Integration of Standing Orders into the Patient-Centered Medical Home Approach: 
A Community Health Center Provider Perspective

Delphine Colar
Adelante Healthcare
Phoenix, AZ
Introduction

• Standing Orders
  • Pre-determined set of procedures established by physicians
  • Carried out by support staff (MAs or nurses)
  • Does not require physician supervision or approval at every visit
  • Ex: Immunizations for children
Background - PCMH

**Patient-Centered Medical Home**

- Team-based approach to healthcare
- Designed by primary care professionals
- Established by the Joint Principles of PCMH in 2007
  - AAFP
  - AAP
  - ACP
  - AOA

**Key Characteristics**

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Coordinated care

- Updated in 2014
Methodology

- Standing Orders Research
  - Chronic Conditions
    - Diabetes
    - Hypertension
  - Preventative Health
    - Adults
    - Children

- Provider Survey
  - Assess provider attitude toward the idea of standing orders and its place in PCMH.
  - Standing Orders as a means of
    - increasing patient compliance
    - enhancing overall quality of healthcare
    - Affecting workload and productivity
## Results

### Hypertension

1. Confirm diagnosis of hypertension
   - If first reading is elevated, repeat measurement and document both readings.
2. Assess patient for cardiovascular risks
   - Non-modifiable risks
     - Genetic
     - Predisposition
     - Age
     - Gender
   - Modifiable risks
     - Smoking
     - Exercise

### Target blood pressures:

<table>
<thead>
<tr>
<th>Category</th>
<th>Low Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>140/90 mm Hg</td>
<td>140/90 mm Hg</td>
</tr>
<tr>
<td>Age</td>
<td>&gt; 60</td>
<td>&gt; 60</td>
</tr>
<tr>
<td></td>
<td>&lt; 120/80</td>
<td>&lt; 120/80</td>
</tr>
<tr>
<td>Diastolic</td>
<td>&lt; 80</td>
<td>&lt; 80</td>
</tr>
</tbody>
</table>

### Preventative Health – Adults

<table>
<thead>
<tr>
<th>Preventive Health – Adults</th>
<th>Age: 18-39</th>
<th>Age: 40-64</th>
<th>Age: 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventative Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Every year</td>
<td>Every year</td>
<td>Every year</td>
</tr>
<tr>
<td>Lipid evaluation</td>
<td>Every year</td>
<td>Every year</td>
<td>Every year</td>
</tr>
<tr>
<td>Hypertension patients BP Goals*</td>
<td></td>
<td>/w DM or non-diabetic OBP</td>
<td></td>
</tr>
<tr>
<td>Age: 60</td>
<td>&gt;140/90</td>
<td>&lt;120/80</td>
<td></td>
</tr>
<tr>
<td>Age: 50-64</td>
<td>&lt;140/90</td>
<td>&lt;120/80</td>
<td></td>
</tr>
<tr>
<td>Age: &lt;50</td>
<td>&lt;140/90</td>
<td>&lt;120/80</td>
<td></td>
</tr>
</tbody>
</table>

### Preventative Health – Children

<table>
<thead>
<tr>
<th>Preventative Health – Children</th>
<th>Infant (Newborn – 4 mo)</th>
<th>Early Childhood (1-2 y vs 3-5 y)</th>
<th>Middle Childhood (6-12 y vs 13-18 y)</th>
<th>Adolescence (11 y vs 18 y)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length / Height / Weight</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
</tr>
<tr>
<td>Head Circumference</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight for age</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>BMI</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>blood pressure</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Antimicrobial resistant</td>
<td>At newborn</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Developmental screening</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Psychological / Behavioral</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Alcohol and drug use</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Depression screening</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Newborn blood screen</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Cerebral palsy</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Genetic testing</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Hemoglobin or ferritin</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>Every visit</td>
<td>Every visit</td>
<td>Every visit</td>
<td></td>
</tr>
</tbody>
</table>

### Notes

- **Annual screenings with high median serial systolic blood testing (SBP) for children x age, with high-sensitive serial systolic blood testing every 3 years.**
- Blood pressure screening recommendations every 10 years.
Results

Use of Standing Orders in PCMH

- Pt Compliance
- Increase Quality
- Choose SO
- Decrease Workload
- Increase Productivity

Family Medicine

- Improve Pt Compliance
- Pt Would Definitely Benefit

Use of Standing Orders in PCMH

- Improve Pt Compliance
- Increase Quality
- Increase Productivity
- Pt Would Definitely Benefit

Effect of Standing Orders on Workload Across All Specialties

- Decrease
- No Effect
- Increase

All Specialties

- FM
- OB/Gyn

1-15 yrs
15+

GE Foundation

GE-NMF PRIMARY CARE LEADERSHIP PROGRAM

PCLP

National Medical Fellowships
changing the face of medicine
Discussion

• Overall view of standing orders in PCMH among primary care providers is positive

• Questions Raised:
  • Is there a significant difference in perspective among newer and older providers?
  • Are standing orders really effective in improving patient compliance?

• Further Research
  • Larger sampling of physicians
  • More extensive study into patient compliance
  • Taking support staff opinion into consideration – surveying MAs and nurses
Recommendations

• Implement the use of standing orders into PCMH
• Obtain the perspective of MA/nurses
• Standing orders will likely improve the overall quality of healthcare
• PCMH will likely improve the overall quality of healthcare
Conclusion

- All physicians should want to provide the highest quality of healthcare for all their patients
- Standing orders is a way to standardize healthcare so that it is more accessible for all, despite patient’s ability to pay
- Use of standing orders will enhance primary healthcare quality and delivery
- Standing orders will decrease workload and increase productivity
- Use of standing orders will hopefully improve patient compliance
Acknowledgements

- GE-NMF PCLP Program & Staff
- Audrey Bohanan
- Lisa Blue
- Dr. Avein Tafoya
- Dr. Doug Campos-Outcalt
- Adelante Healthcare Team
- Dr. Pavel Petkov

- Ebenezer Kureshi, PA-C
- Dr. Shary Borhan
- Dr. Gary Cloud
- Fellow PCLP participants