Computer Lessons Paid Off

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home model of care on their own.

Over 24 months, the practices aimed to create better access through same-day appointments, after-hours coverage, group visits, and e-visits. They also tried to improve patient care by establishing diseases registries. Of the original 36 practices, 32 completed the demonstration project.

A final report on the project is expected in 2009. However, officials at AAFP have already gleaned some preliminary lessons. Dr. Terry McGeeney, president and CEO of TransforMED, said that they learned that family medicine practices are highly motivated to change but often "poorly equipped." The practices that had the most success were generally those that had a champion for change in the practice, good communication among staff, and a culture that was open to making changes.

They also found that open-access scheduling works and can increase capacity within a practice without lengthening the workday. Group visits were also popular among both patients and providers, he said.

The preliminary evidence also suggests that practices can do better financially if they pay more attention to the business aspects of running a practice, Dr. McGeeney said. "We were very surprised about the lack of business sophistication in the practices," he observed.

There also was significant demand for services to help with leadership, communication, and change management, Dr. McGeeney said. It's the "soft" issues like communication and leadership that have to be addressed before practices can successfully implement the complex technology pieces, he said.

For Dr. Klitgaard and his colleagues, the initial team building and communication work was the most valuable part of the project because it allowed them to address individual's concerns and lay the groundwork for big changes. "Like a lot of practices, we didn't have a culture here that was very accepting of change," he said.

The practice sent those staff members who were uncomfortable with computers to typing and computer skills classes to prepare them for working with electronic health record. The payoff came within the first year when they had successfully implemented an electronic health record with e-prescribing and in-office messaging.

During the second year, they tackled chronic disease management. Disease registries have been created for diabetes and asthma and a hypertension registry is forthcoming, Dr. Klitgaard said. Two registered nurses are now health coaches and are devoted full time to chronic disease management, providing education and ongoing support for lifestyle changes, as well as arranging for lab tests and office visits.

For Dr. Steve Cross, whose small family medicine group in Redmond, Ore., participated in the facilitated arm of the project, the biggest change was in moving to an open-access scheduling system.

The new system creates a somewhat easier day for physicians who no longer have to deal with double-booked appointment slots, he said. They are seeing fewer patients and managing those patients better. Despite the decrease in patient volume, Dr. Cross noted that the practice's income has actually increased because they are conducting more high-level visits.

Dr. Cross advised that physicians take the medical home IQ self-assessment tool on the TransforMED Web site (www.transformed.com) and gauge how well they are doing in achieving the components of the medical home model. Many practices will be surprised that they are not doing as well as they think they are, he said. ■

TransforMED to Continue as an LLC

The American Academy of Family Physicians wrapped up its TransforMED National Demonstration Project at the end of May but is keeping the concept alive through TransforMED LLC, a limited liability corporation.

The new entity, which was launched on June 1, is wholly owned by AAFP and will be fully funded by the organization for the first 2 years of operation. In continuing TransforMED, AAFP plans to offer consultation and support services to primary care physicians and health systems that need help redesigning their organizations to fit into the patient-centered medical home model.

The idea is that the new TransforMED will be positioned in a way to drive the marketplace, said Dr. Terry McGeeney, who is continuing in his role as president and CEO of TransforMED. For example, TransforMED is in discussions to provide practice management consults for pilot projects sponsored by payers.

They are also developing tools for the TransforMED Web site such as the medical home IQ–National Committee for Quality Assurance (NCQA) conversion tool. The NCQA recognition program, which was launched in January, includes nine standards aimed at assessing whether physicians are providing patient-centered, coordinated care.

Using the TransforMED tool, practices can gauge how they are doing in achieving the components of the medical home and then convert that score into an estimate of how they might perform on the NCQA patient-centered medical home national recognition program.

"Our goal is to provide a lot of online support for practices," Dr. McGeeney said. TransforMED is now a for-profit enterprise, but the AAFP's goal is not to make money with it, he said. Its services will be provided free, when possible, or for a nominal fee to cover costs.

The current 14-member TransforMED staff, which includes experts in business, research, and health care administration, will stay on, said Dr. McGeeney. They also plan to hire additional staff members. "The demand has been pretty dramatic," he said.

