Lean in Healthcare: Primary Care

12 practice, 150+ physician medical group

Medical group wanted to develop, document, implement and deploy a model for *Advanced Primary Care of the Future*. The medical group was part of a larger 6 hospital health system with a traditional working relationship amongst specialists, hospitals, out patient surgery centers etc.

Elements of the *Advanced Primary Care* model included: PCMH Level I certification, a primary care centered model, ambulatory centers, advanced practitioners, care teams, behavior health, shared risk and "Triple Aim

Advanced Primary Care

Overview: Working with medical groups and physician practices to transform the traditional model of primary care. Understanding key goals such as: improved access, healthier populations (target populations), increased patient engagement, higher staff/patient satisfaction and fundamentally lower medical utilization and cost. Work includes focuses on the development of an integrated care model including: population health, disease management, EHR integration, care team development, advanced practitioners, integrated behavioral health and multi disciplinary specialties.

With some clients, our scope has included a broader *Patient Centered Medical Home* model. With other medical groups, the goal has been to fundamentally shift from a traditional model for primary care (episodic care, plus immunizations and physicals) towards a care model based on achieving the highest level of health within a patient panel.

A common theme of many Primary Care initiatives has been the rapid shift from a *fee for service* dominated reimbursement model towards a *shared risk* model. Understanding the implications of this shift (95%FFS to < 50% FFS) is significant as these *additional monies* become a key driver to improving key practice processes, expanding care models and changing physician and care team focus to a model built on *care, health and wellness of patients.*

Approach: The vast majority of primary care models are episode based with processes varying widely from practice to practice, care team to care team and physician to physician. Internal practice processes such as pre-visit, registration, rooming, chart preparation vary widely across all facilities. Thus, results (clinical/non clinical) are highly variable.

In the *advanced primary care* model, payment models incentivize quality, cost and understanding of overall medical *expense*; practice processes become a key focus (e.g. Integration of pre visit work, referrals, patient outreach, disease management, improved access to curtail ED/urgent care use). Although *shared risk* is often positioned by payers as being a financial incentive, the true value is healthier patients and healthier patient panels *resulting in lower overall medical expense*.

Our work with physician practices focuses on the processes that drive information and awareness to both patients and care teams. In the advanced primary care practices, health plan data is key to linking practice processes with key measures and clinical outcomes. Integration of EHR information is key to capturing and identifying gaps in care. Practices must build processes that enable providers to maximize effectiveness in the exam room and care team engagement in both traditional and non-traditional settings (telemedicine, group visits, collaborative care, etc.)

- It is in the integration of information, care team and patient flow that is the key impacting key practice measures such as: access, quality of care, population (patient) health, patient satisfaction, cost and revenue
- Improved HEDIS scores (15/17 target measures in 90th percentile)
- Improved Patient Satisfaction 58%
- Increased Revenue (FFS and Risk payments) by $1.7mm (no new facilities, no additional providers, minimal staff)

(563) 650-3822
www.johnkimconsulting.com