

## Baseline for Ideal Medical Practices

Ideal Medical Practices strive to ensure:

- Unfettered access – patients report that there are no barriers to them when they want or need care
- High continuity – patients know who to turn to when they have medical needs. Care is “de-fragmented” as much as possible.
- Highly efficient care – patients experience no waits or delays. Overheads are as low as can be.
- Move beyond “compliance” - Unmask what matters to patients in addition to our usual approach to "what's the matter." Patients become better problem-solvers and self-managers.

In order to attain these objectives participant practices perform a baseline patient survey. By having patients report their experiences, IMPs quickly see how they are doing and how prepared they are in having their patients participate in self-assessments and feedback. Your individual and group results are posted on the website (anonymously).

### The Patient Survey (HowsYourHealth):

#### Baseline Responses of IMP Patients with Common Chronic Diseases or Bothersome Pain or Bothersome Emotional Problems

Question	IQR**
Good financial status*	<b>68-92</b>
Practice Structure	
Continuity	<b>90-100</b>
Easy access	<b>44-69</b>
No waste time	<b>81-100</b>
Care “perfect”	<b>40-63</b>
Care “exactly”	<b>46-69</b>
Collaborative Care	
Ex. Information about chr. dis.	<b>40-58</b>
Ex. Info for Breathing Prbs.*	<b>33-67</b>
Aware patient pain	<b>85-100</b>
Confident self manage	<b>44-63</b>
Often checks BP*	<b>17-36</b>
BP less than 150*	<b>72-92</b>
Blood sugar always 80-150*	<b>17-29</b>
Safety	
Meds not make ill	<b>79-92</b>
Outcomes	
No sick day - 3 mo	<b>62-79</b>
No hosp/ed use- 1 yr	<b>54-80</b>
Fully active- 2 wks	<b>60-76</b>

\*\* Inter-Quartile: Eliminates Top 25% and Bottom 25% of Practices.

## **FIVE STEPS TO USE HOWSYOURHEALTH.ORG AND GET PATIENT BASELINE MEASURES**

**1.**

By registering as an IMP, you received a howsyourhealth “IP” code for your patients to use. For example, “IP0007”. When a patient enters that code a summary of their responses will be available in real time for practice “IP0007” to review. **Find that code and the password (part of your name and a number).** (lost it? Go to [idealmedicalpractices.org](http://idealmedicalpractices.org) and lookup).


**2.**

**Go to howsyourhealth.org and complete a survey using this code.** Have your office staff do it too. You can act really sick to see how the survey and responses change. Notice how the forms change depending on a patient’s responses. They are given the chance to review the output forms at the end. The following is the “end screen.”



### **You Have Completed the HowsYourHealth Check-up.**

This is a CheckList Review of Your Choices  
A Check ✓ Means That You Have Seen the Form

<i>Choose from the checklist to visit any</i>	
<p>For information about thousands of HowsYourHealth users like you, browse the book.</p> <div style="text-align: center;">  <p><a href="#">Learn More</a></p> </div> <p><u>Other trusted web-links</u></p> <p style="text-align: center;"><a href="#">Webmaster</a></p>	<ul style="list-style-type: none"> <li>✓ <b><u>Your Summary</u></b> -- a summary of your responses to the survey and recommended readings.</li> <li>✓ <b><u>Your Action Form</u></b> -- a summary of your responses for your doctor or nurse.</li> <li>✓ <b><u>Your Management Form and Diary</u></b> -- a summary of helpful suggestions for high blood pressure, diabetes, heart disease, and lung disease.</li> <li>✓ <b><u>Your Readings</u></b> -- information for what matters to you that can be reviewed by you anytime by reentering HowsYourHealth.</li> </ul> <p><b><u>Problem Solving</u></b> -- a great way to begin working on any problem---large or small</p> <p><b><u>Your Personal Health Record</u></b> -- for you to take anywhere.</p> <p style="text-align: center;"><i>Special for You.</i></p> <ul style="list-style-type: none"> <li>✓ You can <b><u>email</u></b> your action form to your doctor</li> <li>✓ You can <b><u>sign up</u></b> for a special health program</li> </ul> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">EXIT</p>

Below on the left is a form clinicians rely on, the “Action Form.” Patient assets are listed at the top of the form and their needs are below the assets. On the left of the Action Form each individual need is listed. On the lower right are risk categories that are often based on a summary of needs. Above the risk categories are the readings that were offered to the patient. It is often easy to review with the patient, circle a need or reading or risk and write some instructions or comments in the middle column.

