CPC
Comprehensive Primary Care

An Initiative of the Center for Medicare & Medicaid Innovation

Practice Spotlight 1

November 15, 2013

SAMA HEALTHCARE

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."

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

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.

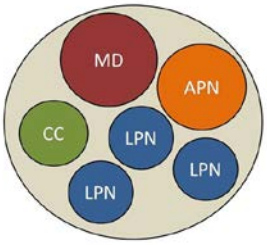
SAMA also keeps its Facebook page filled with clinic updates, such as an illustration of its care team model and links to media coverage about its CPC engagement.

"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."

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*

TMF Health Quality Institute

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