

# Idaho State University Family Medicine Residency



## SNMHI Team:

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(2nd Year Medical Resident)

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

**Osteoporosis**

Patient complains of:  Complains of All  Denies All

Synsitis  Yes  No

back pain  Yes  No

prior fracture  Yes  No

height loss  Yes  No

Patient reports:

Personal history of fracture  Yes  No

Hx of Fx in a 1st degree relative  Yes  No

Caucasian/Asian Race  Yes  No

Advanced Age  Yes  No

Female Gender  Yes  No

Dementia  Yes  No

Poor health/fragility  Yes  No

Current cigarette smoker  Yes  No

Low body weight (<127 lbs)  Yes  No

Estrogen deficiency  Yes  No

Low calcium intake (fifelong)  Yes  No

Alcoholism  Yes  No

Inadequate physical activity  Yes  No

Poor eyesight/risk of falls  Yes  No

Fall Precautions were discussed with the patient.

The Osteoporosis Handout was printed and given to the patient.

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#### 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

Home | My Info | Health Services | My Medical Record | Articles | Questionnaires | About Us | Contact

Home > My Medical Record > Medications

**Current Medications**

Medication: ZOLOFT 100 MG TABS  
Instructions: Take 50 mg PO x 3 days then 100 mg PO after that  
Quantity: 30  
Refills: 6  
Generic Name: SERTRALINE HCL  
Prescribed By: Benjamin Marcum, MD  
Prescribed On: 7/26/2010 11:25:49 AM

Medication: KLDONOR 1 MG TABS  
Instructions: Take one or one half pill by mouth every 6 hours as needed for anxiety while flying.  
Quantity: 12  
Refills: 0  
Generic Name: CLONAZEPAM  
Prescribed By: Benjamin Marcum, MD  
Prescribed On: 7/26/2010 3:28:18 PM

**Past Medications**

No past medication information found.

### 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

Formulary: Department of Veterans Affairs (VA)

LIPITOR 10 MG TABS is off formulary.

There are no alternatives.

Search Formulary...  
Select Formulary...  
Status...  
Choose Alternative

Formulary: Idaho State Employees

NEXIUM 20 MG CPDR is off formulary.

There are multiple alternatives.

Search Formulary...  
Select Formulary...  
Status...  
Choose Alternative

Define All

Medication: Rantidine HCl CAPS 300 MG  
Rantidine HCl TABS 150 MG  
Rantidine HCl TABS 300 MG  
Sucralfate TABS 1 GM  
Famotidine TABS 30 MG  
Rantidine HCl TABS 75 MG  
Omeprazole CPDR 10 MG  
Omeprazole CPDR 20 MG  
Rantidine HCl SOLN 50 MG/24L  
Rantidine HCl SOLN 150 MG/24L

## 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

General Information | Exercise | Nutrition | Integrative Medicine | Behavioral Health

**Behavioral Health**

Tools for Screening for Depression  
Five-Item Generic Depression Scale (A single point is given for a NO response to the first item and a YES response to the other four items. 2 points or greater is considered a positive screen.)

Are you barely satisfied with your life?  yes  no

Do you often get bored?  yes  no

Do you often feel helpless?  yes  no

Do you prefer to stay at home rather than go out?  yes  no

Do you feel worthless the way you are now?  yes  no

Two-Item screening tool (1 YES is a positive screen for depression)

During the past month, have you felt down, depressed or hopeless?  yes  no

During the past month, have you lost little interest or pleasure in doing things?  yes  no

**PHYS**

Scheduling activities is an excellent way to quickly reduce depressive symptoms. It is simple, effective and easy to implement with difficult or lower functioning populations. (1)

Combination pharmacotherapy and psychotherapy show better reduction in depressive symptoms and the addition of cognitive behavioral (CBT) or interpersonal (IPT) therapy to treatment may reduce or delay relapse to a depressive episode. (2,3)

It is important for patients to know that they need therapy; you can help them make meaning of their situation by talking about the etiology and showing empathy for disclosing their vulnerabilities.

Schedule an appointment to focus on these issues and/or make a referral to the psychologist or one of the psychology interns to address these issues in more depth.

**References**

**Sessions**

Individual sessions are offered by referral for appointments only.

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