

Who is reviewing?

What perspective (profession) are you reviewing from?

PLEASE BOLD YOUR CHANGES AND CROSS THROUGH DELETIONS.

One Vision – A Future Patient Centered Medical Home Health Center

The Script begins:

1. Narrator: Meet Cindy Wright. She is a 38 year old who has just moved from Texas. Yesterday she received a phone call from her old physician's office advising her that her laboratory results had returned and her tests indicated that her Non Insulin Dependent Diabetes is not in control. Cindy asks her new neighbor, Sue, for referral to a physician.

2. Sue: Well, you know, Cindy, I have been going to this great clinic on Suburban Street. Everyone there is nice and seems to really care about me and my family. They are very professional and very particular about the quality and the results of the health-care service they provide. I think that you should give them a call.

3. Cindy: Okay. Thank you. {she calls on the cell phone, rings, answered by Pat}

4. Pat: Good morning! Metropolitan Medical Home Health Center, this is Pat speaking. How may I help you?

5. Cindy: Hello, this is Cindy Wright. I just moved here from Texas, and I was referred by my neighbor, Sue Dibbs. My old physician's office advised me that I need to see a physician about my Diabetes management because my sugar level was too high.

6. Pat: Yes, Mrs. Wright. I would be glad to get you schedule you for an appointment today. Does your health care plan include our clinic in their coverage plan? If you are not certain of your particular insurance coverage, we can help you with this information. By the way, how would you like to be addressed?

7. Cindy: Cindy is fine. {Pat writes this down on the intake form}.

8. Pat: When would be a good time to schedule your appointment for you? Unless you would like to schedule your appointment using our easy access Internet site?

9. Cindy: I would like to make the appointment now, if I can?

10. Pat: Of course. When is best for you?

11. Cindy: Any time.

12. Pat: I have an opening today at two in the afternoon, if you are available? Would you like to schedule any other family members at that time?

12a. Cindy: No, I am the only one who can make it today.

12b. Pat: You will need some extra time to meet the team and allow us to give you background information.

12c. Cindy: About how long would that take?

13. Pat: It usually takes about an hour and a half, but we are very flexible. When you come in, ask for Sarah. She will help you everything you need. We have assigned her as your Patient Representative.

14. Cindy: Okay, I'll see you at two. {she hangs up the phone and turns to Sue} Wow, she sure sounds friendly!

15. Sue: {as fading out sound} I think that you will really like the health care team!

16. {Cindy is now entering the door of the health care center and is met by Sarah}

17. Sarah: Good afternoon, you must be Cindy Wright? Welcome to our clinic. How are you doing today?

18. Cindy: I'm fine thank you.

18. Cindy: Cindy is fine.

19. Sarah: I'm Sarah Rose and I will be your Patient Representative. There are a number of Patient Representatives at the health care center, but whenever I'm here, I will be responsible for coordinating your care. If you have any questions, please feel free to call me. (Sarah hands a sheet with a list of services/tasks that she will perform to Cindy) This sheet shows some services and tasks that I can provide for you!{pan into a written list as the Narrator reads the list, starting with "Cindy read the list, which said. . ."}.

PATIENT REPRESENTATIVE DUTIES:

Your Patient Representative is Sarah Rose. If at any time you have questions, you may contact her at (347) 555-2222, email Sarah.Rose@future.com. This is a secured email, so you may utilize it for personal information. If Sarah is not available at the time of your communication, your issue may be reviewed and addressed by her associate, but Sarah will receive notice that this has happened, upon her return.

Sarah's usual tasks are:

1. Helping you understand how the health care at our center is delivered.
2. Providing legal information about your visit (HIPPA), explaining the Patient-Clinic Contract, obtaining consent to release your health care information for research in a form that does not allow you to be identified outside of our health clinic, and discussing the ways in which you may communicate with our health center.
3. Explaining how our center functions around a team and what the roles of each team member are.
4. Obtaining your picture and identification information for our records. Making certain that any health care records that need to be transferred are received.
5. Making accessible your legal papers that direct medical care advocates or directives should you become unable to determine care for yourself, including sending these forms to the hospitals of your choice. Circle or list all hospitals where you would like these forms sent, please:
Riverside/Genesys/Hathaway/other:_____. Please note that the physician that will coordinate your care is on staff at the underlined hospitals.
6. Help schedule appointments; enroll you into chronic care programs and educational offerings, as appropriate. Identify any community programs from which you may benefit. Make certain that you receive any test results in a timely manner. Help you to make follow up appointments at appropriate intervals.

