

## Q&A WITH EYAD AL-HIHI, MD, MBA, FACP

### **Why is there a need for a transformation of the ambulatory practice?**

Because of health-care reform, there has been an unprecedented demand to deliver effective, cost-conscious care. At the same time, we're realizing that the U.S. health system lags behind other countries for many measures of quality care. Ambulatory care delivery answers these needs, by shifting from inpatient to outpatient care except for very sick patients. But shifting to this model requires changes in the way we practice, to coordinate and transition care to avoid unnecessary hospital admissions and re-admissions.

### **What changes are required to better serve outpatients?**

A unified approach delivers the best care in ambulatory settings for acute and chronic conditions by emphasizing access, continuity, quality, patient and community engagement, as well as wellness and prevention.

We have addressed these needs in many ways, by revamping our scheduling system to shorten the wait to schedule appointments to creating a patient-centered medical home, or PCMH. **This team-based approach to care creates an environment in which including nurses and office staff, all play an integral role in the patient's team.**

We're also instituting quality measures by using national metrics. This illuminates areas where there is room for improvement. We will share this data with patients, because we see them as stakeholders in their own health.

Finally, we're shifting our focus to population health, rather than delivering

care for an individual episode. In other words, a clinic visit is not the only opportunity to provide care. There is a pre-visit, visit, post-visit, and at each step we monitor the patient's record, review labs, and share results. A nurse can review a patient's chart at a pre-visit and schedule a patient for an overdue screening without waiting for a physician to order it during the patient's visit.

In short, the ambulatory care model focuses on placing the patient in the center. The clinic visit is just an episode in the care continuum that is complemented by pre-visit preparation, post-visit follow-up and proactive reach out and support at home in between visits.

### **Will outpatient visits continue to rise?**

The ambulatory practice in the Department of Internal Medicine delivered 74,668 visits in outpatient settings in 2012 across several clinical divisions; this was an increase from 48,000 outpatient visits in 2006. The number will only continue to grow.

### **What is a PCMH?**

The Patient-Centered Medical Home (PCMH) has been an important step forward in improving primary care.

The National Committee for Quality Assurance (NCQA) created criteria to be recognized as a PCMH, and in early 2013, the NCQA recognized the University of Kansas Medical Center (KUMC) General and Geriatric Medicine Primary Care Practice as a level 3 PCMH—the highest ranking possible.

This is a major achievement for our Internal Medicine Primary Care Practice and is a result of months of teamwork and effort from physicians, nurses and clinical staff. This recognition was a

result of many transformational changes in the practice with empanelment, patient population management, access, and ambulatory quality metrics. The recognition is a journey and not a destination and there is a lot of work to do to raise the bar regarding ambulatory practice standards.

### **What are your goals for the future?**

I want to continue building teams to advance transformational changes. I've established five priority areas:

- Improving access to care in all areas with emphasis on same-day access and short appointment lags. This will require creative balance between demand and supply.
- Waste identification and elimination: We will implement lean strategies to reduce unnecessary waste and steps of no added values.
- Patient Population Health: We need to follow patient population health and proactively reach out for care opportunities.
- Ambulatory Quality: KUMC is already a leader in quality in Internal Medicine specialities and we will continue to strive to lead in all areas.
- Building care processes with standardization in areas of care coordination, care transition, referral agreements and tracking.

### TRENDS IN PATIENT CARE: AMBULATORY PRACTICE

For years, the University of Kansas Medical Center took a traditional approach to outpatient care. Processes varied from one practice to another, with little consistency. As demand has grown to deliver care on an outpatient basis, the need for unified processes that employ metrics and outcome measures has become paramount.

In July 2012 the Department of Internal Medicine created a new ambulatory practice leadership role, appointing Eyad Al-hihi, MD, MBA, FACP, as vice chairman, chief ambulatory officer and associate professor of medicine.



Eyad Al-hihi, MD