The “chronic management form lets a patient compare his or her disease management with reasonable standards. Clinicians who feel that the standard are too lenient or strict can adjust them with the patient.

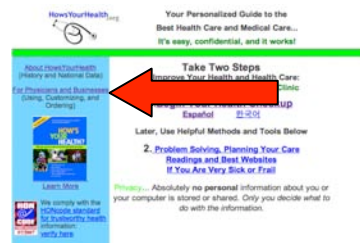
HowYourHealth.org

## SAMPLE ACTION FORM

NEEDS	Information Given
<p><b>FUNCTION</b> Difficulty with feelings Difficulty with pain</p> <p><b>SYMPTOMS/BOTHERS</b> Abdominal pain Dizziness/Tiredness Stomach problems Joint pain Back pain Trouble sleeping</p> <p><b>CONCERNS OR FAMILY HISTORY</b> Preexisting cancer/heart disease</p> <p><b>HABITS</b> Smoker</p> <p><b>PREVENTION</b> Lacks essential money More than 3 medical visits No education about birth control/sexual diseases</p> <p><b>OTHER</b> Nurses - Cynthia Lineweaver</p>	<p><b>What Matters</b> <b>What is the Matter</b></p> <p><b>Low Confidence</b></p> <ul style="list-style-type: none"> <li>• Exercise</li> <li>• Health Habits and Health Decisions</li> <li>• Feeling and Emotional Care</li> <li>• Pain</li> <li>• Sexual Questions</li> <li>• Stomach Problem</li> <li>• Tiredness and Sleep Problems</li> </ul> <p>Needs extra self-management support 3 or more meds, more than 3 conditions, or smoker, or alcohol &gt; 10/week Major functional limit or more than three bothersome problems Good health habits and no other risk</p>

Chronic Management Form	
<p>Patients who have conditions or diseases like yours can GREATLY improve their health and their medical care by these simple steps:</p> <ol style="list-style-type: none"> <li>1. Learning about how the care you have been getting might be made better.</li> <li>2. Learning if there are things you should be aware of.</li> <li>3. Keeping track of your condition by writing down what you know.</li> </ol>	
<p>You have the following disease(s) or condition(s):</p> <ul style="list-style-type: none"> <li>• High Blood Pressure</li> <li>• Smoking</li> </ul>	
<p>You one of these conditions may have become difficult because of:</p> <ul style="list-style-type: none"> <li>• See or poor information about your condition(s)</li> <li>• not much assistance help you cope with the condition(s)</li> </ul>	
<p>High blood pressure areas:</p> <ul style="list-style-type: none"> <li>• You have not received good education about: <ul style="list-style-type: none"> <li>- The effect of weight and salt on our blood pressure</li> <li>- The problems blood medications might cause you</li> </ul> </li> <li>• You seldom check your blood pressure</li> <li>• In the past four weeks, your systolic blood pressure was higher than 150 or lower than 100</li> </ul>	<p>Things you should be aware:</p> <ul style="list-style-type: none"> <li>• your blood pressure should be no higher than 150/90, even for those 70 years of age or older</li> <li>• avoid high salt</li> <li>• peak flow breathing tests sometimes help with medicine adjustment</li> <li>• inhaled "steroids" often help if you are short of breath most of the time</li> </ul>
<p>Lung disease or breathing areas:</p> <ul style="list-style-type: none"> <li>• You may not be using an inhaled steroid</li> </ul>	
<p>These are general hints for management. Some are in medical language. You may want to talk about what is written on this sheet with a doctor or nurse when you show them your "Action Form."</p>	

3. Now go to the section on howyourhealth for “physicians and businesses” and at least peruse all of it. This section briefly describes howyourhealth and the way you can customize it and see your data in real time.



