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SETMA's Patient-Centered Medical Home and the Consumer Council

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For the past five years, SETMA has been learning about the patient-centered medical home. SETMA's website displays hundreds of articles written by SETMA in this time which explain what we have learned. Becoming a medical home requires major transformation of healthcare delivery by a medical practice.

- <http://www.jameslhollymd.com/medical-home> -- Medical Home Stories and Ideals: A list of tools for medical home including a series of stories about SETMA's pilgrimage to being a medical home.
- <http://www.jameslhollymd.com/senior-medical-student-externship/SETMAs-MS4-Patient-Center-Medical-Home-Selective-Syllabus> -- An electronic copy of the syllabus for SETMA's patient-centered medical home externship for Senior Medical Students and for Residents in Primary care Training.
- <http://www.jameslhollymd.com/your-life-your-health/medical-home> -- a listing of over 150 articles written by SETMA on medical home over the past five years.
- <http://www.jameslhollymd.com/accreditations> -- a listing of SETMA's achievements
- <http://www.jameslhollymd.com/presentations/> -- a listing of presentations made at national meetings in SETMA's monthly provider training sessions on medical home.

Four organizations evaluate medical practices as medical homes. Those organizations are listed in the order in which SETMA has applied for and received recognition or accreditation for ambulatory care and for medical home. All six of SETMA locations are now accredited as medical homes: SETMA I on Calder; SETMA II on College; The Mark Wilson Clinic on Dowlen; SETMA's Port Arthur/Nederland Clinic on Nederland Avenue; SETMA's Orange Clinic and SETMA's Lumberton Clinic. The organizations providing medical home evaluation and the years for which SETMA's clinics have received recognition/accreditations are:

- **National Committee for Quality Assurance (NCQA) – 2010-2013; 2013-2016**

- **Accreditation Association for Ambulatory Healthcare (AAAHC) – 2010-2011; 2011-2014; to be renewed June, 2014 for 2014-2017**
- **URAC – 2014-2017**
- **The Joint Commission – 2014-2017**

Next Steps

SETMA has received all of the accreditations available for medical home. In the process, we have continuously learned about the structure, the dynamic and the spirit of medical home. We have learned a new vocabulary which describes and defines the medical home. Some of those terms are: patient activation, patient engagement, share-decisions making, care coordination, transitions of care and others. Concepts such as patient-centric conversations get patients more involved in their own care which: “is critical to redesigning healthcare, i.e., Patient Centered-Medical Home (PC-MH), Accountable Care Originations (ACO) and Meaningful Use (a standard of performance required by the Office of National Coordination of Health Information Technology). The underlying premise is that by getting patients more involved, they will make more informed decisions resulting in better care and more affordable care. Greater engagement can lead to better patient outcomes and quality, lower utilization and cost, and increased satisfaction and loyalty... Yet, patient engagement remains a challenging and elusive goal for healthcare providers. As a result of which patient engagement has been called ‘the Achilles Heel’ of the PC-MH, and by extension a potential threat to ACOs and Meaningful use which depend on the success of PC-MH. .” (*Patient Engagement & Primary Care Physician: The Quest for the Holy Grail A Patient-Centered Strategy for Engaging Patients*, Stephen Wilkins, MPH President and Founder, Smart Health Messaging)

The process of creating the infrastructure for a medical home is familiar to healthcare providers but the process of achieving patient activation, engagement and patient-centric conversations is not.

What are the next steps to achieving the dynamic of PC-MH?

The next step for SETMA is to involve patients in SETMA’s Consumer Council. This Council will meet every three months. It will be made up of patients, community leaders, SETMA staff and healthcare providers. The Council will discuss how SETMA can improve patients’ perception of the care they are receiving. It will include discussions of how patients can become more involved in their care and how SETMA staff and providers can promote that involvement. Patients will be invited to discuss what they like and what they don’t like about the care they receive.

The unique aspect of SETMA’s Consumer Council is that the decisions of that group will be binding upon SETMA. The only limitations will be that any decision which violates the Texas Medical Board or State or Federal statutes will not be implemented. To give consumers significant voice in this process, a majority of the voting members of this Council will be patients.

AHRQ Guide for Developing a Community Based Patient-Safety Advisory Council

Benefits for patients include:

- Becoming more aware and better educated on the subject.
- Gaining a better understanding of the health care system, including their organization.
- Appreciating being part of the program, listened to, and having their opinions valued.
- Becoming advocates for their organization.
- Understanding how to be an active participant in their own health care.
- Recognizing that collaboration with their providers through patient-centered care leads to better self-management of chronic conditions and improved adherence to medication regimens.
- Learning to be advocates for their family and friends.

Benefits for health care organizations include:

- Learning what the priority concerns are for patients, which may not be what the organization selects.
- Hearing directly from their customers, the patients.
- Transforming their culture toward patient-centered care.
- Developing programs and policies that are relevant to their patients' needs.
- Improving consumer satisfaction, which leads to stronger patient loyalty.
- Strengthening their community relations.

Benefits for providers include:

- Becoming more aware of the patient's perspective.
- Learning to provide care from a patient-centered approach.
- Recognizing the role of other caregivers, such as family and friends.
- Appreciating barriers—and opportunities—for patients that were previously not understood.
- Identifying system issues that need to be addressed to provide patient-centered care.
- Receiving higher satisfaction ratings by their patients as they collaborate in a patient-centered care model.

The Last Step to Patient Involvement

One of the most challenging initiatives in SETMA's development as a medical home was:

1. The tracking of provider performance on quality metrics as to the process of healthcare and to the outcomes of that process.
2. The public reporting of provider results by provider name. SETMA started that in 2009 and has posted five complete years of that performance. On April 1st, the results for the first quarter of our sixth year of public reporting will be placed on our website.

These two steps have challenged SETMA to improve and have shown us where we need to improve. As can be seen on our website, SETMA's providers have improved their care.

Now SETMA faces another challenge of transparency. Through the work of an organization named Planetree, SETMA will convene focus groups of patients, community leaders, SETMA employees and others to find how we need to and how we can improve the care we deliver. Coupled with the Consumer Council, SETMA will have factual and patient-driven understanding of our care processes and outcomes can be improved to meet the needs of our patients.

Both the Council and the focus groups are novel to healthcare processes. Nevertheless, SETMA believes that both will help us improve our care and more importantly help us become a true Patient-Centered Medical Home. Both of these initiatives take SETMA beyond our current assessment of patient satisfaction (Hospital Consumer Assessment of Healthcare Providers and Systems – HCAHPS and Consumer Assessment of Healthcare Providers and Systems – CAHPS) to patients being true partners in their own care.