

Bringing Patient-Centered Medical Homes to Mendocino County

By Sandy O’Ferrall

Health care is changing quickly under health care reform, with implications for both consumers and health care organizations. Consumers are being asked to make more choices and decisions about their care than ever before; and health care providers are being asked to reform and restructure health care delivery.

The concept of the *patient-centered medical home* (PCMH) is at the center of several of the changes under way. In health care, we use this term to describe team-based coordination of medical services through a single primary care physician, nurse practitioner, or physician assistant. The team typically consists of a primary care provider, a nurse, and a medical assistant, and can also include a care manager, social worker, nutrition coach, and others. The National Commission for Quality Assurance (NCQA), a national health care accreditation organization, defines the PCMH as “a way of organizing primary care that emphasizes care coordination and communication” to “improve the experience of care for both patients and health care providers.”¹

We are learning, though, that some consumers have a very different understanding of the term *patient-centered medical home*. At the very least, some feel it is a buzz word with no meaning; and at worst, some may associate it with nursing homes, home health, or end of life care. One participant in a focus group conducted by the Robert Wood Johnson Foundation said it this way: “First you go to the medical home, then you go to the funeral home.”²

It is important to understand the terms *medical home* and *patient-centered medical home* and the principles behind them because more and more consumers are being asked to choose a medical home. In fact, if you have coverage from Partnership Health Plan (Medi-Cal), this is a requirement. What does this mean?

The answer begins with a definition of *primary care*, defined by Wikipedia as “the day-to-day health care given by a health care provider. Typically this provider acts as the first contact and principal point of continuing care for patients within a health care system, and coordinates other specialist care that the patient may need.” Specialists in family practice, internal medicine, and pediatrics are the main providers of primary care, which is provided by both physicians and nurse practitioners or physician assistants. These primary care professionals offer comprehensive care for the majority of patients’ needs, including wellness and prevention, mental health care, management of chronic diseases and illnesses, and coordination of specialty care.

The American Academy of Pediatrics (AAP) first introduced the concept of the medical home in

¹ NCQA website: www.ncqa.org

² Talking About Health Care Payment Reform With U.S. Consumers: Key Communication Findings from Focus Groups. The Robert Wood Johnson Foundation, April 2011.

1967 as a way to enhance the care of children with special needs. Initially, it was defined simply as the center of a child's medical records. Then in 2004, The Future of Family Medicine Project expanded on the concept and called for every American to have a personal medical home.³

In its most basic form, your medical home is the single place where you choose to receive primary care. This can be a community clinic such as Mendocino Community Health Clinic or Ukiah Valley Rural Health Clinic, a tribal clinic such as Consolidated Tribal Health Project, or a private physician's office. The local emergency room is NOT a medical home.

With healthcare reform, the PCMH model is championed as a way to expand access to care and reengineer health care delivery to lower costs and improve quality and coordination. The PCMH model is a blend of old-fashioned care, modern technology, and convenience—personalized, comprehensive care of the kind that primary care providers have been offering for decades, plus modern conveniences such as e-mail communication, same-day appointments, expanded hours, electronic health information exchanges, disease registries, secure online tools to help consumers manage their health information...and much more. The patient is the focal point of this team-based care model.

Sounds great, right? So what are we waiting for? Unfortunately, there is nothing easy or fast about transforming healthcare delivery. The scale of system-level change required is daunting and costly.

Nearly every clinic in Mendocino County is working toward PCMH designation through an accrediting body; and Little Lake Health Center in Willits has already achieved the highest designation through NCQA. To put this accomplishment in perspective, the NCQA designation contains six standards. Each standard includes a list of elements, and each element includes a list of factors. All together, the six standings include 26 elements composed of 149 factors. Some are already standard practice, such as documenting allergies, including medication allergies and adverse reactions, in patients' electronic health records. Others involve a complete overhaul of clinic practices and system-level changes to the electronic health record.

The good news is that Mendocino County's primary care providers are on the right path, and making progress toward achieving an important goal for all our patients.

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³ Future of Family Medicine Project Leadership Committee. The future of family medicine: a collaborative project of the family medicine community. Ann Fam Med. 2004; 2 (suppl 1): 3-32.
http://www.annfammed.org/content/vol2/suppl_1/