Idaho State University Family Medicine Residency

SNMHI Team:

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We are currently a 5-7-5 residency, with six or seven new resident providers every year. We see patients from Pocatello and the surrounding rural areas.

Our patients are primarily Caucasian, and fairly evenly split across insurance coverage types:
- Private health insurance = About 30%
- Medicare = About 37%
- Medicaid = About 23%
- Uninsured = About 10%

PARTICIPATION

What motivated your practice site to participate in this initiative?
- Using a team-oriented approach
- Improving quality of care, clinic work flow, and patient experience
- Reducing the time/demand placed on providers
- Increasing continuity of care

CHANGES

Change 1: Better Use of Our EHR to Provide Organized, Evidence-Based Care
What was the specific problem or issue being addressed?

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- Lack of easily accessible information
- Guidelines, patient educational resources, etc.
- Lack of standardized data-entry into the EHR
- Inefficient use of provider time

What did you hope to achieve by making the change?
- Accessible and centralized place for current practice guidelines and educational resources
- Patient-centered clinical decision support
- Increased provider efficiency and improved quality of care

What was the plan for making the change?
- Develop new templates, protocols, and screen pop-ups
- Reach consensus on development and utilization of these tools via:
  - Department meeting kick-offs
  - Individual meetings with staff members

What would you recommend to other sites trying to make a similar change?
- Need to have an EHR and a highly functional IT department/team
- Ensure that everyone knows how to appropriately use the templates/protocols
- Develop a workflow for using the templates

Change 2: Provide Patients with e-Access to their Medical Record
What was the specific problem or issue being addressed?
- Not all patients were leaving the clinic with a medication list
- Some patients voiced that they would use such a resource

What did you hope to achieve by making the change?
- Increase patient engagement
- Offer computer-literate patients with an alternative method of communication
- Provide easier access to reputable patient education materials

What was the plan for making the change?
- Appoint one of our more technology-oriented medical residents as the project's clinical champion
- Receive input and help from IT staff
- Reach clinic consensus on what should be included in the patient portal

What would you recommend to other sites trying to make a similar change?
- Make certain that all information is secured and HIPPA compliant

Change 3: Add Formulary Functionality to the EHR
What was the specific problem or issue being addressed?
- Allow the prescriber to verify (at the time of prescribing a medication) whether the patient's insurance will cover it
- Prevent unnecessary phone calls between the pharmacy, clinic, and patient

What did you hope to achieve by making the change?
- Increase the proportion of prescriptions that are covered by the patient's insurance
- Reduce costs for patients

What was the plan for making the change?
- Access to the formularies for many of the insurance companies used by our patients
- Rely heavily on IT department

What did you learn from the process of making the change?
This project is still ongoing, and the goal has not been completely met. Accuracy continues to be a challenge.

What would you recommend to other sites trying to make a similar change?
- Make sure you have the computer capacity to institute this program without slowing down your system
- Train prescribers how to use the formulary and to look at the formulary warning

PATIENT IMPACT

"We have developed some great EHR templates as part of this initiative and others. One that I have found to be particularly useful is our new depression template. I recently saw a patient with major depressive disorder and the template allowed me to address all of her needs at the time of the visit, instead of having to see her back in two-three days. She was particularly interested in the Integrative Health options that I discussed with her. I was able to confidently provide her with quality information which she found very useful."
—Clinical Assistant Professor

"The greatest impact for patients that I've seen so far is that we are much more focused on preventive medicine. Since implementing the "protocols button" in the EHR, the nurses have been much better at discussing preventive healthcare needs with patients. For instance, 75% of the nurses are asking patients about mammogram, colonoscopy, and immunization history at each visit—then ordering or administering labs/procedures/immunizations as needed. Our patients might not realize it, but we are offering much better care to them now."—RN; Nurse Manager

Overall, the whole transformation has been very beneficial to our patients. The greatest impact I see is the increased attention we give our patients.

PROVIDER OR STAFF IMPACT

"The transformation process to a PCMH has been an interesting one. As part of my required quality project I wanted to test the efficacy of team huddles and patient-directed, pre-visit planning in my practice to improve preventive health measures. I enjoyed shifting the responsibility for ordering and scheduling of these non-invasive procedures to my nurse. Also, the intervention seemed to engage patients to ask questions about preventive medicine. Through this systematic process, I learned that many process changes will need to occur in the future to further improve patient care in our PCMH." —Chief Medical Resident

"I've had both positive and negatives experiences from undergoing the transformation process to a PCMH. Overall, the whole transformation has been very beneficial to our patients. The greatest impact I see is the increased attention we give our patients. Personally, I have a much closer relationship with patients, which has made my job much more rewarding." —Receptionist