

PCMH From the Patient Perspective

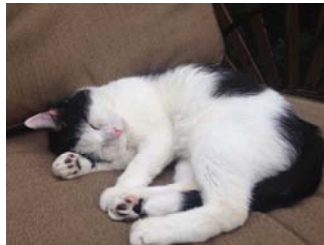
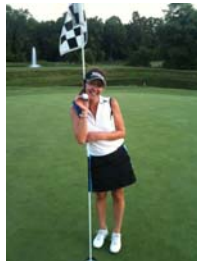
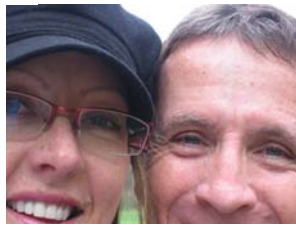
If You Build It, Will They Come?



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BECHTEL
HEALTH

Pretty Healthy Typical Patient



So....about the PCMH...

- What makes the PCMH “Patient-Centered”??
- Is it ...
 - A certified practice?
 - Results achieved?
 - A Culture?
- What does it mean to patients and families?

Patients & Families– What They **Like** about PCMH

- **Access**
 - Can’t get to better outcomes without better access
- **Coordination**
 - “I just want my doctors to talk to each other”
- **Personal approach**
 - What’s the matter with you vs. what matters to you
 - What kind of disease the person has vs. what kind of person the disease has
 - Know and remember me
 - Partnership

Patients & Families - Risk to Public Support for PCMH

- Overpromising – “Too Good to Be True”
- “Team-based” care that isn’t really team-based
- Keeping up with the market – eVisits, texting, accessibility, etc.
- The Name...

The Name

- “Medical Home” – foreign and unappealing

Top 5 Causes of Product Failure

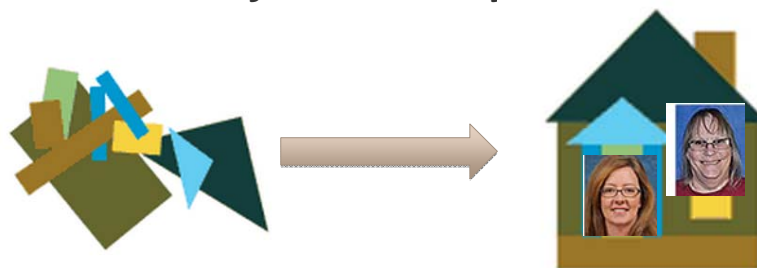
- #2: The product falls short of claims and gets bashed.
- #3: The new item exists in “product limbo.” Not differentiated enough to sway buyers.
- #4: The product defines a new category and requires substantial consumer

The Essential Question

- **We're building it.....will they come?**
 - Mixed evidence about patients' support for and experience with PCMH in practice
 - Some PCMHs have improved health outcomes and reduced cost, while others have not
 - And patient experience is a big question....
 - Only 7 of 28 published PCMH studies measured experience
 - Strong support for PCMH ideals

– How can we mitigate the risks?

A: If you build it **with them they will already be there.**



What it Means to Build It **With** Them

Effective patient and family engagement:

“Patients, families, their representatives, and health professionals working in **active partnership** at various levels across the health care system – direct care, organizational design and governance, and policy making – to improve health and health care.”

Patient **Engagement:**

- Most people think of patient education, behavior change, etc.
 - Getting patients to do what we want them to do.
- Lexicon: compliance, adherence, “good patients,” “taking responsibility”
- Most strategies are ineffective in producing results using this approach.
 - Notion of “compliance” is disempowering to people

Engagement

Continuum of Engagement →

Level of Engagement	Consultation	Involvement	Partnership & Shared Leadership
Direct Care	Patients receive information about a diagnosis	Patients asked about preferences in treatment plan	Treatment recommendations based on patients' preferences, medical evidence and clinical judgment
Organizational Design & Governance	Organization surveys patients about experience of care	Hospital involves patients as advisors or advisory council members	Patients co-lead hospital safety and quality improvement committees
Policy Making	Public agency conducts focus groups with patients	Patients' recommendations about research priorities used by public agency to shape funding decisions	Patients have equal representation on agency committee that makes decisions about resource allocations

Carman K L et al. Health Aff 2013;32:223-231

Partnering for Success

Georgia Health Sciences University:

- Patients serve on every committee in the adult and children's hospital, and all ambulatory clinics.
 - They are full partners with equal voices
- Committees oversee wide range of strategic priorities and QI initiatives, from patient safety to JC accreditation.
- Patients and staff working together resulted in:
 - Improved pt experience scores by 38% in Neuroscience unit
 - Reduced length of stay in Neuroscience unit
 - Decreased staff turnover from 8% to 0% in 3 years
 - Reduced malpractice expenses by 60%
 - Increased profit margin by decreasing costs per admission
 - Improved Joint Commission inspection scores

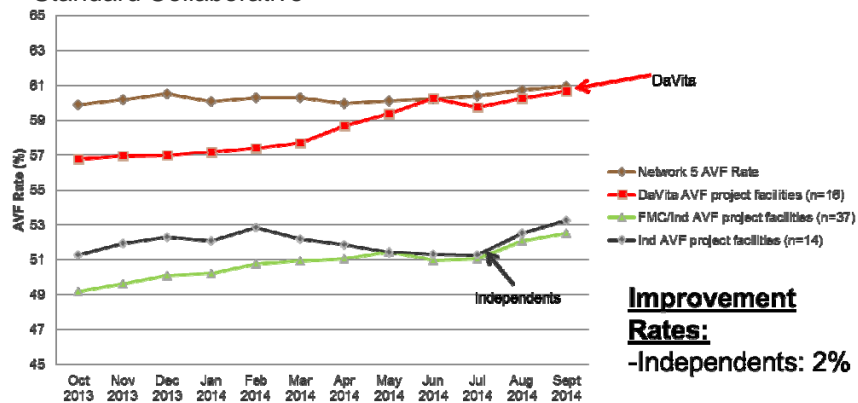
Partnering for Success

TransforMED primary care practice:

- Problem: High Call Volume
 - Testing follow-up: 24% of calls, 50% were repeats
 - Medication refills: 21%
 - After visit questions: 18%
- Solution: Partner with patients to...
 - Redesign testing follow up – normal results released in 72 hours or less, with clear explanation
 - Redesign After Visit Summary – concise, clear explanation of next steps
 - Redesign Med Refill process – single point of contact, portal use
- Results: Reduced call volume by 35% within 9 months; gained 9 hours of clinical staff time

Partnering for Success

- 16 DaVita facilities in Patient and Family Engagement Collaborative
- 14 independent dialysis facilities in Standard Collaborative



Key Takeaways

- We must routinely measure and improve patient **experience** in the PCMH
- We must build the **spirit** of patient and family centeredness into organizational culture
- **Patient and family engagement** in care and in PCMH design, implementation and evaluation is an **essential strategy** to ensure success.
 - Patients are untapped resources and potential sources of tremendous innovation.



Every encounter with a patient
is an opportunity to provide
patient-centered care.

Every time.

By every one.

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