Advances in Medical Home Transformation (ACHN)

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Objectives

- Understand the Patient Centered Medical Home as a key innovative care model and how it can play out at the state level.
- Describe the key components of a medical home and its growth nationally.
- Understand how medical practice can be affected by the medical home model.
- Identify some next steps when considering the medical home model.

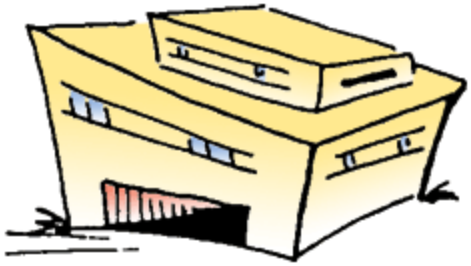
NOTE: See Maine Patient Centered Medical Home *HalfWAY Report 2011* for detail see following link
http://www.mainequalitycounts.org/component/content/article/129-news-main/603-maines-patient-centered-medical-home-pilot-project-halfway-report-.html

The Challenge

Integrating Systems to Improve Care: Engaging the Medical Neighborhood

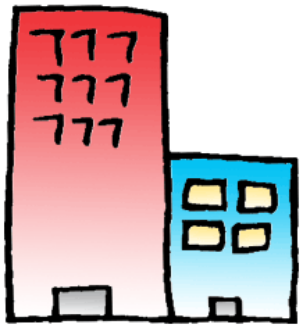
- Objectives
  - Understand the need for and the concept of a "Medical Neighborhood"
  - Learn about specific ways that one PCMH community incorporated their medical neighbors
  - Leave ready to engage with neighbors, equipped w/ questions

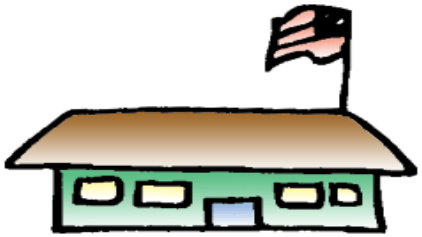
Why a "Neighborhood"

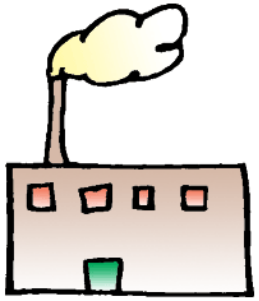


- *"The effect on total costs of implementing the PCMH model alone could be limited, because primary care physicians have little control over other providers in the care continuum, and under the largely fee-for-service payment system, it is highly unlikely that other providers will respond to reductions in the number of referrals or admissions by allowing their incomes to fall. These limitations could be addressed most readily if the model were implemented in the context of a larger entity…"*

» The New England Journal of Medicine, Elliott S. Fisher, M.D., *M.P.H.*







“It Takes a Village”

- Future of the Medical Home model is about relationships
- The effectiveness of the PCMH model to promote integrated, coordinated care throughout the healthcare system depends on the availability of a “*hospitable and high-performing medical neighborhood.*”

» The New England Journal of Medicine,Elliott S. Fisher, M.D., *M.P.H.*

Some Key Learnings

- Building relationships within the neighborhood is challenging. Aligning goals and incentives for quality improvement require careful deliberation.
- Results are not achieved quickly. Collaborating with other “neighbors” can be problematic because of pre-existing tensions.
- The process of refining and improving “neighborhood” performance is ongoing. A “neighborhood” is a dynamic place—neighbors may move in and out so it must be led by leaders who are ready, willing and able to adapt and execute.

PCMH: Hub of Wider Delivery & Payment Reform Models—Community Care Teams

A Few Key Questions for Leadership's Consideration

- How might we define our "medical neighborhood"? Who needs to be working with the primary care base to make this most effective?
- How will supporting the medical home model change the type and scope of the services we are providing?
- How can we get paid differently for what we really need to be doing? How can we think outside the box and beyond the current payment system? Do what others aren't willing to do?)
- What is our part in supporting **all** primary care practices in becoming high functioning medical homes?

A Few Key Questions for Leadership's Consideration

- How might we strengthen relationships and collaboration with PCPs and specialists?
- Are our health information systems as interconnected as they need to be?
- Do we engage the patient and family in our work and "really" incorporate the voice of the patient in all that we do?
- Are we doing a sufficient job of educating the community about this new model? (i.e., inappropriate use of ED, unnecessary testing, etc.)

A Few Key Questions for Leadership's Consideration

- How do we serve to benefit from the Medical Home Model?
- To lose? This needs to be surfaced and discussed—the elephant in the room!

It is a Journey!

"It does not happen all at once. There is no instant pudding." (Dr. W. Edwards Deming (in describing, during his 4-day seminar, that there is a lag time between cause & effect)

"Change is hard enough; transformation to PCMH requires epic practice re-imagination and redesign." (Nutting et al, Annals Fam Med, 2009)