Taking the Leap to Independence

Just as the Medicare Access & CHIP Reauthorization Act (MACRA) fuels another surge of doom and gloom messages predicting the demise of independent practice, primary care doctors across the country are implementing different practice models to reclaim control over their professional lives. One of our GAMA board members, Vice President Dr. Heather Brislen, is pursuing just that and will soon open her own solo practice. She graciously spent some time with me explaining the practice model and her motivation.

Her practice will be following the model of “direct primary care,” describing any practice where physicians are paid directly by patients outside of the usual insurance pathways. Direct primary care (DPC) is now the preferred term rather than “concierge” or “boutique” practice which have the reputation of being VIP selective and including fancy non-medical attributes and services. There is inconsistent use of terminology, but the basic common theme is a monthly or annual fee that varies widely and may include a wide variety of patient populations. The model gaining most traction is the membership model based on a fixed fee, the amount of which depends on the kind of “value-added services” of the subscription.

The membership fee enables the doctor to limit the practice to a much smaller patient panel, spend more time with individual patients and significantly reduce overhead expense. This style of practice also allows freedom in choosing an electronic medical record optimized for different priorities. The ubiquitous enterprise EMR systems such as CERNER and EPIC build on optimizing coding and billing capabilities and are slow to build out physician and patient friendly features. Dr. Brislen chose an EMR that is built around an optimized patient portal and can utilize personal electronic devices, such as sending results to the doctor’s smartphone. The EMR that she is working with, Athena, is also cloud-based, so most of the HIPAA and data security issues are on vendor’s shoulders, instead of hers.

In the solo practice model, innovation can be implemented a lot faster and learning happens real time. Dr. Brislen is planning to utilize Internet-based programs and applications, such as weight loss and other health monitoring programs that are much easier to implement now than even a few years ago. In her own words, the sky is the limit on creativity in this new health care space.

Our mission

"To promote excellence in patient care by identifying and solving physician practice problems in any practice environment through advocacy, education & collegiality"
As Autumn Approaches

Autumn has nearly arrived and we all anticipate enjoying the changing colors as nature prepares to go dormant.

Similar to the falling leaves of autumn, GAMA is gearing up for the leaves that are about to fall on our tarp.

Planning for our upcoming Behavioral Health Summit continues, but has been pushed back to Spring 2017. Dr. Sever and the GAMA staff are preparing for a rewarding follow-up to our last Behavioral Health summit and will provide more information as soon as it is available.

We are also in the planning stages for the upcoming 60-day Legislative Session. We expect many healthcare related bills to be introduced and we urge our membership to take an active role in defending our patients and our practices. There is already a plan to introduce a bill in the House that will impact Maintenance of Certification (MOC) for all physicians in NM. Such bills will directly affect every GAMA member and we must be involved in the decision making process of these bills. Legislators are not experts in this area. As the Chair of our Advocacy Committee, I invite you to contact me to discuss your interest in advocacy issues.

Our current NMMS President, Dr. William Ritchie recently emailed an excellent update regarding the Montano/Frezza Case that is currently being reviewed by the New Mexico Supreme Court. If this case does not ring a bell, you need to catch up on its significance. Dr. Ritchie’s message via the NMMS will help to update you on the current status of this case, but you may also find information online at (http://www.montanovfrezzabrief.info). The ruling on this case will impact not only every GAMA member, but also every New Mexican. Although this case may stretch out over two years, it is imperative that we remain aware and involved.

It is essential to prepare to make sure the recent Medicaid provider reimbursement cuts do not continue as government increasingly controls our industry: its decision-making process and its financing. While we plan to monitor bills related to similar cuts for the 2017 Legislative Session, our Executive Director, Ms. H. Diane Snyder, recently emailed out a request on GAMA-Net for GAMA members to participate in a public forum to improve
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We also discussed the downsides to this type of practice. A rather large barrier is the long preparation time for setting up the practice. It takes up to a year to figure out all the details of legal ramifications, deciding on and purchasing an EMR, and credentialing and contracting with insurance companies. It can be frustrating to deal with new complexities; for example if the DPC practice bills Medicare, the membership fee has to be apportioned specifically for services not paid by Medicare, re-introducing of administrative hassle that needs to be dealt with in a properly worded patient contract. All these tasks cannot be easily accomplished by a physician just coming out of residency, on top of learning the ropes of real life practice.

