

## Patient-Centered Medical Homes: Good Return on Investment for Employers, Enhanced Care Experience for Employees

*Submitted by Lake Health System, Health Action Council, and Better Health Greater Cleveland*

To improve quality and reduce health care expenditures, The Progressive Corporation, The Lubrizol Corporation and the Lake County Schools Council will partner with Lake Health System to provide enhanced patient-centered, coordinated care for their employee populations using a delivery model known as the Patient-Centered Medical Home. National data continue to show that employees who receive enhanced primary care from medical homes have better health outcomes, a better care experience and lower costs than non-Patient-Centered Medical Home recipients.

This trend and the resulting program are facilitated by Health Action Council (HAC), a non-profit organization composed of large, self-insured employers in Ohio that represent nearly 2 million covered lives. Better Health *Greater Cleveland*, a regional health improvement collaborative, is a partner in this employer-sponsored primary care initiative, which is expected to catalyze sustainable, accountable care delivery that yields a healthier and more productive workforce in Northeast Ohio.

Within the Lake Health System, five primary care sites with 25 providers already have been recognized by the National Committee for Quality Assurance (NCQA) as Patient-Centered Medical Homes, and others are



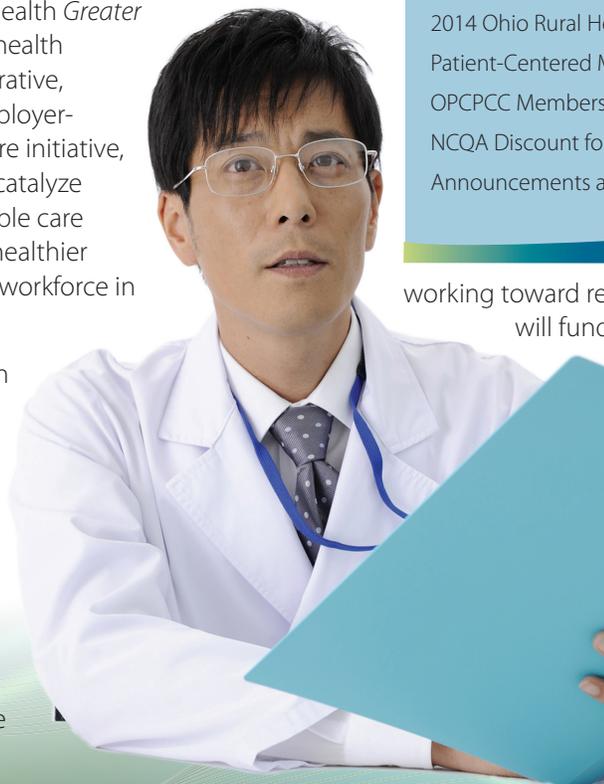
**The Ohio Patient-Centered Primary Care Collaborative (OPCPCC)** is a coalition of primary care providers, insurers, employers, consumer advocates, government officials and public health professionals. They are joining together to create a more effective and efficient model of healthcare delivery in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

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working toward recognition. The three employers will fund nurse care coordinators at recognized Lake Health practices to better manage chronic conditions for their employees and their dependents. Care coordination services play a key role in achieving better health outcomes at lower costs in the medical home model.

*PCMH... continued on 6*



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# Why Should You Encourage Participation in Self-Management Programs like Healthy U?

By Diane Beaty-Cargile, Ohio Department of Aging

## **Healthy U workshops help your patients manage their diseases.**

Every day, you see the toll of chronic disease on people's lives—the pain, the limitations, and the poor emotional health, which compromise the quality of daily life. You also recognize how hard it is for patients to follow through on recommendations for basic lifestyle changes like increasing exercise and healthy eating. But people with chronic disease can learn how to manage their symptoms and adopt healthy behaviors. Low-cost, self-management workshops in your community can complement your clinical treatment and help your chronic disease patients learn to live happier, healthier lives. Your recommendation is key in helping patients with chronic diseases enroll in these vital programs.

## **Healthy U is a low cost intervention that complements clinical treatment.**

Evidence-based self-management education programs have been proven to significantly help people with chronic conditions.<sup>1</sup> As a complement to clinical care, these programs teach participants how to exercise properly and eat healthy, use medications appropriately, solve everyday problems, and communicate effectively with family members and health care providers—all positive life skills to enhance well-being. As a result, these interventions help participants reduce pain, depression, fear, and frustration; improve mobility and exercise; increase energy; and boost confidence in their ability to manage their condition.<sup>2</sup>

## **Healthy U is a proven self-management program that can make a difference to your patients.**

The Chronic Disease Self-Management Program, aka *Healthy U: Chronic Disease* is an educational workshop for people with chronic conditions (e.g., arthritis, diabetes, lung and heart disease). The Diabetes Self-Management Program or *Healthy U: Diabetes* is an educational workshop for people with type 2 diabetes that addresses other chronic diseases as well. Both programs were developed by Stanford University. Workshops are scheduled as six weekly sessions held in the community and led by trained peer leaders. Programs are coordinated by the area agencies on aging and local partners.

