Safety Net Medical Home Initiative:
Transforming Practices into Medical Homes

Accommodating Part-time Providers and Residents in the Medical Home

Moderated by Donna Daniel, PhD

With Guest Speakers:

- **L. Gordon Moore, MD, President, Ideal Medical Practices**
- **Rob Reid, MD, PhD, Associate Investigator and Associate Medical Director, Group Health Research Institute**
- **Ed Wagner, MD, MPH, Director, MacColl Institute, Group Health Research Institute**

Change Concepts for Practice Transformation

1. Empanelment
2. Continuous, team-based healing relationships
3. Patient-centered interactions
4. Engaged leadership
5. Quality improvement strategy
6. Enhanced access
7. Care coordination
8. Organized, evidence-based care

Accommodating Part-time Providers In the Medical Home

L. Gordon Moore, MD
President, Ideal Medical Practices

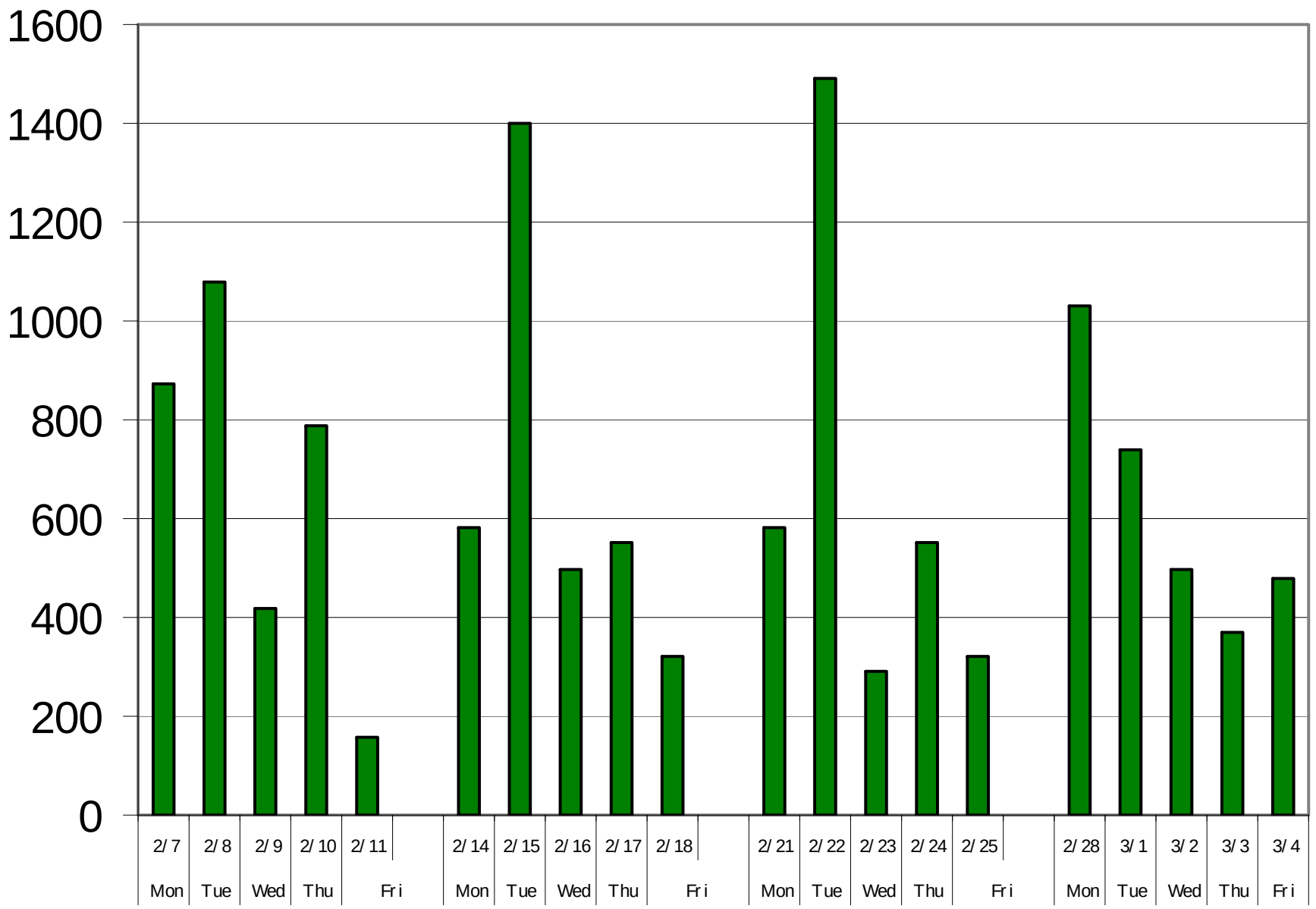
Part time providers

- Balancing act between
  - Lifestyle & work/life balance
    - Burnout
    - Hiring problems
  - Successful management of the practice
    - Increased operating cost
    - Decreased patient continuity, satisfaction, and outcomes

Demand

- Murray & Tantau: 0.007 x panel size = daily demand (0.007 x 2000 = 14)
  - Varies with illness burden
  - Based on a commercial population
  - Varies by day of week, season

Actual raw minutes of resident time scheduled in clinic



Some solutions

- Agree to staffing protocols
- Agree to time-off policies
- Combine part-timer providers into mini teams
- Empower care team
- Smooth the supply – horizontal vs vertical
- Smooth the demand – adjust panel, provide more non-visit contact

Part-time Medical Practice in Group Health's Medical Home

Rob Reid MD PhD

Associate Investigator, Group Health Research Institute

Part-time Practice in the PCMH

GroupHealth

- **Part-time practice is reality in the Medical Home**
- **Inherent tension with maintaining continuity of care**
- **Solutions should address all the domains of continuity**
  - Relational Continuity
  - Informational Continuity
  - Management (Clinical) Continuity

Part-time Practice Policies

- **Part-time practice has always been a reality at Group Health**
- **Since early 2000's, Group Health has limited the degree of part-time practice for primary care physicians to maintain continuity**
