A Culture of Innovation
An Interview with Premier Medical Associates’ Dr. Frank Colangelo

Francis R. Colangelo, M.D., M.S.-HQS, FACP, is vice president of the board of directors and chief quality officer at Premier Medical Associates (PMA). He and his team have been avid supporters of AMGA and participated in many of our programs. PMA was the most recent recipient of the AMGA Acclaim Award, supported by AMGA Foundation. The Acclaim Award is designed to recognize and celebrate the successes that medical groups and other organized systems of care have achieved in improving the value—the quality and cost of care—of the healthcare services they provide to their communities. Group Practice Journal interviewed Dr. Colangelo about how his group maintains a culture of innovation and how they are able to achieve such remarkable results.

GPJ: As the most recent recipient of AMGA’s Acclaim Award, PMA has distinguished itself as an innovator in health care. What drives a culture of innovation at your group?

Colangelo: There were two major reasons for the development of a culture of innovation at PMA—the first was to create a sustainable business model for the practice, and the second was to improve the delivery of patient-centered care. Leaders of the practice recognized the need to transition from a focus on providing acute care to improving the delivery of chronic care, as increases in value-based reimbursement were occurring in PMA’s market. The development of a culture of innovation enhanced the practice’s ability to perform both financially and clinically.

GPJ: As a leader, how do you encourage this culture across your leaders and care teams?

Colangelo: The leaders of PMA recognize the need to foster a culture of innovation. When an innovation is required, the reasons for change are clearly explained to frontline care givers. All members of care teams are valued, and are afforded the training and resources required to ensure successful implementation of new ideas and processes. PMA celebrates its success as an organization when improvements do occur.

GPJ: PMA has participated in many of AMGA’s quality programs, most recently the Together 2 Goal® diabetes campaign and the adult immunization collaborative. How does involvement in these programs inspire advancements and new thinking at your group?

Colangelo: The best-practice sharing that has occurred as a result of PMA’s participation in the chronic care campaigns and during the heart failure and adult immunization collaboratives has been invaluable. The ability to measure baseline performance and rate of improvement against other highly performing practices and systems has also served as a motivating factor to inspire advancements and new thinking.

GPJ: Your organization’s motto is “Building Better Care.” How have technology and innovation enabled PMA to deliver on this promise?

Colangelo: PMA has repeatedly harnessed the power of technology and innovation to improve the care delivered to our patients over the last decade. A robust EHR filled with discrete data was implemented by the practice. Comprehensive computerized registries are used to drive performance on HEDIS metrics and to improve the delivery of preventive care. Advanced population software is used by the practice to target care coordination efforts. This project is the topic of our upcoming annual conference presentation, which will discuss our latest attempt at “Building Better Care” at PMA.

GPJ: You’ll be speaking alongside Robert Crossey, D.O., president of PMA, at the AMGA 2018 Annual Conference in March about using genomics to address adverse drug reactions and interactions. Can you tell us about the pilot?

Colangelo: A large Medicare Advantage provider approached PMA to gauge our interest in pursuing this project, aimed at improving prescribing safety for its covered members. Nearly 3,300 of their subscribers with a PMA primary care provider take five or more medications. These patients’ medication profiles were run through a proprietary program that identified those at the highest pharmacogenetic risk. These
patients have been offered free genetic testing, and a large number have agreed to be evaluated. The eventual goal of the project is to compare cost and utilization trends for these patients for a defined period pre- and post-testing. We have great team that supports this project, and in addition to Dr. Crossey, clinical pharmacist Jennifer Obenrader, Pharm.D., will be presenting with me.

**GPJ:** How has the adoption of new technology, including drug-drug-interaction software, spurred this initiative?

**Colangelo:** The availability of this new technology, which combines genetic data and the latest clinical knowledge on drug metabolism, is what spurred this initiative. The practice agreed to participate in the pilot when it was shown that actionable, evidence-based prescribing advice is generated by the software and it predicts which prescription meds will work best for each individual patient.

**GPJ:** Do you have any initial results you can share with us?

**Colangelo:** The practice is still in the midst of actively collecting and collating data for tested patients, and will likely do so right up until the date that slides have to be submitted for the annual conference! Issues have been identified with many medications that are commonly prescribed to seniors, covering the gamut from slow metabolizers to ultra-fast metabolizers. Detailed examples and action plans related to these results will be shared at this annual conference session. Of note, PMA’s primary care providers are already asking when this program can be extended to patients with other Medicare and commercial insurances. To hear more about PMA’s innovative work, make plans to attend the AMGA 2018 Annual Conference, March 7-10 in Phoenix, Arizona. The event will feature real-world case studies and insights in nearly 40 peer-to-peer breakout sessions, led by AMGA member groups. In addition, the program features inspiring keynotes, 15 hours of free-flowing and structured networking and immersion workshops with leading experts. Register today at amga.org/ac18.

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