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Blazing the trail

AF Williams Is Colorado's Top Medical Home

By Todd Neff

AF Williams Family Medicine Clinic at Stapleton has been ahead of the curve at University of Colorado Health when it comes to transitioning to what many see as the future of primary care.

Same goes for the whole state, it turns out. The Colorado Academy of Family Physicians (CAFP) has awarded AF Williams its Patient-Centered Medical Home Practice of the Year award.

Radiographer Sabrina Burton; Medical Director Corey Lyon, DO; and Tonya Lee, clinical nurse coordinator of the A.F. Williams Family Medicine Clinic at Stapleton – all part of an award-winning team.

Patient-centered medical home (PCMH) is quickly evolving to a way of life for UCH's eight primary care practices, with AF Williams leading the way. The Stapleton clinic earned the highest level of National Committee for Quality Assurance (NCQA) certification for PCMH in 2011. They're working on their three-year recertification now. Six other practices – Family Medicine in Boulder, Family Medicine in Park Meadows, University Medicine at Lowry and Anschutz, the Women's Integrated Services in Health (WISH) Clinic, and the Seniors Clinic – were more recently given the NCQA nod. The Westminster Family Medicine Clinic submitted its documentation required for certification last week.

There are lots of good reasons to get PCMH right, ranging from provider and staff satisfaction to the creation of higher-quality practice and learning environments. The most important reason is that it's better for patients, said Robin Pettigrew, the hospital's director of Primary Care and Ambulatory Services.

"The concepts of a medical home align with our vision – 'from health care to health,'" she said. "It's about taking care of the patient's overall health. It's about helping them coordinate their health and health care while they are part of our medical home family."

AF Williams has the right culture to get to that vision, said Corey Lyon, DO, its medical director.

"This clinic has for a long time been willing to take a risk, and been willing to try new things," Lyon said.

Huddle up. In AF Williams' case, PCMH extends quite vividly into the practice: the clinic is themed in gold, green and red, the colors of the "pods" of teams who care for various groups of patients.

But award-winning PCMH work is about more than showing one's colors. Most of the effort happens behind the scenes.

For example, AF Williams instituted "morning huddles" in which providers meet briefly with medical assistants (MAs) to set the stage for the patients scheduled to arrive that day. Do immunizations need updating? Does blood need to be drawn? Surveys filled out? If so, the MAs can lay the groundwork, said Lyon.

The practice has also worked hard to create registries – not for wedding presents, but rather to identify patients with certain types

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of diseases that cause a great deal of health risk and expense, including diabetes, hypertension and depression.

"These disease registries have really propelled our transformation," Lyon said.

Data on these patients has helped the clinic manage populations of patients and reach out more effectively to them between visits, he said. The importance of doing this can't be understated, adds Karl Sudfeld, practice manager at AF Williams.

"If you think about our vision, 'from health care to health,' to me the backbone of that is population management," Sudfeld said.

Reaching out. For example, by registering diabetes patients, AF Williams has been able to better track and manage their glucose levels. If a hypertension patient misses a goal, there's a trigger in the electronic health record for a pharmacist to do a chart review, Lyon said. Staff make phone calls and send letters when patients have been away from the clinic for three to six months, Sudfeld noted.

They're learning along the way, he added. Sending letters and making phone calls had less impact for diabetes patients than for hypertension patients. So the clinic created a diabetes task force led by Brandy Deffenbacher, MD, and Megan Varner, RN, to understand how to better connect with these patients. They realized that patients might not understand their diabetes and how their own behavior matters. They brought in educators from CU's Department of Endocrinology, Metabolism & Diabetes to work with patients and staff on everything from learning how to check glucose and inject insulin to nailing down the key messages related to the disease, Lyon said.

AF Williams has set an example for the hospital's other primary care practices and helped to facilitate their PCMH transitions, said Angel Perez, the UCH coach behind the hospital's PCMH charge. While some of what AF Williams has done is straight from the NCQA playbook, having a living example has helped the other clinics visualize PCMH concepts, Perez said. Morning huddles have become a common routine in the other clinics, too, she said. AF Williams "really has shown the clinics that it can be done," Perez added.

Sudfeld said staff engagement has been a key – especially line staff who might typically have little say in how things are run.

"They're on our steering committee. It's not just leaders making these decisions," Sudfeld said. "It's asking them, 'What do you think? You're the one on the phone with the patient. You're the one rooming the patient. What do you see as the impediments or opportunities if we want to get patients focused on setting health care goals and achieving those goals?'"

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Residents gain. Sudfeld points also to the impact PCMH is having on AF Williams' residency program, the primary training ground for CU School of Medicine Family Medicine residents. He said incoming residents tend to view PCMH as the future of primary care, and that it's helped attract top people. PCMH is part of the curriculum throughout, and second- and third-year residents take part in leadership meetings about PCMH. Residents also do PCMH-related projects.

AF Williams's commitment to PCMH was a big reason third-year resident Kim Breidenbach, MD, chose to come to CU after medical school at the University of Wisconsin. For her PCMH project, Breidenbach worked with clinical psychologist Shandra Brown Levey, PhD, to create what Sudfeld described as "a fantastic guideline around depression." It includes steps to take care of patients with depression, the frequency of and approach to monitoring these patients between visits, medication and dosing, and other aspects of care.

"It was just an interest of mine," Breidenbach said. "People with problems with mood have difficulty in taking care of their day-to-day health needs."

When she finishes up this summer, her new job at a clinic in Whitehall, Wisc. will involve PCMH, too, she said.

"Part of the reason I was hired was to help this clinic become a patient-centered medical home," she said. "That's actually built into my contract."