

## SureCare Medical Center

### At-a-Glance



#### SureCare Medical Center

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**Location:** Springboro, OH

**Practice Type:** Hospital-owned and operated primary care practice, part of a larger health system

**Primary Care Physicians:** 7 (1 internal medicine; 5 family physicians; 1 part-time family physician)

**Actual 2014 Annual Patient Visits:** 34,400

**Reimbursement Model:** Fee-for-service and self-pay

SureCare Medical Center is one of more than 60 Premier Health system primary care and after-hours sites in southwestern Ohio. There is physical therapy and general radiology and a time-share in the building where specialty services are offered, e.g., orthopedic, cardiology, ophthalmology, dermatology, physiology, etc.

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

The SureCare Medical Center team prides themselves on maintaining a close, longstanding relationship with its patients. Physicians often refer patients to other physicians within the practice before referring out, leveraging the extended skill sets of their colleagues in various areas such as dermatology, orthopedics and sports medicine.

Whether the problem is acute or chronic, the care team's ultimate goal is to never turn an established patient away that could be safely cared for by the practice. In order to accomplish this, the physicians and their assigned medical assistants (MAs) have staggered schedules that allow the practice to offer extended hours on weekdays and to be open on Saturdays. These early morning and late night hours minimize the number of after-hour patient calls even though they each carry an average panel of 2,000–2,500 patients.

## How Do They Do It?

SureCare MAs work at the top of their credentials to increase office efficiency and patient flow. For example, templates in the EMR provide enough guidance for the MAs to take on extended responsibilities such as conducting medication reconciliation, addressing health maintenance issues, queuing up refills, letters, referral information and testing for physician approval. Under the direct supervision of the physicians, MAs are also authorized to perform procedures, e.g., foot exams, spirometry, POC testing, suture removal, immunization and injections, eye/hearing exams, EKGs, etc. MAs greet patients when they walk in, escort them to their room and see them again before they check out. The practice places a premium on employing staff who have been trained to perform medical and administrative functions; hence, many of the MAs also can handle front staff receptionist duties.

The MAs and physicians work together in a large pod. Each of the physicians has a standing station in front of their MA where they can review and discuss patient needs together and—if appropriate—with the other providers. As a result of the ongoing opportunity to communicate with their staff between patients, SureCare physicians reported being able to spend more time with their patients because they have less administrative burdens, e.g., paperwork, forms, messaging, etc.

## Q&A:

*Joe Garland, DO, lead physician, and Jerome Yount, practice manager, answer questions about their model for providing high-quality care and keeping costs low.*

**Q: What are some of the ways in which you are always available to your patients?**

**A:** “Because we are open on Saturdays and have extended hours during the week, when patients call, we’re probably open. This allows us to give them direction on what can wait until the next day or what needs to be taken care of now. Sometimes patients just need peace of mind. They may have a crisis at 8 o’clock at night, but if they know they are going to get seen early the next morning or we can meet their needs over the phone, that’s a big part of always being available. It’s not always getting them in immediately for an appointment, but sometimes it’s just talking to them.” —*Joe Garland, DO*

**A:** “Our doctors do not like to send patients to the ER or urgent care and, unless truly warranted, will do what’s needed to avoid this option. We can have a patient walk in with lacerations and just tell them to come on back and we’ll stitch them up. Why wait four hours to get stitches when our doctors can do it now?” —*Jerome Yount, practice manager*

**Q: Do you face any staffing challenges with your extended hours?**

**A:** “We really don’t. I’ve been here 23 years and the staff we have is like a small family that helps out and covers for each other. The physicians are very caring and also supportive of the staff and will routinely change their schedule to accommodate the staff and fellow physicians so as to not compromise patient care.” —*Jerome Yount, practice manager*

**A:** “I think we have the right mix and number of part- and full-time staff to do the job we are expected to do. With our availability, if we reduced our staffing model, we would may have morale, errors and turn over problems. Over the years—through trial and error—we have developed the right staffing model to meet the ongoing needs of our patients and providers. We don’t lose money because we’re overstaffed and we don’t have morale issues because we’re understaffed.” —*Joe Garland, DO*

**Q: How does having cross-trained staff benefit your practice?**

**A:** “Instead of hiring a receptionist, we’ll recruit MAs that are willing to work both the front and back positions. They can better screen calls and schedule patients more appropriately and—as needed—help with patient care in the “back”. It also helps with better communication between the front and back care teams.” —*Jerome Yount, practice manager*

**A:** “Our physicians have adopted and stay up to date on many of the standard in-office procedures that fall under primary care, e.g., casting and fracture care, dermatology, minor surgical procedures, etc. If the physician decides to routinely perform a special service, he is going to make sure that his staff receives the training necessary to assist. Obviously, this help keeps costs down and avoids the need to refer patients elsewhere.” —*Joe Garland, DO*

**Q: Do you have any advice for other practices who may want to be more available to their patients?**

**A:** “I think you have to find that balance between what your hours are going to be and how available you are going to be to your patients. A practice needs to put thought into what availability looks like, i.e., when needed, are you, your partners and staff flexible and willing to rearrange and/or add hours. Ultimately, you want to do the most you can do for your patients with the staff you have, without stressing them out or over-extending them. The key is keeping your staff happy and productive.” —*Joe Garland, DO*

**Features Highlighted:**

- Always on
- Responsible in-sourcing
- Upshifted staff roles



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