

Practice Spotlight 1

November 15, 2013



This week we go to El Dorado, Ark., to visit SAMA Healthcare Services, an independent four-physician family practice located in rural southeast Arkansas. Employing about 45 people, the practice has on-site lab and radiology, offers bone density testing and does its own billing. Its EMR is Allscripts. The clinic's four physicians care for approximately 19,000 patients, many who travel from the surrounding rural communities for health care.

"Sometimes Arkansas feels like it's five years behind everyone else," said Gary Bevill, MD, a physician partner in SAMA Healthcare Services. "But not us. Our partnership has always pushed the envelope, and we see this as the leading edge of where medicine is going."

Keeping their eye on the leading edge is what attracted physicians **Gary Bevill, Matthew Callaway, Eric Hatley** and **James Sheppard** for their practice to apply for the CPC initiative. Already robust users of their Allscripts system, the team see the CPC opportunity as an opening for accelerating their progress toward higher quality care in a proactive, coordinated patient-centered environment.

"A lot of the things we're doing now are things we wanted to do in the past," said **Pete Atkinson**, SAMA's practice administrator. "We needed the front-end investment of start-up money to develop our teams and our processes."

Leveraging the CPC dollars helped Pete and the physicians re-configure the clinic into four care teams, each led by a physician and supported by a nurse practitioner, three additional nurses and a care coordinator. The funding allowed them to hire the needed nurse practitioners, including one who is a certified diabetes educator and another with a pediatrics specialty certification.

Early in the founding of the clinic, all patients were assigned to a physician, making 100% empanelment easy. Going forward, they now have a dedicated care team tracking and monitoring their care.

Risk Stratification and Care Management

Physicians trained nurses on using the risk stratification feature in Allscripts as well as [the AAFP six-level risk stratification tool](#). Nurses mark records and the physician confirms the stratification during the patient encounter. As nurses are reviewing records for the next day's appointments, not only are they able to risk-stratify the patients, they are also able to ensure preventive care and screenings are up to date.



SAMA staff wears team shirts and colors to help patients see the continuity and collaboration in their care.

“We also turned on all the Allscripts metrics including the clinical decision support,” continued Dr. Bevill. “We are being very proactive, and now I’m seeing patients with everything up to date and current. The first time it happened, I nearly dropped the iPad.”

Even from Pete’s practice manager perspective, he’s seeing the difference the coordination and care management is making.

“We have found early stages of cancer in our patients through this process,” he says. “Sure, we’re kind of pestering our patients to get that preventive care done, but it’s paying off. The big picture is that we’re saving the system money and improving lives by finding a stage 1 cancer rather than a stage 3. We may have saved the overall system what they have paid us to participate in CPC.”

Demonstrating a New Approach

Informing patients about the changes at SAMA has taken many forms, ranging from each care team adopting its own color to refreshing the clinic’s logo to show how the four teams underscore SAMA’s brand promise of quality and continuity. Each exam room is tagged with a team color.

SAMA also keeps its [Facebook page](#) filled with clinic updates, such as an illustration of its care team model and links to media coverage about its CPC engagement.

“We are proud of our business,” Dr. Bevill said. “But it’s always really and truly been about the patients. We wanted to do this our way, doing what’s best for our patients and our community. A lot of people don’t like change, but our staff has seen this is change for the better.

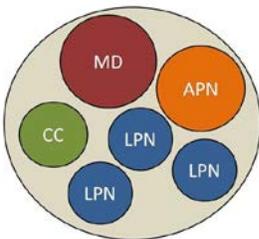
“They all see we’re providing better care.”



SAMA’s Facebook page is one outlet for sharing information about CPC activities, including announcing practice surveys and explaining the new care team model.

Next Spotlight: The How and Why of SAMA’s Success

Using Social Media to Educate and to Inform



“I was asked this weekend about Care Teams so I thought I'd take a minute to explain what we are doing. This picture shows the basic concept. In the past each provider acted independently. One complaint we heard was that patients wanted to see “their doctor.” From the physician's standpoint they want to see their patients as continuity of care is very important. So the team is designed to correct this issue as well as address the need for more attention to preventive services. Each team will consist of a doctor, a nurse practitioner, a care coordinator and three nurses. Once in place, a patient will be able to be seen by their team 99% of the time (doctors do take

vacations) during normal business hours. When patients call, they will be speaking with the members of their team who will know them personally and will be better able to address their needs. After hours and on weekends will still be covered by an APN or physician on call. The results will be more same-day visits with each provider/team and increased quality of care.” – SAMA Practice Administrator Pete Atkinson’s Facebook post about the new team approach

Practice Spotlight 2

December 6, 2013

In this installment of the Practice Spotlight, we take a deeper look at how SAMA Healthcare Services in El Dorado, Ark., has blended risk stratification and care management to improve its already strong preventive care services. As described in the Nov. 15 article, the practice created four care teams, each headed by a physician and supported with a nurse practitioner, three additional nurses and a care coordinator. This team model not only fosters better coordination, but as you will read below, it creates a culture where all staff take ownership of patient care, resulting in measurably better care.



