



# FAMILY MEDICINE NEWSLETTER

Lehigh Valley Hospital and Health Network  
Department of Family Medicine

## The Chronic Care Model Revisited... Delivery System Design

Heidi Wengerd Mayville, BS, PharmD

May 2008

How well does your office staff function as a team?  
How much of what you are doing now could your clinical staff do?  
When a patient calls with a need, how integrated is the front office staff to deal with it?  
How empowered is your staff to deal with normal lab values?

These are a few questions you may wish to ask about your practice to assess its delivery system design. Delivery system design is an important element of the Chronic Care Model, and should be set up to deliver effective, efficient clinical care and self management support. Practices that have maximized their delivery system designs have spent time cultivating the following change concepts:

- Defining roles and distributing tasks among team members
- Using planned interactions to support evidence-based care
- Providing clinical case management services for complex patients
- Ensuring regular follow-up by the primary care team
- Giving care that patients understand and that fits with their cultural background
- Doing today's work today
- Utilizing the person best suited for each task

None of these steps are easy. They take energy, and they need engagement from all levels of the practice. But the payoff can be well worth the effort. Practices that have successful delivery system designs universally report higher personal satisfaction in their working environments, better ability to work as a team, and better capacity to care for their patients.

For a checklist that can help you assess your own practice and give you suggestions for improvement, please access the Assessment of Chronic Illness Care (ACIC) website at:

[http://www.improvingchroniccare.org/index.php=ACIC\\_Survey&s=35](http://www.improvingchroniccare.org/index.php=ACIC_Survey&s=35)

Use the ACIC in two ways:

- To identify areas for improvement in chronic illness care before beginning quality improvement work.
- To periodically evaluate the impact of the changes your organization is making to improve chronic illness care.

The Institute for Healthcare Improvement (IHI) also has a wealth of information which can be accessed at

<http://www.ihl.org/IHI/Topics/ChronicConditions>.

# Presentations/Publications/Awards/Other

## PRESENTATIONS:

February 12, 2008 **Jeff Sternlieb, PhD**, Faculty, Department of Family Medicine, presented to the Reading Hospital Department of Psychiatry Continuing Medical Education Conference on "Balint Groups: A New Approach to Understanding Difficult Doctor-Patient Relationships."

**William Miller, MD, MA**, Chair, Department of Family Medicine, presented "Collaborative Medical Home Building 101: Harry Potter Learns Practice Jazz" at the STFM Conference on Families and Health. The conference was held in New Orleans, LA on February 29, 2008.

## Publications:

**Elissa Foster, PhD**, Medical Educator in the Department of Family Medicine, recently authored an essay—"Commitment, Communication, and Contending with Heteronormativity: An Invitation to Greater Reflexivity in Interpersonal Research", which appeared in the Jan-Mar 2008 issue of *Southern Communication Journal*.



## Task Award, "Health Care Systems for Tracking Colorectal Cancer Screening Tests"

*Melanie Johnson, EPICnet Coordinator*

Task Award, "Health Care Systems for Tracking Colorectal Cancer Screening Tests", is pending approval from the federal Office of Management and Budget and is expected to begin implementation September 2008. Official recruitment will begin following IRB approval, however several practices and practice organizations have shown strong interest in participation. The study will be enrolling one pilot, twenty intervention and five comparison practices. The Practice Safety Assessment was rolled out to Lehigh Valley Physician Group practices in February 2008 and has a completion date of March 31st, 2008. This survey assesses patient safety behaviors of ambulatory practices. All Lehigh Valley Physician Group Family Medicine Practices will participate, as well as practices at PSU/Hershey Medical Center.

EPICnet and PSU/Hershey Medical Center are collaborating on a study investigating the contributions of both the patient (with uncontrolled diabetes) and the patient-physician relationship in clinical inertia. This study will enroll twenty physician-patient dyads, surveying both the physician and the patient about the experience of the encounter. Eligible patients will have a glycohemoglobin of <9.0% with either two consecutive blood pressure readings greater than 135/85 or LDL cholesterol > 110 mg/d.

For more information about these and other EPICnet activities, please contact Melanie Johnson, EPICnet Coordinator at 610-969-4922 or [Melanie\\_B.Johnson@lvh.com](mailto:Melanie_B.Johnson@lvh.com).