## **Participants applaud the benefits of self-management workshops.**

"They taught us to focus on what we can do and not on what we can't do."

"Now I can work better with my doctor to manage my symptoms."

"The pain doesn't go away, but you learn to manage the pain instead of the pain managing you."

"The progress is due to the positive class support."

For more information on *Healthy U* and other evidence-based community programs, visit the [Ohio Department of Aging](http://www.ohio.gov/aging) website.

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- + These statistics control for covariates gender, age, race/ethnicity, education, number of chronic conditions. \*\*p<0.01, \*p<0.05 (Content contributed by CDC Self-Management Issue Brief)



# Preconception Care and the Patient Centered Medical Home: An opportunity to improve Ohio's Infant Mortality Rates

By Robert E Falcone, MD<sup>a</sup> and Arthur James, MD<sup>b</sup>

Preconception care (PCC) is an important component of primary care for women of childbearing age and an opportunity to improve pregnancy outcomes.<sup>1</sup> This is especially relevant in Ohio, which in 2010 ranked 47/50 US states in Infant mortality with a rate of 7.7 deaths per 1000 live births.<sup>2</sup> Although, first described in 1980, adopted in concept by multiple specialty societies and advocated by the CDC<sup>3</sup>, there has been very limited progress in integrating PCC into clinical practice.<sup>4</sup>

In 2006, the CDC published a report of its expert panel on PCC<sup>5</sup> and named evidence based interventions that will improve pregnancy outcome. These include: Folic Acid supplementation; Vaccination (Rubella, and Hepatitis B vaccination for women at risk); Medical management (Diabetes, Hyperthyroidism, Maternal PKU, obesity control, antiepileptic use, oral anticoagulant use, Isotretinoin use); Screening (HIV, STD); and life style interventions (smoking cessation, alcohol and drug abstinence). Patient counseling<sup>3</sup> along with education in family planning, safe spacing and safe sleep are also appropriate evidence based opportunities.

Unfortunately, the women most likely to benefit from PCC are often marginalized from receiving care because of cost, geography, culture and language.<sup>1,3</sup> The Federal Health Care Program has a robust history spanning nearly half a century in providing care including PCC to this population. However, up to 30% of FHCP funding is dependent on Federal and State grants and therefore at risk as budgets are subject to financial pressures.<sup>1</sup> The implementation of the Affordable Care Act and Medicaid expansion will provide an opportunity to reach more women. Evolving smart phone technology and social media may also provide access to the rapid and broad dissemination of information critical to maternal and child health.<sup>6</sup>

There are a number of other policy opportunities to improve access to PCC well-articulated by Johnson et al.<sup>7</sup>

The Patient Centered Medical Home (PCMH) provides a new opportunity to integrate PCC into everyday practice.<sup>8</sup> Unfortunately, less than 20% of Women's health providers (Family Practitioners, Internists, Pediatricians and Obstetrician Gynecologists) routinely integrate PCC for the majority of women they care for.<sup>4</sup> Likewise, Family Practice providers, in the Mid-Atlantic States, have seen the provision of any prenatal care decline from 12% in the mid-nineties to 5% in 2009.<sup>9</sup> This trend does not preclude the provision of PCC before and between pregnancies. A team based approach integral to PCMH could allow resources for PCC to be integrated into Primary Care, and help provide PCC for many more women of child bearing age.

The Ohio Hospital Association has established infant mortality as a statewide quality focus area for Ohio hospitals. Although many organizations have been working tirelessly to improve the statewide rate, Ohio continues to fall behind nationally. As leaders in Ohio's communities, hospitals are ideal partners to help address this issue in a coordinated and targeted way. In February 2014, the OHA Board of Trustees approved an aggressive, multi-strategy plan to work with hospitals and other organizations to reduce the infant mortality rate by five percent each year from 2014-2016, ultimately improving Ohio's rate to 6.0 infant deaths per 1000 live births by 2020. To learn more, visit: [www.ohiohospitals.org](http://www.ohiohospitals.org).

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# PCMH Education Pilot Project Pilot Update

The two-year Ohio PCMH Education Pilot Project will officially end on June 30, 2014, with 43 pilot sites remaining in the project. Participants from the pilot sites met for a learning collaborative meeting on April 26. Numerous practices shared their accomplishments and stories of change on topics including care coordination, patient advisory councils, care plans, using data to guide improvement, patient self-management, and enhancing student experiences. Additionally, practices had the opportunity to participate in an NCQA application work session. Practices have now submitted three quarters of metrics data.

The curriculum reform and scholarship components of the project continue. The upcoming 2014-15 academic year will be the third year for the Choose Ohio First primary care scholarships for medical and graduate nursing students. Members of the PCMH Education Advisory Group (EAG) of the Ohio PCMH Education Pilot Project provided a poster presentation of the PCMH curriculum efforts at the Society of Teachers of Family Medicine (STFM) national annual conference in San Antonio on May 4-6, 2014. The poster can be viewed on the [EAG website](#). Partners from around Ohio in numerous health professions gathered on June 4 for an Interprofessional Curriculum meeting. The meeting continued the excellent work that



has begun in implementing PCMH curriculum and seeks opportunities for interdisciplinary team work by working through the Appreciative Inquiry process.