20. Sarah: So do you have any questions before we go to meet the clinical staff?

21. Cindy: No, I think I understand. By the way, what are the office hours here?

22. Sarah: I'm glad that you asked that. We process routine questions between 8 AM and 8 PM, but you can discuss an emergency with a nurse at anytime by phone or our secured email. In fact, it is best to call a Nurse whenever you are considering going to the Emergency Room. Here is a health care file that you may use to organize your activities. In this file, you will find the office hours, our contact information, various forms that you will need for your health care, and a tab on chronic care problems where I have placed some information on Diabetes. Under this tab, you may find your updated Medication List, List of Chronic and Short Term Acute Problems, along with your Allergies, Surgical History, and Family History. And here is a list of support groups in the community that may be of assistance to you.* Do you have any questions so far?

[[*perhaps one of our group members would like to make a sample with ideas for formatting such a sheet and we could include it in the final packet? The original suggestion included Hispanic groups, religious organizations that have ongoing medical information programs, cooking healthy classes, etc.]]

22a. Cindy: No, but I'm feeling a bit overwhelmed by all this information you've given me. I know my health is complicated, but I'm worried that I'm not going to remember everything you just told me.

22b. Sarah: I understand this is a lot of information at once. We're going to work with you to make certain you have a good grasp of everything. This is just an overview to get you familiar with the process, but as we work together on your health conditions, I'll also help you with anything you feel confused. {Sarah patiently pauses, listening for questions}

22c. Cindy: Thank you. That's very reassuring for me.

22d. Sarah: You are most welcome, Cindy. Don't hesitate to call me if you ever have a question. Shall we go meet the team now?

23. Cindy: Yes. I would like that. I guess that it is always great to have a team.

24. Sarah: Yes, but this is not just any team. This is a group of providers from different fields that huddles together every day to decide if we are doing things in a way that works best for our patients. We have special training in how we communicate and work together, and we compare our ideas with the best ideas of other similar teams. You'll see. . .

25. Cindy: Really!

26. Sarah: Let's leave your file here and go see the clinic team!

27. Cindy: I bet this is going to be a heavy file.

28. Sarah: Well, we can always put it onto a computer file for you, so that you do not have to carry it.

29. Cindy: Oh, that is really nice.

30. Narrator:

Cindy walks beside Sarah as she is shown the health care floor plan. Pat explains that the Laboratory and Radiology are central, with sound regulated treatment pods arranged around them in a manner in which the Nursing staff can readily access any of their assigned pods. Some pods have entrances from the parking lot which allow a patient to be transferred on a moving bed, enter by wheelchair, or ride in standing up, without ever experiencing the elements in inclement weather. And around the laboratory and radiology areas are a waiting room, with a Nutrition Bar/cooking station which sells healthy snacks at all times. Cindy notices a list of cooking and shopping classes taught by a trained Dietician and decides that she wants to come to the diabetic series; maybe she will come to the classes on Eating Out with Diabetes, too. Meanwhile, she admires

the beautiful paintings in the food area that encourage her to eat five different colors of fruits and vegetables daily. One sign asks, "Which colors did you pick for lunch?" As she is leaving the food area, a sign asks her to "Park far away from the doorway and walk just a little further". A track with a running and a walking lane snakes through the clinic. At various intervals are fitness stations. Cindy stops to read one of these colorful signs which encourages her to do wall pushups while waiting to have lab tests drawn. Adjoining the external Pharmacy, which has drive-in capacity, is an area that can assist in fitting and ordering supplies, with several booths for prescription review and consultation. Sarah takes Cindy to the Nursing area, where Cindy notices friendly, efficient collaboration as she approaches.

31. Sarah: Cindy, I want you to meet Carolyn and John, two of our very fine team members, both Nurses. As with all of our staff, you will find their pictures on our interactive website. This is Cindy Right. She is new to our health care family, coming from Texas. She was referred by Sue Dibbs.

