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Practice Improvement Network Small Pilot Practice Update Newsletter

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ILLINOIS ACADEMY OF FAMILY PHYSICIANS

Join us on this Journey

What do I do now? That may be the question Independent family physicians are asking, given the fast and furious discussions about payment reform and our evolving health care delivery system.

Electronic Health Records and Meaningful Use, Medicare Physician Quality Reporting, Accountable Care Organizations, Care Coordination, Medicaid Reform, HIPAA 2012, the Deficit Reduction Committee. And then there's that medical home phrase at every

turn. Where is it all going and what are you supposed to do first?

Your Academy is here for you and your colleagues with answers and assistance.

Medical Home is more than just a phrase. There are now some concrete definitions. Practices can be defined as a medical home by NCQA, the Joint Commission or URAC. AAFP has emphasized the structure and the VALUE of the Medical Home model at every opportunity. Simply stated a Medical Home means the right care at the



right time by the right provider. Depending on your practice situation, you may be ready for full-fledged medical home recognition by one of the accrediting agencies. Or you may only be able to make incremental changes toward the medical home philosophy.

Special points of interest:

- IAFP two-year project dedicated to assisting members with health care reform transformation
- Special pilot for small practices
- CME opportunities to help every family physician
- Opportunity to learn from IAFP leaders in the medical home movement

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Same Day Sick Visits - Oct. 27th Webinar Recap

It's Monday morning. The voice mail has messages of patients who want to see you, now. The phone is ringing with more patients with problems that need your attention. Your front desk and nurse are trying desperately to find options for all of them. Sound familiar? The PIN's first CME webinar tackled

this topic with an investigation of Same Day Sick Visits, presented by Brenda K. Fann, MD, program director for Rush Copley Family Medicine Residency program in Aurora. Their clinic introduced SDSV four days per week in 2008 with the goals of improving patient access and satisfaction, while also improv-

ing staff and provider satisfaction. This change took the scheduling juggling act off of the triage nurse and established a clear and simple policy for patients with acute needs to see a doctor, rather than head to urgent care or ER facilities for non-emergent care. (Continued on page 2)

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and for you.

The PIN Small Practice Pilot is the IAFP's commitment to match a small practice financial investment in transforming elements of their current practice into medical home models. The PIN program links the physicians to practice management expertise of a contracted Coach. Physicians benefit from the opportunity for live and self study CME on topics designed for them. Changes are made via Plan-Do-Study-Act PDSA modules.



These small practice pilot s will work over the next 18 months to move forward ahead of the tide of health care reform.

IAFP members with expertise in medical home principles will offer advice and guidance personally to pilot practices and globally through the PIN network here in PIN Points as well as in upcoming CME webinars and live programming that will be available and open to all IAFP members.

A current schedule is on page 4.

Everyone is welcome to plug into the Network, the Practice Improvement Network.

Look for Live CME events coming soon to these five areas:

- North Shore
- Rockford
- Central Illinois
- South Suburban
- Carbondale

Same Day Sick Visits - continued

Same Day Sick Visits are part of PCMH principles, enhancing access and providing continuity of care.

Small practices should collect some data to use in helping them shape their own SDSV policy.

Same day access works best for acute issues for established patients that can be handled quickly. It should not be used for new patients, chronic care, follow up visits or physical exams that demand longer appointment times. For practices

that don't have an EMR, finding a patient's chart may complicate matters. Using the start of the day for SDSV allows providers to "catch up" on other things if the patient load is light during the SDSV block, and allows providers to see scheduled patients on time.

Even in the residency setting, Dr. Fann reports that their system maintained continuity of

care at or above 70 percent for most of their residents. Dr. Fann stressed the importance of formalizing a policy and then promoting and communicating that policy widely and in advance. Then stick to the visit and require follow up appointments with the patients primary provider. You can find the webinar archived on the PIN website at www.iafp.com/pcmh.

Leading Edge—Donald Lurye, MD—CMO Elmhurst Clinic



Dr. Lurye is the chair of the IAFP Practice Transformation Committee, the Academy's leadership on the PIN project and experts in medical home strategies. Elmhurst clinic sites were Illinois' first NCQA recognized Patient Centered Medical Homes.

"At Elmhurst Clinic, we put the patient at the center of everything we do. NCQA was a natu-

ral step on that path. Medical home recognition helped us look at the processes by which we did almost everything at the Clinic. We now plan to develop further our quality, efficiency and access."

His advice to small practices to make a change that will make a difference, even if reimbursement is not yet applicable. "It is hard for small practices to "get off the treadmill" to redesign

the traditional patient-initiated office visit model. Reimbursement systems do little to support innovation. So try something simple like a spreadsheet registry of your ten sickest patients. Track their progress and do some proactive outreach. With your partners, agree on simple care standards and strive to meet them. You may rediscover the joy of our honorable profession."

