

Slide 1

Medical Home --

My House or Yours?

William Schwab, M.D.
Department of Family Medicine
University of Wisconsin
School of Medicine and Public Health

www.familycenteredcare.org

Slide 2

Partnership

Patient-Professional Relationships
Patient Perspective

"The Physician is my:"

- Expert Oracle
- Partner
- Adversary
- Service Provider
- Employee
- Colleague

Slide 3

Partnership

Patient-Professional Relationships
Physician Perspective

"The Patient is my:"

- Obedient Subject
- Partner
- Adversary
- Customer
- Employer
- Colleague


Slide 4

What Is a Medical Home? (AAP)

An approach to providing health care services in a high-quality, comprehensive, and cost-effective manner

Provision of care through a primary care physician through partnership with other allied health care professionals and the family

Acts in the child's best interest to achieve maximum family potential




Slide 5

Medical Home Common Elements

Care that is:

- Accessible
- Family-centered
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally effective



and for which the Primary Care Physician shares responsibility

Slide 6

Benefits of a Medical Home

- Increased patient and family satisfaction
- Establishment of a forum for problem solving
- Improved coordination of care
- Enhanced efficiency for children, youth, and families
- Efficient use of limited resources
- Increased professional satisfaction
- Increased wellness resulting from comprehensive care

Slide 7

Rules for Health Care in the 21st Century—The National Health Care Quality Report

- ▶ Care is based on continuous healing relationships.
- ▶ Care is customized according to patient needs and values.
- ▶ The patient is the source of control.
- ▶ Knowledge is shared and information flows freely.
- ▶ Decision making is evidence-based.

Slide 8

Rules for Health Care in the 21st Century—The National Health Care Quality Report (cont'd)

- ▶ Safety is a system property.
- ▶ Transparency is necessary.
- ▶ Needs are anticipated.
- ▶ Waste is continuously decreased.
- ▶ Cooperation among clinicians is a priority.

- Crossing the the Quality Chasm: A New Health Care System for the 21st Century
Institute of Medicine, March 2001

Slide 9

SIX AIMS...Institute of Medicine

Slide 10

Why Patient- AND Family-Centered Care . . .

- Social isolation is a major risk factor.
- The majority of patients have some connection to family or natural support.
- Individuals, who are most dependent on hospital care and the broader health care system, are most dependent on families...
 - The very young;
 - The very old; and
 - Those with chronic conditions.

Slide 11

Patient- and Family-Centered Principles

People are treated with **respect and dignity**.

Health care providers communicate and share complete and unbiased **information** with families in ways that are affirming and useful.

Individuals and families build on their strengths by **participation** in experiences that enhance control and independence.

Collaboration among families and providers occurs in policy and program development and professional education, as well as in the delivery of care.

- Institute for Family-Centered Care

Slide 12

What is a Family?

Families are big, small, extended, nuclear, multi-generational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire of mutual support. A family is a culture unto itself, with different values and a unique way of realizing its dream. Together, our families become the source of our rich cultural heritage and spiritual diversity. Our families create neighborhoods, communities, states and nations.

Task Force on Young Children and Families, New Mexico Legislature

Slide 13

Patient- and Family-Centered Care

Family-centered care is not just "being nice." It is a *direct and intentional effort to unequivocally communicate to patients that they are viewed as distinct and valuable individuals with a family and place in the community.*

The individuality of each patient and family is acknowledged.

Relationships between patients, families, and providers are *essential alliances* and *partnerships* with each bringing expertise to decision-making.

Slide 14



Patient- and Family-Centered Care

American Hospital Association

- AHA has developed leadership strategies to make the six aims of the Institute of Medicine's Report a reality in hospitals.
- *AHA News* features a regular column on patient- and family-centered care.
- AHA sent a Patient- and Family-Centered Toolkit to the CEO of every U.S. Hospital.