POLICY & PRACTICE

AHIP Proposes Reform Plan

The United States could reduce total health care spending by $145 billion in the next 7 years while improving the quality of patient care by implementing five proposals, according to a plan from industry group America's Health Insurance Plans. The plan endorsed a combination of measures, including better disease management and care coordination, prevention, a move to electronic transactions, a transition to a value-based payment system, and new technology. The group also called for replacing the current medical liability system with a dispute resolution process consisting of an independent administrative process to provide quick and fair resolution to disputes. AHIP president and CEO Karen Ignagni said most aspects of the proposal are already used by health insurance companies. "The nation needs a coordinated approach across the public and private sectors to maximize the impact of these strategies," she said in a statement.

ACP Provides Framework

The American College of Physicians has reiterated its 2002 message that all Americans should have access to affordable health insurance coverage. In an update to its position paper, ACP reviewed its key reform recommendations and said they remain, with some revisions, a viable approach to making coverage available universally. The paper said reforms to expand coverage should be done in concert with changes in health care financing and delivery to improve outcomes and efficiency of care. "Expanding health insurance coverage to all Americans is a moral imperative," said Dr. Jeffrey Harris, president of ACP. The paper advised expanding Medicaid coverage, creating tax credits, adding options for small employers, and measures to ensure all participate. It also asked for federal government support for states to redesign health care delivery programs to expand coverage and organize care around patient-centered medical homes.

Mass. Uninsured Rate Cut

In the first year after Massachusetts implemented its health insurance coverage expansion and reforms, the uninsured rate in the state's adults dropped by almost half, from 13% to just over 7%, according to an Urban Institute study published online in Health Affairs. The study also showed that access to care for low-income Massachusetts adults has increased, and the share of adults with high out-of-pocket health care costs and problems paying medical bills has dropped. In addition, it found no evidence that the expansion of publicly subsidized coverage has "crowded out" employer-sponsored coverage. The reforms, enacted in April 2006, included an expansion of Medicaid, state subsidies for low-income residents to purchase health insurance, and a new purchasing arrangement for private health insurance. Under the reforms, most uninsured individuals must purchase insurance or pay a penalty to the state.

Consumer Reports Eyes Hospitals

Consumer Reports has begun grading hospitals and plans to add ratings for other health care providers. The ratings, which include nearly 3,000 hospitals, are at www.consumerreportshealth.org. The online tool allows consumers to compare hospitals based on their treatment approaches for nine chronic conditions. The comparison includes the time spent in the hospital and average out-of-pocket costs for each condition. The effort is the first project of the newly launched Consumer Reports Health Ratings Center, which is being led by Dr. John Santa, the former medical director for health projects at the Center for Evidence-Based Policy at the Oregon Health and Science University, Portland.

CMS Outlines Hospice Rights

The Centers for Medicare and Medicaid Services has finalized regulations that give Medicare beneficiaries with terminal illnesses the right to determine how they receive end-of-life care. The provisions, contained in an overhaul of regulations governing the hospice industry, include explicit language on patient rights that had not existed under the previous regulations, CMS said. With the new rule, patients who choose hospice, or palliative care, over curative treatment are entitled to such things as participation in their treatment plan, the right to effective pain management, the right to refuse treatment, and the right to choose their own physician. CMS noted that although many hospice patients already are active in their own treatment plans, this regulation is the first to set out a detailed list of patient rights. "It is time to update our regulations to reflect advances in medicine and hospice industry practices as well as patient rights," said CMS Acting Director Kerry Weems in a statement.

Florida Expands Coverage Options

Florida Gov. Charlie Crist, a Republican, has signed legislation that will allow the state to negotiate with health insurers to develop affordable health coverage for the 3.8 million uninsured Floridians aged 19-64 years. The legislation focuses on primary and preventive care to discourage unnecessary emergency room visits. Private insurers have said the plan will allow them to create benefits packages for about $150 a month or less. All benefit plans will include, at the very least, coverage for preventive services, screenings, office visits, outpatient and inpatient surgery, urgent care, prescription drugs, durable medical equipment, and diabetic supplies, according to the governor's office. Approved insurance companies also would have to offer consumers a plan that includes catastrophic and hospital coverage. The law includes provisions for all families to buy into the Florida Kid Care program and creates a clearinghouse where small businesses can choose from a variety of health care plans and services for their employees.

—Jane Anderson