CPC
Comprehensive Primary Care

An Initiative of the Center for Medicare & Medicaid Innovation

Practice Spotlight

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*Located southeast of Denver in Greenwood Village, **DTC Family Health and Walk-In** is a three-physician practice serving about 9,000 active patients. In addition to traditional appointment-based primary care services, the practice offers walk-in services Monday through Friday, 7:30 a.m. to 4:30 p.m., and Saturdays, 8 to 11 a.m. The practice uses AthenaHealth for its EMR and patient portal.The practice website is http://www.dtcfamilyhealth.com/home.html.*

"Culture eats strategy for lunch every time," **Tim Dudley, MD**, of DTC Family Health and Walk-In, said. "Marjie Harbrecht, MD, the CEO of HealthTeamWorks, often says this, and she's right. We lead change in our practice by emphasizing our culture. We say, 'This is how we deliver high-quality service. This is how we treat each other professionally and this is how we work together as a team.' "

Tim Dudley, MD

This small practice of three physicians — Dr. Dudley works with his wife, **Lindy S. Gilchrist, MD**, and **Lynn Joffe, MD** — relies heavily on daily interaction and communication as it takes on the CPC work along with other initiatives for quality care.

"We start with the big picture of what we're working on and then we drill down to the workflows, the PDSAs and the like," Dr. Dudley said. "Our attitudes vary by our roles. As physicians, we can be skeptical. We ask, will this do any good? How will it work? Is it sustainable? Then our PAs are intrigued and genuinely interested, but wary of the workload. The MAs are looking for a combination of the big picture and the drill down."

With 50 to 70 daily advanced appointments plus walk-in visits, it can be challenging to look up from the day-to-day activity to focus on transformative change. Each staff member's daily workflows include carve-out time for CPC. This dedicated time is how DTC "steps off the treadmill," as Dr. Dudley says, from patient visits to focus on other tasks that support the comprehensive approach. For example, each physician-MA team will meet with the care manager for patient updates. Or, MAs will use the time for visit prep, ensuring preventive care like vaccines are administered before appointments. Over time, these processes will work through the entire patient population, meaning future patient encounters will focus solely on acute needs and less on the catch up work of preventive care. A dashboard feature in the practice's EMR (AthenaHealth) allows providers to monitor patient workflow through real-time updates and data, and then help each other as needed.

Why CPC Fits for DTC Family Health

After several years in academia, Dr. Dudley returned to private practice when he joined DTC Family Health in 2007. During his tenure as director of the University of Colorado Family Medicine Residency program and director of the University of Colorado Hospital Family Medicine In-Patient team, he began thinking about how aspects of the residency programs could be integrated into primary care.

Change concepts like risk stratification were among those components he could envision at DTC. Joining CPC sped up that integration as well as rounded out the practice's services with bringing **Heather Cherry**, a registered dietitian, and **Karen Foreman**, **LPC, NCC**, a behavioral health therapist, on board.

Following DTC's work on PCMH, CPC was the "next logical step" for the practice. Dr. Dudley pointed to the engagement of major payers as well as the hybrid payment model as key factors that piqued his interest. This combination allows practitioners to build a comprehensive approach as the traditional fee-for-service model undergoes reform.

"The benefits of CPC are increasingly obvious," Dr. Dudley remarked. "The daily use of a care manager and how a risk-stratified panel identifies those high-risk patients who need more of our focus — that's very satisfying."

DTC followed a simple methodology for risk stratifying the highest-risk patients: First, the practice identified all patients with two or more co-morbidities and a recent hospitalization or ED visit. Then from this pool of patients, providers further analyzed patient records to flag patients with conditions out of control, potential for preventable readmissions and inappropriate use of EDs.

During weekly meetings with the care manager, providers review the stratification and make adjustments according to their knowledge of the patient and the patient's health behaviors. Currently 2% (or about 180) of the practice's patients fall into the highest risk cohort.

"If there's an emerging concern about a patient, even if he doesn't have the two co-morbidities, we will put him on our high-risk list," Dr. Dudley explained. "We also take patients out of that high-risk group if they are obviously self-managing their conditions well."

Barriers? What Barriers?

The process of integrating technology into the traditional primary care setting often starts with identifying the barriers, specifically how to overcome patient resistance. Dr. Dudley thinks those attitudes should be shelved with VCRs and Walkman MP3 players.

"The grandmothers in my practice are used to getting email from their kids and grandkids," Dr. Dudley said. "Everyone, even my older patients, is accustomed to instant communication. Once they use the technology, it resets their expectations." The number speaks for itself — **about 72% of DTC's patients actively use** the patient portal.

Why are 72% of DTC's patients using the patient portal for asynchronous communication? Find out in the next Spotlight how this small practice has shaped workflow around the portal and why patients are embracing it too.

This perspective has been a key to how DTC has built robust use of its patient portal. In the next Spotlight, DTC shares how the practice has "hardwired" portal use among its patients and how other technology continues to enhance the patient experience and access.

Next Spotlight: Why 72% of DTC's patients use the practice's online portal.

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