

Northwest Family Physicians

At-a-Glance



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Location: Crystal, MN

Practice Type: Independent primary care group with three sites

Primary Care Physicians: 16 Family Practitioners

Approximate Annual Patient Visits: 184,061 total encounters in 2014

Reimbursement Model: Fee-for-service

Northwest Family Physicians is an independent family practice group with three sites located in suburban Minneapolis. The Crystal site, profiled here, is the largest of the three and the administrative hub for the group. The site offers an urgent care center and extensive lab capabilities, and partners with a local radiology group to provide on-site imaging services. Each physician has his or her own medical assistant (MA). The practice also employs five physician assistants (PAs), one nurse practitioner (NP) and fourteen registered nurses (RNs).

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

Practice physicians perform as many procedures in-house as possible and are conservative in their use of specialists—continually pursuing training to deepen their expertise in medical sub-specialties. This allows them to perform low-complexity procedures and diagnostics like colonoscopies, endometrial biopsies, and joint injections for patients who might otherwise require a specialist referral. Physicians also round on patients in the hospital in a rotation every eight to nine weeks, which allows them to develop and maintain closer relationships with outside specialists and the hospital care team. Several of the physicians also perform low-risk deliveries.

The practice has taken other steps to maximize in-house capabilities, including engaging independent consulting cardiologists to provide in house echocardiograms, stress echoes and nuclear stress tests. The cardiologists provide the equipment necessary to perform echocardiograms, and are available to review test results and provide recommendations to the primary care physicians, though no referrals go to them. This arrangement has helped keep costs and referral volumes low. In addition, the practice has a 50/50 joint venture with a radiology group to operate an on-site imaging center with services including x-rays, computed tomography scans and magnetic resonance imaging. Patients from other medical groups use the imaging center, which is right-sized to eliminate any incentive to order unnecessary tests. The partnership has allowed the practice to provide better access and care coordination for patients and offer imaging services at a much lower cost to patients and their insurers than in a hospital setting. This also enhances patient satisfaction.

How Do They Do It?

Physicians work closely with MAs and triage nurses to offer rapid and responsive access to care. Staff use standing orders and protocols to support the physicians and help reduce their workloads. For example, standing orders for lab testing are disease-specific (e.g., diabetes), medication specific (e.g., Warfarin) or designed for specific preventive services (e.g., lipid and glucose testing). These protocols are reviewed regularly and can be modified quickly as need arises or guidelines change. Physicians share office space with their dedicated MA to ensure prompt communication. This well-managed, team-based care model enables physicians to have a four-day work week. The MAs also have 4–6 hours of “flex time” scheduled into their week for

other tasks to ensure that when the physician is in, they can devote their full attention to assisting them with patient care.

Q&A:

James Welters, MD, and Mark Pottenger, site administrator, answer questions about their model for providing high-quality care and keeping costs low.

Q: Why is keeping on-site specialties, like cardiology, beneficial to your practice?

A: “It’s a way of keeping patients who need this type of care within our office. It reduces utilization of particularly invasive procedures and tests that may not be necessary; and when they do need this care, patients really like when they don’t have to go somewhere else. It has been a cost-saver for us and a huge convenience for our patients. It’s a win-win for everyone: patients, physicians and other care team members.” —*James Welters, MD*

Q: Would you recommend on-site specialists for other practices that may be thinking of doing this?

A: “I would encourage people to do this. I don’t think anyone actually loses. Initially there was some pushback from some specialists as they were afraid this would take business away from them, but most have realized it helps them by triaging low-risk patients. Having specialists on-site can also be a learning experience for office staff. It taught me a lot about cardiology and now there are a lot of things that I feel comfortable doing myself or advising my partners on. Most importantly, it helps our patients because I can say to them that I know the specialist well and that it’s someone they can trust. That provides patients with peace of mind—knowing they are getting good care.” —*James Welters, MD*

Q: How have standing orders and protocols streamlined your practice and improved patient care?

A: “The overall idea behind standing orders and protocols is an acknowledgement that the doctor can’t do it all. Providing high-quality care is the equal responsibility of everyone in our office—from the front desk staff to the business office to the physicians. Standing orders and protocols help us do this. Everyone who sees a patient is encouraged to look at the patient holistically and provide all of the services he or she needs that same day. Patients appreciate not having to come back another day for tests that were forgotten because the doctor was rushed. Our team approach helps us move patients through the office efficiently without compromising quality. By making quality care everyone’s job, our patients end up healthier and happier.” —*James Welters, MD*

Q: What do you think makes your practice unique?

A: “We are an independent, physician-owned practice. This is less common as time goes on and smaller practices consolidate with larger health groups. Despite being independent and without the resources of a larger health system, we have still been able to do many innovative things all on our own. This is mostly due to our really strong physician leadership. The physician president of our group is elected each year, and the leadership has a long history of building a culture of quality and having a unique vision for how we can deliver exceptional, high-value care.” —*Mark Pottenger, site administrator*

Features Highlighted:

- Responsible in-sourcing
- Staying close
- Investment in people, not space and equipment
- Upshifted staff roles



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