

# Tools of the Trade

**Need help with quality, practice productivity, and population health? You've come to the right place.**

In this issue of *Family Practice Management*, we bring you tools – tools that can help you improve quality, practice productivity, and population health. These are topics that, if taught at all in your medical school or residency, were probably only peripheral to your education. But now you need to understand them to succeed and lead in primary care. *FPM* is here to fill that gap.

In the article by Dr. Jennifer Brull, “Controlling Hypertension: Focusing on ‘Why’ Makes ‘How’ a Lot Easier” (page 23), we are reminded how a basic quality improvement approach can boost care quality. Pick a metric that needs improving, get your team together, decide on a change, implement it, measure again, and

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then revise your change until you get the result you want. What do you need for this approach? You simply need a way to assess and track your quality metrics (hopefully built into your electronic health record or at least offered as an add-on program), a team, and a desire to improve.

In “Applying the ‘Theory of Constraints’ to Solve Your Practice’s Most Vexing Problem” (page 18), Dr. James Cox and colleagues apply to family medicine, perhaps for the first time, a management philosophy better known for improving corporate profits in manufacturing. The theory of constraints offers a defined process for removing bottlenecks and improving your practice’s throughput. In the case described, the provider is the constraint. Your effective time with the patient is the most expensive and scarce resource in a practice, and you must maximize it if you wish to produce more quality provider-patient interactions and more income per day.

In their ground-breaking article, “Health Confidence: A Simple, Essential Measure for Patient Engagement

and Better Practice” (page 8), Drs. John Wasson and Eric Coleman introduce a new “vital sign” to primary care. Implementation of this measure in daily practice could help your patients achieve better health outcomes at a lower cost. It could also be used in your population health efforts to identify high-risk patients. Be sure to read this article to learn more.

Finally, in “Caring for Seniors: How Community-Based Organizations Can Help” (page 13), Dr. Eric Coleman, a pioneer in the area of transitional care management, and his associates describe how you can enhance patient care by tapping into community resources. Although this will take extra effort by you or your staff to arrange, “prescribing” a community-based partnership for your patients can improve their health outcomes. As a bonus, those improvements can often be achieved with no additional cost to your patient or the health system.

We are excited to offer these tools to you and eager to hear if you find them helpful. Please let us know what works and what doesn’t. By testing these tools, learning what works and what doesn’t, and sharing your experiences, we can all get better at what we do. **FPM**



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### WE WANT TO HEAR FROM YOU

We are currently planning *FPM* issues for 2015. Do you have a topic to suggest or an article you’d like to write? We would like the opportunity to consider your idea and provide feedback. Email us at [fpmedit@aafp.org](mailto:fpmedit@aafp.org).