

## **Nuts and Bolts of the Patient Centered Medical Home**

There has been a lot of discussion about the Patient Centered Medical Home (PCMH) and primary care. This is not a new concept, having been in place since “the family doc.” There has been confusion due to many regional definitions of the medical home, discrepancy in how it should be implemented, and disagreement over the method for reimbursement for extended medical services.

The PCMH has four basic philosophies;

- 1) Physician and patient interaction,
- 2) Office staff interaction,
- 3) Use of the business model in medical practice and
- 4) Medical data collection for medical outcomes.

The current concept of Medical Home was initiated by national employer groups who purchase health care coverage for their employees, and by Community Medicare/Medicaid Services (CMS) that provides payment for medical services. One thing they have noticed: No matter what the raise in health care costs, there has been no impact on morbidity and mortality. There also has been no real-time structure for medical data monitoring health status of the insured population.

Additionally, the national employer group community notes that the medical care and services are filled with waste and inefficiency, contrary to their business philosophy and practice. So, one of the basic criteria of PCMH is Practice Transformation. Practice transformation is the training model for medical offices to identify their practice inefficiencies and develop a method of correction.

The main theme of Practice Transformation is Office Teambuilding. The classic instructional method, the “power point” presentation to the physician is changing. The new instructional model is interaction between physician(s) and staff in a group setting. This model follows the business teambuilding approach, based on a sort of “reality” medical office.

The “Nuts and Bolts” of Practice Transformation involves many different facets. The best way to provide office training is to participate in a series of CME workshops. Here are some of the examples of exercises in the workshops:

- 1) Understanding how medical office decision making affects the staff

This exercise is used to understanding each office member’s roll and the impact of any change without surveying office staff input. Each office member assumes another office member’s role, e.g., the physician becomes the receptionist; the receptionist becomes medical assistant and so on. A problem is presented to the acting physician who then initiates the solution to the problem without office staff input. The response gives interesting insight on the need for office staff input.

- 2) This exercise leads to the reason for regular periodic discussion of changes in the office and the effect of change on the office staff. This leads to the next step.

3) A format to document office change is PDSA (Plan, Do, Survey, Act). The flow is like this.

- a) An office staff member proposes change to improve patient flow (Plan)
- b) The staff agrees to follow the proposed change for a period of time (DO)
- c) After the agreed period of time utilizing the purposed change to improve patient flow, it is discussed in the office staff meeting to determine if there was any effect on patient flow (Survey)
- d) From the data presented from the survey a decision can be made as to whether the proposed change should be incorporated (Act). With the PDSA approach, written documentation on the decision can be used for future review

4) Another process is called “mapping.” In this process, each office member outlines or maps out their work responsibilities and connections these responsibilities to other office staff members. This method can identify any duplication of work, areas of improvement of flow, and void areas, where responsibilities need to be defined. The mapping process can also record the time needed to perform a task and give a view of the distribution of work responsibilities. An outline of responsibilities is now available in case a staff member needs to be replaced due to illness or end of employment.

Osteopathic CME credits for Patient Centered Medical Home participation will be available by 2010. This CME will recognize office group activity given by non-physician presenters. Physicians will earn Practice Improvement CME (PI-CME) needed for Maintenance of Certification (MOC) for the Patient Centered Medical Home. Also, participation in the Practice Transformation is a step toward the PCMH increased reimbursement.

In the future we will be presenting other articles dealing with other PCMH criteria. Remember, taking one step at time you can obtain PCMH certification.

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