



Primary care medicine is a team effort at Truman Medical Center Lakewood where Michael O'Dell, M.D., chair of Community and Family Medicine, works with a lineup of staff that includes Chrisma Domanillo, patient care coordinator, Brittney Hazley, RN, **Mary Hoang, M.D., '11**, Community and Family Medicine resident, and Tracy Rogers, health coach.

PRIMARY CARE: WELCOME TO THE TEAM

BY KELLY EDWARDS • PHOTOS BY ROBERT STECKMEST

BERNIE ALEXANDER'S QUALITY OF LIFE IMPROVED WHEN HE TURNED TO THE UMKC SCHOOL OF MEDICINE PRIMARY CARE PHYSICIANS AT TRUMAN MEDICAL CENTER LAKEWOOD.

After 12 hospital stays for heat-related illnesses, heart problems and excessive medication, the 66-year-old Kansas City man has been in the hospital just twice since 2011. He credits the doctors and the team model of care known as the Patient-Centered Medical Home practiced at TMC Lakewood and a growing number of primary care practices across the country for his turn around.

In this growing approach to primary care medicine, patients like Alexander have a full lineup of care providers at their disposal in addition to their traditional doctor and nurse. Now a patient care coordinator calls when it's time for a checkup and follows up with the patient on how they're doing. Staff dietitians are available to discuss nutrition plans. Staff psychologists can offer advice on the adjustment to living with a chronic disease.

"When I came here, they told me, 'as professionals we're concerned about

your health but the quality of your health will also depend on your interest.' I've become more proactive with my health," Alexander said.

"For me, it's meant better health."

For the primary care physician, it's a more effective way of providing care.

"The role of the primary care physician is certainly changing in ways that are much more productive for both the physician and the patients they serve," said Michael O'Dell, chair of Community and Family Medicine at the School of Medicine. "Primary care physicians are now considered part of a team and they're leading that team."

This model sweeping the industry not only empowers team members throughout the practice to take ownership of their own growing roles, it also allows physicians to get back to their primary focus of attending to a patient's immediate medical need.

Some practices have even begun incorporating online doctoring, offering Internet portals where patients can go to schedule appointments, check on test results, even talk to their doctors by email. Proponents say all these changes are a positive step in promoting improved access to care as

well as better delivery of care, particularly in the case of chronic disease management.

"It reduces the cost and increases quality," said Todd Shaffer, M.D., M.B.A., director of the School's Community and Family Medicine Residency program. "The patient is much happier. The doctor is much happier. And the medical team is much happier."

Duties physicians previously held themselves accountable for such as setting up appointments, ordering and checking on test results, and following up with patients, are now being shared with teammates.

"Nurses, pharmacists, physical therapists and lab technicians are now doing a lot of the things that the primary care physician used to be expected to do, which creates time and space for the primary care physician to do the things they're trained for and want to do as a physician," O'Dell said.

These practices are not merely looking to add more primary care physicians, though that is part of the equation, but they're also finding ways to spread the workload among teammates that include patient care coordinators, nurses, pharmacists, ➤

physical therapists and laboratory technicians. A growing number of practices are adding other care providers including dietitians, psychologists and social workers.

Shouldering so much of the burden, as physicians have in the past, has led to other growing issues such as dwindling job satisfaction and the increased danger of job burnout. Incorporating the team concept and sharing those burdens has helped with both, O'Dell said.

“There’s a lot of joy in watching a group of people work together as a high functioning team,” he said.

That’s a contrast from a few years ago at TMC Lakewood where primary care physicians were becoming overwhelmed with as many as 250 to 300 new patients a month. The patient load exploded, reaching nearly 12,000 patients. The issue was that the Community and Family Medicine and Internal Medicine departments only had the staff to adequately accommodate about 8,000 to 9,000 patients. Frustrations mounted among both patients and physicians, Shaffer said.

“We realized we just had too many patients,” he said.

They weren’t alone. Many primary care practices have faced the same dilemma and been forced into taking the most expedient solution — simply shutting their doors to new patients.

“The thing is, that’s a simple solution,” says Shaffer, a former president of the Missouri Academy of Family Physicians who has observed the problem on a statewide level. “That’s a knee-jerk reaction.”