Slide 15

Patient Safety

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

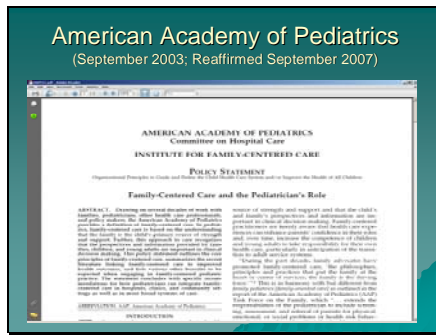


A trusted friend or family member should accompany you for clinic and hospital visits.

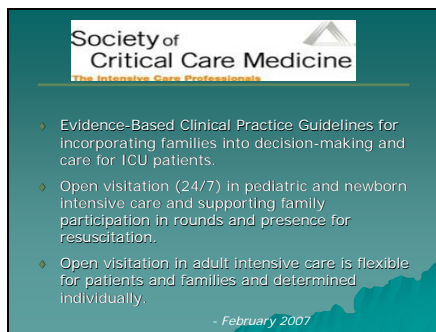
Slide 19



Slide 20



Slide 21



Slide 22

American Heart Association

Health care providers should offer the opportunity to family members to be present during resuscitation whenever possible.

American Heart Association Scientific Statement: International Guidelines 2000 for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care: A Consensus on Science.

Halm, M. A. (2005). Family presence during resuscitation: A critical review of the literature. *American Journal of Critical Care*, 14(6), 494-511.

Slide 23

Debunking the myth that families are visitors . . .



Families are not VISITORS . . .

Families are allies for quality and safety . . . Families are the constant across the transitions in health care.

Family presence and participation during rounds and nurse change of shift report can enhance quality and safety.

Slide 24

National Priorities Partnership

“a diverse group of national organizations representing those who receive, pay for, deliver and evaluate health care”

AARP	National Association of Community Health Centers
AFL-CIO	National Business Group on Health
AHRQ	National Committee for Quality Assurance
America's Health Insurance Plans	National Governors Association
Am Brd Medical Specialties	National Institutes of Health
American Nurses Association	National Quality Forum
CDC	Physician Consortium for Performance Improvement
CMS	Quality Alliance Steering Committee
Consumers Union	The U.S. Chamber of Commerce
Institute for Healthcare Improvement	
Institute of Medicine	
The Joint Commission	
Leapfrog Group	

Slide 25

National Priorities Partnership

- Patient and family engagement, to provide patient-centered, effective care
- Population health, to bring greater focus on wellness and prevention starting in our communities
- Safety, to improve reliability and eliminate errors wherever and whenever possible
- Care coordination, to provide patient-centered, high-value care
- Palliative and end-of-life care, to guarantee appropriate and compassionate care for patients with advanced illnesses
- Overuse, to remove waste, encourage appropriate use, and achieve effective, affordable care

<http://www.rwjf.org/qualityequality/product.jsp?id=33971>

Slide 26

Patient- and family-centered care is working with patients and families, rather than doing to or for them.


Slide 27

What Is a Medical Home? (AAP)

An approach to providing health care services in a high-quality, comprehensive, and cost-effective manner

Provision of care through a primary care physician through partnership with other allied health care professionals and the family

Acts in the child's best interest to achieve maximum family potential



Slide 28

What Is a Medical Home? (AAFP)

The American Academy of Family Physicians believes that everyone should have a *personal medical home* that serves as the focal point through which all individuals—regardless of age, sex, race, or socioeconomic status—receive acute, chronic, and preventive medical services. Through an on-going relationship with a family physician in their medical home, patients can be assured of care that is not only accessible but also accountable, comprehensive, integrated, patient-centered, safe, scientifically valid, and satisfying to both patients and their physicians.

