



Creating Medical Home Communities

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Physician perceptions on care coordination

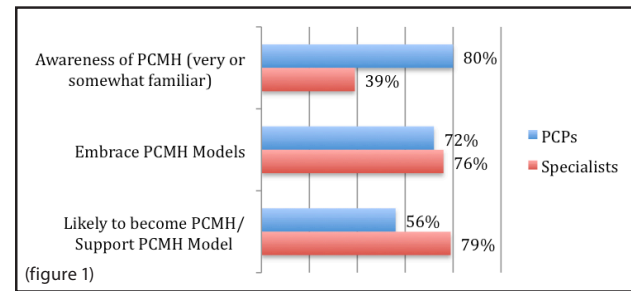
While the fate of the federal health care reform is unclear, the national discourse has crystallized one thing for the general public and policy makers: health care costs must be better controlled and providing more coordinated patient care is an imperative. How the medical community responds to this call to action may profoundly affect how care is delivered in Colorado and the nation in the future.

Last fall Colorado physicians were surveyed to understand and develop strategies to address these issues as part of the Colorado Medical Society/Specialty Society Systems of Care/Patient-centered Medical Home Initiative. This two-year grant program funded by the Colorado Health Foundation seeks to improve

leaders from over 10 specialty societies, directs the work of the initiative to meet physicians where they are at and provide resources to meet the demands of in this changing world of health care.

Medical home community landscape

A statewide survey of 10,725 practicing physicians in Colorado was conducted last year to assess perceptions and barriers to becoming or working with medical homes. Almost 750 physicians completed the survey; 57% were primary care and were 43% specialty care. Results indicate a broader interest and readiness in medical home models than originally anticipated with 72% of primary care physicians (PCPs) and 76% of specialists embracing care delivery models that promote coordinated, patient-centered care (figure 1).



systems of care by supporting physicians in becoming medical homes and building integrating medical neighborhoods. The initiative is a collaboration between CMS, Colorado Academy of Family Physicians, Colorado Society of Osteopathic Medicine, Colorado Chapter of American Academy of Pediatricians, Colorado Chapter of the American College of Physicians and Colorado Clinical Guidelines Collaborative. A multi-disciplinary steering committee, comprised of primary and specialty care

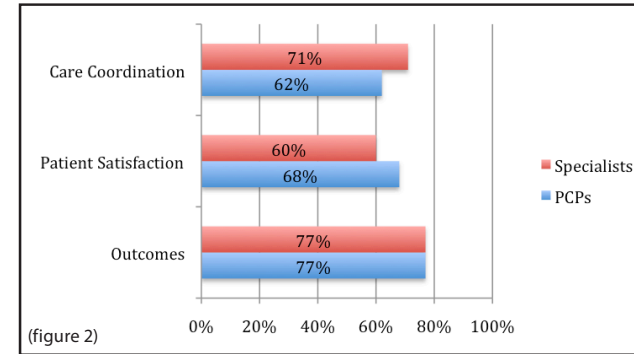
similar barriers and pain points to practicing medicine in Colorado. Figure 2 shows that the most compelling reasons to become or link to a medical home is driven by interest in improving health outcomes, patient satisfaction and care coordination. The poll suggests that many physicians are worried about the viability of their practices in the future, with only 42% and 49% respectively of primary care and specialist physicians rating their current financial security as excellent or very good.

Many primary care physicians are already promoting several medical home concepts by focusing on engaging patients in their own care, coordinating care at key transition points and working with registries of clinical data. An important finding is that Colorado specialists, unlike their counterparts in other states, generally do not perceive the medical home as a direct threat to referrals or related practice economics—this crucial distinction, if confirmed, puts Colorado ahead of the national curve in building medical homes and medical neighborhoods.

Systems of care construction

Very real and practical challenges exist to building medical home communities. Health information technology (HIT) is the backbone to an effective medical home and the poll shows that there is still a long way to go to achieving widespread HIT use. According to poll results, currently only 25% of PCPs and 17% of specialists have fully integrated electronic health record (EHR) systems. Both PCPs and specialists expressed concern about the funding and staffing commitments required to make the practice transformations necessary to become a medical home and work in coordinated systems. Low levels of satisfaction with communication and care coordination with fellow physicians offers both a barrier and an opportunity to building integrated systems. As one physician survey respondent noted, “it’s not about software, it’s about complicated relationships.”

