
The Advanced Rural PCMH, Pardee Flat Rock Family Health Center

High Tech, High Touch, Low Overhead

NCIOM Workgroup October 2010

The “New” Model of the Personal Physician.

- Patient-centered
- Full-scope— follows patient across the care continuum
- Responsible for both physical and mental health outcomes
- Community oriented
- **Technologically adept**



Flat Rock Advanced Medical Home Project



Redesigning the Rural PCMH from the Ground up

■ Advanced Access

- Patient schedule own appointments; walk-ins encouraged

■ Advanced Communication with Patients

- Secure messaging, blogs, direct telephone contact with physician.

■ New Models of Care

- 30 minute appointments; group visits; e-visits;

■ Proactive care

- Reminders; tracking quality measures; interval contact
- Shared goal-setting

■ New business model

- Low-overhead; market-based for self-pay
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Hypotheses



- **Enhanced communication increases confidence in self-management and improves health outcomes.**
- **Enhanced access increases patient satisfaction and reduces ED use.**
- **Low-overhead model increases access to care for working uninsured**
- **Training residents/students in this model increases interest in rural health careers**

The first 12 months experience...

- Averaged 40 new patients a month— **90% new to system.**
 - 2/3 insured, one third uninsured.
 - Of insured, 1/4 Medicaid, 1/4 Medicare, 1/2 private.
 - Of uninsured, 90% employed and not eligible for other sliding scale services. (e.g., employed, >200 % FPG)
 - **Access to internet was not a critical barrier**
 - age/income/social status not predictive to access (proxy access)
 - Higher proportion of depression, diabetes, and chronic pain than typical practice.
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Advanced Access

- >80% of patients make their appointment within 24 hours
 - Nearly zero DNKA rate
 - 10-15% walk-ins
 - E-visits sporadic-1-2 per week, 90% patients are uninsured.
 - Patients prefer to schedule with MD attending rather than resident or FNP
 - Implications for teaching
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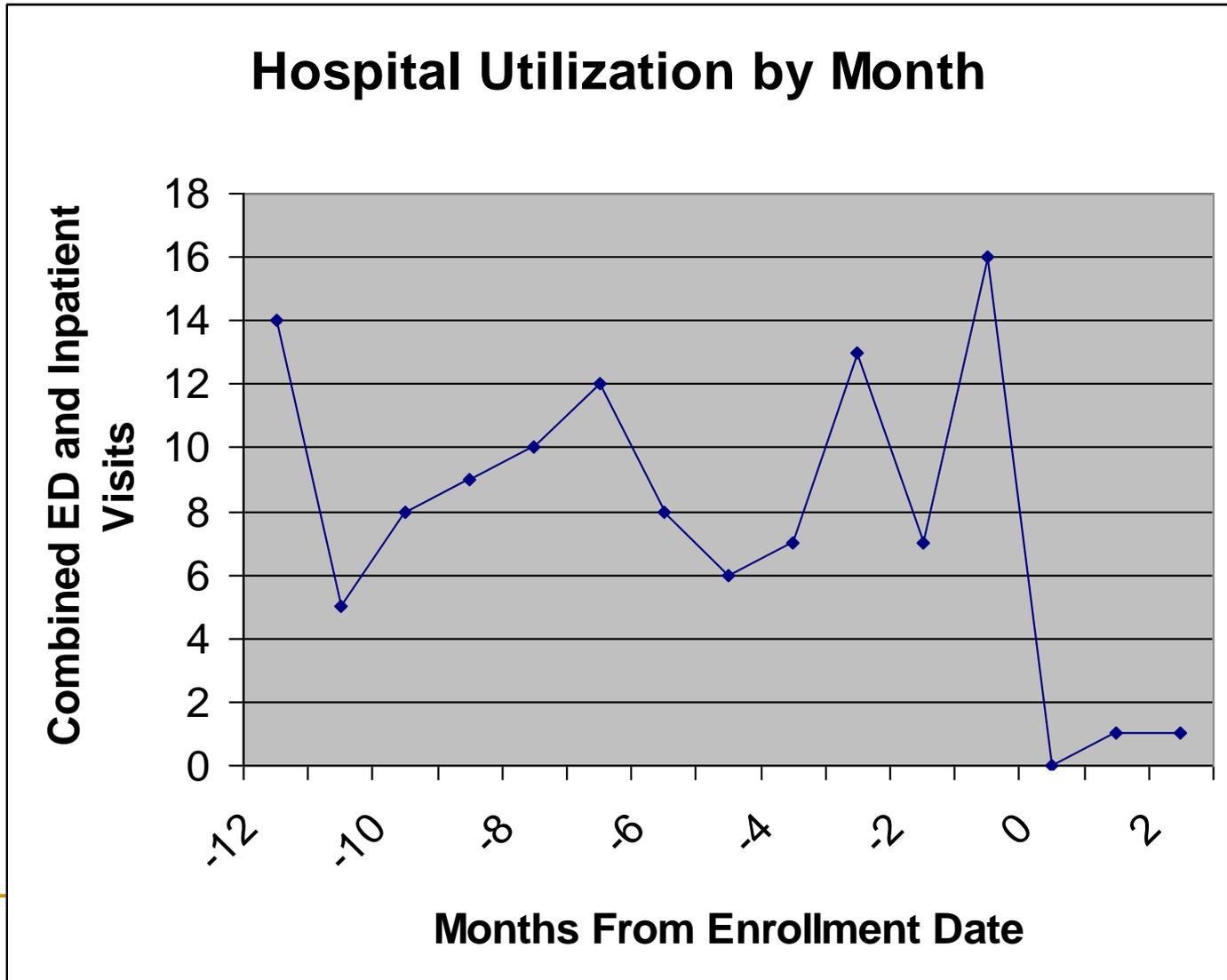
Advanced Communication

- Same day lab and X-ray results (often within hours)
 - On-line BP, BS, and weight records
 - Patients prepare for visit by entering their own HPI, PMHx and SocHx.
 - 2-3 phone calls a week on direct MD line.
 - Blogs
 - Reminders and follow-up via care portal.
 - Patient advisory panel
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New Models of Care

- 30 minute appointments
 - E-visits
 - Mostly used by self-pay (\$25 charge)
 - Group medical visits
 - Diabetes
 - Problem weight
 - Bridges to Health
 - Case management for high risk uninsured high ED utilizers
 - Bridges to Health
 - Integrated BH—all visits jointly with MD and BH
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Bridges To Health Group Visit



Proactive care

- Patient goal-setting
 - #1 item on problem list
 - Reviewed w/ pt at visits
 - Self-management confidence score
 - Closely linked w/ cost and outcomes
 - New approaches for addressing needs of these patients.
 - Automated care reminders
 - Chronic care performance measures
 - Practice measures shared w/ patients
 - Single question literacy screening
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New Business Model

- Low overhead
 - One medical asst.
 - Timeshare rent
 - 23% of charges
 - Breakeven point 6 patients per ½ day
 - Reduced cash price for employed uninsured
 - Nearly 80% visits 99214, or 99203
 - 7% positive operating margin at 12 months without a subsidy
 - 95% self-pay patients pay \$55 OV fee at time of visit.
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Questions and discussion

See AHRQ Innovations Exchange at:

<http://www.innovations.ahrq.gov/content.aspx?id=2817>

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