

Internal Medicine Diagnostics Inc.

October 2014

The Arkansas Health System Improvement Initiative is designed to create a sustainable patient-centered health system that embraces the triple aim of (1) improving the health of the population; (2) enhancing the patient experience of care, including quality, access, and reliability; and (3) reducing, or at least controlling, the cost of health care. While the initiative has broader goals of expanding coverage, enhancing health information technology, and developing a quality health care workforce, a major focus has been payment innovation and restructuring the system to incentivize quality outcomes. Patient-centered medical homes (PCMH) are a primary strategy of this innovation. Design and implementation of the state's PCMH efforts has been led by Arkansas Medicaid with support from Arkansas Blue Cross and Blue Shield, Qualchoice of Arkansas, Humana, Centene/Ambetter, Medicare, Walmart, the State Employees Plan, and others. This study is part of a series of case studies spotlighting practice transformation to the PCMH model, emphasizing how individual practices have approached innovation and implementation. For more information on the Arkansas Health System Improvement Initiative, and access to additional case studies, visit www.achi.net or www.paymentinitiative.org.



Internal Medicine Diagnostics Inc. (IMD) sits just inside the Sharp County line, close to neighboring Fulton County in North Central Arkansas. This solo-physician operation serves as the patient-centered medical home for about 1,000 local residents, including many retirees. IMD is a prime example of how utilizing information technology can improve patient care despite demographic and socioeconomic challenges. With three licensed practical nurses and three non-clinical administrative staff, the clinic is situated in a medical complex that recently opened a new 24-hour emergency department. IMD is one of 69 Arkansas practices originally selected to participate in the Centers for Medicare and Medicaid Services Innovation Center's

Comprehensive Primary Care (CPC) initiative, which is a joint federal, state, and private payer effort in Arkansas to develop patient-centered medical homes (PCMHs). The charge to join the initiative and transform the practice into a PCMH was led by the practice physician, Dr. Surinder Sra, and the practice manager, Nirmal Sidhu.

In order to join the CPC initiative and classify as a PCMH, participating practices must make strategic changes to improve team-based care and meet select milestones to ensure that care delivery is truly patient-centered. IMD receives an additional upfront payment from participating payers, including Medicare, Arkansas Medicaid, Arkansas Blue Cross and Blue Shield, QualChoice, and Humana to help with practice transformation. Payments are based on risk scores assigned to the practice's panel of patients. Over time, IMD has been able to develop a plan that best fits its practice and the needs of its patients.

By "learning things the hard way," IMD realized that some CPC requirements exceeded the clinic's existing capacity. Clinic leadership decided to optimize existing resources by investing heavily in technology. Information technology and advanced programming were the most significant changes within IMD's practice management. The clinic invested in, adopted, and implemented a fully integrated

Patient-Centered Medical Homes

Through improved care coordination and communication, the goal of the Arkansas patient-centered medical home (PCMH) program is to help patients stay healthy, increase the quality of care received, and reduce costs. A PCMH accomplishes this by identifying and treating at-risk persons before they become sick. Success of the Arkansas PCMH program relies on statewide multi-payer participation, ongoing innovation, and achievement of a specific set of improvement milestones, such as 24/7 patient access to care via phone or e-mail, use of electronic health records, and development of customized care plans for each patient.

SHARP COUNTY PROFILE

Overall County Health Ranking: 57 (of 75)

Uninsured: 22% (AR: 20%)

Primary Care Physicians: 2,173:1 (AR: 1,586:1)

Diabetic Screening: 83% (AR: 82%)

Mammography Screening: 63% (AR: 58%)

*<http://www.countyhealthrankings.org/app/arkansas/2014/rankings/sharp/county/outcomes/overall/snapshot>

Social & Economic Factor Ranking: 49 (of 75)

Poor or Fair Health: 34% (AR: 19%)

Mental Health Providers: 812:1 (AR: 696:1)

Low Birth Weight: 7.7% (AR: 9.0%)

Unemployment: 9.9% (AR: 7.3%)

electronic medical record (EMR) system. Linking this technology to a secure data storage site on the Internet has allowed patients, as well as the physician, to have 24/7 access to their medical records.

The clinic further embraced technology by developing a customized application for mobile devices that allows patients access to their records from anywhere in the world. Staff at IMD use a hands-on approach to show all patients—including senior retirees—how easily the mobile application works. About 50 percent of IMD patients are now web-enabled, meaning they have set up their account in order to access their records.

According to Practice Manager, Nirmal Sidhu, “The changes did not happen overnight, but technology has truly helped us optimize the care we deliver.” Examples of optimization include coordinating with local hospitals for record sharing, and customizing an EMR system that streamlines record keeping.

While many PCMH best practices were already in place at IMD prior to the CPC, the initiative guided process enhancements. At IMD, a care plan has always been used for all patients. With the CPC initiative, they have improved how they share those care plans among staff, increased shared decision making with patients, and identified gaps in preventive care. CPC also helped IMD make their data more actionable. For example, IMD had already identified which patients were at higher risk for poor health. CPC guidance and resources have allowed them to develop more comprehensive action plans to reduce those risks. The clinic also now focuses on cross-training staff to maximize efficiency in the event of staff turnover or illness.

As a result of the PCMH transformation process, there has been a major change in culture within IMD, impacting both staff and patients. Sidhu reports the transformation has been educational for all, and has helped the clinic improve the patients’ self-management practices. Now there is greater access to care through the availability of same day visits, as well as through a new patient web portal. Further, the clinic is now more likely to coordinate with surrounding hospitals and specialists in neighboring cities.

“Building and developing the infrastructure itself to achieve what we needed to achieve with the CPC medical home was a challenge.... We leveraged IT to maximize efficiency. Because we’re a small practice, I don’t have people that I can pull from another department. Whoever is there—they are the department.”

--Nirmal Sidhu, Practice Manager, IMD

Overall, the administrative and clinical staff at IMD enjoy the CPC program and can see the benefits it has offered their clinic. However, staff reported that the administrative burden of reporting and tracking many new measures was at times overwhelming. Sidhu said, “The amount of time it took to complete the changes was more than expected and should not be underestimated.” While she does not expect this to be a deterrent for other practices coming on board, she recommends that it be a well thought-out consideration for both newly enrolling practices and state policymakers.

The staff at IMD emphasized that while all the changes the practice has made are benefiting their patients, they realize that true change within the health care system is dependent on all related partners (e.g., hospitals, specialists, payers, and patients) also adopting patient-centered and efficient care practices. Dr. Sra and his staff are dedicated to their patients, but have limited control over what happens outside of IMD’s doors. Given the progress they have seen in the short time since integrating PCMH standards, IMD is hopeful that other clinics will benefit from lessons learned and agree to strive for more comprehensive and team-based care for all Arkansans.

This report was composed using information obtained during an in-person interview and discussion with the practice manager of Internal Medicine Diagnostics Inc. The Arkansas Center for Health Improvement received written permission to use this information. Additional information included was gathered from the Arkansas Department of Human Services Division of Medical Services, the Arkansas Center for Health Improvement, and County Health Rankings from the Population Health Institute at the University of Wisconsin.