A much voiced concern in physician communities is that the small patient panels of DPC’s aggravate the shortage of primary care providers DPC practitioners point out that interest in these practices is high, and may be a real draw for entering primary care, driving up the number of primary care providers. Another concern is cherry-picking of the well-to-do and relatively healthy patients. The DPC point of view is that their model is particularly suited for the chronically ill who consume a lot of health care resources in any practice. With personalized care, crisis situations can be de-escalated earlier and more quickly, preventing ER visits and hospitalizations. A common fee schedule for DPC practices is the equivalent of a monthly gym fee, therefore prevention of one hospitalization or as few as three ER visits a year already are worth the membership fee. In Washington State the Medicaid MCO’s have done the math and pay the membership fees to DPC’s who have shown that their practice lowers total cost of care.

Ultimately, Dr. Brislen is envisioning to build a practice that can provide highly individualized care for her patients regardless of their financial situation, similar to the Washington model. The price of 24/7 “on call” is small for her compared to the gain of independence and ability to preserve a strong one-on-one physician – patient relationship.

Direct primary care is not a model that can be scaled to encompass the entire health care system but it certainly is teaching us that patients are indeed consumers who are willing to pay a premium on care that works for them. It is also trailblazing the reduction of red tape and demonstrating once again that medicine is not just about administration of the right drugs at the right time but remains a profession of personal relationships between human beings.

Read more:


Required CME Information

Controlled Substance Abuse In New Mexico: Perspectives and Approaches in the Clinic and Community. DVD and CD order form. Approved by NM Medical Board to meet 5 hours of pain management education requirements and 5.50 AMA PRA Category 1 Credit(s) TM. This enduring material is accredited from December 1, 2014 through November 30, 2017. Call (505) 828-0237 for more information.
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New Mexico Council on Asthma Report: Asthma medications and spacers reimbursed by Centennial Care

Many parents of children with asthma and providers who care for these children are faced with difficulties getting necessary supplies of medications and appropriate spacers. Providers often have to deal with a time consuming and at times frustrating process for obtaining prior authorizations.

The New Mexico Council on Asthma has worked to advocate for consistent reimbursement for prescription of two quick relief inhalers (usually albuterol) and two spacers at one time without prior authorization. This goal has been achieved to include children 0-18 years of age who have a diagnosis of asthma and are covered by Centennial Care. The Council hopes that children will have access to needed medications and spacers both at home and at school.

An inhaler grid has been constructed for each Centennial Care insurer that contains their respective policies on spacers/valved holding chambers, controller and quick relieve asthma medications. Each grid lists the contact for providers to obtain more information on these grids. The information in the grids will be updated every six months.

Please check our site for these policies as well as other information that may be of interest at the following link: http://chronicdiseasenm.org/members-stakeholders/new-mexico-council-on-asthma/asthma-grid

If you like more information on this topic, or you are interested in joining the NMCOA, please contact:

Kathleen Moseley, RN,MS,AE-C
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Phone: Main 505-265-0732, Direct 505-814-7553

Submitted by Alice Marosi, MD
the Medicaid’s Management Information System. The email from August 24 includes information for members to pursue this critical issue.

Our GAMA Expo was held on August 25. While a smaller turnout, it was an enthusiastic group. We had approximately 60 vendors and provided an environment conducive to our members interacting. We also held a raffle which benefited Paws and Stripes. Please make this an event you plan to attend annually.

As I conclude my September article, I plan to analyze how our newsletter impacts the membership. I have received some feedback from GAMA members and hope to incorporate more feedback as we look ahead to next year. I would appreciate your recommendations for our monthly newsletter at tonybsalazar@gmail.com.

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**Classified Ads & Updates**


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PAVING THE WAY TO INTEGRATE TWO OF HEALTHCARE’S CRUCIAL SERVICES

TriCore Reference Laboratories (TriCore) and the University of New Mexico’s (UNM) College of Pharmacy are joining forces to create a unique opportunity for pharmacists and laboratorians to work together in the lab to improve patient outcomes. These two disciplines can work together to greatly improve patient experiences, reduce healthcare costs and improve population health, overall.

“Coordinated care is a team sport. We can’t accomplish this mission without each profession learning from one another on the overall cost of healthcare delivery,” said Khosrow Shotorbani, CEO of TriCore. “We envision that this partnership will result in value-based decisions focused on improving population health while reducing overall costs.”

