

DEDICATED TO EXCELLENCE

**Practice Management Strategies: Improving the Care of Chronic Illness**

The theme for this series of articles on practice management is that the stress and strain of clinical office practice does not have to remain outside of your control. It can be mitigated by strategies that have proven successful in office practices of all sizes and structures around the country. Previous articles have discussed creating a high performing team and improving office efficiency (*to access past articles in this series please see the PAP Newsletter Archive at [www.FirstChoiceDoc.com](http://www.FirstChoiceDoc.com)*).

In this article we touch on the improvement of chronic illness care.

Employers and payors are increasingly emphasizing public reporting of physicians' quality outcomes for chronic illnesses. But, physicians are constrained by a system designed to offer the best results for acute care, not chronic illness care.

In the traditional 10 – 20 minute office visit, the physician is often taxed to touch on one or two acute issues (much less the often complex array of medical, psychological and social dilemmas of chronic illness care). Also, it can be difficult to find the

time and resources to help patients master the information and skills to do better self care.

The findings from national data samples are therefore of no surprise--only about 50% of patients with chronic illnesses receive care called for by evidence based guidelines. Only 40% of patients feel confident they can manage their care.

Improving chronic illness care requires a change in how office practices organize and support their own work. These work redesign elements are known collectively as the Care Model, developed by the MacColl Institute in Seattle.

The Care Model has been studied extensively in the scientific literature. Using its design concepts, hundreds of practices around the country have achieved improvement in outcomes including physician, team, and patient satisfaction. Even small

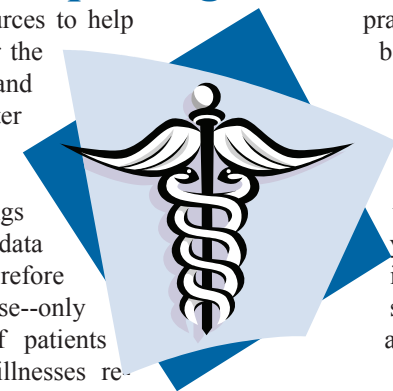
practices with limited resources have been successful.

A review of the Care Model is beyond the scope of this article. What's important is to be aware of the model. Find a physician within your office with a particular interest in learning more. The best place to start is the MacColl Institute website at [improvingchroniccare.org](http://improvingchroniccare.org).

Deciding on a full implementation of the Care Model is a significant commitment—but doable. At the same time, taking small steps is better than doing nothing at all. There are things you can do today which can make a difference.

The good news here is that, no matter where you start, you and your patients will benefit.

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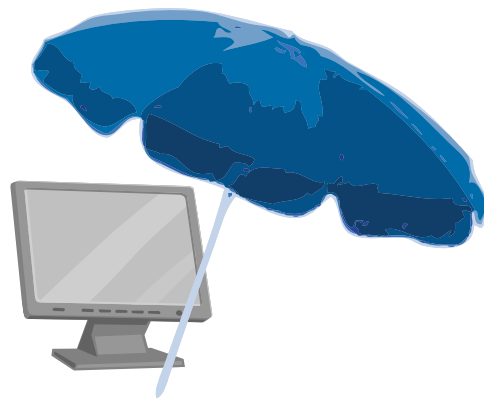
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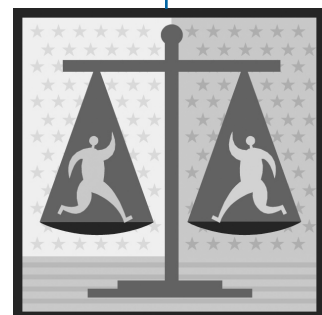
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This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. If specific health or medical advice or assistance is desired, the services of a licensed healthcare professional should be sought. The information in the First Choice Health PAP Quarterly Newsletter is not meant to replace the advice or expertise of your physician or healthcare provider. If you are experiencing health problems or contemplating lifestyle changes such as diet or exercise, consult your healthcare provider ahead of time to ensure your well being.

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**Bringing Balance to Work, Home, and Life**

**The Care Model:**

**Key Areas of Office Practice Redesign**

Reference: [improvingchroniccare.org](http://improvingchroniccare.org)

Goal: productive interactions between informed, motivated patients and prepared, proactive physicians and care teams.

1. Decision support tools: Flow sheets and checklists organize and deliver necessary information and reminders at the time of care.
2. Self management support: These tools provide information and skill training to help patients build confidence in self care.
3. Changing roles and work processes within your Care Team: Success cannot be achieved without delegating certain tasks to

non-physician members of the Care Team (assessment, monitoring and follow-up).

4. Clinical information systems: Having the right information at the right time and place is critical to chronic illness care. Computerized systems for such information management are called "registries." Awareness of what registries offer will help you plan your IT strategy as you look at EMRs. There are many options:

a. There are registry products available for free in the public domain and at cost from private vendors. Guides for decision making can be found at the California Healthcare Foundation website: [chcf.org](http://chcf.org).

b. You can also set up a registry with an Access database or Microsoft Excel (see Ortiz, "Using a simple patient registry to improve your chronic disease care," Family Practice Management, [aafp.org](http://aafp.org), April 2006).

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# Change Your Stress, Change Your Life

*A Series: Managing the Stress of Modern Living*

People invest a lot of money, time and energy in making physical changes for the purpose of seeing themselves in a different light. Whether change is attempted by upgrading the wardrobe, going from glasses to contact lenses or sporting a new hairstyle or color, it's a universal human phenomenon to want to feel differently about ourselves by tinkering with how we look or influencing the way we're perceived by others.

