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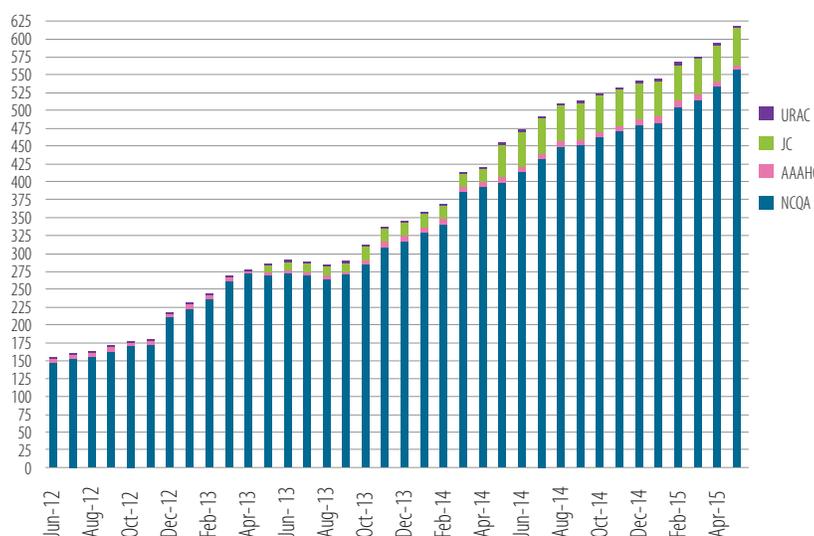
PCMH Growth in Ohio

by Hend Mostafa, PCMH practicum student, Ohio Department of Health

The Patient-Centered Medical Home (PCMH) model of care is an effective and innovative approach to healthcare that has been adopted by many across the nation. It allows for advanced primary care to be delivered while facilitating the partnership between providers and patients. The model's purpose to improve the health of individuals has served as an underlying motivating factor to expand its approach and grant for rapid growth. PCMH sites are now being recognized/accredited through agencies such as the National Committee for Quality Assurance (NCQA), Accreditation Association for Ambulatory Health Care (AAAHC), Joint Commission (JC), and Utilization Review Accreditation Commission (URAC).

There has been a tremendous and consistent growth in the PCMH sites located in Ohio. Figure 1 below, illustrates this growth by displaying the number of formally recognized/accredited sites per month. As one can see, Ohio's PMCH sites increased from 157 sites in June of 2012 to 293 a year later. Furthermore, by the following third year in June of 2014, there was a total of 477 PCMH sites in Ohio rolling into more than 600 sites and counting by May of 2015. The promotion to further expand the sites all over Ohio is an ongoing effort made by many stakeholders from the Ohio Patient-Centered Primary Care Collaborative as well as regional health collaboratives, health systems, and provider networks who

Figure 1



The Ohio Patient-Centered Primary Care Collaborative

(OPCPCC) is a coalition of primary care providers, health professionals from the medical neighborhood, insurers, employers, consumer advocates, government officials and public health professionals. They are joining together to create a more effective and efficient model of healthcare delivery in Ohio. That model of care is the Patient-Centered Medical Home (PCMH).

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work together in order to reach the goal of improving the health of all Ohioans. Furthermore, to better illustrate an estimate of how many Ohioans are served through PCMH practices, the American Academy of Pediatrics stated that an average panel size for a physician is about 2,300.¹ Given that there is an average of 3.6 providers in PCMH sites in Ohio, an approximate 3,792,240 Ohioans are well likely to be receiving their healthcare through a PCMH.¹

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FIRST STEPS

for healthy babies

A BREASTFEEDING INITIATIVE BY THE OHIO DEPARTMENT OF HEALTH AND OHIO HOSPITAL ASSOCIATION

Breast Feeding and PCMH

By Robert E Falcone, MD Vice president Clinical Quality and Population Health, The Ohio Hospital Association, and Sarah Sams MD, Associate Director/Faculty for Grant Family Medicine Residency Program.