Coach's Corner—Denise Stillman

Taking part in a pilot venture like the PIN project can be both exciting and frustrating for a practice, particularly for physicians who've never before hired a coach. Taking just a few simple steps will help you and your practice gain the most value from your coaching experience.

Dedicate yourself to the practice coaching experience.

Physicians and practice leaders who embrace coaching will find it critical they dedicate their time and energy to the coaching process. Physicians need to keep their minds open to new ideas from an outside perspective.

Remember your practice coach is like a sports coach.

The goal of the PIN project is to accomplish certain goals quickly and not be too dependent on the coach. Keep in mind that a practice coach is akin to a sports coach. *You* have to hit the goals. Your coach motivates you and pushes you to new places and success.

Be honest!

Consider all the time with your coach as a "safe zone." Unburden yourself of your true concerns about your practice so your coach can help find solutions.

Know your goals.

Your coach is going to need a little more to go on than "I want to make my practice more profitable." Streamline your goals; then work with your practice coach to craft a plan for meeting or exceeding them.

Hiring a coach can be a very fun and rewarding growth process. It gives you the chance to form one of the most impactful and satisfying relationships you'll ever develop!

Denise Stillman is working with several PIN pilot practices. Find them at www.mycliardirections.com



News from the field—Electronic Update

There are 95 clinicians in Illinois who have earned NCQA recognition as Patient Centered Medical Homes, including three Illinois family medicine residency programs and practice sites affiliated with Elmhurst Clinic, Decatur Memorial Hospital, DuPage Medical Group and Westmont Clinic.

Between \$25–\$50 million in Medicare incentive payments have been made to Illinois.

Medicare EMR update –first payments began this year, how many in Illinois?

Illinois Medicaid opened registration for their Meaningful Use incentive program on Sept. 6th. Eligible providers may begin attestation in November 2011 with first payments expected from the state in February 2012. Illinois has two HIT regional extension centers available to help providers in the

process: CHITREC www.chitrec.org (Chicago) and IL-HITREC www.ilhitrec.org (the rest of Illinois).

Meanwhile, the Dept. of Health and Human Services announced plans for a pilot Comprehensive Primary Care Initiative, which will roll out in several marketplaces and include both public and private payers. You can find AAFP comments on their web site.

As of Nov. 1, 987 Eligible Providers have registered for the Medicaid Meaningful Use Incentive Program

Practice Profile: Rachel A. Winters Family Medicine

Dr. Rachel Winters opened her solo private practice in Lawrenceville right after graduating residency in 1996. She is working with Clear Directions as her PIN Coach.

"My biggest challenge is keeping up with the many government recommendations and incentive deadlines, and then complying with them all."

Dr. Winters started with Amaz-

ing Charts EMR in 2002 and since 2008 she is nearly entirely paperless with a computer in each exam room and is now also fully e-prescribing.

Dr. Winters' goals for this pilot project are to get a better handle on her accounts receivable and also improve practice communication with patients.

Long term, she expects her rural practice to be on the lead-

ing edge using technology to provide better care and better patient communication.

Asked to sum up her reasons for joining the pilot, she says, "I felt somewhat compelled in a positive hopeful way to take this on. I also had some faith in the IAFP to trust that I would get more than my money's worth out of it in order to put up the money that I did."





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About the Practice Improvement Network

Mission: The objective of this initiative is to further meaningful healthcare reform transformation at the practice level by effectively leading practices to build successful, sustainable medical home models.

Project Manager: Helen Kate Liebelt
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PIN Project Coaches:

- Health Directions
- Idilus
- Medical Practice Solutions
- North American Healthcare Management Services
- TransforMED

Calendar of Upcoming Events and Opportunities

Pilot Webinar Dates

All webinars are from Noon to 1:00 pm on the last **Wednesday** of the month. Practices and coaches will convene on a different topic every two months.

November 30, 2011
January 25, 2012
March 28, 2012
May 30, 2012
July 25, 2012
September 26, 2012

CME Webinar Dates

January 26, 2012
Office Redesign to Optimize Planned Patient Care

February 23, 2012
Diabetes Group Visit

March 29, 2012
COPD

April 26, 2012
Breast Cancer Screening

May 31, 2012
Pneumococcal Immunizations

PDSA

Plan-Do-Study-Act

After completing the Smoking Cessation Plan-Do-Study-Act project, practices will also be required to complete additional Plan-Do-Study-Act projects during the course of the PIN project. Send your PDSA ideas for clinical or practice management topics to Helen Kate Liebelt.