Slide 29

Medical Home – Joint Principles AAFP, AAP, ACP, AOA (3/5/07)

American Academy of Family Physicians (AAFP)
American Academy of Pediatrics (AAP)
American College of Physicians (ACP)
American Osteopathic Association (AOA)

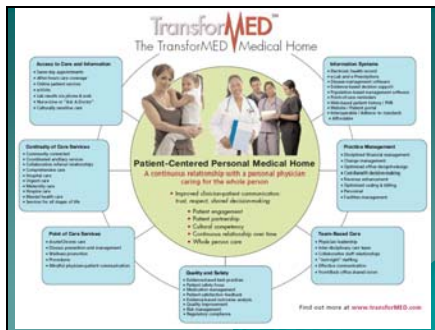
Joint Principles of the Patient-Centered Medical Home
March 2007

Introduction

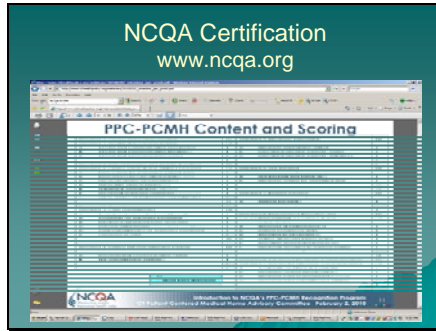
The Patient-Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.

The AAF, AAFP, ACP, and AOA, representing approximately 300,000 physicians, have developed the following joint principles to describe the characteristics of the PCMH.

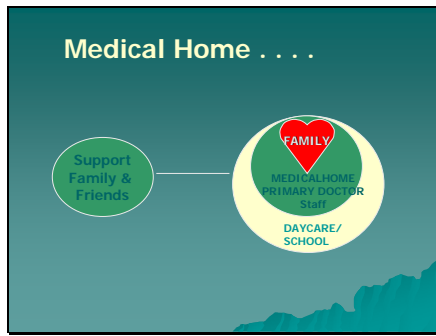
Slide 30



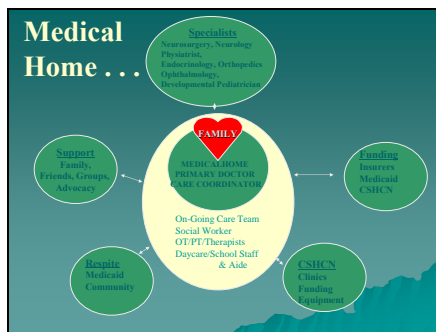
Slide 31



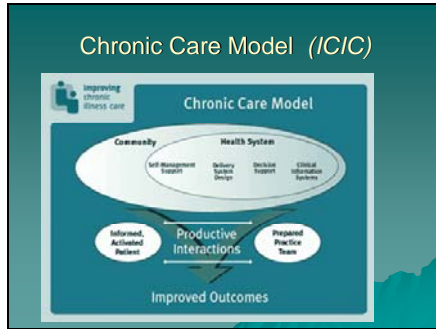
Slide 32



Slide 33



Slide 34



Slide 35

Effective Support

Effective helping is not simply a matter of whether the helpseeker's needs are met, but is in the *manner* in which they are met.

Dunst and Trivette,
Pediatric Nursing, 1996

Slide 36

Self Management Support

Definition

"The care and encouragement provided to people with chronic conditions to help them understand their central role in managing their illness, make informed decisions about care, and engage in healthy behaviors."

-Institute for Healthcare Improvement

Slide 40



Slide 41



Slide 42



Slide 43

Medical Home Team – Possible Activities

- Organize care within the practice
- Collaborate on QI projects
- Communicate with families
- Gather resource information
- Relate to community partners
- Coordinate services
- Address financial issues
- Participate in learning collaborative

Slide 44

Minnesota Health Care Homes – Learning Collaboratives

<http://www.health.state.mn.us/healthreform/homes/>



Slide 45

Minnesota Health Care Homes – Learning Collaboratives

<http://www.health.state.mn.us/healthreform/homes/>



Slide 49

"Medical Home Services for Autism Spectrum Disorders"
NMHAI - 2008

Guidelines and Recommendations:

- Organizational Structure of the Medical Home
- Developmental Screening, Surveillance, and Referral
- Ongoing Medical Care
- Behavioral and Mental Health Services
- Complementary and Alternative Therapies
- Education and Community Services
- Transition to Adult Services

Slide 50

Medical Home Yes . . . BUT

- ❑ Is it what families and youth want?
- ❑ Is it something health care providers can do?
- ❑ Is it valued by society?