Ten students from UNM’s College of Pharmacy will participate in the newly created Population Health Management rotation. These students will support TriCore’s clinical solutions enterprise, focusing on the pharmacy-laboratory interaction. The students will be in a non-traditional pharmacy setting learning how lab results play a vital role in healthcare and how combining pharmacy and laboratory information supports improved screening, diagnosis, and treatment for many diseases. One example of this is the appropriate use of antibiotics to reduce microbial resistance and the spread of infections by resistant organisms.

UNM College of Pharmacy dean and professor, Lynda Welage, PharmD, said, “We are delighted with our growing partnership with TriCore. It is an incredible laboratory to prepare pharmacy students, clinical pharmacy fellows and other healthcare trainees for future opportunities in healthcare. We thank TriCore for supporting our educational mission and look forward to enhancing our collaboration with them in the future.”

Larry L. Georgopoulos, PharmD PhC, UNM College of Pharmacy, said, “The College of Pharmacy values its teaching partnership with TriCore and the unique teaching venue where our pharmacy students, residents and fellows learn how partnering with laboratorians will improve patient experience, reduce healthcare costs and improve the population health of New Mexicans.”

Monique Dodd, PharmD, was the first to complete the one-year UNM residency program and one-year fellowship. Dr. Dodd focused on infections and the need to prescribe the right drug – critical for antimicrobial stewardship. “This collaboration between the lab and the College of Pharmacy is a new and exciting opportunity for pharmacy students and pharmacists. Having an understanding of laboratory technology and the predictive and diagnostic value of the results enhances the ability to determine optimal care for patients. Ultimately, a pharmacist in this setting has better information to engage with physicians, health systems and managed care organizations about making better clinical decisions for optimizing healthcare.”

Dr. Nick Dayan, TriCore’s Chief HR Officer, said, “We are committed to enhancing the educational resources in our community and keeping the strength and talents of New Mexico’s best pharmacists and laboratorians within our state.” TriCore believes that this partnership will result in value-based decisions focused on improving population health while reducing overall costs.

About TriCore Reference Laboratories

TriCore Reference Laboratories is a New Mexico-based, full-service medical reference laboratory that provides routine and highly specialized testing to physicians and healthcare institutions across the United States. Comprehensive and cost-effective, TriCore offers access to nationally recognized pathologists who provide clinical translation for optimal patient care.
Changes to Lovelace Health System’s Customer Care program have earned a major award for an Albuquerque consulting company. High Performance Consulting partnered with Lovelace Health System on quality initiatives with Customer Care, which led to the Award of Excellence from the International Society for Performance Improvement (ISPI).

ISPI is the most respected organization for human performance improvement in the world, and its awards recognize people, products, innovations, and organizations that represent excellence in that field. The improvements in Lovelace Health System’s customer service program were so successful, they were deemed worthy of this esteemed honor.

High Performance Consulting owner, Ildiko Oravecz, consulted with Lovelace to determine best practices for taking the hospital system’s customer care to a higher level. Lovelace’s quality initiative team had studied and analyzed its current processes and identified five areas with room for improvement:

- Consistency of service
- Length of time for employees to reach full competence from date of hire
- Customer phone call abandonment rate
- Staff turnover rate
- Average speed to answer phone calls

Oravecz and her team, comprised of Sara Sanasac and Karen Rutledge, both Masters students in the University of New Mexico’s Organization Information and Learning Sciences (OILS) program, used a combination of two approaches to address the hospital’s needs. They employed the Human Performance Improvement (HPI) approach and the Successive Approximation Model (SAM) to help devise a plan to meet key improvement goals identified by Lovelace staff. Oravecz says the results of the changes implemented at Lovelace have significantly enhanced the patient experience.

“Before program changes were implemented, there were several variations of ways that people carried out customer care jobs. Now there are four consistent processes and procedures,” she says. “We helped decrease the time it takes for a phone call to be answered. More comprehensive training has decreased the time it takes to get a new employee up to speed. We decreased the number of calls that are abandoned. And, we are seeing higher levels of staff engagement which should result in a decrease to employee turnover.”

Oravecz, Sanasac, and Rutledge accepted their ISPI Award of Excellence during a ceremony in Philadelphia. Oravecz says she is thrilled to know that her team’s work made such an impact.

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GAMA Calendar of Events

2016 Save the Date

Speakers Series
Wednesday, Sept. 14, 2016, site TBD
David A. Hovda PhD, Director of the UCLA Brain Injury Research Center,
“Traumatic Brain Injury”

NM NMGMA Conference
October 20-21, 2016
Double Tree Hilton

NM Medical Group Management Association Calendar of Events

NM NMGMA Conference
October 20-21, 2016
Double Tree Hilton