Volume 1, Issue 3

January 2012

Birmingham Internal Medicine Newsletter

Where Caring Is Our Specialty

Accountable Care Organizations And The BIMA Medical Home

By: S. Jason Smith, MD

One of the greatest threats we as healthcare providers face in providing care to our patients is the current unsustainable increase in the costs of health care delivery. The third party payers who contract with us, including Medicare, Blue Cross, United Health Care, and others, increasingly are demanding objective measures of improvement in the health of our patients. Currently we as physicians are only compensated when we do something for our patients. We are paid only if we have a face-to-face office visit with our patients or if we do a procedure or injection in our office. We receive no compensation when we refill or call in prescriptions over the phone, fill out pages of paperwork for patients, or work on prior authorizations of non formulary drugs. We are not given incentives for providing care that is both cost effective and provides for better patient outcomes. We are simply compensated when we have an office visit or perform a procedure. In primary care, so much of our energy is focused on having enough patient visits to cover our ever increasing office and staff costs. Our patients may not think of us as a small business, but we have the same concerns of meeting payroll and covering our supply and leasing costs just like any other small business. As the payment for each patient visit either remains flat or increases less than the rate of our actual costs, an ever increasing number of patients must be seen to keep ourselves solvent. This volume of patient visits means that there is little time left over for evaluating whether in fact

See Page 2

Special points of interest:

- Accountable Care Organizations represent a new physician payment model focused on cost reduction and improvements in the quality of delivered healthcare.
- "We are not given incentives for providing care that is both cost effective and provides for better patient outcomes."

Introduction To The New BIMA Medical Secretaries

By: Elisabeth Bottom, RN
Practice Administrator

BIMA truly values our patients and their satisfaction with working with our office. We understand our phone system has been a source of frustration and because of this, we have made some changes. The reality is that it would be impossible to have enough employees to answer the hundreds of patient calls that we receive each day. But our first change is that we have dramatically shortened the options on our phone messaging tree. Now when you call you will only be presented with 4 options: **Option 1**: Outside Physicians Line, **Option 2**: Appointment scheduling, **Option 3:** Interact with a nurse (including refill requests), **Option 4**: Business Office (including Billing, Medical Records, Medical Concierge, and Administration)

The second most recent change is the addition of Medical Secretaries. In the past our individual Medical Assistants have been tasked with running their busy clinic schedules, answering phone calls, and making referrals and obtaining prior authorizations. In an effort to improve our phone communications, we have added the position of Medical Secretary, whose responsibility is taking and distributing all incoming phone messages to the appropriate staff. These additional medical secretaries should help to answer the nurse line and retrieve messages in a more timely manner. Our goal is for the secretary to answer your call live but in the event you are asked to leave a message please know that these messages are checked hourly. Please also understand messages are worked in order of urgency. Unless it is an urgent issue, please allow 24 hours before making a follow up call as this will result in an added work load for the secretary. Medication refills are generally worked within 24 hours so please give us sufficient notice for refill requests. We at BIMA are working hard to increase our response time and increase your satisfaction with our practice. Our physicians want to offer the best care possible and our office will continue to strive to meet your expectations. We appreciate working in partnership with you to improve all aspects of your medical care.

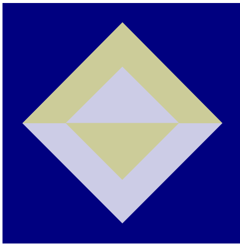
Inside this issue:

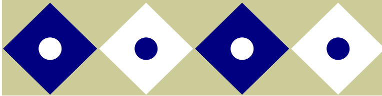
Accountable Care Organizations And The BIMA Medical Home By: S. Jason Smith, MD	1-4
Introduction To The New BIMA Medical Secretaries By: Elisabeth Bottom, RN Practice Administrator	1
A Prescription For Exercise By: Ed Alderson, MD	4-5
MD Minute By: S. Jason Smith, MD	5-6

Accountable Care Organizations And The BIMA Medical Home

By: S. Jason Smith, MD

(Continued from Page 1)





