A Path to Medical Excellence: Steps to Improve Quality at Asheville Medicine and Pediatrics

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Asheville Medicine and Pediatrics prides itself on striving for medical excellence while taking a personal approach to internal medicine and pediatrics. Our 12-person team includes 3 physicians, 1 practice manager (C.J.S.), 1 clinical supervisor (N.R.), 3 medical assistants, 3 front desk representatives, and 1 billing representative. Over the past few years, the practice has taken immense strides with regard to carrying out specific preventive measures and improving the management of certain important health conditions.

In 2011 Asheville Medicine and Pediatrics embarked on several programs focused on quality that are having long-term effects on patient care. Our accomplishments that first year included receiving recognition as a Level 3 patient-centered medical home (PCMH), awarded by the National Committee for Quality Assurance (NCQA); reaching Level 3 in Blue Cross and Blue Shield of North Carolina’s Blue Quality Physician Program (BQPP); and completing meaningful use attestation in the electronic health record (EHR) incentive program of the Centers for Medicare & Medicaid Services (CMS). Our practice then began sending data to CMS’s Physician Quality Reporting System (PQRS). We also attested to meaningful use of our EHR system in 2012 and 2013. In 2014 the practice plans to renew its PCMH and BQPP statuses, to continue sending data to PQRS, and to meet stage 2 meaningful use criteria. All of these projects, along with Health Effectiveness Data and Information Set (HEDIS) reports from commercial insurance companies, have directed our practice as we strive to provide the high-quality care that truly defines a PCMH.

Before our practice could begin these programs, we had to research and understand their requirements. Fortunately, we were able to enlist the help of consultants from both the Mountain Area Health Education Center (MAHEC) and the Carolinas Center for Medical Excellence (CCME), who guided us through the process. When we first started out, we set goals to help focus our efforts; specifically, we decided which preventive measures and health conditions were most important to our patient population. We chose diabetes, hypertension, pneumonia vaccinations, smoking cessation counseling, and colorectal cancer screening. Next, we had the challenge of finding out where our EHR stored the data and how it compared to where it was being put into chart notes or flow sheets. This challenge was met through extensive Web site information from CMS and NCQA, attending MAHEC meaningful use stage 1 and 2 conferences, our EHR support and webinars, and webinars offered through CCME and MAHEC.
We initially worked on our quality projects for 1 hour per week, but we quickly realized that more time was needed and set aside 4 hours per week. Now we devote 1 full day per week to the administrative processes and reports that support the system changes needed to measure and continue our improvement. We have monthly quality meetings with our physicians and another monthly meeting with a quality improvement consultant from MAHEC, and these meetings have helped us to clarify rules and regulations. Our MAHEC consultants have provided encouragement, resources, and tools, and they helped us engage the physicians early in the process.

Ultimately we knew that the entire staff would need to be involved, so we began sharing our EHR reports at monthly staff meetings. These meetings helped us develop new policies and procedures that made it possible to improve care for our patients. As the practice has made progress, each person on our staff has played an integral role: Staff members sign up patients for our electronic portal to improve communication, perform previsit planning, provide transitional care, and engage patients by conducting motivational interviewing. The physicians also work in collaboration with patients to set up individual care plans. All of these processes are fluid and may change based on patients’ needs. Our objective for patients is that they have an understanding of their care plan and of ways of collaboratively managing their health.

Quality is a long-term commitment. The requirements for PCMH certification, PQRS submissions, meaningful use, and HEDIS reports will evolve as the health care industry shifts toward an emphasis on value-based outcomes. The next step for our practice is to connect to the state’s health information exchange in 2014. We continue to focus on the preventive measures and important health conditions we first selected, and we are adding several new quality measures each year. Continuing education motivates our staff members to collaborate with patients to produce high-quality health care experiences and outcomes.


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