# We've only just begun . . . Notes from the P4 initiative

Julie Dostal, MD; Jay Baglia, PhD-Medical Educator; Elissa Foster, PhD-Medical Educator

At the end of January 2007, we learned that our proposal for the Preparing the Personal Physician for Practice (P4) initiative, sponsored by the AAFP, AFMRD, and the ABFM, was one of fourteen accepted for implementation. After a site visit in the late winter, the ACOFP also approved the proposed P4 innovations for the osteopathic segment of the residency. After a decade of experience with our blend of traditional internship year with longitudinal rotations in the second and third year of residency, as well as a focus on developing Relationship Centered family doctors, we are now implementing the next phase of innovation in Family Medicine Graduate Medical Education as a national model for the future of family medicine education.

The core challenge of the P4 innovation is the simultaneous redesign of the primary care delivery system AND the doctors who provide primary care while we continue to provide care to patients and educate residents. We have started the transformation of our clinical sites into Patient Centered Medical Homes.

The major educational restructuring goals include enhancing the acquisition and development of Generalist perspectives and skills early in residency training; changing the content of residency training to match current and projected future clinical activities of primary care physicians; adding leadership; change management, and team development activities; creating collaborative learning experiences and collaborative practice opportunities.

So, we're 6 months into the P4 initiative and the Department of Family Medicine continues to experience a ferment of activity, change, and organizational development that is exciting and sometimes uncomfortable . . . which is as it should be. The curriculum changes associated with P4 went from 0 to 60 in the first few hectic weeks of July. Although some of the initiatives—Learning Labs, Continuity Care Teams—feel familiar now if not altogether routine, other initiatives—Continuity Care Sites, Elective Experiences—are still developing their potential. At this stage in the initiative, we were asked to share some of what has been happening.

A significant aspect of the P4 initiative is the ongoing provision of learning labs designed for each of the PGY levels. Learning labs are frequently, but not always, instructional sessions that endeavor to deliver a range of materials—or advance a particular skill—in an intimate, interactive setting. Learning labs are not entirely new to the Family Medicine residency; however, three innovations brought by P4

include (1) separate learning lab schedules for each of the three PGY levels, (2) an increased emphasis on active, participant-driven teaching and learning, and (3) more frequent offerings of learning labs, particularly for the PGY1s, who spend more time interacting with faculty in lab sessions and less in external hospital rotations. Learning lab topics were developed to extend and support the portfolios, which faculty members developed in accordance with the Family Medicine competencies. A typical structure for the learning labs includes a one-day, lecture- and activity-based session followed by a half-day of applied clinical activity. To date, the faculty has put forth extraordinary efforts to design innovative and engaging educational experiences that serve to support excellent clinical care and will only get better as P4 continues.

The Continuity Care Teams (CCTs) serve a number of functions within the P4 initiative. Primarily, they serve as a mechanism for sharing responsibility for patient care within the Lehigh Valley Family Health Center (FHC) and Phoebe Nursing Home. The CCTs consist of at least one physician faculty member, residents from each of the three-year levels, and at least one nurse from the FHC. The team members are not scheduled to see patients at the same time; rather, they are scheduled at various times throughout the week and coordinate communication about patients through the team meeting that occurs once a week on Wednesdays. The CCTs also participate in a one-hour, facilitated reflective activity at the beginning of each Wednesday meeting. This reflective activity changes weekly and includes Balint, Mega Clinic, and Continuity Case presentations. In addition to sharing responsibility for patient care, the CCTs are expected to undertake other activities as a team; for example, all the CCTs will develop and implement a project such as a group visit for the patients of the FHC. The CCT also provides the framework for home visits, which are part of the Family Medicine curriculum under the chronic care portfolio. The CCTs have established strong group identities—helped, no doubt, by the adoption of evocative names (The Care Bears, Team Lotus).

As these activities and others continue, the P4 Evaluation Team is engaged in a wide range of projects designed to test the effectiveness of the P4 initiative in developing clinicians and practices that deliver innovative, relationship-centered care to the Lehigh Valley community and beyond.

