

GRIPA Providing Direction

In last month's Forum, Rob Mayo authored an excellent article relating responsibility to privileges. In his summation, he advocates adopting familiarity with and implementation of clinical guidelines into our practice of medicine.



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Second only to the National Debt crisis, the continually rising cost of health care looms in the consciousness of our populace. We accuse our politicians of not taking action on the top issue. Who bears responsibility for the second? As with the National Debt, we all bear a measure but, physicians, by virtue of the privilege deriving from our position, bear greater. We conscientiously strive to provide the best care to our patients but, amidst the daily, ever-pressing, distractions of phone calls, emergencies, meetings, and missing information, we not infrequently fall short of consistently delivering the highest quality, most efficient, care.

Where are our leaders to provide direction? As Rob alluded, they are throughout the MDS: those leading and serving on committees....seeking solutions.

GRIPA, your association, through your Clinical

Integration Committee, your Specialty Associated Group Committees, and, your Quality Assurance Council, all composed of fellow physicians, has, over the past 5 years, developed 45 clinical guidelines and over 160 associated clinical measures specifically adapted to the Rochester physician practice culture. This effort consumed hundreds of hours of their time. Their invaluable contribution to your association's efforts to structure a systemized, clinically integrated solution to delivering consistently efficient and high quality care only awaits your engagement and implementation to "answer the challenge".

GRIPA, your association, is presently completing rolling out the Accountable Care Medical Program to all our participating adult primary care practices (see article following). It is an "entry level" program into the Clinical Integration journey. We currently have 5 contracts around this model and several more in negotiation. Are we going to imitate "Washington" and kick the can to the next generation or are we going to act now? Are we deserving of our privilege?

Hope to see all of you on this journey; if not leading, at least supporting.

Comments Welcome:

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NEWS FROM NORTHRIDGE MEDICAL GROUP

Patient Outreach Success

The GRIPA Accountable Care Program's level of success depends on physician support and office implementation of the Patient Outreach Reports (POR). One of the practices, which has successfully implemented the POR into their daily workflow, is Northridge Medical Group.

This particular office has designated the task of running the POR every 2 – 3 weeks to a clinical staff member. This person brings information on patients identified as "not at goal" to the physician's attention to determine if they should be seen and instructs the appropriate office staff to arrange office visits for those overdue for visits or not at goal.

Shawna Tyler, LPN at Northridge Medical Group said

"It does take some time but it's worth it. We've brought in lots of people who haven't been seen in a long time and we have caught some patients who were missing blood work. It is a very beneficial program for both our patients as well as the office."

The GRIPA Accountable Care Medical Program focuses on three areas, Chronic Disease Management, Diabetes Prevention and Cardiac Risk Management. Patient outreach reports easily identify what contracted members are overdue for visits, overdue for labs, or not at goal based on the GRIPA Clinical Care Guidelines created by GRIPA physicians.