The Opportunity

In 2011, the Centers for Disease Control and Prevention (CDC) ranked Ohio 46 out of 50 states for infant mortality (IMR). A number of nonmedical factors such as poverty, under-resourced neighborhoods, a lack of education, poor nutrition, and race contribute to IMR; however, many of these deaths can be prevented. The Ohio Hospital Association has committed to improving IMR with a multi-step plan. Working with your local hospital, your practice, and other community organizations, you can help to improve the chances an Ohio infant will survive to their first birthday. One basic step in preventing neonatal morbidity and mortality is to encourage breast feeding. Integrating efforts into the PCMH model provides a good opportunity to support lactation in the ambulatory setting.

Many medical authorities including the World Health Organization (WHO), the CDC, the American Academy of Pediatrics (AAP), The American Academy of Family Physicians (AAFP), and the American Congress of Obstetricians and Gynecologists (ACOG) strongly recommend breastfeeding. In fact, most Neonatologists believe that mother's milk is medicine, and breast feeding provides numerous benefits for both mother and infant.¹ There are a number of donor supported milk banks in the U.S to

provide this precious resource to Neonatal Intensive Care Units throughout the country

<https://www.hmbana.org/>.

Ohio's milk bank is located in Columbus

<http://www.cincinnatichildrens.org/service/c/breastfeeding/milk-donation/>.

Pertinent to the Ohio Hospital Association's focus on reducing Ohio's IMR, breast feeding has been associated with a decrease in the risk of Sudden Unexplained Infant Death Syndrome (SUIDS), Sudden Infant Death Syndrome (SIDS) and other causes of death. Chen and Rogan estimate that if all children were breast fed IMR would decrease by 0.18;¹ this decrease in IMR would equate to about 25 fewer Ohio infant deaths yearly.²

In 2010 in the U.S. the average rate of an infant ever breast fed was 76.5 percent. Ohio ranked 42 of 50 with a rate of 65.4 percent.³ The 2020 Healthy People objective is a target of 81.9 percent.³ Clearly, we have opportunity both as a nation and a state. One way our hospital community, PCMH and our many partners can improve the breastfeeding rate is to formally encourage breastfeeding, and integrate it into standard practice.

The Solution

The WHO and the United Nations Children's Fund (UNICEF) sponsor a program encouraging and recognizing hospitals and birthing centers that offer an optimal approach for breast feeding based on WHO/UNICEF Ten Steps to Successful Breastfeeding for Hospitals (Figure 3). The Ohio Department of Health (ODH) and the Ohio Hospital Association

(OHA) are proud to offer the Ohio First Steps for Healthy Babies (Ohio First Steps) hospital breastfeeding program to recognize maternity hospitals in Ohio for taking steps toward breastfeeding excellence.

This free and voluntary initiative has been developed to recognize maternity centers in Ohio that have taken steps to promote, protect and support breastfeeding in their organizations, and to prepare hospitals for applying for Baby-Friendly USA⁴ status by offering opportunities for learning and networking in support of the Ten Steps to Successful Breastfeeding. A five-tier system has been developed wherein recognition is awarded for every two steps achieved in the Ten Steps to Successful Breastfeeding, allowing hospitals to choose the order and timeline for implementation.

PCMH, with its patient centered and multidisciplinary approach, provides an opportunity to integrate lactation support into a primary care practice, which is a Grade B recommendation from the U.S. Preventative Services Taskforce.⁵ This integration can range from using lactation specialists as consultants⁶ to fully adopting the Academy of Breastfeeding protocol: “The Breastfeeding Friendly Physician’s Office, Part 1,” into the PCMH or primary care practice.^{7,8} The Affordable care act provides compensation for lactation support and counseling, and supports rental or purchase of supplies⁹ making the cost of providing this service in your practice more affordable.

How can you help?

Encourage breast feeding in your community, support breast feeding in your practice, and support your hospital’s journey toward a Baby-Friendly designation. Consider integrating a lactation consultant into your practice and for larger practices consider following the Academy of Breastfeeding Medicine Protocol. For more information and resources please go to:

www.odh.ohio.gov/ohiofirststeps
http://www.bfmed.org/Media/Files/Protocols/Protocol_14_revised_2013.pdf



Figure 3

Baby-Friendly USA Compliance Policies

- Have a written breastfeeding policy that is routinely communicated to all health care staff.
- Train all health care staff in the skills necessary to implement this policy.
- Inform all pregnant women about the benefits and management of breastfeeding.
- Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.
- Help mothers initiate breastfeeding within one hour of birth.
- Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
- Give infants no food or drink other than breast-milk, unless medically indicated.
- Practice rooming in-allow mothers and infants to remain together 24 hours a day.
- Encourage breastfeeding on demand.
- Give no pacifiers or artificial nipples to breastfeeding infants.