# Centricity

*Dave Mistretta, MA, Practice Manager; Christopher J. Boerstler, IT Coordinator—  
Department of Family Medicine*

The process began last year and culminated with the “go-live” on Monday, February 4, 2008. Literally, hundreds of man-hours were expended by the staff of the Department of Family Medicine, the Family Health Center, Information Services, and a contractor in San Antonio, Texas to make all of this work. What are we talking about? **CENTRICITY.**

As one of the first clinics to adopt Centricity as its electronic medical record (EMR) within LVHVN, the information gathering, discussion, planning, endless meetings, data migration, hardware upgrades and installation culminated with a clean break from the old EMR, Practice Partner, and the complete conversion to Centricity. How did we do it?

In July of 2007, LVHVN Information Services and Family Medicine staff began the strategic planning of this complex implementation. A Centricity Super-User team was developed within Family Medicine and those users received a thorough training of the new system months prior to go-live. This team met with Information Services on a weekly basis to discuss current workflows, develop new workflows if needed, and ensure hardware upgrades, end-user training, and overall functionality were well prepared for the go-live.

In addition to the weekly meetings mentioned above, a sub-committee was formed that was responsible for developing a strategy for migrating data from the old EMR system, to the new Centricity system. This team identified which data to migrate, developed a process to actually move it, and worked with a third party vendor to ensure the data correctly migrated.

The initial migration took place two weeks prior to go-live, allowing the majority of data to migrate to the new system and allowed a substantial amount of time for the data to actually move from one system to another and be verified while the use of the old EMR system continued. A second phase of data migration took place the weekend prior to go-live and included only those patients that had any activity in their charts from the prior two weeks. This was beneficial in that it allowed for a faster migration and gave the clinical staff a larger timeframe to make sure the migration was successful.

Continued on page 7

## **Disclosure: Is It Worth the Risk?**

### **Risk Management Symposium**

**Friday, April 25, 2008**

**7 am—12 pm**

**Lehigh Valley Hospital, Cedar Crest, Auditorium**

This half-day seminar will cover disclosure from a physician perspective, the emotional aspects of disclosure, the legal barriers and implications, and most importantly, the power of apology.

**Target Audience:** All physicians, registered nurses and other health care professionals interested in patient safety and risk management.

For registration information please call the Division of Education of Lehigh Valley Hospital and Health Network at **610-969-2277**.



# DEPARTMENT OF FAMILY MEDICINE

## *Dates of Interest*

May 6, 2008	7:00 am	GRAND ROUNDS	LVH-CC, KASYCH ECC#9, LVH-M, ECCA, LVH-17, VCT#2 <i>Speaker:s Gregory Harper, MD &amp; Tara Namey</i> <i>Topic: Genetics Around Cancer-BRCA</i>
May 20, 2008	7:00 am	DEPARTMENT MEETING <i>CME Meeting</i>	LVH-CC, KASYCH ECC#6, LVH-M, ECCA <i>Speaker: Brian Stello, MD</i> <i>Topic: Team Building</i>
June 2, 2008	7:00 am	GRAND ROUNDS	LVH-CC, KASYCH ECC#9, LVH-M, ECCA, LVH-17, VCT#2 <i>Speakers: Abby Letcher, MD &amp; Julie Dostal, MD</i> <i>Topic: Resident Research</i>
June 17, 2008	7:00 am	DEPARTMENT MEETING <i>Business Meeting</i>	LVH-CC, KASYCH ECC#10, LVH-M, ECCA
July 1, 2008	7:00 am	GRAND ROUNDS	LVH-CC, KASYCH ECC#9, LVH-M, ECCA, LVH-17, VCT#2 <i>Speakers: J.P. Orlando &amp; William Iobost, MD</i> <i>Topic: GME Annual Report</i>
July 15, 2008	7:00 am	DEPARTMENT MEETING <i>CME Meeting</i>	LVH-CC, KASYCH ECC#6, LVH-M, ECCA <i>Speaker: TBA</i> <i>Topic: TBA</i>

For *Department Meeting Info*: Contact Davida Leayman at 610-969-4954 with questions.  
For *Family Medicine Grand Rounds Info*: Contact Sue Turi at 610-969-4894 with questions and for updates.

## Family Medicine Grand Rounds

Andrew Sumner, MD, of the Lehigh Valley Physicians Group, Lehigh Valley Heart Specialists, presented "2008 Update on Lipid Management", on Tuesday, February 5, 2008. Discussed was the latest evidence on the role of combined medication therapy in the treatment of dyslipidemia in the outpatient setting.