Risk Stratification Levels (merging of AAFP and Site Risk)

AAFP (Level 5 & 6) / Site Risk = HIGH

- ✓ Diabetes Mellitus, uncontrolled
- ✓ Hypertension, uncontrolled
- ✓ COPD
- ✓ CHF
- ✓ History of CVA
- ✓ CAD/Vascular Disease
- ✓ Obesity, morbid (BMI > 35)
- ✓ Renal Disease
- ✓ Cancer (active disease and/or on hospice)
- ✓ Hospitalization in the last 12 months

AAFP (Level 3 & 4) / Site Risk = MEDIUM

- ✓ Diabetes Mellitus, controlled
- ✓ Hypertension, controlled
- ✓ Hypercholesterolemia, controlled
- ✓ Obesity (BMI > 30 but <35)
- ✓ Hypothyroidism, stable
- ✓ Asthma
- ✓ Cancer (remission)

AAFP (Level 1 & 2) / Site Risk = LOW

- ✓ No chronic medical conditions, no medications

Change is a constant at SAMA Healthcare Services. While the most significant event was adopting an electronic health record nearly 12 years ago, continual re-evaluation among the practice's partner physicians has kept them "out on that edge," as **Gary Bevill, MD**, put it.

How SAMA Risk Stratifies

Through its work with CPC, SAMA formed care management and care teams, who drive proactive preventive care for the practice's approximately 19,000 patients. **Risk stratification** is among the core functions of the new care team.

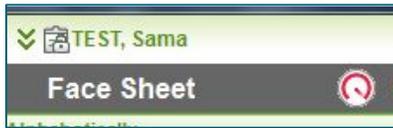
Nancy New, LPN, clinical informatics coordinator, described the process, "Our doctors got together and agreed on a set of diagnoses as risk factors and what level that factor would be. Then, they trained their teams by going over those lists and talking through their questions. Now when patients make appointments, the team care coordinator reviews the medical record before the appointment."

SAMA turned on Allscripts' Clinical Decision Support features, which alerts the care team to missing screenings or lab work and checks health maintenance measures. Occasionally gaps are rectified when results are re-entered in the discrete fields, but when screenings are needed, the coordinator asks the patient to visit SAMA's in-house lab before the appointment.

Using the recent Allscripts stratification product release and combined with the [AAFP Risk Stratification Tool](#), the coordinator flags the patient record prior to the appointment. The coordinator assigns a high risk (red) flag if the patient has complications of a major

diagnosis (diabetes, HTN, COPD, CHF, CVD/stroke) or more than two diagnoses in that group. A medium risk (blue) flag is assigned if disease management is in control. Low risk (green) is assigned to patients with no chronic medical conditions or medications.

Right: Note the icons for patients in the appointment view. Blue is medium risk; red is high risk. Patients under 18 are not stratified. **Below:** Face sheets are also tagged with risk levels.



S...	Labs	Risk	Age / Gender	Patient #	Location	Refer...	Comments
	Yes			27533	SAMA ...		30 .PB OV d
	No	🟡		17964	SAMA ...		15 PB OV -
	Yes	🔴		159470	SAMA ...		15 PB OV -
	No			155312	SAMA ...		30 NP OV -
	Yes	🔴		398	SAMA ...		30 .PB OV d
	Yes	🔴		4599	SAMA ...		30 .PB OV d
	Yes	🔴		26153	SAMA ...		15 PB OV -
	Yes			6204	SAMA ...		30 .PB OV d

During the patient encounter, the physician further reviews the assessment and confirms the appropriate flag in the medical record.

“We were doing some risk assessment earlier and making that happen with some work-arounds in the EHR,” continued Dr. Beville. “When the new product release came out, we jumped on that.”

Before enrolling in CPC, SAMA physicians decided to focus on timely A1c testing for their patients with diabetes.

“First, we educated patients to ask for the test every quarter. We told them why it’s important, and we asked them to work with us,” said Dr. Beville.

Over time, rates of A1c testing increased. When the practice took its first measurement for CPC, the results were pretty good for their demographics.

However, increased care coordination made a significant difference. Care coordinators called patients due for an A1c.

A nurse practitioner who is also a Certified Diabetes Educator increased patient education efforts and coaching tactics. Physicians wrote “prescriptions” to a local gym to encourage exercise. Patients with diabetes learned to ask about the A1c. And the numbers started to move. **The percent of patients with diabetes considered poorly controlled has dropped 1.5 percentage points from 2012 to 2013.**

“If you look at our A1c rates to date for 2013, we’ve tested more patients than in all of 2012 and our numbers are dropping,” pointed out Dr. Beville. “My patients are way better off with this new system.” (See screenshots.)

Dr. Beville reflected on this progress. “You know, I found one of our old (EHR) manuals from 2002 the other day. It was nowhere near to what we’re doing today. At first running those reports was tedious, but as it evolved, it got easier. If we had been late adopters, these changes would have been more challenging.”

He continued, “We as doctors often think our way is the only way. You really have to be flexible in your thinking and use what’s out there to get you where you need to go. My partners and I are willing to try things. It’s been a fun run.”

Location Name	Numerator	Denominator	Exclusions	Percentage
SAMA HealthCare Services PA	96	909	8	10.6%

Location Name	Numerator	Denominator	Exclusions	Percentage
SAMA HealthCare Services PA	84	922	10	9.1%