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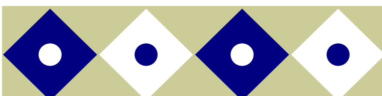
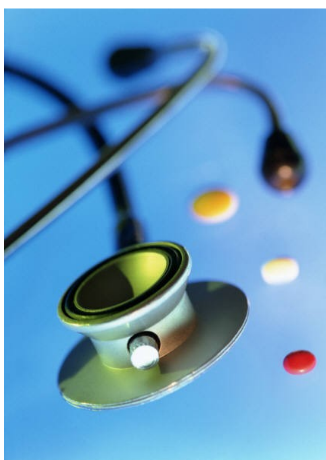




we are delivering better healthcare for our patients. Ask any primary care physician what their greatest daily concern is and you are likely to hear them say it is not having enough time with their patients. So much of the actual time spent when seeing a patient is focused on creating excessive documentation, pleading for prior authorizations required by insurance companies for needed tests and medications, and coordination of care with outside facilities and specialist physicians. In the greater context of spiraling health care costs, this inability to give our patient's the face-to-face time they deserve is one of our greatest daily regrets. What is needed, and what we hope will be a much needed answer for this erosion of patient focus, is the coming implementation of what are known as Accountable Care Organizations. This organizational framework, built upon the concept of a patient centered Medical Home, will hopefully allow us to provide the coordinated, personal, and comprehensively compassionate care that we have always strived to give.

In a sense, BIMA has already been putting in place the elements of what define a patient centered Medical Home. The essence of a "Medical Home" is the ability of an organization to deliver acute, chronic, and preventive services to its patients on an ongoing basis. This would be in contrast to the fragmented, uncoordinated, and non evidence-based care that is frequently found in the "Doc-In-A-Box" model of healthcare delivery. In 2007, several of the largest primary care organizations in the United States came together to help define the principles of the Patient-Centered Medical Home. These principles include:

1) Personal Physician: Each patient is expected to have an ongoing relationship with a personal physician who directs and coordinates their entire healthcare needs

2) Physician Directed Medical Practice: The physician is the leader of a team of individuals who are focused on all aspects of the medical, social, and spiritual needs of an individual patient.

3) Whole Person Orientation: The physician is to take responsibility for all of a patient's health care needs including coordination and management with outside specialist physicians.

4) Care Coordination: The physician is to coordinate the patient's care in all healthcare settings including the home, hospital, nursing home, or rehabilitation facilities.

5) Quality & Safety: The patient will have access to high quality healthcare derived from evidence-based medical guidelines that promote active participation of patients in the decision-making process.

6) Enhanced Access: The patient, whenever possible, will have access to same day appointments and new options for communication with the practice (for BIMA this includes our Patient Portal, Lab Calls website, and direct patient email notifications).

7) Payment: The physician is to be compensated for "work that falls outside of the face-to-face visit" and "support(s) adoption and use of information technology for quality improvement." [Currently, there is NO mechanism in place from Medicare and private insurance companies to adequately finance these directives outside of the current fee-for-service direct patient encounter.]

There have been some concerns that the Medical Home is similar to the "gatekeeper" model popular amongst HMOs in the '80s and '90s. There are several distinctions with one being that the patient in a Medical Home will always have open access to the physician of their choosing and there is to *be no outside permission* needed for specialist referral. The primary care physician in the HMO model would frequently be penalized financially for referring patients to specialists. The Medical Home model rewards physicians for quality, patient-centered care that most certainly necessitates the consultation and management by specialist physicians. While the idea and implementation of a Medical Home is to be celebrated, the current payment model is almost university based on the fee-for-service model. The primary care physician has been given the roadmap to better patient care but none of the financial support to implement this vision. The Accountable Care Organization (ACO) is a new concept for improving the quality and costs of patient care. An ACO is a legally protected partnership between primary care physicians, specialist physicians, and an integrated hospital sys-

See Page 3

Accountable Care Organizations And The BIMA Medical Home

By: S. Jason Smith, MD

(Continued from Page 2)

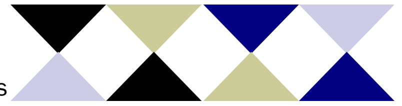
tem that agrees to be responsible for the quality and costs associated with a group of patients. The incentive for forming an ACO is that any cost savings and quality improvements are split with the insurance company or in the initial phase, Medicare. If there are no improvements in patient costs or in objective quality measures then the ACO recoups no additional compensation. It is these potential incentives that we believe makes the Accountable Care Organization (ACO) the vehicle for implementing, and financial supporting, the changes we hope to bring to your healthcare.

