

Case study

Mt Airy Family Practice

A primary care practice in Philadelphia, Mt Airy Family Practice was the first in the nation to receive recertification as a Patient-Centered Medical Home™ under the new 2011 NCQA standards. Mt Airy was originally certified in 2008. Five physicians, two nurses and two medical assistants function as a team that takes collective responsibility for patient care. Serving 500 patients a week, the Mt Airy team proactively ensures optimal chronic care and preventative care using evidence-based guidelines for chronic conditions, as well as patient goal-setting and coaching.

“The MEDENT Patient Portal is tightly integrated with the MEDENT system,” states Dr. Thomas Lyon, M.D., physician and co-founder of the Mt Airy practice. “The portal has been well-received by providers and patients. About 50 percent of our patients are now using it which has reduced call volume to the front desk. We are not working harder but can provide better quality of patient care. The portal is helping.”

CHALLENGES

Founded in 1989 by Dr. Thomas Lyon and Dr. Linda Good, by 2005 Mt Airy Family Practice had fully implemented MEDENT Practice Management and EMR from Community Computer Service. As a certified Medical Home, Mt Airy’s communication with patients was extensive but not highly efficient. The practice decided it was time to implement a Patient Portal.

SOLUTION

In August 2010, Mt Airy Family Practice began using the MEDENT Patient Portal.

“With the MEDENT Patient Portal, it’s easier and less expensive to communicate with patients and remind them when they need chronic care or preventative care.”

Thomas Lyon, M.D., physician and co-founder
Mt Airy Family Practice

In both 2008 and 2011, Mt Airy achieved Level 3 recognition from NCQA. Since initial certification as a Medical Home, Mt Airy has increased the number of chronic conditions for which they use evidence-based guidelines. "Also, there is more emphasis on goals of care," explains Dr. Lyon. "For diabetes, hypertension and tobacco cessation, goals are built into the system, and the physician prints out a paper for the patient which has goals and how to get to those goals."

"We are now more committed to team care. Our RNs and medical assistants are deeply involved in decision making. We have a huddle each day involving one of our five physicians. We look ahead to see which patients are coming in the following week. For example, a physician may have 15 diabetic patients scheduled. The team discusses concerns, and action may be taken prior to the appointment."

In 2008, Mt Airy had four physicians. In January, 2010, they added a fifth, with two physicians cutting back to three-quarters time. Mt Airy has also added two medical assistants who work with patients and with test results. One works exclusively with patients with chronic conditions to ensure they are reminded and get the care they need. The two RNs focus on triage and supervising patient interaction.

The MEDENT Patient Portal is tightly integrated with the MEDENT system. "Before the portal, staff had to login to the e-mail system to read an e-mail from a patient to their physician," describes Dr. Lyon. "They had to cut the message from e-mail and paste it into the triage system. If the physician responded with an e-mail, staff had to log back into e-mail, repeat the cut and paste and then send the message back to the patient. Now using the MEDENT portal, everything is automatic. It is much less work for staff, and we are more efficient."

"An additional positive is that MEDENT tracks everything that goes through the portal in the same way it tracks everything else in the system. If a patient complains they have not received test results or that a prescription was not sent to the pharmacy, staff can easily verify what was sent and when."

"We thought that with the portal we might receive large numbers of e-mails," states Dr. Lyon, "but there is a relatively low volume of e-mails to the physician. Other than refill requests, I get about ten e-mails a week which describe some concern and require thought on my part. These would be phone calls without the portal. A benefit is that these can be handled without tying up the front desk which often became a bottleneck, with patients frustrated and placed on hold."

"The way in which the Patient Portal is introduced to patients has evolved," explains Dr. Lyon. "Initially it was introduced by the physician at the end of the visit. I explained to the patient that they would be able to see their medical record online and be involved in building it. The patient was given a portal activation code and a letter describing the sign-up process. Now the letter

includes more questions and answers. Also, the website has a button for the portal and includes information about how to use it and the available functions.”

Nearly all new Mt Airy patients are assigned to the new fifth provider. While seated in the waiting room, patients use the portal to fill in their history on one of Mt Airy’s two iPads which are secured to the wall near the new provider’s office (shown on 4th page). Since the patient has only to point and click, data entry is easy and has replaced the pen and paper history forms patients completed in the past. Patients can use the portal if they later want to update their history or schedule appointments.

“Portal use was really strong by spring of 2011,” explains Dr. Lyon. “I believe about half of our patients use the portal. Those who don’t include patients 70 and up, those with less economic means and those who don’t have e-mail or a home computer. By far the greatest use is to get lab and X-ray results. About 80 percent of lab results are normal and don’t require a conversation. About half of normal lab results are communicated via the portal with the remaining half sent out in a letter. Sending results over the portal reduces the cost for the practice, and patient response has been very positive. Patients also use the portal to request referrals and appointments, to directly schedule appointments and to ask billing questions.”

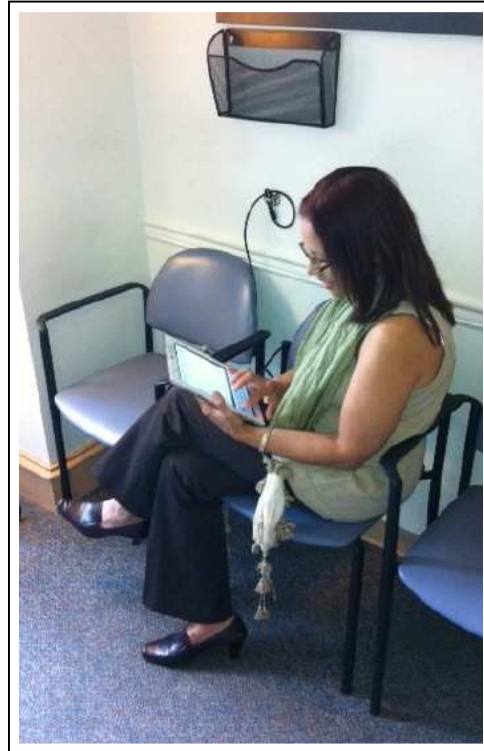
“One of the physicians who had not used Windows or e-mail before we moved to EMR is very positive about the portal and encourages its use with patients,” comments Dr. Lyon. “One of the RNs who is not very tech savvy and who feared when we first started to use the portal that she would be flooded with e-mails is now promoting the portal to patients as an easy way to send her information.”

RESULTS

The Patient Portal has been well-received by Mt Airy’s physicians, staff and patients. Use of the portal has reduced costs, increased efficiency and lessened the phone bottleneck at the front desk. It’s easier and less expensive to remind patients they are in need of care. In the past, the practice mailed letters. Now, if the patient uses the portal, staff sends an e-mail linked directly into the portal. It is secure and logged. The patient can e-mail back from within the portal, and the exchange doesn’t require a phone call. Communication of test results, patient scheduling of appointments, e-mails to request referrals and ask billing questions all contribute to a reduction in phone calls and enable staff to manage requests more efficiently.

“We are not working harder but can provide better quality of patient care,” states Dr. Lyon. “The quality of patient care is definitely higher. Pennsylvania recently conducted a review of 35 practices and measured 35 to 40 parameters on care delivery. This enables us to prove that patient care has improved. For example, on one measure for diabetes care the goal is to keep the index under seven.

In 2008, 35 percent of our diabetic patients were over nine on the index. In 2011, only 10 percent are. We are definitely delivering better care, and the portal is helping.”



Patient using portal to enter data in iPad secured to wall in Mt Airy’s waiting room.

“Patient-Centered Medical Home™” is a trademark of the National Committee for Quality Assurance (NCQA)