Banner Health Clinic Internal Medicine

At-a-Glance

Location: Phoenix, AZ
Practice Type: Primary care practice owned by Banner Health System
Primary Care Physicians: 5 internal medicine physicians
Approximate Annual Patient Visits: 32,000
Reimbursement Model: Fee-for-service

Banner Health Clinic Internal Medicine is part of Banner Medical Group, a group of more than 1,500 physicians and more than 3,300 total employees in six states. The clinic is comprised of five physicians, one nurse practitioner, nine medical assistants (MAs) and several support staff. Three of the physicians have been practicing together since the 1990s and trained together in the same residency program, to which they partially attribute their success.

What Makes the Practice a Provider of America’s Most Valuable Care?

The clinic emphasizes excellent patient service, offering same-day appointments for acute care needs. The clinic’s physicians and MAs discuss diagnostic and therapeutic care choices with all patients and provide patients with printed care plans and summaries after every visit. Taking the time to help patients succeed in managing their health is something they pride themselves on, and those patients who need extra support are identified using a software program called “Active Health.” For example, a regional nurse care manager does home visits for high-risk patients to ensure strategies are in place to keep them out of the hospital.

The clinic’s focus on standardization and continuous improvement—and its emphasis on patient-centered techniques to improve quality and reduce cost—has drawn the attention of the larger Banner Health System, which has used this clinic to pilot new initiatives, including efforts to streamline drug sample dispensing, implement a patient portal, and implement population management tools.

How Do They Do It?

The practice utilizes a team-based approach to deliver care that is highly patient-centered, which is supported by the clinic’s physical design. The physicians and MAs each work in respective common “bullpen” areas. This office design facilitates an open flow of information and knowledge-sharing among the care teams, which leads to more efficient and better-informed decision-making. Physicians work in teams of two, supported by three MAs, one of whom is designated as the primary MA for that physician. Tasks are assigned through the EMR to the primary MA, but the workload is then distributed equally to ensure each task is completed by the end of the day. The use of standardized care pathways developed by clinical consensus allow the MAs to perform multiple tasks, including rooming patients, taking patient histories, handling phone calls, authorizing medication refills and closing the loop on test results.

Q&A:

Jamie Lovell, practice manager, and Lurlyn Pero-Anderson, MD [2], answer questions about their model for providing high-
Q: Why is it important to you that your patients feel empowered to make decisions regarding their care?

A: “When addressing health, wellness or a particular condition with our patients, I think it’s important for them to understand in plain, clear English what something is, what it means to them, why we need to treat it and what will happen if we don’t. It’s important that we help our patients feel like they have the resources they need to successfully manage their medical issues so it’s not burdensome and doesn’t interfere with their quality of life. Patients who are better educated on their chronic health condition will have better outcomes clinically.” —Lurlyn Pero-Anderson, MD

Q: How do you help your patients feel empowered to manage their care?

A: “We take the time to educate the patient as much as possible, so they understand the treatment process and how to successfully manage it. Education may start with me, but management needs to continue outside the exam room. We have case managers who oversee patients with chronic health conditions. As a patient-centered medical home, we strive to be ‘one-stop shopping’ for our patients by providing support services for those who need them. In addition to physicians, we have services like diabetes and nutrition education to support patients and help them manage their health.” —Lurlyn Pero-Anderson, MD

Q: How do you prioritize continuous improvement in your practice?

A: “As a manager, I am always looking at processes. We have the ability within our larger medical group to pull a lot of data related to quality metrics that affect patient care, like A1C levels or smoking. We regularly look at this as a group with our physician site lead. This practice allows us to be in a constant state of thinking about how we can do a little better tomorrow than we did today.”

—Jamie Lovell, practice manager

Q: What advice do you have for practices that want to become more patient-centered?

A: “It truly takes a village—an entire community—to ensure someone’s good health. Patient education is key. As physicians, we can support them through medications and referrals, but if a patient and their family or caregiver doesn’t understand the goals, the patient is not going to move forward. Even if there is no dedicated case management on site, a physician needs to realize that he or she is captain and needs to assemble the right team members. It’s about assembling the right team to support your patients and your healthcare efforts. Many hands make light work.” —Lurlyn Pero-Anderson, MD

Features Highlighted:

- Always on
- Moderately adjustable care intensity
- Upshifted staff roles
- Hived workstations