32. Carolyn: (as Carolyn looks to Cindy, touching her on her shoulder, she says) Isn't Sue the nicest person? Cindy: Yeah she is...

33. John: Well, I am glad you are joining us! Did you move here with your family?

34. Cindy: Yes, I have a 12 year old daughter and my husband.

35. John: We hope that you're settling in ok...Have you had any questions so far?

36. Cindy: No, I'm ok.

37. John: Well, you have a dedicated Patient Representative. I hope that you find everything very easy to use here, but please let us know if you see any changes that could help you or other patients. Your health is very important to us!

38. Cindy: I sure will.

39. Sarah: We'll be back, but we need to meet the rest of the team. Okay?

40. {fade to Cindy and Pat sitting at a computer}

41. Narrator: Sarah has now introduced Cindy to the intake forms on the touch screen/voice activated computer, showed Cindy how to adjust the level of reading and medical terminology sophistication so that Cindy is comfortable answering questions, and advised her how personal information, such as language, religious practices, mental or physical impediments, and family or personal history will be utilized in her care. Sarah clearly advises Cindy that the questions about her needs for cultural and religious considerations are being asked so that she has the opportunity to let her health care team know how she wants her care to proceed. Sarah has taken time to discuss why and how Patient Advocate Forms are utilized, and how they are electronically

transmitted to the hospitals which Cindy specifies. If she is admitted at any other hospital, the forms are transmitted automatically, as soon as the team is advised that she has been admitted.

42. Sarah: Did you have any questions about anything so far? {Cindy nods no}. We are very happy to serve a diverse population at our center, and we learn from our patients every day, so I hope that you will speak up if anything makes you uncomfortable or confused, or if you particularly appreciated something. By the way, your old vaccine record will be imported from the state registry, and then a list of recommended vaccinations, preventive activities, and chronic disease panel enrollment will be developed for the physician to review. You will decide with the team what is an appropriate and realistic time frame in which to receive this care.

43. Cindy: I hope that I can do all of this. I get so tired at times...

44. Sarah: Don't worry. We will work with you to make it work. You'll have an opportunity to discuss your current symptoms with your physician soon. Dr. Hurst will meet with you shortly. He is finishing up with another patient. In the meantime, let's discuss your history and arrange enrollment in the diabetes chronic care program. We can also discuss community programs and websites that will help you with diabetic education and care.

Here is a list of blood tests that your physician will want monitored in order to improve your care. (pointing to the piece of paper). Here are the dates for testing, reasons for each test, and information about how results will be reported to you. Is any of this new or confusing to you

45. Cindy: No, not really. I just never understood why this has to be done this often.

46. Sarah: These test schedules were actually researched to find out what tests and time between the tests resulted in fewer problems resulting from diabetics. It's all about informing you about ways in which you can improve your health.

47. Cindy: Oh. My doctor told me about diabetic complications. I think that he said I could have a silent heart attack and just feel real fatigued.

48. Sarah: There are many diabetic complications, and some of them give no warning until it is too late, so let's talk about some of the types of complications now. Then you can sign up for a class at the clinic or on line on your computer, so that you can learn a lot more about your diabetes. I recommend that you make time to come to the group visits, because most of our diabetics find that they learn the most when other people with diabetes ask questions about diabetes, diet and exercise. What day could you come? We have group visits on . . .

49. {Just then a clinic coordinator enters the intake area, waits until she catches Sarah's eyes,}

50. Sarah: Here is Chris! Is Dr. Hurst ready now?

51. Chris: Yes. Is this Mrs. Cindy Right?

52. Sarah: Yes, this is Mrs. Right. She would like to be addressed as Cindy. This is Chris, our traffic director, otherwise known as the Clinic Coordinator.

53. Chris: It is a pleasure. Perhaps I could introduce Cindy to Dr. Hurst. Carolyn has one of your patients on the phone and would like to ask you a question, Sarah. Cindy, Sarah will meet you in room 3, but let me introduce you to Dr. Hurst now, okay?

54. Cindy: Great!

55. {they head off to room 3}

56. {Room 3, Dr. Hurst waiting in room, reviewing Cindy's information}

57. Chris: Cindy, this is Dr. Emile Hurst, one of the best Family Practitioners around. We really love working with him, because he only wants the best for his patients.