For more information regarding the PCMH Education Pilot Project, please visit the [PCMH Education Pilot Project website](#).

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# 2014 Ohio Rural Health Conference: Session Proposals Welcome

Session proposals are being accepted for the 2014 Statewide Rural Health Conference and Flex Annual Meeting through **Wednesday, June 18, 2014**. The 2014 conference is tentatively scheduled for **Nov. 20–21, 2014** in central Ohio, to coincide with National Rural Health Day on Thursday, Nov. 20.

Presentation submissions are requested to include a rural focus or application. A list of conference focus areas and suggested topics is available on the [call for presentations flyer](#) and includes Patient-Centered Medical Homes. This is an opportunity to provide insights and share models, policies, research and other information for advancing best practices and for addressing the issues confronting rural communities.

Primary audiences for the conference include staff from Critical Access Hospitals and other hospitals in rural areas, certified Rural Health Clinics, and local health departments in rural areas. Many other rural health professionals, researchers, health professions students and educators, and others with an interest in rural health also comprise the target audience.

Please visit the conference webpage at [www.odh.ohio.gov/RuralHealthConference](http://www.odh.ohio.gov/RuralHealthConference) for more information and complete submission guidelines. The 2014 conference is being sponsored by the Ohio Department of Health State Office of Rural Health (SORH), which is located within the Bureau of Community-Health Services and Patient-Centered Primary Care. The 2013 conference featured a total of 27 breakout and plenary sessions over two-days, with three breakout tracks.

If you have any questions, please contact Jennifer Jones, SORH Program Coordinator, at [jennifer.jones@odh.ohio.gov](mailto:jennifer.jones@odh.ohio.gov) or 614-466-5333.

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## Patient-Centered Medical Homes Growth in Ohio

Ohio continues to experience significant growth both in interest in PCMH and the number of PCMH sites in Ohio. In two years, the number of Patient-Centered Medical Homes in Ohio has grown from 157 to 458 by May 1, 2014.

The Patient Centered Medical Homes (PCMH) in Ohio are currently recognized and accredited through three organizations: National Committee for Quality Assurance (NCQA), Accreditation Association for Ambulatory Health Care (AAHC), and Joint Commission (JC). Of the 458 Ohio PCMH sites, 405 are recognized through NCQA, 7 through AAHC, and 46 through JC. The NCQA National PCMH clinician count is 36,250, of which 1,459 are clinicians in PCMHs recognized in Ohio. Therefore, 4.0 percent of NCQA-recognized clinics are in Ohio; 3.6 percent of the U.S. population lives in Ohio. There are 359 AAHC sites in the U.S., so the 7 Ohio sites represent 2 percent AAHC sites. Of the 1166 JC sites in the U.S., 46 sites (3.9 percent) are location in Ohio.

How many Ohioans are served by Patient-Centered Medical Homes? The American Academy of Pediatrics indicates the average physician's panel size is 2,300. The average number of providers in PCMH-recognized site in Ohio is 3.6, which means an estimated 3,792,240 Ohioans may receive care in a PCMH.

An interactive map of PCMH practices in Ohio may be viewed on the [ODH PCMH website](#).



## OPCPCC Membership

The Ohio Patient-Centered Primary Care Collaborative (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% discount on NCQA application fees

Please complete the [on- 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 National Committee for Quality Assurance (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 Ohio Patient-Centered Primary Care Collaborative (OPCPCC) can use this discount code to receive a 20 % 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 % 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.

*PCMH Good Return... continued from page 1*

Better Health Greater Cleveland will provide technical support for the care coordination services and perform data analyses to monitor the effectiveness of the initiative. Best practices that emerge from the program will be shared with employers,

consumers and providers to inform implementation of similar models throughout the region.

For more information on the Health Action Council PCMH programs through Lake Health, contact Lisa Kaiser at [lkaiser@HACOho.org](mailto:lkaiser@HACOho.org).

## Announcements and Upcoming Events

Save the date: The third annual Ohio Patient-Centered Primary Care Collaborative conference will be held on Friday, November 7, 2014 at COSI in Columbus. Watch for more details in Ohio PCMH Weekly and on the [OPCPCC website](#).

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|------------------------------------|---|
| • <b>Tue., June 24 at 11:00 AM</b> | <b>Patient Engagement Learning Center conference call</b> |
| • <b>Fri., June 27 at 1:00 PM</b>  | <b>OPCPCC Coordinating Council meeting</b>                |
| • <b>Tue., July 22 at 11:00 AM</b> | <b>Patient Engagement Learning Center conference call</b> |
| • <b>Tue., Aug. 26 at 11:00 AM</b> | <b>Patient Engagement Learning Center conference call</b> |

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