  - Only MDs who practice ≥ 0.5 FTE are eligible for a patient panel
  - MDs < 0.5 FTE are eligible for other jobs (locum pool, urgent care,etc)
- **Panel sizes adjusted for physician FTE**
- **No change in this policy with implementation of PCMH**
- **Most paneled MDs continue to practice part-time (0.5-0.9 FTE)**

Promoting Continuity of Care

GroupHealth

1. Relational Continuity

- Use “mirrored” practices rather than true “shared” practices
- Patients actively informed of physician’s regular schedules & encouraged to select MD where schedules align
- For scheduled absences, continuity managed by others on team
  - In-person visits by “mirrored” practices & locums service
  - In-basket coverage by “mirrored” practices
- Importance of “bridging” discussions
- “Virtual” medicine can help mitigate problems

Promoting Continuity of Care

GroupHealth

2. Informational Continuity

- Importance of problem lists & structured encounter notes
- Policies on encounter note completion
- Problems in communicating “tacit” information (e.g., pt preferences)

3. Management Continuity

- Care plans
- Best practice alerts (e.g., medication monitoring, preventive care)

Are part-time providers dangerous to health?

Ed Wagner, MD, MPH

MacColl Institute for Healthcare Innovation

Group Health Research Institute

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Relationship between FTE and outcomes

- **Studied at GHC before EMR and PCMH implementation**
- **Limited to PCPs who saw patients 30% or more**
- **20% were full-time, 30% were half-time, most of the remainder in between.**
- **Part-timers had better diabetes care, preventive services, and somewhat better patient satisfaction than full-timers.**
- **Potential explanations—best clinicians often have admin. roles OR better use of team, happier clinicians, smaller patient panel may increase knowledge of patients??**

Parkerton et al. JGIM 2003; 18:717.

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But, vast majority were at least half-time; what about less?

- Resident training clinics
- Academic Chronic Care Collaborative experience
- Continuity clinic is an oxymoron.
- Team care is the only answer

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- **www.improvingchroniccare.org**

thanks

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