As with many things that are novel, the effect frequently fades once we realize that no matter what we change physically, we take ourselves – our experiences, our habits, our egos, our vulnerabilities and the way we think - with us everywhere we go. This is especially true during the holiday season.

As discussed in other articles in this series on managing the stress of modern living, an effective way of increasing well being is to learn to respond effectively instead of reacting impulsively to situations, events and opportunities that arise



at work, at home, in relationships, during the daily commute - and in the midst of family gatherings.

Just as businesses and restaurants sometimes influence their settings by establishing a Dress Code, you can favorably influence the quality of your life by developing and living within a Stress Code. Your Stress Code isn't about what you wear or being overly concerned about how you're perceived by others, it's an agreement with yourself to practice self care by doing things differently - on purpose - whenever challenging circumstances or opportunities arise.

A personal Stress Code helps you actively embrace change rather than waiting for circumstances (or

somebody else) to become different. As the Indian spiritual leader Gandhi is famous for suggesting, make good use of your ability to "be the changes you wish to see in the world." Be willing.

A Stress Code is a holiday gift for the self. By defining and living within your Stress Code you can increase your resilience to the challenges, frustrations and opportunities you encounter from day to day. Change your responses to stress and you can experience yourself – and your circumstances – in a different light.

*For a primer on change, please read the articles in the PAP Fall 2005 Newsletter, available online in the Newsletter Archive at [www.FirstChoiceDoc.com](http://www.FirstChoiceDoc.com).*

For more information on this topic, for ideas about what to include in your personal or family Stress Code, or to request a referral for a supportive counseling assessment, contact First Choice Health at 800.777.1323 or online at [www.FirstChoiceDoc.com](http://www.FirstChoiceDoc.com).

## Book of the Month Club: *Fierce Conversations*

Each Friday in December of 2006 the Physician Assistance Program will give away 2 complementary copies of Susan Scott's influential book on communicating effectively in all areas of your life, *Fierce Conversations*.

Whether your goal is to build a legacy of trust between yourself and a patient, colleague, or coworker, to become effective with your child or a family member, or to sustain connectedness with a spouse or partner, the author points out what's easily and frequently overlooked: in every interaction with another person, the conversation isn't about the relationship, the conversation IS the relationship.

The author is a highly successful international consultant who believes that the purposefulness, habits, consistency, intentional care and feeding you invest in any and every interaction between yourself

and another person – regardless of the setting (work, home, community) – establish the quality of that relationship, and that the quality of a relationship substantially influences positive or negative outcomes.

Being intentional about your interaction with others – "one conversation at a time" - is a very powerful way of increasing rapport and effectiveness, maintaining trust and understanding, and minimizing the corrosive effects of stress that can impact and undermine any relationship.

To enter the book drawing, contact us by email or by phone. Provide your name, the name of the hospital through which you have access to Physician Assistance Program services, and a phone number or valid email address at which you can be contacted (and where a message can be left) if your name is drawn. Your name and contact

information will not be shared and you will be contacted only if your name is drawn.

The first drawing will take place on December 1st, 2006 and there will be a drawing every Friday during the month.

***This promotion in no way implies endorsement of the book's contents (nor of the author or the publisher) by First Choice Health. This book is made available as a free-standing educational tool and resource for interested participants.***



## .....Kids, Families and the Need to Read .....

It's important to create an environment that promotes the love of reading. Not only is it necessary for success in today's world, reading sparks creativity and imagination, it relieves stress, and reading is a healthy habit for a lifetime of learning.

- The most important thing a parent can do to teach a child to love reading is set the example (see Book of the Month Club in this newsletter).
- Perhaps as part of your family Stress Code (see Change Your Stress, Change Your Life in this newsletter), set aside a time each day when everyone in the family reads. Perhaps it's for 30 minutes after dinner or just prior to bedtime every evening. Be consistent.
- Read to your children. Even after they're old enough to read themselves, it's always a treat to have a parent read to them.
- Never punish your child by taking away books or limiting reading activity.
- Share books you loved growing up.
- Create a tradition of reading one chapter from a book each night before bed. Children can't wait to find out what will happen next. This motivates your child.
- Start a family book club. Everyone reads the same book and pick a night to discuss it. Get books from the library to avoid buying several copies of the same book. Or take turns reading from the same book.
- Let your child choose his or her own books. Don't limit the choice of reading materials (within reason). If he or she wants to read educational books, comic books or music magazines, let it be. The goal is to spark your child's love of reading.
- If your child only shows interest in music magazines, for example, bring home books such as a biography on one of his or her favorite musicians, books on musical history, books that teach how to play music, etc.

*Adapted and used with permission from <http://www.greatestkidsbooks.com>*

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## Action Items: Improving Chronic Illness Care

1. Choose a chronic illness for your initial focus (e.g. diabetes).

2. Design a flow sheet/checklist which includes the lab tests and reminders for the major elements of care. Or, use one of many such tools available online ([improvingchroniccare.org](http://improvingchroniccare.org)). Assure the sheets are in the record at the time of care by assigning this task to specific office staff.

3. Select self management support tools for patients from available web resources. Have them ready at the time of visit. Assign a staff member to go over them in detail with the patient.

4. Contact patients one week prior to their visits to go over needed lab tests. Send them the self management support so that they can be prepared at the visit to ask questions.

5. Identify key measures to monitor outcomes for this population (see the NCQA Physician Recognition Program for diabetes at [ncqa.org](http://ncqa.org) or the AMA consortium measures at [ama-assn.org](http://ama-assn.org)). Use these resources to design tools to collect chart data.