The Patient Protection and Affordable Care Act, pejoratively labeled as "ObamaCare" in the popular vernacular, provides amongst many things for the implementation of these Accountable Care Organizations. While the political and personal merits of the healthcare law can rightly be debated, there is no debate that the spiraling costs of healthcare are consuming a greater portion of this nation's wealth. The lack of any significant increase in personal wages, and actual loss when adjusted for inflation since the 1970's, can to some extent be traced to the increasing healthcare costs paid by private employers. One could also point to the decreased healthcare costs associated with workers abroad who's socialized, and arguably rationed, healthcare costs are significantly less than here in the United States. It is obvious that a truly socialized healthcare model would never be adopted in the United States but we nonetheless have costs that continue to keep increasing. The Accountable Care Organization model allows for the cost savings and quality improvements that are so desperately needed to come from the only source that can positively affect them, the physicians themselves.

The 2010 health care law directs the Centers for Medicare & Medicaid Services (CMS) to experiment with new payment models for covered services. Currently this ACO model only applies to patients enrolled in Medicare and Medicaid but it is thought this payment model will eventually be adopted by private insurance companies seeking improved patient health outcomes. The Accountable Care Organization seeks to tie a physician's reimbursement to the reductions in the cost of care and to various quality indicators related to better patient outcomes. This ACO at its core requires a strong primary care base of at least 5000 patients coupled with an engaged specialist network tied to a high quality hospital system working together to improve patient outcomes and decreasing the inflation in healthcare costs. It is somewhat of a carrot and stick model whereby physicians must prove to CMS that they provide not only needed care, but better care. Again the incentive to the physicians is that they are allowed to keep a portion of the savings (compared to a matched group of patients of similar race, age, and medical complexity) if they meet the rigorous quality measures set forth in the healthcare law. This additional reimbursement is what will provide for the added nurses, physician assistants, and other care coordinators who will be able to actively work with patients on an ongoing basis with their healthcare needs. The sickest patients, typically older and with multiple chronic and complicated conditions, are the ones who benefit the most. These are the patients with diabetes, heart failure, cancer, and advanced heart disease that can be worked with aggressively at home to prevent future costly, and potentially complicated hospital admissions. This sickest group represents 1% of the American population but consumes 22% of all healthcare costs with an average cost of $36,000 on an annual basis. But in contrast the benefits of this model are not reserved for the sickest patients. For patients with less demanding healthcare needs, the added staff and support will allow physicians to better coordinate that care without always requiring a face to face visit to manage each individual aspect of that care. The Accountable Care Organization is designed to do just that -- to make an organization of medical professionals accountable for all the healthcare costs and outcomes of a select group of patients.

To be honest this thought and focus on quality is something physicians intuitively strive to achieve. Up until now we simply have not be given the tools to prove to ourselves, much less to those who are paying

See Page 4



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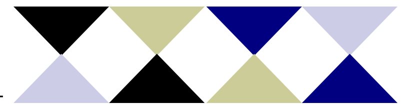


Accountable Care Organizations And The BIMA Medical Home

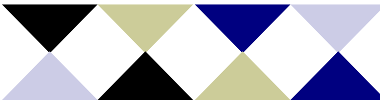
By: S. Jason Smith, MD

(Continued from Page 3)

the bills, that we are giving quality care to our patients. For years we advised women to take hormone replacement therapy because some observational studies suggested there were benefits for bone mass and cardiovascular disease. We later found out that there was an increased risk of breast cancer, stroke, blood clots, and heart disease when these medications were taken for an extended period of time. We used to believe that nearly every patient with a significant heart blockage would have a better outcome if they had invasive (and expensive) heart catheterizations and placement of heart stents. It was only later that we showed that for most patients a combination of medications costing no more than $12 a month would provide for essentially identical medical outcomes. What is important, and unintuitive to us as human beings, is that more is not always better. More, can simply be more for the needs of physicians to support their ever increasing costs of running a practice. More can be the natural human (and erroneous) intuition that every stone must be uncovered when it comes to our personal healthcare. What the ACO model allows is for us as physicians to deliver care that is appropriate, safe, and effective without having to worry about the treadmill of patient visits and procedures needed to keep us in business. And in the end, doing what works and is cost effective is ultimately the only way we can continue to deliver quality care, or really, to keep affording to deliver healthcare at all.