References

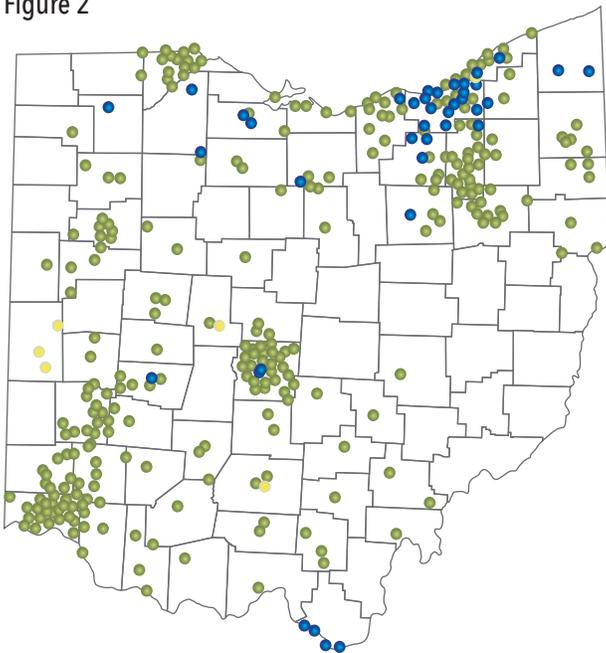
- ¹Chen A and Rogan WJ. Breast feeding and the Risk of Post Neonatal Death in the United States. *Pediatrics* 2004; 113:e435-9
- ²Based on CDC birth statistics, Ohio had 138,284 births in 2012. $138,284 \times .18/1,000 = 24.9$
- ³Breastfeeding Report Card United States 2013, CDC, Division of Nutrition, Physical Activity, and Obesity
- ⁴Facilities who have already achieved Baby-Friendly Designation from BFUSA may submit an expedited application to automatically receive Ohio First Steps recognition
- ⁵U.S Preventive Services Taskforce. Primary Care Interventions to Promote Breastfeeding: U.S Preventive Services Taskforce. *Annals of Internal Medicine*, 2008;149:560-564
- ⁶Thurman SE and Allen PJ. Integrating Lactation Consultants into Primary Health Care Services: Are Lactation Consultants Affecting Breastfeeding Success? *Pediatric Nursing*, 2008;34(5):419-425
- ⁷Corriveau SK, Drake EE, Kellams AL and Rovnyak VG. Evaluation of an Office Protocol to Increase Exclusivity of Breastfeeding. *Pediatrics*, 2013;131:1-9
- ⁸Chantry CJ, Howard CR, Lawrence RA and Powers NG. Academy of Breastfeeding Medicine Protocol Committee. ABM Clinical Protocol #14: Breastfeeding-friendly Physician’s Office, Part 1: Optimizing Care for Infants and Children. *Breastfeeding Medicine*, 2006;1(20):115-119
- ⁹American Medical Association. Supporting Breastfeeding and Lactation: The Primary Care Pediatrician’s Guide to Getting Paid. *Current Procedural Terminology*, 2013

Growth continued from page 1

The growth of PCMHs in Ohio is monitored as it provides a framework of how promoting techniques and other activities should be modified in order to better enhance awareness and expansion. A tool that can be utilized is available on the Ohio Department of Health website, which serves as a map that tracks and indicates the PCMH health care providers in Ohio. One is able to view PCMH sites by recognition/accrediting agency and jurisdictions/regions. An example snapshot of the map containing PCMH sites in Ohio is presented in Figure 2 below.

Establishing a PCMH is highly encouraged as it provides many benefits to the patient, provider, and region as a whole; therefore, it is important that this model continues to grow and expand, all while proving the positive impact it has on overall health. the PCMH model.

Figure 2



Resources:

¹Alexander GC, Kurlander J, Wynia MK. Physicians in retainer (“concierge”) practice. A national survey of physician, patient, and practice characteristics. *J Gen Intern Med.* 2005;20(12):1079-1083.

