Site Profile: Internal Medicine of St. Luke's

At-a-Glance

**Location:** Chesterfield, MO
**Practice Type:** Internal Medicine of St. Luke's is a primary care practice and part of St. Luke's Medical Group
**Primary Care Providers:** Four primary care physicians and a nurse practitioner
**Approximate Annual Patient Visits:** 8,463
**Reimbursement Model:** Fee-for-service

St. Luke’s Medical Group is comprised of 44 physician practices, including primary care practices of internal medicine and family practice, as well as specialty practices in breast surgery, cardiac surgery, cardiology, GI, general surgery, geriatrics, infectious disease, nephrology, neurosurgery, neurology, ob/gyn, oncology, orthopedics, osteoporosis, pain management, pulmonary and rheumatology. St. Luke’s Medical Group is affiliated with St. Luke’s Hospital, an independent, nonprofit healthcare provider with a 493-bed hospital in Chesterfield, Mo., and 25 other locations across the greater St. Louis area.

Located in Chesterfield, a western suburb of St. Louis, Internal Medicine of St. Luke’s is made up of four internal medicine physicians and a nurse practitioner. The ratio of physicians to medical assistants at the practice is 1 full-time equivalent MD to 1.2 MAs. The practice uses eClinicalWorks as its electronic health record system.

Prioritized Modules for Practice Transformation

**What is a module?**

*A module is a project a practice undertakes based on the priorities it has identified. Each module contains a set of highly-specified end-states against which practice teams self-assess and develop work plans to fulfill based on their own contexts.*

**Delegating Administrative and Clinical Tasks**

By reorganizing its care teams and workload, the practice reduced the amount of time its providers spent on administrative and lower-level clinical tasks—allowing them more time to care for their most complex patients.

**Collecting and Managing Data**

The practice put a system in place to identify if patients attended their specialty appointment following a referral and ensured that the appropriate documentation from the specialist visit was received by the practice.

**Staying Close to the Care Patients Receive From the Practice’s Preferred Network of Specialists**

The practice identified the exemplar specialists within the medical group and across the area to create a list of preferred specialists that will be used by the physicians in the practice. The practice, with the support of the medical group, worked on a co-management agreement that was presented to the specialists to improve communication between the physicians and the patient.

**Using Data to Proactively Identify and Close Care Gaps**

The practice has selected four measurement domains (preventive screening: BMI management, pneumococcal vaccination status for older adults, diabetes care: HbA1C testing, controlling high blood pressure) to track the number of patients who are due to receive follow-up or preventive care. The goal is to reduce care gaps for high priority patients in the four measurement