4.

**Now go into footnote #10, “your customizable items.”** now re-enter your passcode “IPxxxx” and your password and request summary data. You will be able to see the responses you and your staff completed.

**Now return to the customization screen and choose “add an open-ended question.”** write in “we are always trying to make our health care better. Please write here any suggestion you might have to make our care better.” Now choose “enter”. (You can change/eliminate wording at any time..)




**Finally, return to the customization screen and enter an email address for your patients to send their action form.** Again choose enter. Then complete a survey and test the email. If it does not, check your spam filter or contact your ISP to be sure howsyouhealth is not blocked.

**Welcome to the howsyouhealth.com customization screen**

Your patients will be able to respond to your custom options after entering the passcode when requested. You may also automatically enter the passcode for them if they enter from a howsyouhealth link from your personal website.

Use the address: [http://www.howsyouhealth.com/cgi-bin/start.py?Q0x=YOUR\\_PASSCODE](http://www.howsyouhealth.com/cgi-bin/start.py?Q0x=YOUR_PASSCODE)  
[Click here to return to the Administrative menu](#)  
[Click here to return to the HowsYourHealth.com homepage](#)

Or please choose which option you would like to modify :

- Add Up to 10 Subgroups for sorting information
- Modify or add 5 questions for those 9-18
- Modify or add 5 questions for those 19-69
- Modify or add 5 questions for those older than 70
- Add an open-ended question 
- Add/modify instructions in letter
- Add message to clinician on action form
- Offer special health/disease management and registry
- Offer email transmission of action form and registry 
- Offer preprinted copies of educational materials
- Request Summary Data 
- Add request for personal identifier

Sample of summary data in most commonly requested categories (columns). The rows correspond to the survey items. The last five rows are your custom questions. You can download a PDF version of the survey at “physicians and businesses” for the scoring conventions.

	All Records	Women	Men	Younger Women (19-49)	Older Women (50-69)	Younger Men (19-49)	Older Men (50-69)	Hypertension	Hardening of Arteries	Diabetes	Arthritis	Respiratory Disease	Obesity >15%	Income Problems
Respondent Characteristics	177	149	28	104	45	11	17	37	7	14	20	21	35	21
Younger Women	58.76	69.80	0.00	100.00	0.00	0.00	0.00	43.24	28.57	50.00	35.00	66.67	65.71	80.95
Older Women	25.42	30.20	0.00	0.00	100.00	0.00	0.00	40.54	42.86	28.57	55.00	14.29	22.86	4.76
Younger Men	6.21	0.00	39.29	0.00	0.00	100.00	0.00	5.41	0.00	0.00	0.00	4.76	2.86	0.00
Older Men	9.60	0.00	60.71	0.00	0.00	0.00	100.00	10.81	28.57	21.43	10.00	14.29	8.57	14.29
	All Records	Women	Men	Younger Women (19-49)	Older Women (50-69)	Younger Men (19-49)	Older Men (50-69)	Hypertension	Hardening of Arteries	Diabetes	Arthritis	Respiratory Disease	Obesity >15%	Income Problems
Respondent Diagnoses	177	149	28	104	45	11	17	37	7	14	20	21	35	21
% with Hypertension	20.90	20.81	21.43	15.38	33.33	18.18	23.53	100.00	42.86	57.14	50.00	19.05	40.00	14.29
% with Hardening of Arteries	3.95	3.36	7.14	1.92	6.67	0.00	11.76	8.11	100.00	7.14	10.00	0.00	2.86	4.76
% with Diabetes	7.91	7.38	10.71	6.73	8.89	0.00	17.65	21.62	14.29	100.00	10.00	9.52	25.71	4.76
% with Arthritis	11.30	12.08	7.14	6.73	24.44	0.00	11.76	27.03	28.57	14.29	100.00	23.81	17.14	14.29
% with Respiratory	11.86	11.41	14.29	13.46	6.67	9.09	17.65	10.81	0.00	14.29	25.00	100.00	22.86	28.57

5.

