

thousands of physicians who are creating the best, most relevant evidence for the delivery of family medicine.

*Anton Kuzel, MD, MHPE*

*Stephen Rothenich, MD*

*Virginia Commonwealth University*

## References

1. Stephens GG. *The Intellectual Basis of Family Practice*. Leawood, Kan: STFM Foundation Publications; 1982.
2. Primary Care Practice-based Research Networks. Fact Sheet, June 2001. AHRQ Publication No. 01-P020. Agency for Healthcare Research and Quality, Rockville, MD.
3. Nutting PA, Beasley JW, Werner JJ. Practice-based research networks answer primary care questions. *JAMA*. 1999;281:686-688.
4. Lindbloom EJ, Ewigman BG, Hickner JM. Practice-based research networks: the laboratories of primary care research. *Med Care*. 2004;42(4 Suppl):III45-III49.
5. Becker LA, Green LA, Beaufalt D, Kirk J, Froom J, Freeman WL. Use of CT scans for the investigation of headache: a report from ASPN, part 1. *J Fam Pract*. 1993;37:129-134.
6. Green LA, Becker LA, Freeman WL, Elliott E, Iverson DC, Reed FM. Spontaneous abortion in primary care: a report from ASPN. *J Am Board Fam Pract*. 1988;1:15-23.
7. Froom J, Culpepper L, Bridges-Webb C, et al. Effect of patient characteristics and disease manifestations on the outcome of acute otitis media at two months. *Arch Fam Med*. 1993;2:841-846.
8. Fleming MF, Barry KL, Manwell LB, Johnson K, London R. Brief physician advice for problem alcohol drinkers: a randomized controlled trial in community-based primary care practices. *JAMA*. 1997;277:1039-1045.
9. Stange KC, Jaen CR, Flocke SA, Miller WL, Crabtree BF, Zyzanski SJ. The value of a family physician. *J Fam Pract*. 1998;46:363-368.
10. Cohen D, McDaniel RR Jr, Crabtree BF, et al. A practice change model for quality improvement in primary care practice. *J Healthc Manag*. 2004;49:155-168.
11. Dovey SM, Phillips RL, Green LA, Fryer GE. Types of medical errors commonly reported by family physicians. *Am Fam Physician*. 2003;67:697.
12. Kuzel AJ, Woolf SH, Gilchrist VJ, et al. Patient reports of preventable problems and harms in primary health care. *Ann Fam Med*. 2004;2:333-340.



From the American Academy  
of Family Physicians

*Ann Fam Med* 2004;2:522-524. DOI: 10.1370/afm.226.

## FAMILY DOCTORS DEMONSTRATE BENEFITS WHEN NEW MODEL OF CARE BECOMES REALITY

When patients come first, all else will follow. In abundance. Weston Welker, MD, knows that. He watches it happen every day in his Southside Family Practice in Huntsville, Ala.

Since implementing steps that have become the

Future of Family Medicine recommendations, Welker's ability to provide patient-centered care has improved dramatically. He has watched patient census climb, patient compliance for chronic disease management skyrocket, and serious complications from hypertension and hyperlipidemia plummet to virtually zero.

Moreover, the changes are good for the office. With greater efficiency, revenues are up, cash flow is up, office hours are down, and debt is tumbling.

Southside's 10,000 patients expect top-of-the-line care, and they get it. With Welker and Southside's other family physicians—Thomas Armstrong, MD; Charles Mullins, DO; and Jenny Chapman, MD—the patients have a medical home that encourages healthy behavior; that emphasizes patient convenience; and that uses electronic medical records to ensure evidence based protocols, comprehensive services, and in-depth patient education.

## Making It Work

Southside offers many aspects of the Future of Family Medicine's new model of care. (See [http://www.annfammed.org/cgi/content/full/2/suppl\\_1/s3](http://www.annfammed.org/cgi/content/full/2/suppl_1/s3) to read the report.) The office provides one-stop shopping with its comprehensive laboratory, cardiac stress test equipment, radiological equipment for bone density scanning, sonograms, echocardiograms, and Doppler scans.

"Nine times out of 10, we can handle any initial evaluation right here," said Welker. "And the specialists across town respect the data we send them. The specialists and the hospitals see Southside as the patients' medical home. When they admit a patient, they know they can call and ask for that patient's medication list and labs, and they'll get it."