58. Dr. Hurst: It's nice to meet you, Cindy. I hope that you have had a chance to meet our great health care team. What do you think of the process so far? Are you comfortable with it?

59. Cindy: I think that you have all worked very hard to put together a very supportive program. I see that I can get answers to questions, and suggestions to reflect on my diabetes care in ways that I have never thought of myself. Why do you work so hard on diabetic control, anyways?

60. Dr. Hurst: Well, let's take your case. I see that your glycated hemoglobin is 8.5. Normal is below 6.0. Do you have any symptoms right now?

61. Cindy: Mostly I feel tired a lot. And I am always hungry.

line 62: (or anywhere): I'm not sure that Cindy leaves the clinic knowing the importance of diabetes control. The team does a thorough job of telling her that her HbA1c shows that her blood sugar has been too high, and they tell her that it can lead to complications. However, I think Cindy might be more likely to be persuaded of the importance of controlling her blood sugar by being slightly more specific. For example, Dr. Best could state the effects of the complications, such as amputated legs or permanent blindness. These are very concrete and very scary. This might also be a good time to insert a couple lines:

Candy: when will these things happen to me? (or, are they already happening to me?)

Dr. Best: You can prevent them by developing a few good habits, and we'll support you along the way.

Now might also be a good time to point out the good things Candy has going for her: her BMI is almost within the recommended range, she has a condition that can be managed, and she will be supported along the way.

62. Dr. Hurst: I see that you checked off blurred vision and frequent urination, too.

Fatigue and excessive hunger, blurred vision, and frequent urination are all signs of uncontrolled diabetes, and can really interfere with everyday life. The good news is that we can avoid these symptoms with simple measures, such as **dietary changes**. My Medical Assistant has made a graph of your glycated hemoglobin from your medical history. This test is for blood sugar control over the last three months. It looks like you have had some problems controlling your diabetes since you were diagnosed a year and a half ago. Let's look at the graph. When diabetes is under control, glycated hemoglobin is below this line. Our concern is that your test results are above this line, which may be why you are having the symptoms that you reported. You and I both know that being hungry and tired all day, in addition to having frequent urination and blurred vision, makes life difficult. And if we don't control the diabetes soon, you may develop more serious complications like kidney failure or blindness, and you may become disabled. You may have a lot of suffering and expense. Luckily, we can prevent these complications by making a few small changes in your lifestyle. Any improvements that we make in your diabetic control will greatly lower your risk of those complications. Our team uses the best ideas from prominent practices across the nation, and world to achieve your best possible health. And, we invite your input into how we can improve care for our patients. In fact, we have patient volunteers join our team meetings on a weekly basis. Sarah will be glad to add your name to our volunteer list if you wish.

62a. Cindy: Wow, I didn't know how serious diabetes can become even though my symptoms are not that bad right now. Can I really heal my diabetes with proper care?

62b. Dr. Hurst: Well, I can't promise that you will be 100% healed, but we should be able to control your diabetes enough to make you feel better, avoid long-term complications, and maybe even get you off of your diabetes medication.

63. Cindy: Are you going to change my medications?

64. Dr. Hurst: I did review your old chart from Texas a short while ago. For the time being, I would like more information before any changes are made. Although, I did note that you had not used a statin drug, which is a drug to lower your cholesterol and the

risk of heart attack. Has your health care provider ever recommended a cholesterol lowering medicine for you?

65. Cindy: Yes, but I want to use Niacin. I am afraid of the muscle wasting thing, you know. My sister had to go to the hospital because she had severe pain from using Zocor.

65a. Dr. Hurst: Patients can respond differently to different medications. We can certainly work with your decision, but I think our pharmacist might have some suggestions you might want to consider.

65b. Cindy: The whole thing sounds so scary. I hope that I can do it.

65c. Dr. Hurst: Of course you can; our health care team will work with you to find a program that works for you.

66. Dr. Hurst: Since good nutrition is so important in managing diabetes, you may feel much more confident after you meet with our nutritionist. She specializes in helping people with diabetes, and she can help you understand good nutrition habits. She is great at helping with daily problems that you may have with shopping, buying, and eating the right foods.

67. Cindy: I could sure use some help with that. Good food is so expensive, you know, and sometimes choosing and cooking the right foods is so confusing. And vegetables and fruits seem to go bad before I can get to them.