Slide 51

Physicians' and Parents' Ranking of Services

*Ranking Service	Physicians	Parents
-Respite care	1	9
-Day care	2	21
-Parent support groups	3	3
-Help with behavior problems	4	10
-Financial information or help	5	2
-After school child care	6	20
-Assistance with physical household changes	7	15
-Vocational counseling	8	6
-Psychological services	9	5
-Homemaker services	10	22
-Recreational opportunities	13	4
-Information about community resources	14	1
-Dental treatment	18	3
-Summer camp	19	7

Slide 52

Barriers to Providing Medical Homes




Pediatric primary care system is designed:
To provide preventive care services and acute illness management
To support single service encounter
For the 80% of children who DO NOT have special health care needs

Cooney, MD. Developing primary care medical homes for CSHCN. Presented at Institute for Leaders in State Title V CSHCN Programs, May 19, 2010, Baltimore, MD

Slide 53

Collaboration . . . ?

"Now the round table symbolizes our equality, while my fancy chair and golden crown signify that perhaps I'm just a smack more equal."

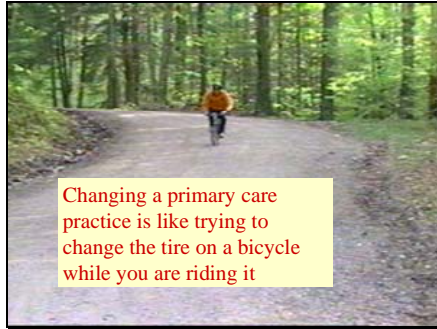


Slide 54

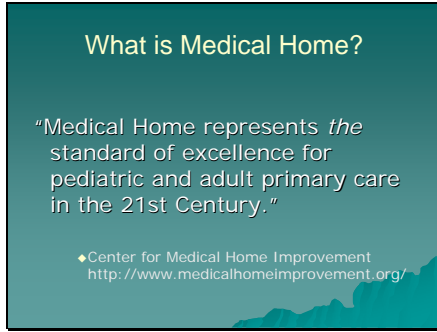
Financial Issues and Systems



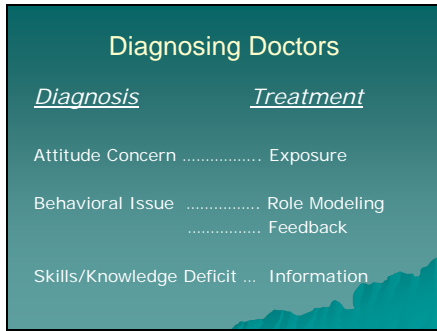
Slide 55



Slide 56



Slide 57



Slide 58

Medical Home . . . Redefined

Medical Home is an innovative quality improvement strategy for the health care of children and adults using a collaborative self-management model to provide safe, effective, patient- and family-centered, timely, equitable care. It can improve clinical outcomes, optimize resource utilization, and increase patient, family, and provider satisfaction.

Slide 59

Medical Home . . . Redefined (cont.)

Medical Home is a standard of care as defined by the American Academy of Pediatrics, the American Academy of Family Physicians, and the federal Maternal and Child Health Bureau and is consistent with competency expectations for physicians in training defined by the American Association of Medical Colleges and the Accreditation Council on Graduate Medical Education.

Slide 60

As the parent of a child with autism, I know that it makes a difference when you have the support of a Medical Home. There's help as you struggle to understand what services are out there – or not out there . . . We finally feel like our son is receiving comprehensive health care to address all of his needs . . . But the big difference is that when you have a Medical Home, you're not alone . . .

Amy Dawson (Minnesota)
Parent of a child with ASD