And it leaves unattended the staggering number of patients that are being added to the U.S. health care system as government sanctioned health care reform takes effect. UMKC and many primary care practices have found a better solution through the team-based approach to medicine.

Residents in the Internal Medicine/Pediatrics program at Truman Medical Center train in a patient-centered environment where they work with an array of health care providers including nurses, psychologists, social workers and other



Bernie Alexander, left, talking with **Drew Glover, M.D., '11**, Community and Family Medicine resident, says his health improved when he started seeing the primary care physicians at Truman Medical Center Lakewood.

support personnel, said **Sara Gardner, M.D., '02**, Internal Medicine/Pediatrics residency program director. The system allows doctors to better manage chronic diseases by referring their patients to the Patient-Centered Medical Home team where a nurse can follow-up with patients to confirm in more detail how to take the prescribed medications and assess for barriers to our treatment plan that is often un-recognized until a follow-up appointment. If necessary, a staff psychologist can immediately provide therapy and techniques for stress management in the clinic.

“Each of our team members play a vital role in helping us more effectively treat chronic disease within the residency clinic,” Gardner said.

This team-based approach also allows primary care practices to expand their reach to what O'Dell says is a population of people who need care but might not recognize they need it until they’ve become seriously ill.

O'Dell uses an example of a 55-year-old woman who hasn’t had a

mammogram in the past two years, but her records show a history of breast cancer. A member of the health care team may now encourage the woman to come in for tests and potentially catch a problem earlier, saving both the physician time and the patient potentially thousands of dollars she would have spent had a serious illness developed.

“That’s not typical of the office practice of the last 20 years,” O'Dell said. “The fallacy in our prior model of practice was that people didn’t know what they didn’t know and we expected them to figure it out before they came to see us.”

The new model is designed to improve quality, safety, and doctor and patient satisfaction, while lowering the cost of health care.

The concept of the Patient-Centered Medical Home was first introduced by the American Academy of Pediatrics around 1967 as a central location to maintain the medical records of children. The American Academy of Family Physicians and American College of Physicians began developing



Todd Shaffer, M.D., M.B.A., director of the Community and Family Medicine Residency program, says the department's physicians and patients have both benefitted from the Patient-Centered Medical Home care model at Truman Medical Center Lakewood.

their own medical home models in the early to mid-2000s to improve patient care. In 2007, those organizations and the American Osteopathic Association developed a joint set of principles to describe the characteristics of a new health care model that include such things as providing safe and quality care through physician-directed medical practices, coordinated and integrated care facilitated by registries, information technology and health information exchanges, and enhanced

access to care through open scheduling, expanded hours and new communications between patients, their personal physicians and practice staffs.

Raymond Cattaneo, M.D., '03, joined a patient-centered model pediatric practice in Kansas City after completing his residency at UMKC and Children's Mercy Hospital. The practice, Priority Care Pediatrics, now has 10 physicians and also employs a patient care team that includes a registered nurse, two nurse practitioners, a psychologist, and

will be adding a social worker in the near future. Cattaneo said the group's model of spreading the workload among teammates has allowed the doctors to spend more time doing what they're trained to do — treat patients.

FOR THE PRIMARY CARE PHYSICIAN, IT'S A MORE EFFECTIVE WAY OF PROVIDING CARE.

“We have a team that's designed to help patients take better care of their health because that's what we're here to do,” Cattaneo said.

With a support system of the health care team at their fingertips, primary care physicians are becoming specialists in treating complex chronic diseases, Gardner said. That means coordinating a patient's care and managing the problem in order to prevent him or her from having to be admitted to the hospital and being passed off to another specialist.

David Voran, M.D., assistant professor of Community and Family Medicine, joined the School of Medicine's Community and Family Medicine faculty in March, in large part, he says, to teach residents how to look at the primary care practice in a more modern manner. Voran is a family medicine physician with Mosaic Life Care, a network of 60 health care clinics throughout a 20-county area in Missouri.

