Family practice: Community focus, global reach

For doctors, the first connectivity tool might have been the horse and buggy. Today, for a growing number of patients and physicians, that sense of connectivity has moved online.

Making house calls, even to patients some distance away, was once expected of physicians, especially general practitioners. In 1975, Tripp Bradd, MD, met John Hamner, MD, a general practitioner who visited patients in a horse and buggy across central Virginia. The visit sealed Bradd’s decision to go into family practice. “I was deeply impressed with Dr. Hamner’s outreach to the community,” Bradd recalls.

And it was something he sought to emulate. Today, Bradd and his partners at Skyline Family Practice in the Shenandoah Valley of northwest Virginia combine modern technology with the kind of individual patient attention that once made general practitioners a community hub. Although they no longer visit patients at home, Bradd and his colleagues tap an online group of physicians to share ideas and research patient outcomes and processes. The group is similar to the MGMA Member Community (mgma.com/profile-community) for practice administration, and it enables busy doctors to feel like they are part of an active community and delivering the type of individual patient care that attracted them to the profession.

Bradd’s interest in networking began at Eastern Virginia Medical School in Norfolk. “Medical specialization was just starting to boom, and some doctors were focusing more on disease processes or organ systems and not always on the whole patient and how they fit in their family and community,” he explains.

A new type of network

When Bradd started a solo practice in 1994, he adopted an integrated EHR, appointment scheduler and billing program. Within a year, he had 5,000 patients. After adding a partner, Bradd sought a larger network to discuss ideas, technology challenges and solutions.

“I remember sitting up late one night, staring at my computer, thinking how in the heck am I going to manage this system?” he says.

Bradd worked with his technology vendor to organize a Seattle-based user group in June of 1995 through word-of-mouth advertising, and 25 doctors attended the first meeting. Two of those participants initiated research projects that would tap data from the EHR, and about 12 physicians formed a research network called PPRNet (see sidebar on page 30) at the Medical University of South Carolina, Charleston. It is believed to be the first practice-based quality improvement and research network to involve primary care clinical professionals in the United States who use a common EHR system to extract data.

Members still participate in studies, and the aggregate data affects how care is provided. Studies have assessed the effects of the Food and Drug Administration’s boxed warnings, how to improve quality through clinician use of health information technology and colorectal cancer screening in primary care practices.

“The power of it is incredible,” Bradd says. “We share data and research to improve care in practices for the communities we serve across the nation.” The group has grown from 10 member practices to more than 200 practices providing care for more than 2 million patients.

As network clinicians connected, they realized a need to talk more frequently. In 1998, Bradd launched a listserv for end-users and created an online database of participants in 2003. It now has nearly 750 practices from Vietnam, Guam and American Samoa, Canada and the United States.

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By David Henriksen
Recognizing the power of online communities, Bradd helped launch the EMR Village (http://emrvillage.com) for physicians who use the same software. “Tablets and smartphones are the new mobile computing platforms,” he says. “Younger office staff [members] are simply more engaged by convenient tools, and this helps them use the software more effectively.”

Community

Much has changed since doctors visited patients’ bedsides, yet with online communities, physicians and researchers are creating new communities in which care is king. “We all want to share ideas and help others,” Bradd says. “Community is still the key. It’s the village mentality. … If you’re part of a larger community of peers and colleagues, you can learn how to treat individual patients better. The technologies to do that are now in our hands.”

PPRNet

academicdepartments.musc.edu/pprnet

This practice-based research network was established in 1995 as a collaborative effort between universities, physicians and industry. It has three primary goals:
• Turn clinical data into actionable information.
• Empirically test theoretically sound quality improvement interventions.
• Disseminate successful interventions to practices across the country.

The network has conducted 10 major federally funded research projects in the past 11 years and contributed to more than 50 publications.