

A New Kind of House Call

TODD A. STIVLAND, M.D., HAD BEEN A PRACTICING FAMILY PHYSICIAN FOR A DOZEN YEARS WHEN HE GRABBED HIS BLACK BAG AND STARTED MAKING HOUSE CALLS. HE VISITED PATIENTS WHO HAD DIFFICULTY GETTING TO A PHYSICIAN'S OFFICE — THE ELDERLY IN ASSISTED LIVING FACILITIES, PATIENTS IN MEMORY CARE UNITS, AND RESIDENTS OF GROUP HOMES WITH MENTAL ILLNESSES AND TRAUMATIC BRAIN INJURIES.

“IT COULD BE A half-day experience for a family member to bring a patient in,” says Dr. Stivland. “Patients could be disoriented. They could get into the office and get agitated and have to leave without a visit. They could be violent. It was a very challenging group of patients to care for in the office.”

Once Dr. Stivland made the decision to dedicate part of his practice to in-home care for frail, complex and special-needs populations, his patient base quickly surpassed 300 patients — and the demand was still growing. In 2006, he decided to leave his clinical practice and start a private practice to serve patients who have difficulty accessing traditional medical care.

“I started with a home office, a laptop and a stethoscope,” he recalls. “There was certainly no guarantee it was going to work. Even large systems that provide geriatric care lose money, so we had to be very efficient.”

Today, that practice has grown into Bluestone Physician Services, the largest provider of health care to assisted-living residents in Minnesota. As CEO, Dr. Stivland oversees 17 physicians, physician assistants and nurse practitioners who provide primary care to 3,000 patients in 140 assisted living facilities and group homes.

“A big part of what we do is take care of patients nearing the ends of their lives,” says Dr. Stivland, who is board-certified in hospice and palliative care. “We’re dealing with a very frail, palliative-care population.”

A Model of Success

Bluestone Physician Services’ business model is a key to its rapid growth. The emphasis is on assisted living, and the practice partners with those communities to create a customized medical model.

“Our teams work with staff at the site to coordinate our efforts,” Dr. Stivland says. “We also coordinate with service vendors, such as home care and hospice. We bring all the services to the patient and create a care model where they live.”

Among Bluestone Physician Services’ offerings is its custom communication portal, a software application Bluestone’s team developed due to a lack of viable alternatives on the market. It is an efficient method for communicating with families, caregivers and the medical team.

Word of Bluestone’s success has spread, and there is a growing demand for its expertise.

“We made a big decision last year — our goal was not to be a 100-physician practice servicing the entire Midwest region,” Dr. Stivland says. “Our goal was to create new models.”

In September, the company launched a consulting division called Bluestone Solutions.

“It’s a little daunting to say you’re going to give your secrets to your competitors, but so far, it doesn’t look like any of us are going to run out of business,” Dr. Stivland concludes. “The competition is not with each other. It’s more about how we meet these needs. The more we collaborate, the better off we’re going to be as an industry.” ■



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