Physician leaders from around the state took this survey data, along with in-



formation from three focus groups, and gathered at a two-day physician summit in late October to develop an action plan and communication strategy to drive the creation of medical homes and medical neighborhoods. The following directives for the initiative were developed:

- Simplify the message and create a coordinated approach;
- Provide education and resources to physician practices to support actionable steps around medical homes/neighborhoods;
- Focus on improving physician culture and communication; and
- Support policy changes that advance medical home and medical neighborhood models like payment reform and health information exchange/HIT.

What does this mean for me?

The SOC/PCMH initiative is using the results of the polling data to identify barriers and opportunities and to craft evidence-based resources to help physicians make informed choices about their participation with medical homes and other systems of care. While the survey research suggests a broad conceptual understanding of PCMH, focus groups and discussion at the practice level also indicate that most physicians don’t understand the mechanics and practical aspects of becoming or linking to a PCMH. There is very likely an underlying skepticism about the short-term economic viability of becoming a medical home.

Building medical homes: At an individual practice level the grant provides the opportunity to connect interested practices with resource advisors to help them start the medical home journey. Re-

source advisors from CAFP, CSOM and CMS have combed through available services, programs and literature to offer physicians a practical toolkit to help make evidence-based decisions about medical homes.

Physician education programs will provide an overview of how to translate medical home principles into every day practice through Webinars, presentations, and mentoring programs. Physicians will also have opportunities to learn from their peers by seeing certified medical homes in action at various “Parade of Homes.”

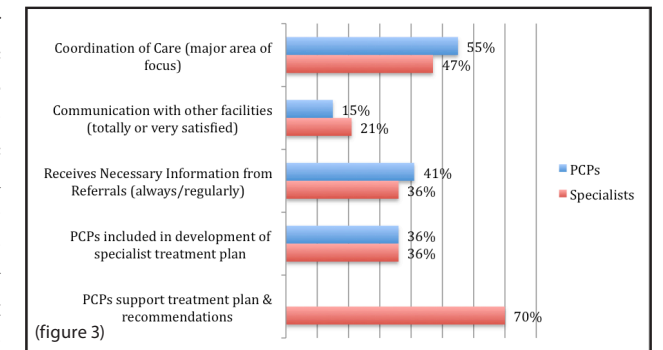
Building medical neighborhoods: Primary care medical homes cannot survive without medical neighborhoods of specialists. Promoting that system integration between primary care and

specialty care is a critical objective for the initiative. Figure three demonstrates that PCPs and specialists do not receive adequate information from one another during the patient referral process. Primary care physicians report that they receive information back from specialist on a patient referral only 51% of the time, while specialists report that they receive the necessary information on only 35% of referrals. The survey also highlights very low levels of satisfaction with communication with other facilities (15% and 21% respectively) as well. A key take-away from the summit and the poll is that practice constraints and loss of personal relationships adversely impact patient care by impeding effective “hand-offs” and clinical communication. However, 78% of specialists are very or somewhat willing to meet with primary care physicians interested in becoming medical homes in their area to ensure better communication and care

coordination. The SOC/PCMH initiative is looking beyond strictly technical solutions by working to engage specialty societies and large systems to develop broad standards of communication to support the referral process and develop physician compacts to facilitate patient co-management.

As one physician at the summit commented, “What has been lost across the board for physicians is the joy of medicine. It is that culture that is absolutely ripe for engagement.” There is an important opportunity to engage specialists in developing collaborative models with PCPs that improve patient care by leveraging the shared benefits of becoming or working with a medical home.

If you are interested in learning more about the Systems of Care/Patient Centered Medical Home initiative or would like a resource advisor to visit your office, please contact Karen Frederick Gallegos at Karen_frederick-gallegos@cms.org or at 720-858-6323. For additional informa-



tion about the medical home and medical neighborhoods, please visit the System of Care/PCMH section of the CMS Web site at www.cms.org/medicalhome-communities/html. ■

The Colorado Health Foundation works to make Colorado the healthiest state in the nation by investing in grants and initiatives to health-related nonprofits that focus on increasing the number of Coloradans with health insurance; ensuring they have a access to quality, coordinated care; and encouraging healthy living. For more information, please visit www.ColoradoHealth.org.