A Prescription For Exercise

By: Edward Alderson, MD



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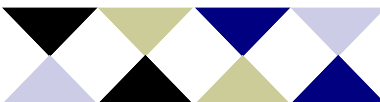

Most of us associate exercise with wanting to lose weight or trying to keep weight off. We don't always think of exercise in terms of fitness. Weight can easily be quantified by looking at the scales but 'fitness' is a much more difficult end point to realize. The positive effects of regular exercise have been shown to impact on most every area of health. A patient's particular medical and physical condition, work schedule, medications or other circumstances however may require a more specific prescription for exercise. Many studies have demonstrated the well-known benefit of exercise for cardiovascular health. It is one of the most important elements in the primary prevention of cardiovascular disease. Some of the other benefits of both aerobic and resistance training are a positive impact on blood pressure, heart rate, and decreases in the risk of cardiovascular events like heart attacks, strokes. A combination of aerobic and resistance exercise will significantly improve diabetic control mainly through increased insulin sensitivity and weight loss. Regular, supervised exercise in senior citizens has demonstrated improved balance and agility therefore decreasing the risk of falls.

A primary goal in adulthood should be to maintain bone mass so weight bearing and endurance activity such as stair climbing, jogging, and jumping have been shown to maintain or even improve bone mass.

Aerobic exercise training and resistance exercise training have been shown to improve cognition and functional capacity with reduced risk of cognitive decline and risk for dementia in senior citizens.

Chronic back and neck pain are both best treated with supervised, specific exercises by a physical therapist which will lead to decreased pain, increased agility and strength.

Regular exercise has a huge impact on improving sleep habits and regular exercise has been proven to have a lasting, positive impact on one's sense of well-being. There is also a positive effect on anxiety and depression when regular exercise.

Now just to say "I plan to

See Page 5

A Prescription For Exercise

By: Edward Alderson, MD

(Continued from Page 4)

start exercising" or "I'm joining the gym next week" is too vague. Having a plan we commit to paper has always been helpful in obtaining goals. Having a specific plan or prescription for exercise is more helpful and should include the following:

- **Intensity** —gradually working up to achieving your target heart rate
- **Duration**- even 10 minutes at first is better than no exercise at all and increasing to 30-60 minutes a day is ideal
- **Frequency**– exercise is best done daily but at least 3-5 days per week.
- **Mode** (type)- aerobic (walking, jogging, running, biking, swimming), resistance (weights)
- **Progression**– exercise should consist of gradually working up to 150 minutes per week for a low level of exercise and fewer minutes per week for higher level of intensity.

The next time you come in for a checkup be sure to go ahead and ask your physician what specific exercise program is right for you. And nearly all the time a prescription for fitness is exactly what the doctor ordered to help you towards your long time health goals.

MD Minute

By: S. Jason Smith, MD

I guess it is always difficult when writing about your true thoughts, to be honest when communicating those thoughts to your patients. So much of the relationship between a patient and physician is based upon a mutual respect that forms the core of the doctor-patient relationship. That respect is essential in maintaining a candid dialog about the challenges of one's personal health and keeping a realistic outlook on the hopes for improvement. It is this sincere and supportive conversation that I personally strive to advance each day although it sometimes can be very difficult during these financial times. During the last several years of our shared financial worry, I have personally seen a steady increase in the self-reported concerns of anxiety, depression, and financial and familial strife. Spousal concerns that normally could be addressed with the steady support of a paycheck are now brought to our office for discussion. The improved financial positions of certain corporations, coupled with the increasing demands for efficiency from upper management, have provoked an acidic take-it-or-leave-it environment for a great many workers. The mental reserve that is required of patients to manage their chronic conditions such as diabetes, heart failure, and preexisting mood disorders is being sapped by an unspoken fear for their financial security. Certainly this worry is not shared by all the patients that I see on a daily basis. In practice, however, it is a concern that is occurring often enough to make an impact on my ability to care for the medical needs of these individuals.

