

Ohio Exceeds 300 Patient-Centered Medical Homes

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A strategic priority for the Ohio Department of Health (ODH) is to increase the expansion of the Patient-Centered Medical Home (PCMH) throughout Ohio and the Ohio Patient-Centered Primary Care Collaborative is committed to promoting the PCMH model throughout the state. In October 2013, Ohio reached a milestone by exceeding 300 recognized and accredited PCMHs in Ohio. Just a year prior, in October 2012, the number of Ohio PCMHs totaled 180, so significant growth has been realized in just a year. "Studies show that adults who have an established relationship with a primary care provider had 33 percent lower costs of care, and better chronic disease management," said ODH Director Ted Wymyslo, M.D. "The movement toward patient-centered medical homes builds and improves on current primary care models and gives patients more control over their health care needs. The ultimate goal is better total health, better health care, and cost savings through improvement."

Here is what leaders in Ohio's health care transformation movement are saying:

Ohio Academy of Family Physicians

"Ohio primary care practices have made a commitment to sustaining and pursuing a culture of quality and continuous improvement. With over 300 practices achieving PCMH recognition through accreditation bodies like NCQA, AAAHC, and the JC, we have evidence that this is a



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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commitment from border to border in Ohio. It's invigorating to see this level of preparation and dedication. If you're so inclined, it may be as invigorating as a new season in sports. PCMH recognition is like putting teams (practices) through preseason training where they have defined the roles and responsibilities of their players and given them a playbook. Every team is coming into this season of improved patient care with the goal of winning. PCMH transformation occurs after we take the field, when each of our teams will make adjustments to ensure improved effort and performance day after day, year after year." - *President Jon Seagar, MD, FAAPF*

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OPCPCC 2013 Fall Conference

OPCPCC would like to thank the more than 250 members who participated in the November 8 conference. The keynote speaker was Marci Nielsen, Chief Executive Officer of the national Patient-Centered Primary Care Collaborative (PCPCC). Plenary session topics were Ohio's State Innovation Model plan, the Comprehensive Primary Care initiative in southwest Ohio, and Choosing Wisely. OPCPCC Learning Centers offered five concurrent breakout sessions at the end of the day. Presentations from the conference plenary and breakout sessions are now posted on the [OPCPCC website](#).



Marci Nielsen, PhD, MPH of PCPCC delivering keynote.



Ken Bertka, MD, Ted Wymyslo, MD, and Greg Moody presenting Ohio's SIM plan.

Choosing Wisely plenary presented by Jeff Biehl and Randy Cebul, MD



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Ohio Chapter – American Academy of Pediatrics

“The American Academy of Pediatrics coined the term medical home in the 1960s to describe the optimum way to deliver care to children with special health care needs. Since that time the concept has been expanded to all children and most recently to adults and is known as the patient centered medical home. The Ohio Chapter of the American Academy of Pediatrics is proud to support Dr. Wymyslo’s accomplishments and congratulate him on bringing this concept of comprehensive preventative health care for all Ohioans that focuses on wellness as well as treatment.” - *Judith T. Romano, M.D., FAAP, President of the Ohio Chapter – American Academy of Pediatrics and Director, Wheeling Hospital Center for Pediatrics.*

Ohio Osteopathic Association

“It’s great for Ohio to have so many accredited Patient Centered Medical Homes,” said Robert L. Hunter, DO, president of the Ohio Osteopathic Association, a professional organization that represents 4,000+ osteopathic physicians (DOs) in Ohio. “The PCMH model is transforming health care by focusing on prevention, better outcomes, and management of disease.”

Ohio Association of Advanced Practice Nurses

“Advanced Practice Registered Nurses actively address the health and well-being of their patients,” said Angela Scardina, president of the Ohio Association of Advanced Practice Nurses. “The increase in Patient-Centered Medical Homes is further evidence of the changing health care landscape and the important role APRNs are playing in delivering accessible, high quality, cost-effective health care to Ohioans.”

Ohio State Medical Association

“Without question, healthcare payment reform must aggressively transform into a system that places a greater focus on quality of care over volume of services rendered and we believe Patient-Centered Medical Homes are the ideal model to carry medicine into the future. This innovative approach of coordinating patient care with a team of providers led by the physician holds tremendous promise for delivering high quality healthcare at lower costs. We also believe this approach will help improve doctor-patient communication and assure that patients have a better experience navigating the complexities of the healthcare system.” - *Neal J. Nesbitt, MD, Ohio State Medical Association President*

Ohio Patient-Centered Primary Care Collaborative OPCPCC

“When I left practice for the medical administrative world one of my partners told me that if we could get to the point where we paid for the coordination of care it could be well worth the effort. I am so gratified to see that this long sought after, common sense solution is being adopted by physicians and payers alike. I feel fortunate that I have had the opportunity through OPCPCC to be part of that effort.” - *Richard Shonk, MD, PhD, OPCPCC Co-Chair*

“Recognition as a patient-centered medical home is an important first station on the journey of transforming health care delivery from volume to value. PCMHs provide a foundation for accountable and coordinated health care. Congratulations to the healthcare teams and strategic partners that are leading transformation in Ohio.” - *Jeff Biehl, OPCPCC Co-Chair*

