

Downtown Health Center (DHC) Practice Method

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Agenda

- Challenges of rural medical practice
- How my training prepared me for my environment
- DHC method
- Suggestions

Challenges of rural practice

- Who will go into primary care
- Devaluation of services
- Paperwork
- Malpractice
- Joy factor vanishing

Challenges

- Low end of reimbursement totem pole
- Long hours and weekends
- Seeing more patients
- Collections getting harder
- Practice overhead going up

Who will go into primary care

- NRMP 1998-2002 - 12 % reduction in IM and 36 % reduction in FP
- AAFP – 1997, 22 % of students chose FP in 2003 it was 9.2 %
- Poll of 2002 Harvard SOM – 85 % of students chose dermatology and radiology

Primary care match day 2006

- Family Medicine 41.4 %
- IM 56.3 %
- OBGYN 72.4 %
- Pediatrics 72.9 %

Devaluation of services

- Medicare regulations outnumber IRS codes – payment formula flawed
- Discounted fee for service
- Insurance companies richer, docs get poorer – getting paid less for services
- No pay for quality or prevention

Res Ipsa Loquitor – SEC filings

- United Health - \$ 2,590,000,000 (41% over 2003).
- Aetna - \$ 2,200,000,000 (136 % over 2003).
- CIGNA - \$ 1,440,000,000 (128 % over 2003).

Malpractice

- Rates rising – in SC 1999-2004 530 % increase
- People sue for hint of something wrong
- Bad outcomes rather than malpractice
- Frivolous claims

Optimal training for rural care

- ECU rural family practice program
- Informatics
- Rural based training & lifestyle
- Broad spectrum yielding high RVU's
- Emphasis on prevention

ECU Rural FP Training 1994-2000

- Full scope family medicine training with critical care, procedures and focus on prevention.
- Strong emphasis on nutrition and prevention
- Empathic, patient centered care
- Strong skills in practice management

Informatics

- First EMR in Eastern NC
- Emphasis on digital patient care
- Integration with hospital record – no dictation
- Attending and residents embraced the technology
- Fast, easy and never failed

Downtown Health Center Method

Key is efficiency



Downtown Health Center - method

- Patient centered – Patient education
- No lost charges – RVU based
- Martin General – Chief of Staff, Sleep lab, P & T, UM
- Prevention is first – EBM
- All digital - with c.a.p.e.r. technology since 2000.

Downtown Health Center - method

- Developed proprietary EMR/PM software with wireless networking LAWN in WMST.
- CAPER methodology
- All digital practice with integration to medical devices

Downtown Health Center - method

- Low overhead – 2.5 employees, 30 %.
- High Volume with 24 hr screening of disease
- Office based testing
- Pleasant and relaxing environment – low stress
- Daily batching – with no denials or lost charges.
Income in the top 0.25 % in the country.
- Office workflow and exam rooms - efficient

Mayo Clinic 7 Key Traits of Good Doctors

- Confident
- Empathetic
- Humane
- Personal
- Forthright
- Respectful
- Thorough

Suggestions

- Change method of training to better prepare doctors for:
 - Dealing with patients and creating bonds
 - Informatics, informatics, informatics
 - PM, collections, low overhead, management
 - Create a life long support network