

VISTA HEALTH CENTER

Building Medical Homes for the ACHN
Learning Session 4
Health Center Storyboards

Vista Team Members:

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**Jon Ashworth (Team
Facilitator)**

PCMH Standard 1: Enhance Access and Continuity

- Vista's Pediatrics team reserves some time slots for same-day appointments.
- Returns patient calls in a timely manner.
- Documents clinical advice in the patient's record.
- Has an established practice for after hours on-call availability, and for communicating this information to patients.
- Provides an after visit summary to all patients.
- Maintains comprehensive records of patient's medical history.
- Provides materials to patients in languages other than English.
- Has well defined roles for clinical and nonclinical team members.
- Has regular team meetings.

Standard 2: Identify and Manage Patient Populations

- Vista's Peds team uses an electronic system that records searchable data
- Maintains an up-to-date problem list with current and active patient diagnoses.
- Uses a standardized developmental screening tool (Ages and Stages Questionnaire – ASQ).
- Generates lists of patients and uses the lists to remind patients about HPV vaccinations, immunizations, and developmental screenings.

Standard 3: Plan and Manage Care

- Vista's Pediatrics Team identifies children with asthma and coordinates patient education visits with the Asthma Education Coordinator.
- Identifies patients in need of any part of the 3 part series of HPV vaccinations and makes outreach calls to these patients to coordinate their care around these needs.
- Sends developmental screening tool home with patients in advance of the well-child visit when the screening will be due.
- Created an Immunization Passport, which families use to keep track of their history of immunizations and upcoming immunizations.
- Provides an after visit summary to patients at the conclusion of their visit.
- Facilitates the writing of an Asthma Action Plan for patients for whom this is needed.
- Follows up with patients after they have missed important appointments.

Standard 4: Provide Self-Care Support and Community Resources

- Vista's Pediatrics Team provides educational resources to patients to assist in self-care management.
- Utilizes the social worker on staff to help support patients in their self-care support.
- Utilizes the Asthma Education Coordinator to help support patients and families.
- Documents referrals to community resources in the patient's electronic record.

Standard 5: Track and Coordinate Care

- Vista's Pediatrics Team tracks lab tests until results are available.
- Notifies patients/families of normal and abnormal lab test results.
- Electronically communicates with labs to order tests and retrieve results.
- Has developed a collaborative relationship with Northwest Community Hospital, to track and follow up on Vista patients, after they have visited their Emergency Department.
- Vista is continuing to work to build two-way communication with the hospital.

Standard 6: Measure and Improve Performance

- Vista's Pediatrics Team participates in the following preventive care services:
 - HPV vaccinations, Immunizations, Pediatric developmental screenings
- As these preventive care services have been developed, a Plan-Do-Study-Act (PDSA) cycle of development has been utilized.
- Team utilizes data from the Medical Home Family Index (MHFI) to track with patient perspectives and inform quality improvement practices.
- Has two Parent Partners, who consistently participate in the regular meetings of the Pediatric Medical Home Quality Improvement Team.

Overall Successes

- Vista's Pediatrics Team has had 24 Medical Home Quality Improvement Team meetings, as part of the ACHN Pediatric Medical Home Project.
- The team works extremely well together and they embrace the PDSA approach to QI.
 - The team is very good at building momentum through small measures of change.
- They have been working hard to implement PCMH standards and they continue to succeed in meeting PCMH standards.

Overall Challenges/Barriers

- As Vista's Pediatrics Team has also participated in the Medical Home Network (MHN) Connect project.
 - They have experienced some limitations in being able to identify patients through MHNConnect, due to the high volume of patients who go to Northwest Community Hospital and the fact that Northwest Community Hospital is not currently in the MHNConnect system.
- Over the past year, efforts have consistently been made to appeal to both MHN and to Northwest Community Hospital.
 - As of June 2014, leadership from Northwest Community Hospital has expressed an interest, once their EPIC system is up and running effectively.