

AMCHP 2007 ANNUAL CONFERENCE

HEALTHY COMMUNITIES

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Medical Home: The Bridge Across the Quality Chasm

JEFFREY LOBAS: ...we engage family physicians and pediatricians. We have, Charlie really pointed it out, what, we, in a sense, followed that model from IHI with, with today's learning session and action periods and, and technical assistance from staff.

Um, in, in our preliminary data from that, we finished that, oh, a few months ago, um, working with 30 practices over a year. And it was very exciting, we had one system, the Mercy system in, in the Des Moines area had 13 of their practices working with us, and boy that was really good 'cause they had the same data system, they were committed at every level, and, and it was very exciting to see what that system did. So I think that's a promising thing to look at is working with systems with multiple clinics at a time, and maybe even running learning cooperatives within systems.

Um, what we've, when we looked at the practice changes, what happened in your practice during this year, we found that 87% of them reported that they now have a better, um, approach to subspecialty referrals. Um, 85% said they now have a, a standard for internal care coordination. Uh, 75% had developed

registries, which was really very good. Uh, we didn't do as well with self-management development, you know, 57% and the educational system lacked. Uh, we still are working at working with public health and, and using community resources, only 28% of the practices reported that they had developed relationships with external care coordination. Um, and in terms of portable records for self-management, uh, less than a third of them did that.

Um, in terms of the practice experience, they did generally, those 30 practices felt it was, 75% said it was a useful experience, they would recommend it, uh, a number of them are signing up for our second learning collaborative and 75% of them said they learned a great deal.

You know, this was preliminary, we don't have all the practices' data in at this time. Um, so what we found, through this evaluation too, that there was a strong level of commitment with the practices, um, that regular meetings, in fact, happened in most practices, then most developed registries, and that they were developing, they were going out to their systems and their institutions to try to get support, which was an interesting finding. Uh, half the practices reported that this, this one piece they were working on for our project was now, in fact, spreading throughout the clinic. And I think that's good, I, I don't know, maybe 75% is better, but 50% I, it's certainly better than 25% I guess. I, I don't know what the benchmark should be for this, in terms of change, but I, I was pleased with this.

So, um, barriers, irregular attendance related to time, staff shortages, again, turnover, when we lost a champion, it was over for that practice, we found. Um, difficulty in reporting and engagement, and I think that's where the MOU came in handy, um, a reliance on a single chaplain was often, uh, difficult, um, but it's also hard to spread it around to a couple people.

Um, practitioners resist change. Uh, you know, physicians don't change easily and I think we, I, I know that and it's just one of those things we have to deal with. Um, team cohesiveness was a barrier, also.

So, in the future, um, I think one of the major issues for us and nationally is the sustainability. I think it takes an infrastructure, I, I think it, as Charlie said, it probably looks different from state to state, I think Title V is a, is a, would be a great place to house it, working with the various professional academies, but it takes funding. Now, now I have five or six staff who are really good at this and the grant's gonna run out and, and, how am I gonna fund it? Am I gonna close a clinic or, to do this or not? I don't know the answer.

Um, um, they're really trying to learn, does it impact patient care and cost? I was glad to see Charlie had some data on ER visits and hospitalizations, 'cause that's what's gonna sell this, eventually. Um, we have to look at, how do we improve that process? Because there were a lot of barriers and, and I, I think it's gonna

be messy no matter what we do. What we are doing in, next is uh, uh, learning cooperative, where we're gonna look at development screening and care coordination as, um, our, our, our next set, and we're recruiting practices at this time.

Um, as I said, through the, um, Office of Performance Review we've had a process where, um, the health department has adopted medical home and dental home as its over arching goal. Um, uh, we see language in the, in the legislation. Um, and we're, we're really struggling with the infrastructure and the role of the AP and AAFP, uh, in, in this, in this whole work. Um, uh, so there's a lot to do nationally, I think we've learned a lot, uh, we sort of didn't do it perfect, um, but I hope, I hope our learning can really help all of, all of you and nationally do some of this work. And I think that was it.