magic. We focus on it and it improves. The PCMH has improved our word-of-mouth advertising. We don’t run any paid advertising, but we get scores of new patients every month. We’ve begun registry reporting, which improves patient care. We had a company write software so we could participate in a statewide database called ReachMyDoctor. Through the database, we can see how our patients are doing in relation to others in the database. This, in turn, allows us to see the best places to improve patient care and allows us to improve across the board.

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

A couple of years ago we had a couple of staff who had never used computers and they left. For other staff – especially younger people -- change can’t come fast enough. The potential return on investment for the nation is tremendous. With a relatively small investment, I can save millions in the community by preventing everything from ICU visits to amputations due to diabetes. The insurance companies are just starting to get that. They totally forgot to invest in prevention and managing health. The PCMH is the only way to do that. To obtain those savings, incentives are needed to cover the added expense of the PCMH over old-fashioned models. It will save health care. We don’t have a choice. This is the only thing that will work. Medicare and Colorado Medicaid are looking at ways to provide per-patient, per-month payment.

Do you have a favorite brief anecdote relating to the PCMH?

Recently a patient presented with classic signs of type 2 diabetes during a 15 minute slot. Since we have an in-house lab, we diagnosed his condition right away, even validating it with an A1C of 11.0! Because we have a diabetic nurse educator, he received a glucometer through a program we have, and was trained to use it immediately. He started his education on diet, and what used to be a schedule killer resulted in a 99214 charge with a 99354 modifier for the extended time with my RN (incident to, .25 modifier). To top it off, he left with a \$6.00 bottle of Metformin from our in-house dispensary (we checked his creatinine in-house before prescribing). The best part was I was able to stay on schedule, because the expanded Medical Home resources provided him the tools he needed without monopolizing my time outsourcing it all. If the only tool you have is a hammer, you’re likely to start hammering screws!

What do you like best about living in Colorado?

After moving 15 times in 15 years due to military service and schooling, I like being in my boat out on Lake Loveland on the Fourth of July with my wife and our families.