Governor’s Office of Health Transformation

“Ohioans spend more per person on health care than residents in all but 17 states, but Ohio ranks 37 among states in health outcomes. Increasing access to patient-centered medical homes statewide will achieve better health, better care, and cost savings through improvement.” - *Greg Moody, Director, Governor’s Office of Health Transformation*

By November 2013, the number of PCMH sites had grown to 314 NCQA (National Committee for Quality Assurance)-recognized PCMH sites, eight AAAHC (Accreditation Association for Ambulatory Health Care) -accredited sites, and 18 Joint Commission-accredited sites, for a total of 340 Ohio sites. ODH provider maps display the locations of PCMH sites throughout Ohio. The maps enable the user to zoom in and out on the map to view the entire state or close-ups of various regions of the state. Details regarding a specific site can be viewed by clicking on the corresponding pin. The interactive map may be viewed on the [ODH PCMH web site](#). ODH has now developed a new heat map to better illustrate the concentrations of PCMHs throughout Ohio. The [heat map](#) currently displays the PCMH sites recognized or accredited by NCQA, Joint Commission, or AAAHC.



Write It In Plain Language for Patient-Centered Care

Submitted by AHEC Clear Health Communication Program, The Ohio State University

In addition to verbal instruction, most of the health information we give our patients or clients is in writing. But if this material is not well written, are we causing more harm than good and is our care truly patient-centered? Nearly half of American adults are “basic level” readers, that is they read below an eighth grade reading level. Most health education materials are written above a 10th grade reading level. This mismatch creates a challenge for healthcare educators, who need to create materials that are appealing, easy-to-read, grab the reader’s attention, and get our messages across to patients, clients, and the community.

Plain language is a way of organizing and presenting information so that it makes sense and is easy to read for the intended audience. It starts with a commitment to learn as much as you can about the people for whom you are writing, that is be patient-centered. The goal is to learn how your audience thinks and feels about your topic or issue – what is it that they want and need to know. Think about the purpose of the material and ask yourself, “How will the information be used? Who needs to know the information and why? When will they need to know it? What do you expect the reader to know and do?”

The Easy Does It Training Manual, written by the National Literacy and Health Program at the Canadian Public Health Association, states “to use plain language, you must put a **L.I.D.** on it! Pay attention to the **L**anguage you use, the organization and **I**nformation you present, and the **D**esign of your text.” Apply the following tips when writing in plain language:

Language or a writing style that creates strong visual images:

- Use the active voice rather than passive voice
- Use common words rather than technical jargon. If technical words are necessary, explain them. Use terms consistently throughout the material.
- Use a positive tone whenever possible. Write directly to your reader by using the terms you, I, we, us, and our. Refer to your reader in first person.
- Use short words and sentences. Do not hide important information in complex sentence structure. List important points separate from the text with bullets, but include no more than 5-7 items in a list.
- Emphasize concrete examples rather than abstract principles. Use analogies and explain difficult concepts.

Information that is organized and engages the reader:

- Key messages are action or behavior-focused, up front, and repeated
- Major points are limited to 3-5 “need to know” rather than “nice to know” information. Give people practical information.
- Text is sequenced and presented in a way that is logical to the reader.
- Write instructions in the order that you want them carried out.
- Paragraphs and / or sections are short (3-4 sentences), limited to a single message, visually distinct, and appropriately labeled with subheadings.
- Material actively engages the reader by using creative formats (testimonials, dialogue, vivid language, check list, self-quiz, stories, problem solving, short answer).

Design tips to enhance the appeal or appearance:

- Cover or masthead includes title and behavior-focused message
- Layout looks uncluttered with ample white space, generous margins, and line lengths of only 2-5 inches. A “wall of words” overwhelms people. White space, words, and illustrations are balanced and proportional to each other.
- Column width is between 2-5 inches
- Left flush justification and right ragged
- Use highly visible subheadings that are concrete, informative, and guide readers unfamiliar with the context.
- Emphasize key points with use of boxes, rule lines, bolding, increased print size, different typeface, bullets, color, other symbols.
- Use serif typeface for text and san serif for headings. Use upper and lower case letters in 12-14 point. Do not use all capital letters or italics.
- Use illustrations and graphics to help reader understand text. Make sure they are clear and uncluttered and use captions that are easy to read.

When writing easy-to read materials, it’s critical to know that your materials work. Unfortunately, field-testing materials is a crucial step that is often skipped. The best way to determine whether your materials work is to ask your intended audience. Individuals who have similar characteristics, knowledge, attitudes, skills, and accessibility as the target audience are recruited for the field-testing phase. In addition to seeking out specific individuals, you can form focus groups especially created for this purpose or seek out established groups where there are individuals who have limited literacy skills, such as adult education literacy classes in schools.

Literacy is related to health. Over the past 15 years, studies on the social determinants of health have identified literacy as having a significant impact on a person’s health and safety. Using these guidelines in writing makes sense if we expect to make a difference in the ability of a large proportion of the adult population we serve to not only read, but also to understand and act on the health care information we give them.

