Patient-Centered

Medical Home Goals, Objectives, and Leadership Characteristics

PCMH Assist™ Patient Centered Medical Home

Care Spectrum Plus
COORDINATED CARE FOR ALL

OSV Assist™ Operational Site Visit

The Patient-Centered Medical Home (PCMH) model or process is driven by a system that supports patient centered primary care service delivery. This system is most effective when led by primary care leadership who are committed to PCMH transformation, and strive to reach common goals and objectives. Patient-centric care should view individuals as customers or clients of our medical services.

PCMH Impact [Triple Aim]

Patient centeredness embraces the goals of the Institute for Healthcare Improvement's (IHI) Triple Aim. The Triple Aim program seeks to: 1) Improve the experience of care; 2) Improve the health of populations; and 3) Reduce the per capita costs of care1 .

PCMH Goals

- ✓ To improve health status and quality of life by delivering quality care and service to customer through an integrated comprehensive and ongoing system of monitoring, evaluation and improvement.
- ✓ To reduce healthcare costs to the health system and clients by effectively and efficiently managing health benefits, emergency room visits and re-hospitalizations, chronic and complex conditions, and promoting healthy lifestyles.
- ✓ To maintain high standards of care and service by employing experienced healthcare professionals, adopting and implementing evidence-based standards of care.
- ✓ To perform as a single multi-disciplinary team by creating a single focal point, information flows.. there's less duplication of process...care is provided in a conscientious and cost-effective manner.
- ✓ To improve the provider, care team, an customer experience.

PCMH Objectives

- ✓ To increase coordination of care and services through multidisciplinary management principles.
- ✓ To empower clients to adopt and self-manage healthy lifestyles.
- ✓ To enhance the quality of life for clients.
- ✓ To create and promote a culture of wellness and optimum health.
- ✓ To facilitate interventions that leads to improved health outcomes and reduced costs.
- ✓ To identify those at risk for poor health outcomes (e.g., diagnosis of one or more targeted chronic conditions, poor adherence to recommended treatment, access barriers, social/ environmental risks, etc.).
- ✓ To emphasize client self-direction and involvement by teaching clients to manage their own needs and utilizing available and appropriate community esources.
- ✓ To facilitate shared access of information across the provider and community network.
- ✓ To promote continuity of care by developing ongoing relationships between primary care provider, care managers, client/family and other multi-disciplinary team clients.
- ✓ To facilitate the use appropriate resources at the right time and in the right setting.

CJChitty@QFHC.com
321.972.2272
QFHC.com

Quality First Healthcare Consulting™
Where Results Begin

How Do You Begin?

It is important to put in place a philosophical mind-set for patient centered care. It begins by selecting systems and practice level leaders who charge a PCMH transformation team with implementing systems and processes consistent with PCMH principles.

Characteristics of Effective PCMH Leaders

Systems Level Roles and Responsibilities

Primary Care Transformative Leaders:
Practices face significant challenges in becoming a patient-centered medical home when primary care providers are not fully philosophically committed to the PCMH principles and willing to embracing the transformative changes necessary to implement an efficient and effective PCMH care delivery system. It takes much work on the part of a team comprised of individuals ready for change and led by a primary care transformative leader. The transformative process is led by a systems level such as executive leaders in a physician medical group, hospital, health center, etc. and a practice champion leader. Characteristics of primary care transformative leaders are:

- ✓ Trusts and understands the PCMH concepts and principles
- ✓ Effective user of health information technology
- ✓ Embraces social determinants of health as key drivers in improving health
- ✓ Customer/client-centered vs. reimbursement driven
- ✓ Team-based care facilitator
- ✓ Innovative and positive thinker
- ✓ Problem-solving oriented (Can-do) attitude
- ✓ Change agent/motivator
- ✓ Peer-respected and trusted
- ✓ Community network collaborative champion

PCMH Transformation Leadership Team:
Critical to system and practice level changes is the creation of a comprehensive leadership team. The team is comprised of individuals with areas of focus in direct primary care delivery, health information technology, client intake and throughput, human resources, ancillary service delivery, quality improvement, and project management. This team is led by the system and practice level primary care transformative leaders. Each team member selected should be assessed for the same characteristics as the transformative leaders (see above). Roles and responsibilities of this team include but may not be limited to:

- ✓ Development of shared goals, values, language and vision that captures PCMH transformation
- ✓ Ensure that PCMH work is embedded into strategic processes that include:
  - Business Planning
  - Quality Improvement Strategy
  - Communication Approach
  - Data Capabilities
  - Identify and mentor PCMH champions
- ✓ Direct PCMH project efforts within the health system
- ✓ Maintain consistency and focus on PCMH efforts
- ✓ Monitor and oversee project timeliness to established workplan

CJChitty@QFHC.com
321.972.2272
QFHC.com

The PCMH Practice Team

Personal Provider: Each customer/client has an ongoing trusting and collaborative relationship with a Primary Care Provider (PCP), and a team of qualified clinical and non-clinical support staff committed to providing continuous and comprehensive care.

- ✓ The primary care provider coordinates a care team who collectively take responsibility for the provision of ongoing care.
- ✓ The primary care provider is an integral partner with the care team in educating customers about their roles and responsibilities in patient-centered care.
- ✓ The primary care provider facilitates optimization of his/her care team support by fostering a team-based collaborative approach to care – the right person, doing the right thing at the right time.