And patients know they can get a same-day appointment.

*A patient with a history of anxiety attacks calls; he has severe chest pain and is on his way to Southside Family Practice. Fran Miller, Southside's business manager and a paramedic, moves the crash cart from the cardiac room to triage, where Annette Prestidge (also a paramedic) awaits the patient's arrival.*

*Triage tests indicate the patient is suffering an anxiety attack. The medical team switches from cardiac to psychiatric protocols, and the man returns home—without an emergency department bill.*

"We have a fully equipped crash cart," said Miller. "A person coming into our office with chest pain or difficulty breathing can be stabilized before we send him to the hospital."

The team can connect the echocardiogram to a T-1 line and contact a cardiologist who sees—in real time—the test results on an encrypted Web site. If necessary, an ambulance takes the patient directly to the hospital for admission. The system costs less than the emergency department. It saves the patient money, saves the system money, and ensures high-quality care.

### Daring to Transform

Southside Family Practice plunged into its transformation in August 2003, when it moved to new offices. Taking on \$300,000 in debt, the physicians invested in state-of-the-art equipment and staff with expertise in coding, billing, and the web of government and managed care regulations. They augmented their nursing staff with a phlebotomist and 2 paramedics. One nurse and Welker are certified in advanced cardiac life support.

"It takes a lot of faith, a little insanity, and a lot of courage to step out and do what Dr. Welker did," said Miller.

### Reaping Rewards

But the transformation has paid off. Before its plunge, Southside Family Practice had average monthly collections of \$70,000, about 58 percent of billings. In the new office, collections average \$130,000, more than 85 percent of billings. Its health fair, babysitting classes, regular television news program appearances, monthly "Evening With the Doctor" lectures, and outreach to schools and day care centers increase patient census, on average, by 10 families per physician per month.

The office doesn't turn away patients. Instead, it adds physicians to accommodate increased demand. Southside added a new physician in August.

The result: "In 3 years, we'll be completely out of debt," said Miller.

### Ensuring Smooth Sailing

Southside patients check in with a bilingual receptionist and wait in a comfortable living room. The computer tracks time spent at each area of the office, ensuring no one waits too long. From the waiting area, patients visit a triage area, where a nurse or paramedic electronically enters information about their current complaints and checks the currency of their vaccinations or tests that monitor any chronic conditions. If the complaint requires diagnostic tests, the patient visits the phlebotomist or X-ray technician.

"We have a triage system established so when the doctor enters the exam room, he has everything he needs," said Miller. "He doesn't have to leave the room again to go down to X-ray or to have a lab drawn."

The result: the physicians get down to doctoring and patient education the second they greet patients. Saves time, saves money.

*Welker checks Carolyn Gullion's record on his wireless computer before he enters examination room 2. He turns, knocks on the door, and greets Gullion. She asks him about the swelling and stiffness in her hands and feet. Welker examines her as he asks when the symptoms appeared. He explains the implications of his findings, describes his treatment plan, and suggests a medication to relieve the edema.*

*Leaving the examination room, Welker returns to his computer, enters his notes, writes a prescription and sends it to Gullion's phar-*

*macy. The system automatically records the new data in Gullion's record and enables the staff to prepare a bill for insurance.*

### Providing Care For All Ages

Southside's patients comprise all ages. Welker and his colleagues have privileges at both Huntsville hospitals, where they provide colonoscopies, minor surgical procedures, and primary care services for patients in the ICU and on surgical floors. The irony, said Welker, is that Southside's aggressive treatment of diabetes, hypertension, hyperlipidemia, and other chronic conditions has limited the number of patients who require hospitalization.

"As a result, we rarely have stroke or heart attacks," said Welker.

In fact, Southside has achieved 90% compliance among its patients who require regular monitoring for diabetes, cardiovascular conditions, and respiratory ailments.

### Augmenting With Research, Teaching

Such success poses a challenge for Southside's research activities. Participating in 6 studies, the practice has occasionally grappled with a patient census too healthy for the research protocol, said Welker.

"We treat hypertension so aggressively that it's hard for us to have patients that are out of control for our research program," he said of Southside's participation in research into hypertension treatment. "We need to identify new hypertension patients to enroll" because most of Southside's current patients are in control.