PCMH Education Pilot Project Pilot Update

The second year of the PCMH Education Pilot Project has begun and many sites have made significant progress. As of Dec. 1, fifteen pilot sites had achieved PCMH recognition, 11 through NCQA (National Committee on Quality Assurance), two through Joint Commission, and two through AAAHC (Accreditation Association for Ambulatory Health Care, Inc.). Two additional sites have submitted applications through NCQA and the remaining sites are now working on applications for some type of PCMH accreditation or recognition.

TransforMED staff continue to provide support and coaching for practices. Monthly group calls have focused on topics such as medication reconciliation and medication renewals and integrating patient self-management support in to the patient visit. Additionally, monthly office visit calls provide an opportunity for pilot sites to ask questions and share information in a less structured format. Most practices completed their first quarterly submission of metrics data (data from July through Sept. of 2013), which will be analyzed by a practicum student at ODH, with assistance from an intern at TransforMED.

Some of the PCMH pilot sites are beginning to share their transformation stories. Alicia Kammler, MS, CNP from Adena Jackson Family Practice and Pediatrics participated in a PCMH panel discussion during a breakout session at the OPCPCC Conference on Nov. 8. Theresa Ulrich, MSW and Trisha Pillsbury, LPN of Perry County Family Practice shared the story of their PCMH transformation journey at the Ohio Rural Health Conference on Nov. 22. Videos highlighting the transformation work of two of the pilot sites, [Adena Family and Internal Medicine](#) and [Adena Jackson Family Practice and Pediatrics](#), are now available on the PCMH Education Pilot Project website.

For a complete list of participating pilot sites, please visit the [ODH website](#).

2013 Ohio Statewide Rural Health Conference

By Jennifer Jones, State Office of Rural Health Grant Program Coordinator, Ohio Department of Health



Dr. Theodore E. Wymyslo, Director of Health, presenting the opening keynote session during the 2013 Ohio Statewide Rural Health Conference on Nov. 21.

The 2013 Ohio Statewide Rural Health Conference was held Nov. 21 – 22 at Cherry Valley Lodge in Newark and included sessions with a focus on PCMH, as well as a variety of other topics.

Dr. Theodore E. Wymyslo, Director of the Ohio Department of Health (ODH), presented the opening keynote session on transforming the health care delivery system in rural Ohio. During his presentation, Dr. Wymyslo described the need to focus on the primary care workforce in Ohio, the importance of integrating primary care and public health, Ohio's plans for payment innovation, and various efforts statewide to strengthen PCMH capacity.

The two-day conference also featured a session presented by Perry County Family Practice staff on their PCMH transformation journey. Perry County Family Practice is a Rural Health Clinic

located in New Lexington that is taking part in the PCMH Education Pilot Project.

The closing plenary session focused on integrating public health and primary care, including the various benefits for providers, hospitals and public health. The session was presented by Jane Shirley from the Kansas Department of Health and Environment.

The Rural Health Conference featured 18 exhibitors and a total of 27 breakout and plenary sessions, with tracks designed for Ohio's Critical Access Hospitals, Rural Health Clinics, and rural local health departments and other community-based organizations. The first day of the conference coincided with National Rural Health Day, which is celebrated each year during November to increase awareness of rural health-related issues and highlight efforts to address the healthcare needs of rural communities.

Slides from many of the conference sessions can be downloaded by visiting the [Statewide Rural Health Conference Web](#) page. The conference was sponsored by the Ohio [State Office of Rural Health \(SORH\)](#), which is located in the Bureau of Community Health Services and Patient-Centered Primary Care at ODH. The SORH works to help strengthen rural health care delivery systems in Ohio and maintains a [rural health listserv](#) to share periodic information regarding state and national funding opportunities, events and other resources of interest to rural health stakeholders. For information on how to subscribe, visit www.odh.ohio.gov/RuralHealthListserv.

Ohio CMMI State Innovation Model Grant Update

In February 2013, Ohio received a federal State Innovation Model (SIM) grant from the Centers for Medicare and Medicaid Innovation to design new health care payment models that financially reward better care instead of more care. Ohio began the six-month planning process in April 2013. Over the past six months, the Governor's Office of Health Transformation (OHT) hosted 100+ health experts in 50+ design meetings. The resulting plan was presented at the Nov. 8 OPCPCC conference. The work is summarized in Ohio's State Health Care Innovation Plan, which OHT submitted to the federal government on Nov. 18 as the final step in the design process and the first step toward testing new payment models.

[Health Care Innovation Plan](#)
[Vision for Payment Innovation](#)
[More details](#)

OPCPCC Membership

The Ohio Patient-Centered Primary Care Collaborative (OPCPCC) invites you to become a member of OPCPCC and join us in spreading PCMH throughout Ohio. Check out the [OPCPCC web site](#) 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 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 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.

Announcements and Upcoming Events

- **Tue, Dec. 17 at 11:00 AM** Patient Engagement Learning Center conference call
- **Tue, Jan. 28 at 11:00 AM** Patient Engagement Learning Center conference call
- **Wed, Jan. 29 at 10:00 AM** PCMH Education Advisory Group meeting

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