

Florida Medical Clinic Internal Medicine

At-a-Glance



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Location: Zephyrhills, FL

Practice Type: Multi-specialty primary care practice owned by a large medical clinic practice

Primary Care Physicians: 3 (2 full-time internists; 1 part-time family physician)

Approximate Annual Patient Visits: 13,052

Reimbursement Model: Mostly capitation, some fee-for-service

Florida Medical Clinic Internal Medicine-Zephyrhills has been part of the Florida Medical Clinic system since 1993. Three primary care physicians are supported by a highly cross-trained staff that includes a medical assistant (MA) serving as the office manager, two referral coordinators, two nurse practitioners (NPs), and three additional MAs who primarily support the physicians. The practice sees predominantly Medicare patients.

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

The practice provides patients with outstanding access and close care management. Patients are able to secure same-day appointments by calling or visiting the office. Each physician keeps up to five slots open for same-day access, and NPs reserve half of their daily schedules for walk-ins. Physicians are available at all hours—willingly taking calls on their days off. The two full-time physicians and an additional physician from another office rotate weekends and evenings to ensure someone is available to answer patient questions at all times.

Florida Medical Clinic also ensures their patients receive needed preventive care and treatment. For example, each Medicare patient receives a comprehensive annual physical conducted by the NPs. Their electronic medical record flags all follow-up care needed at the time of the patient visit. The MAs run regular reports to identify outstanding care gaps and take responsibility to contact the patient and schedule a follow-up visit to close gaps in their care in a timely manner, and to make sure that the results are entered into the medical record.

Physicians at Florida Medical Clinic-Zephyrhills keep 90 percent of referrals within the Florida Medical Clinic group, which allows referral coordinators to closely track appointments and patient progress.

The practice places a premium on minimizing patient emergency department (ED) visits and hospitalizations, and will see patients as often as three times a week to help stabilize their conditions. In addition, the clinic has set up an electronic alert with the local hospital that is triggered when one of their patients checks in at the ED. When alerted, the practice will contact a hospitalist from their group or their hospital-based case manager, who will see the patient in the ED before they are admitted. Where appropriate, the practice works with the patient and the ED physician to have the patient discharged to home, with close follow-up by their primary care doctor in order to avoid a hospitalization.

How Do They Do It?

The practice uses a very small space effectively, allowing for close communication between physicians and other staff. Both of the full-time primary care physicians share offices with their assigned MAs. This results in a tight-knit, team-oriented environment, where all staff are readily aware of patient care needs. The two full-time primary care physicians also primarily see Medicare Advantage patients, who make up two-thirds of their patient panel. Because the practice takes responsibility for total cost of care for these patients, they are rewarded in savings from reducing hospital use, ED use and use of specialists. This payment system supports the practice's emphasis on strong patient relationships, a high level of access and closely coordinated follow-up care. It also enables them to use NPs as extenders to support the physicians in these activities.

Q&A:

Chandresh Saraiya, MD, medical director and Lori Sink, office manager, answer questions about their model for providing high-quality care and keeping costs low.

Q: Why is the high level of staff communication you encourage so important to patient care?

A: “Our practice has a strong philosophy of easy access to care, and part of this is an open-door policy for staff to discuss patient needs with physicians. The current staff inherited a practice that had a very closed-door approach to patient care. Doctors were too busy to talk with others on the care team about patients. We wanted that to change, and had to create a different atmosphere. It’s a philosophy of putting the patient first. Our business is to take care of people, and we are going to do everything we can to foster open communication and engagement.” —*Chandresh Saraiya, MD*

Q: What are some of the ways in which you are successful in keeping patients out of the hospital?

A: “We try to keep our patients out of the ED and hospital by giving them as much access to our office as possible. For example, we have protocols in place so if a patient wants to see a doctor for any reason at all, we will put them on the schedule. We return phone calls from patients on the same day they call and never leave the office until all tasks relating to patient care are done. Our staff knows they can interrupt the doctors at any time if they think a patient is really sick and may need to go to the ED. We would rather try to treat them here first. If a patient does go to the ED without calling us first, we will schedule a follow-up visit with them so we can learn why this happened. We want to make sure our patients get whatever they need from us, and we’ll stop what we’re doing to make sure that happens.” —*Chandresh Saraiya, MD*

A: “When a patient first comes to us, they’re given a new patient folder that instructs them on our office hours, encourages them to call at any time, and stresses that we’re always available—24/7. We emphasize this with our patients as often as possible.” —*Lori Sink, office manager*

Q: How have you been able to develop deep relationships with your patients?

A: “I always want the focus to be on value, not volume. When I first started the practice, I was so busy that I couldn’t spend quality time with my patients. By adding staff and instituting a philosophy that focused on the quality of a patient visit, as opposed to seeing as many patients as possible, we were able to create a system that allowed us to develop deeper relationships with our patients. We don’t take on more patients than we can handle just for the sake of growing our practice. Instead, our philosophy is to take care of the patients we have really well.” —*Chandresh Saraiya, MD*

Q: What advice do you have for other practices that want to focus on patient care value over volume?

A: “Our philosophy of care really makes a difference—easy access, avoid unnecessary tests and treatments, care for the whole patient, and hold ourselves accountable. But above all else, we know that quality is more important than quantity. Know both your patients’ needs and quality measures well. If you focus on these two, you can perform as an exceptional, high-quality provider just by using the skills you have as a doctor.” —*Chandresh Saraiya, MD*

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