In addition to hypertension, Southside participates in research into diabetes treatments and medications for depression, osteoporosis, and asthma.

Welker's quest for new knowledge and his application of new systems and protocols have impressed the medical students who have learned at the physician's heels for the past 15 years.

"What I've learned here about family medicine is that you can do anything you want to do as long as you have the training for it," said Stephen Poteet, a third-year medical student at the University of Alabama, Birmingham. "There's no other specialty that lets you do that. The family doctor is the referral source for all the other specialties."

### Benefiting From Electronic Records

Welker attributes much of Southside's success in patient care and cash flow to electronic health records. The system records every patient encounter—from every question asked by telephone to previous and future appointments, from medications and laboratory results to notes from other specialists.

The program also identifies patients with the same general diagnosis and alerts them to office-based or community education programs, said Miller.

Moreover, digital records have increased administrative efficiency by transmitting up to 50 prescription refill requests in less than an hour and 5 new prescriptions in less than a minute. Combined with highly trained billing staff, the system increases collections and cash flow by eliminating coding errors.

The ultimate goal: to please the patient with convenience, high-quality care, and peace of mind, according to Welker.

"We may be a preferred provider on their insurance plan, but the patients themselves are still our customers," he said.

*Leslie Champlin  
AAFP News Department*



**From the American  
Board of Family Practice**

*Ann Fam Med 2004;2:524-525. DOI: 10.1370/afm.227.*

## NEW OFFICERS AND BOARD MEMBERS ELECTED

At its annual meeting, the American Board of Family Practice (ABFP) elected new officers to serve during the upcoming year. Each new officer has served as a Board member for at least 3 years in different capacities. Three new Board members were also selected at this meeting.

The Board of Directors is responsible for making policy for the ABFP. This effort includes setting quality standards for admission to the examinations, giving final approval of all questions on the examinations, and approving the pass-fail score for the examinations. With more than 70,000 current Diplomates, family medicine is the second largest medical specialty in the United States.

The ABFP Board of Directors consists of 15 members, including 10 family physicians. In addition, there are physicians from 5 other specialties, including internal medicine, surgery, pediatrics, obstetrics-gynecology and psychiatry-neurology. Each Board member serves a 5-year term and must be certified throughout their term on the Board.



### **Thomas E. Norris, MD, President**

Dr. Norris is Vice Dean for Academic Affairs and Professor of Family Medicine at the University of Washington School of Medicine and Adjunct Professor in Biomedical Informatics (Medical Education), Medicine and Health Services.

"My background is in both the practice world and academic world. Due to this dual perspective, I can see the importance of the Board's work from the standpoint of both the practicing physician and the academic physician. The public expects family doctors to practice family medicine of the highest quality with the highest levels of patient safety, while family physicians expect the ABFP to offer a certification/recertification program that is fair, practical, useful, and efficient. I am committed to meeting both of these goals."



### **Thomas L. Schwenk, MD, Vice President**

Dr. Schwenk is Professor and Chair of the Department of Family Medicine, University of Michigan.

"I have always valued the contributions of the ABFP Board in setting standards for the specialty and helping family physicians meet those standards. I look forward to using my clinical and academic experience in supporting and enhancing those critical activities. I have always tried to represent the values that define family practice, while dedicating my efforts to finding ways in which to improve the linkages between the academic and clinical worlds. In short, I want to work to improve the quality of family practice education and practice, so as to enhance the credibility and influence of the specialty.

I am particularly excited to be involved with the ABFP at a time when we are exploring new approaches to learning, evaluation, and certification. The Maintenance of Certification (MC-FP) process, while still controversial for some, represents a major advance in how we can help family physicians learn, as well as portray their skill and expertise to the public we all serve."



### **Frank L. Kane, MD, Treasurer**

Dr. Kane has been in private practice for 19 years and is a member of the Skylands Medical Group in Newton, NJ. He serves as a clinical assistant professor in the Department of Family Practice at the Robert Wood Johnson Medical School and the New Jersey Medical School.

"I have always been passionate about family medicine. I began my training as a physician assistant before entering medical school. Eleven years after graduating, I became President of the New Jersey Academy of Family Physicians, and my dedication to the specialty contin-