On March 4, 2008, the Grand Rounds committee was pleased to have Arnold Slyper, MD speak about the growing concerns of the pediatric obesity epidemic. Dr. Slyper is a pediatric endocrinologist with a fellowship in pediatric metabolism here at Lehigh Valley Hospital. The talk focused on the new ideas in the literature about the cause of this epidemic and how this new interpretation can influence treatment and prevention strategies. He also discussed the increase in complications from obesity such as hypertension, diabetes type 2 and hyperlipidemia which we are seeing at much younger ages.

## Residency Update

*Brenna Kershetsky, LPN, Residency Coordinator-Lehigh Valley Medicine Residency Program*

### **Recruiting:**

We have completed the 2007/2008 interview season and learned the names of our new residents. This year was an outstanding year. We received the largest number of applications since the program started. Between the months of October and January we interviewed a total of 44 applicants, of which 18 were DO's and 26 were MD's. In February we participated in the Osteopathic Match and are proud to announce that Cara Dellegrati, DO, a fourth year medical student from PCOM will be joining our residency program in June of this year. In March we participated in the Allopathic Match and are proud to announce that the following people will also join us in June:

- Frances Romero, MD, Universidad Central Del Caribe, Puerto Rico
- Gerard Martin, MD, Ross University
- Ju Lee Tay, MD, Thomas Jefferson University
- Niru Kumar, MD, Temple University
- Dave Afzal, Do, Edward via Virginia College of Osteopathic Medicine
- 

### **Graduation:**

On Friday, June 20th, in The Hamilton Room at The Allentown Brew Works, we will be holding our resident graduation event. We are proud to show our continued support for our community as well as its businesses in their mission to redevelop downtown Allentown.

**CENTRICITY**-continued from page 4

The last obstacle that had to be tackled was upgrading every PC within the practice. Most upgrades took place the week before go-live and required shifting some staff members around the office in order to minimize the impact on office workflow. By the weekend prior to go-live, all PC's were upgraded and additional hardware was in place.

All FHC staff received specialized training on Centricity during the month prior to go-live. There were sessions designed exclusively for administrative and clinical staff; additionally, clinical staff and physicians trained together using scenarios of the most common types of encounters at the FHC. This proved to be very useful and allowed the staff to be exposed to the new hardware they would soon be using.

During the first week of using Centricity some patient flow issues were discovered that were not anticipated, but were able to be corrected quickly. The staff was universal in their praise of Centricity as a far superior EMR to Practice Partner and maintained a great attitude throughout the week.

The last crucial component in the success of the new system was the reduction of patients being seen daily in the practice. This reduction allowed adequate time to complete each patient encounter thoroughly. Once a comfort level was reached, the number of patients increased back to its normal volume.

## **Familiar Places, New Faces**



**Christine C. Chen, MD**  
Southside Family Medicine  
141 E. Emaus Avenue  
Allentown, PA 18103-5899  
Ph: 610-791-5930  
Fax: 610-791-2157  
Department of Family Medicine  
Provisional Active

Lehigh Valley Hospital  
17<sup>th</sup> & Chew  
PO Box 7017  
Allentown, PA 18105-7017

Non-Profit Org.  
Postage  
PAID  
Allentown, PA  
Permit NO. 1922

*Co-Editors: Marcia Shaffer & Brian Stello, MD*  
*Design: Dottie Bucchi*  
*Please contact us with your presentations,*  
*publications, letters to the editor and stories!*  
*Forward them to [Marcia.Shaffer@lvh.com](mailto:Marcia.Shaffer@lvh.com)*

## Inside this issue:

The Chronic Care Model Revisited...Delivery System Design. 1	Dates of Interest..... 5
Presentations, Publications, Awards, Other . . . . . 2	Family Medicine Grand Rounds. . . . . 6
Task Award “Health Care Systems for Tracking Colorectal Cancer Screening Tests”..... 2	Residency Update . . . . . 6
We’ve only just begun...Notes from the P4 initiative. . . . . 3	Familiar Places, New Faces..... 7
Centricity . . . . . 4	
Risk Management Symposium . . . . . 4	