

Baptist Medical Group, Memphis Primary Care

At-a-Glance



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Location: Memphis, TN

Practice Type: Ambulatory care site owned by larger health system

Primary Care Physicians: 2 (One internal medicine and one family practice)

Approximate Annual Patient Visits: 9,000

Reimbursement Model: Fee-for-service

Originally established by two primary care physicians on staff, the practice joined the Baptist Medical Group (BMG) in 2012 and has retained substantial autonomy over operations. The practice is located in Memphis and serves a diverse patient population. The physicians are supported by two medical assistants (MAs), one licensed practical nurse (LPN), two front desk staff, one office manager and one x-ray technician.

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

Memphis Primary Care places tremendous priority on being readily available to their patients. The physicians accommodate same-day appointments and walk-ins. They take their own calls two out of three nights and rotate with one other physician to ensure someone is available 24-hours a day. The physicians give their cell phone numbers to the patients who they believe to be at highest-risk of a health crisis.

They also make an extra effort to avoid admissions and emergency department (ED) visits by treating exacerbations of chronic conditions like asthma and chronic obstructive pulmonary disease, or COPD, in the office whenever possible. For example, they will offer a patient a nebulizer treatment in the office to avoid an ED visit.

The practice also stresses the importance of educating patients in order for them to share in the decision-making process about tests and treatments. The care team maintains a large patient education library that they share with patients regularly. The physicians also make the time to start discussing end-of-life preferences with patients at age 65.

In addition, the practice takes the results of patient satisfaction surveys very seriously. For example, in response to poor survey results on their answering service, they expanded the role of their LPN to include phone triage. In addition to collecting patient surveys, the office manager also catches three to five patients a day to get immediate and informal feedback on the visit.

How Do They Do It?

The staff works closely together as a tight-knit team. MAs are cross-trained to handle a multitude of responsibilities and work directly with patients on medication reconciliation and other services. Physicians work closely with the office manager to follow up on care gaps reported by insurance plans, and call patients up to three times to schedule needed appointments.

The physicians in the practice have served the community for more than 20 years, enabling them to develop long-standing, trusting relationships with their patients. They are very collaborative, frequently consulting each other for an opinion while the patient is in the office.

Q&A:

Lead physicians Freddie Everson, MD, and Jay Patchen, MD, along with practice manager Jacqueline Howell, answer questions about their model for providing high-quality care and keeping costs low.

Q: Why is responding to patient feedback so important to your practice?

A: “Our practice is committed to being responsive to patients—not only to their health, but to any concern or question they may have. We are diligent about getting back to patients when they call and listen carefully if they bring up an issue during their visit. It’s a two-way street. If you take the time to listen carefully to your patients and develop relationships with them, they are more apt to follow your advice, which ultimately leads to better health outcomes and less unnecessary testing.” —*Freddie Everson, MD*

Q: How does the practice keep staff happy and turnover low?

A: “By taking such good care of the staff, our physicians set the tone for hard work, efficiency and excellent patient care. For example, our doctors will do what they can if a staff member is struggling with a personal problem. They celebrate each employee’s birthday and give generous holiday bonuses. The physicians really care deeply and do a lot for us. But they also do things for the patients, like helping to pay for a taxi ride or bus fare. This inspires staff to work hard for the patients.” —*Jacqueline Howell, practice manager*

Q: How do you involve your patients in decision-making regarding their care?

A: “Patient education is really important, especially because some patients may come in demanding a certain test they think they need, but really don’t. If you just say ‘no’ without educating them first, patients may think you’re trying to cut costs for the insurance companies. Taking a step back and educating them on potential risks of the test and why it’s not appropriate for them can help ease a patient’s mind and help them realize you are really putting their best interest first. In my eyes, that’s worth the time and effort.” —*Jay Patchen, MD*

Q: How do you manage patients with chronic conditions with very little reliance on technology?

A: “We do very well with managing higher-risk patients, and we do it without a computer system. So much of this care often depends on outside factors, like family and socioeconomics. For that reason, all staff are involved in making sure the patient understands how we are treating their condition and exactly why we are doing certain things. A lot of this counseling is done by our MAs, who have a keen sense for knowing whether a patient understands.” —*Freddie Everson, MD*

A: “Having long-standing relationships with patients is so helpful in these cases. For example, if you’re working with an elderly patient with mental health issues, you have a better chance of involving family if you’ve known the patient for a long time. It’s really hard to watch a patient suffer when you know they just need support at home. So as much as we can, we involve the family.”
—*Jay Patchen, MD*

Q: What advice do you have for other practices that want to deepen patient relationships?

A: “Be genuinely interested in your patients’ lives, and ask questions that aren’t about their health. How is their family? Are they enjoying work? Not only can learning about our patients’ lives enrich us, but it’s also an excellent clue to their health status. If they aren’t acting like themselves, you know it, which provides an opportunity to investigate what else may be going on.” —*Jay Patchen, MD*

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- Upshifted staff roles



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