

Case study

“Medical Home”- Mt Airy Family Practice Recognized by NCQA

From its office in Philadelphia, Mt Airy Family Practice provides general primary care to 400 to 500 patients a week. As a Patient-Centered Medical Home™, Mt Airy’s four physicians, two nurses and selected non-physician staff function as a team that takes collective responsibility for patient care, using evidence-based guidelines for chronic conditions, providing patient self-management support and tracking performance improvement across the practice.

“We analyzed our patient population and identified the three most common conditions,” states Dr. Thomas Lyon, M.D., physician and co-founder of the Mt Airy practice. “We adopted evidence-based guidelines for the three conditions, use a goal setting activity with patients, track tests, procedures and referrals, and use charting tools to monitor status. Also, we’ve been able to reduce costs and increase revenue.”

CHALLENGES

Founded in 1989 by Dr. Thomas Lyon and Dr. Linda Good, by the early 2000s Mt Airy Family Practice had outgrown its billing program and was ready to move to a full practice management and electronic medical records system.

SOLUTION

In 2003, Mt Airy began using MEDENT Practice Management from Community Computer Service. The practice added EMR in 2005. MEDENT was CCHIT CertifiedSM in 2006 - 2008.

“Due to MEDENT EMR, Medical Home Recognition and incentive programs for treatment of chronically-ill patients, we expect revenue to be up by over 10 percent.”

Thomas Lyon, M.D., physician and co-founder
Mt Airy Family Practice

“Due to our satisfaction with MEDENT Practice Management and with Community Computer’s customer service,” explains Dr. Lyon, “the choice of EMR was not difficult. Less than a year after implementing MEDENT EMR we were able to reduce staff by four positions. We eliminated two file clerks, one medical assistant who managed calls related to prescriptions and one billing person.”

“In April, 2004 we adopted open access scheduling, which is supported by MEDENT,” states Dr. Lyon. With open access scheduling patients are encouraged not to schedule long in advance but to call one day in advance or the same day for their next appointment. “Patients can also access the practice through a website and e-mail,” continues Dr. Lyon. “If the patient has a concern, the e-mail is entered into MEDENT triage. If there’s a request for an appointment, the appointment is scheduled using MEDENT scheduling.”

Mt Airy analyzed their patient population and identified diabetes, hypertension and hyperlipidemia as the three most common conditions. “We adopted evidence-based guidelines for each condition,” explains Dr. Lyon. “There are buttons in MEDENT which bring up the National Guidelines, and MEDENT has a Plan Package function for each condition. If the physician selects diabetes, options are presented such as to print an education brochure or to refer the patient to the local diabetes education center in which case MEDENT creates a fax which is sent directly to the center. The center is then able to contact the patient to encourage participation.”

“When a patient comes in, they fill out a questionnaire and set goals as to what they want to do to improve their health,” explains Dr. Lyon. “During the office visit, the goals are discussed. A letter is then created in MEDENT, customized for the specific patient, confirming what the patient has committed to do. The letter is given to the patient and becomes part of the patient record. We also use MEDENT’s charting tools which enable us to plot over time a patient’s lab results against the doses of meds the patient is taking.”

At Mt Airy, non-physician staff are part of the team coordinating patient care. They perform activities which don’t require a physician. Mt Airy tracks referrals and various tests and procedures. When a patient is seen, if they are overdue for a specific procedure, MEDENT alerts the physician. Between appointments, if a patient hasn’t had a procedure done in the recommended timeframe, staff send a letter to the patient with an order slip for the procedure, generated within MEDENT.

Mt Airy staff actively support patient self-management. Dr. Lyon gives an example, “As part of the MEDENT progress notes on diabetes, there is a prompt regarding patient sugar logs. If a patient hasn’t been completing these, we can discuss it and click on patient education to print out appropriate educational information.”

“We use MEDENT’s e-prescribing and its safety and cost checks,” states Dr. Lyon. “The new allergy checking is very helpful in that a warning screen comes up if the patient is allergic to a specific medication such as penicillin. The cross reactivity alerts are also very good.”

Mt Airy uses a survey tool to track patient satisfaction and a clinical performance tool to report on the practice's work with diabetic patients. For clinical performance they extract data from MEDENT patient records and identify how well the practice has been able to manage the patient's condition.

Patient's insurance ID cards are entered digitally into their electronic records, and patients sign with an electronic signature for HIPAA. Lab results directly populate the associated patient's chart while consultation reports are identified by staff and then transmitted to the appropriate patient's record.

RESULTS

"Some of the biggest challenges we face in primary care today are economic," states Dr. Lyon. "At Mt Airy we've been able to reduce costs and increase revenue. When we implemented MEDENT Practice Management, we had four additional staff. In less than a year, we eliminated four positions. Due to MEDENT EMR, Medical Home Recognition and incentive programs for treatment of chronically-ill patients, we expect revenue to be up over 10 percent. With pay-for-performance, we expect to realize even more economic benefits."

Dr. Lyon reflects, "I read an article recently in the Philadelphia Inquirer indicating that only two percent of medical students are now choosing primary care because they tend to make considerably less and often there is no less training needed. At this rate there will not be enough primary care physicians in 20 years. Yet payers haven't wanted to increase reimbursements for primary care. Now they are ready to pay more for higher quality practice."

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