His practice began incorporating the team model about five years ago. At that time, he says, the biggest obstacle was the compliance officer who argued that the expanded duties were outside the team members' various skill sets. It took a few years, Voran said, to show that the model worked and actually produced improved patient care. Compliance officers are no longer an issue as long as quality and satisfaction standards continue to be met.



Sara Gardner, M.D., O2, Internal Medicine/Pediatrics Residency program director, takes care of patients from infants to adults with the help of her Patient-Centered Medical Home team at Truman Medical Center Hospital Hill.

“Now, the job descriptions for patient care techs and nurses have changed and morphed to recognize their ability to do more,” Voran said.

Shaffer said many family medicine practices throughout Missouri have been slow to adopt the team-based concept for reasons ranging from lack of reimbursements from insurance companies to simply not having the process and patient relationships in place to make it happen.

Another game-changer for patient care has been the introduction of computer charting or electronic medical records (EMR), say advocates of the team care model. The health care industry has been on the path to EMR

for years with the inducements of federal incentives to incorporate them into practices early on and now a federal mandate that health care providers implement EMR by 2014. Most physi-

cians who have gotten a firm grasp on EMR say the mountains of paperwork are easily reduced by the technology once doctors get past the initial learning curve. But it doesn't end there.

Part of the evolving primary care model is the introduction of online doctoring. When a patient goes to the home page of the Mosaic Life Care

website, for instance, they'll find near the top a window inviting them to login to the “My Mosaic Portal” with a brief description: “The portal empowers you to more effectively

manage your health in one secure, convenient location.”

By enrolling in the web-based portal, patients now have access to their physician online to ask questions, check on lab results, and

even schedule their own appointments. Voran said use of the online portal has eliminated nearly 80 percent of the patient-initiated calls to his clinic, freeing up the physician and nurses to focus on the patients at hand.

Those who choose to use the online portal generally already have an established relationship with their physician,

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ABOVE: **Ray Cattaneo, M.D., '03**, has a support team of patient care coordinators, lactation consultants, a dietician, and an asthma/obesity management coordinator who share the duties of providing care at his Kansas City pediatrics practice.



RIGHT: David Voran, M.D., assistant professor of Community and Family Medicine, has incorporated computer technology to include online doctoring into his primary care practice.

Voran said. So now, those patients who are experiencing chronic illnesses such as a urinary infection, an upper respiratory infection, or an earache can be treated over the phone or through the patient portal using standing orders from the physician.

“We’ve reduced the number of visits to the clinic and have more time to spend with our patients,” Voran said.

Voran says the difficulty in implementing the online model lies not in the technology, but in the culture of health care. The process, he explained, is highly dependent on the physician and his or her willingness to accept and implement it. Most of those who have rejected the practice thus far have failed to see the benefit, he said, believing instead that increased use of the Internet will simply mean more time spent online in addition to their packed workload.

Voran counters that a normal phone conversation with a patient that might

last three to five minutes can be quickly handled through a short email that might take just a minute to type. A physician might save two or three minutes for every phone conversation replaced with a quick, online chat, he said. While there are still those who are resistant, Voran said he believes the universal adaptation of online technology into medical practice is inevitable.

On the other end of spectrum, Cattaneo has taken the practice of reaching out to his patients at Priority Care Pediatrics to another level, incorporating social media into the practice’s online presence by creating a Facebook page and establishing a Twitter account to interact with patients and their families. In addition to near daily Facebook and Twitter updates, Cattaneo has begun generating a personal blog to share with parents information and thoughts from his own viewpoint as a pediatrician and a father.

“It keeps our patients connected on a personal level and gives them information to take care of their health,” Cattaneo said. “Our patients are looking for information online. They get it from Facebook anyway, so we need to increase our presence in the social media world.”

What all this means, says Cattaneo, is that the primary care physician’s role is no longer limited to taking care of patients in the traditional 9-to-5 clinic setting.

“It means meeting patients where they want to be met and if that means evening hours, online, email, that’s what we have to do,” Cattaneo said. “We have to make every effort to be patient-centric. Sometimes that’s overwhelming and sometimes it’s just tiring. But we have to be professional; this is the profession we chose. This practice has been pretty flexible and that’s going to be the name of the game over the next five to 10 years.” **P**