67a. Dr. Hurst: Our nutritionist can help you with all of that. She has many suggestions on how to make the diet work in your life. And even better, once you meet with her, you'll find out that it's doable and you'll feel more energetic almost immediately! Sound good?

68. Dr. Hurst: Cindy, there is one more very important thing that we need to discuss. I notice that you are smoking.

69. Cindy: Uh, huh.

70. Dr. Hurst: How do you think that this affects your health?

71. Cindy: I know I shouldn't smoke.

72. Dr. Hurst: Smoking affects health in many ways, but do you have any thoughts about how it may affect your health as a diabetic?

73. Cindy: No. I just know that it is bad.

74. Dr. Hurst: Have you ever heard that your risk of sudden heart attack is much worse if you smoke and you are diabetic?

75. Cindy: Oh.

76. Dr. Hurst: Now that you know this, would you consider quitting?

77. Cindy: Maybe. It's just that I need to do something for myself. I need some way to relax.

78. {respectful silence for several seconds, allowing Cindy to reflect}

79. Dr. Hurst: What if we could teach you how to relax in a way that would not hurt your health, or your pocket book?

80. Cindy: I could think about that.

81. Dr. Hurst: Great! We have a group of smokers and their spouses meeting soon. Sarah will tell you more about that, okay?

82. Cindy: Okay.

83. Dr. Hurst: I know that this is a lot of information today, so I think it would be best if you schedule some classes and group sessions, and then let's meet again to discuss your progress. Do you have any other concerns or questions for me?

84. Cindy: Yes. Why do I need to meet with a Pharmacist?

85. Dr. Hurst: A great question! Although you should always feel free to ask questions, whether you think that they are great or not. The Pharmacist will review all of your medications, your vitamins, any herbals or supplements that you might use. He will consider your insurance coverage, your allergies, your ability to tolerate different forms of medication, and your ability to take the medications as prescribed. You can discuss any concerns that you have about your medications, you know, like the statin side effects. And you can discuss how affordable the medication is. Then you can find a regimen that works for you, including what foods you should avoid or side effects to watch for. Sarah will let you know how to prepare for this visit. How does that sound?

86. Cindy: Sounds great. Thank you, Dr. Hurst. It was nice meeting you.

87. Dr. Hurst: It was nice to meet you too. Do be sure to sign up for e-communication in case you have any further questions after you leave the clinic. Or, call Sarah. She or the team will work to find you an answer.

88. Cindy: Wow, that's great!

89. Sarah: I slipped in a few minutes ago, but I did not want to interrupt. Are we ready to head for the Nutritionist?

90. Cindy: You mean the one who gives classes at the Food Bar?

91. Sarah: Well, yes, but today she will be meeting with you for a private discussion. From there we can meet the Team Social Worker. He is always available to help you with family or work issues, should they arise. Then we can schedule your Pharmacist appointment, find out how to have blood tests and xrays performed, and make up a schedule of medical tests, classes, and appointment. I can show you how to use e-visits on the computer. And I would like to show you how the communication center works, including our reminder system for all agenda items. Then you could meet the other Patient Representatives who might help you when I am not available. Remember, they always report back to me, so I will know what is happening. Are you ready?

92. {Cindy smiles, and Sarah and Cindy proceed happily out of the room}

Mary,

I hope this is your email address since I couldn't tell for sure if it was an "i" or "j" in front of your name because of the underscore on the list. Anyway, I'm following up on my promise at the MPCC meeting to send you all that I had on our Self-Management program. I'm attaching a variety of tools that we are using for self-management in our physician practices. Also, I'm attaching the IHI document that Stacey Hettiger gave us. I removed the dark shading on it so that it could be copied more clearly. The Diabetes Questionnaire was developed by our diabetes educators to help practices get the ball rolling. These simple questions allow the staff at the practice to pick one of the patient's answers that they feel needs attention and then get permission from the patient to talk about it. For example, if the patient says that they don't test their blood sugar on a regular basis and the nurse/MA knows that the patient has been asked to do, they can ask to talk to the patient about why they aren't testing and how they can help the patient start adhering to testing and have the patient set that as their first self-management goal. I hope that this made sense to you, if not feel free to contact me if any questions on that or any of the materials.