Body language is such an important and essential tool for immediately assessing the concerns of an individual patient. The slumped shoulders, the slightly bowed and tilted head, and the concerned looking eyes focused on you as you walk in the room never fails to move me. Granted it is always hard knowing that you have 25-30 patients scheduled on any individual day but you really do try to have that thought leave your mind when entering a patient room. A lot of what can be done in the brief 10-15 minute visit is essentially mental health care triage. You try and take the experience you learn from both your formal medical training and from your experience just talking to people to hopefully give some guidance. In primary care we have an accumulated experience with mental health issues but rarely do we have the time necessary to give the most comprehensive care. Sometimes we are the only option as certain health plans to do not adequately cover mental health referrals. There is always the apprehension and concern that we may be over prescribing medications for the stresses of modern life. We are definitely a pill focused society but not for the reasons one might think. Pharmaceutical companies have rightly put forth treatments for a whole range of medical conditions; what they

See Page 6

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The physicians at Birmingham Internal Medicine Associates, P.C., all share a philosophy geared toward a fuller relationship between doctor and patient and believe that providing quality and compassionate care means forming a true partnership with patients. When you visit Birmingham Internal Medicine Associates, P.C., you will receive the most technologically advanced care available. The needs of the patient come first in everything we do, and our goal is to develop lasting relationships through good communication. You will also receive something more -- a partnering relationship with your doctor that will last a lifetime.

Internal Medicine specialists treat the entire patient rather than a particular organ system. Our mission is to diagnose and treat illness in adults with emphasis on wellness and illness prevention. Areas of particular interest include heart disease, diabetes, osteoporosis, high blood pressure, high cholesterol, kidney disease, arthritic disorders, and lung diseases.

In addition to our physicians, we have a highly trained and courteous staff of medical and administrative personnel who are willing to assist you in any way possible. We look forward to providing for your medical needs, now and into the future.

MD Minute

By: S. Jason Smith, MD

(Continued from Page 5)

haven't quite come up with is an anecdote for the stresses, responsibilities, and the expected increasing efficiency of the modern worker. The smug answer would be Adderall for one's focus and Xanax for the anxiety that proceeds from that increased production. You can see this focus on productivity from many different sources. One is the worried student seeking a competitive edge on their classmates who will ultimately compete with them for the jobs of the future. Another is the hurried professional worried that their lack of focus may make them the first casualty of cutbacks if they are not hitting their numbers. Lastly there is the manufacturing worker struggling to keep up with the constantly rotating shift at the plant, hoping that he will be able to outlast his coworkers who can't keep up with such a grueling schedule. Frequently this constant measurement against the physical and mental endurance of one's peers leads to a multitude of worrying symptoms. There are the sleepless nights filled with worry, the snippy interactions with friends and family, and the new physical complaints including headaches, back pain, and fatigue.

This cycle of anxiety, stress, and physical symptoms is a recurring theme throughout our professional day. As a physician you certainly wish to be complete in your assessment of a patient's concerns and this can lead to many tests which almost always turn out to be normal. You don't want to miss the rare diagnosis but it is disheartening to see what external stress can do to a person, and what that stress leads to in terms of resources spent on ruling out physical disease. We as physicians have to remember our limitations and not always feel expected to give medicines for stresses that are ultimately external. When medications are needed they should be given without hesitation and referrals made to mental health professionals who have a more accommodating practice model for an ongoing patient dialog. We have to remember that sometimes it is a patient's expectation that someone just listen to their story and be compassionate about what life has dealt them. When no one else will listen, we are called upon to be the ones who will both acknowledge and reflect on the concerns of that individual. We are the ones who must see them as something more than a series of diagnoses and resulting treatments. It is my true wish that I had more time to hear those stories and to encourage my patients even when words are not enough for an unexpected misfortune in their lives. What is encouraging, and what makes this job so rewarding, is the contrasting joy and happiness that occurs when a patient lets you know that something you have done or said made a difference in their lives. This profession gives you an amazing appreciation for the complexity, diversity, but paradoxically the commonality we all share in this thing we call life. I cannot imagine anything that would tempt me to give that perspective away nor the richness that it has brought to my personal and professional life.