**Now you must ask patients aged 50-69 (if you are an adult practice) to use howsyourhealth.** Do Not ask patients with an acute illness...focus on those having routine follow-up for a condition or a “check-up.”

Best to request and give a reminder card or give a letter prior to an appointment. A sample letter, a poster, and patient handouts are available at “for physicians and businesses.”



**The Overhead Survey:**

This data below shows the IQR for 20 one doctor practices. (We are gathering information for larger practices but the numbers are too small to report IQRs for them at this time. However, there is no reason to presume that on a physician basis, overheads should be higher in big practices ----isn't bigness supposed to result in some economies of scale?). If your practice is below the IQR in overhead, you are probably quite efficient in the use of financial resources. Others may wish to ask you “how you do it.”

**IMP Monthly Expenses for Twenty, 1 Doctor Practices  
25-75% Inter-Quartile Ranges (IQR)**

Category of Expense	IQR in Monthly \$
Employee	156-3200
Malpractice	422-1062
Rent	600-1600
Loans	0-1000
Tele-Communication	200-384
Medical Supply	104-300
Dues/Fees	80-160
Billing	0-484
Office Supply	50-178
CME	40-200
Software	75-200
Business Insurance	29-100
Accountant/Legal	33-99
Computer Tech Support	24-360
Hardware	30-120
Personal/Family Insurance	0-370
D/L Insurance	0-80
Auto Insurance	0-98
Office Square Feet	350-1200

Where do you stand? The overhead survey is in an Excel spread sheet. Just fill in the categories as best you can and submit them to Judy. Knapp@Dartmouth.edu. The results will be posted (minus specific identifiers) at your page on IdealMedicalPractices.org. During subsequent discussions with your group, you will be able to refine your estimates and share ways to remove waste.

## The Staff Survey:

The ten item staff survey has proved useful for practices to compare and think about how they are doing. Of course, for some very small practices, the “staff” is the same as the physician. Nevertheless, by completing this even a solo physician-staff seems to gain some helpful insights. Submit the Excel spreadsheet to Judy. Knapp@Dartmouth.edu to have the results posted (anonymous individual) and group. (Copy is below).

## How Does It All Fit?



## All Office Staff Survey Of An Ambulatory Practice

### *How is Team-Work?*

1. In this office, I always have the opportunity to do what I do best everyday.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

2. In the last seven days, I have received recognition or praise for doing good work.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3. Our office staff works like a team. We have high levels of trust and collaboration. We appreciate complementary roles and recognize that all contribute to a shared purpose.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

4. I would recommend this office practice as a great place to work.

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly disagree

### *How is Communication?*

5. How easy is it to ask anyone a question about the way we care for patients?

- Very easy
- Easy

- Difficult
- Very difficult

6. Technology in this office smoothly links patient care with a rich information environment. The information environment is designed to support the work of the clinical team.

- Strongly agree
- Agree
- Unsure
- Disagree
- Strongly disagree

*Immediate Improvement Questions*

A. Our office has full-staff meeting (doctors, nurses, clinical assistants, office staff) at least every six weeks and these meetings focus on how we can best work together to better address our patients' needs.

- Yes                       No

B. Our office keeps an up-to-date display of information about our performance.

- Yes                       No

C. Our office knows how confident individual patients are in controlling and managing most their health problems or concerns.

- Yes                       No

D. Our office has regular meetings with groups of patients (either in a patient advisory board or in scheduled patient group visits).

- Yes                       No

E. What would make this practice much better for patients?

---

---

F. What would make this practice much better for those who work here?

---

---