Primary Care Progress at OSU

By Kelsey M. Sicker, President, Primary Care Progress OSU

Primary Care Progress is a national student-led body made up of nearly 50 chapters across the country. These chapters work locally to increase awareness of the needs and problems within primary care, while also accelerating education reform and providing innovative strategies for care delivery. Here in Ohio, a branch of Primary Care Progress was recently founded on The Ohio State University Columbus Campus! Our goals align with the national group, with an emphasis on team-based patient care by incorporating the knowledge and experience of various fields, thereby providing well-rounded and personalized care delivery. So far, we have hosted a panel including speakers from Family Medicine, Internal Medicine, Nurse Practitioning, Pharmacy, and Dental Hygiene. Each described what their field does and their experiences. We have also hosted film screenings of *Escape Fire* and *Rx: The Quiet Revolution*, both films that follow real-life stories; the first about the escalating problems with patient care and the second on progress/solutions that have since arisen. Plans are in the works for events in the fall. Please feel free to contact the Ohio State Primary Care Progress team at primarycareprogress.osu@gmail.com with any questions, ideas, interest in getting involved or receiving updates.

OPCPCC Learning Centers Update

The OPCPCC Communications and Education Learning Center met on Feb. 19 to discuss promotion of the new [PCMH consumer website](#) and is developing a consumer flyer. The Patient Engagement Learning Center continues to improve and update the [PCMH Patient Engagement Toolbox](#) and held their second webinar, “Patient Engagement: Using the Toolbox” on May 26, with more than 80 participants. The next patient engagement webinar is scheduled for Aug. 25 and will focus on self-management programs.

The former PCMH Education Advisory Group (House Bill 198 initiative) will now become part of OPCPCC, as the OPCPCC Workforce Learning Center. The official charge of the Education Advisory Group is complete; however, participants are interested in continuing to work on PCMH workforce issues such as PCMH curriculum reform and primary care scholarships.

If you are interested in participating in an OPCPCC Learning Center, please contact OPCPCC at (614) 644-9756 or PCMH@odh.ohio.gov.

Announcements and Upcoming Events

OPCPCC Activities and Events

- Tue., July 28 at 11 a.m. Patient Engagement Learning Center conference call
- Tue., Aug. 25 at 2 p.m. OPCPCC Coordinating Council meeting
- Tue., Aug. 25 at 11 a.m. Patient Engagement Learning Center conference call
- Tue., Aug. 25 at 12:15 p.m. Patient Engagement webinar
- Fri., Oct. 30 at 9:30 a.m. OPCPCC Annual conference at COSI

Save the Date: The next OPCPCC annual conference is scheduled on Friday, Oct. 30 at COSI in Columbus. Watch the OPCPCC website and Ohio PCMH Weekly for more information.

If you have ideas or would like to contribute an article for an upcoming newsletter, please send your ideas to PCMH@odh.ohio.gov or call Amy Bashforth at (614) 644-9756.

OPCPCC Membership

The OPCPCC invites you to formalize your membership in OPCPCC. Check out the [OPCPCC website](#) to see the strong list of supporters. **Membership in OPCPCC is free** and benefits include:

- Conferences and networking opportunities
- Quarterly Newsletters
- Ohio PCMH Weekly updates
- Discount code for 20 percent discount on NCQA application fees

Please complete the [on-line membership form](#), to ensure that you will receive updates about OPCPCC and PCMH activities in Ohio. Please call (614) 644-9756 with any questions regarding membership in OPCPCC.

NCQA Discount for OPCPCC Members

As part of the purchase of monthly data feeds from the NCQA, which are used to populate the PCMH provider map, the Ohio Department of Health (ODH) has received a sponsor discount code for NCQA fees. Members of the OPCPCC can use this discount code to receive a 20 percent discount on NCQA application fees. The code can be used by OPCPCC members who are not already eligible for other discounts, such as the 50 percent NCQA multi-site discount given to practices that have three or more sites that share the same EMR. To use the ODH sponsor discount code, please first complete the free on-line membership form for OPCPCC and then call Amy Bashforth at (614)644-9756 to receive the code.