

Building the Patient Centered Medical Home on a Public Health Foundation—Creating a Roadmap for the Future with Key Healthcare & Public Health Stakeholders in Maine

Maine Center for Public Health - Friends of the Center Across the US (FoCUS) Meeting
Wednesday-October 15th, 2008 at Maple Hill Farm

Executive Summary

Background:

The concept of the patient-centered medical home is gaining traction around the country as multiple stakeholders look to it as a model for improving performance and redesigning payment to better support patient-centered primary care. While many believe that public health and community-based services should be implicit partners in this new model of care, to date there has been little activity at the national or state level to connect this clinical model with community and public health partners. This workshop brought together national and state experts to explore key questions related to this issue: what is the implication of patient-centered medical home model for public and community health? How can these issues be made explicit, and what public and private policies would support strong reciprocal linkages that would develop both personal and population-level improvements?

Maine affords a unique opportunity for the medical home model and the community-based public health system to interact and shape one another. Major policy initiatives related to quality and primary care are unfolding in Maine including a plan to implement a multi-payer pilot of the medical home concept. Maine was selected by the Robert Wood Johnson Foundation as one of 14 “Aligning Forces for Quality” communities in the US, and will also be the site of a Medicare electronic medical record demonstration. At the same time, Maine is reorganizing and developing its local public health infrastructure. For much of the state there currently is no local governmental public health presence, with services provided through a variety of voluntary organizations. These have been organized into 28 coalitions, or Healthy Maine Partnerships, and the state is in the process of further coordinating planning and services into eight Public Health Districts.

Workshop Goals:

This workshop supported dialogue designed to further spark and sustain relationships between public health providers and private and community-based practices. Working with medical home and community health partners that have successfully partnered and influenced one another, we identified issues and opportunities, and clarified mechanisms to institutionalize these ties. Specific goals were:

- ~To bring key Maine public/community health stakeholders & representatives from medical home initiatives, health care systems and payers together to learn from two effective partnership models in North Carolina and Vermont.
- ~To identify common concerns and next steps for Maine organizations to help develop mechanisms that support better integration of the Patient Centered Medical Home [PCMH] with community health infrastructure.

Audience: Leaders from Key Community Health and Healthcare Systems from the eight Public Health Districts; State Public Health; Healthcare Reform; Healthcare System; Quality Improvement; PCMH; Health Plans, Health Information Technology; Corporate Wellness; State Legislators; and Health Policy Committee members.
120 individuals registered and 103 attended.

Topics & Presentations:

- ~Community Care of North Carolina—A Provider-Led Strategy for Delivering Cost Effective Care to Medicaid Beneficiaries
- ~Vermont Pilot—Medical Homes for the Chronically Ill
- ~Maine’s PCMH Initiatives: Multi-Payer PCMH Pilot Project & MaineCare Initiative
- ~Maine’s Emerging Public Health Infrastructure: Potential for Health System Linkage
- ~Maine HealthInfoNet Communication and Data Information Systems—Connecting PCMHs with Public Health Epidemiologic & Prevention Data Systems
- ~Interactive Panel: State, Regional / Local Level Needs, Opportunities, & Next Steps

Participant Evaluation Results: Using a rating scale of “not useful”, “somewhat useful”, “generally useful”, to “very useful”, participants found most program segments to be generally useful, with the Maine Care & HealthInfoNet sessions somewhat useful. Participants indicated that they felt connected to the issues raised, would use information provided in their work, and that the workshop met their expectations. The location, facilities, other logistics and overall workshop were unanimously rated as “very good”.

Following are highlights from participant comments about what was...

most helpful:

- North Carolina pilot - instilled enthusiasm & energy; made you think “This can be done!”
- The discussion group – conversation and public health info & networking
- Vermont, NC presentations; discussion at the end
- Opportunities for change. Others have done it and it has worked but takes a great deal of energy, enthusiasm, and commitment.
- Great collection of people – the right group to help create medical homes.

least helpful:

- Some of the information was too technical; need to know more of the process.
- Not enough clarity on funding
- There was more public policy, less practical application than I wanted

additional feedback:

- How do we get involved at a local level in order to make/contribute to statewide change?
- Each community has unique needs and challenges and should be allowed to create local solutions.
- PCMH models elsewhere provide specific help to PCP’s as part of the “carrot” for participation. As a PCP, I am plenty busy. I need help, not more check boxes to click. My role in our organization in making connections might be describing the needs of our patients.

Participant Post-Conference Survey Results:

Following the conference, we reached out to participants using a web-based survey to help identify additional recommendations and next steps for building connections between the medical home and public health. We were extremely pleased that 53 of the original 103 conference participants responded.

Following are highlights from the survey results:

- ~49% of respondents were healthcare providers or representatives of provider organizations while 26% were representatives from community/public health organizations.
- ~58% believed that implementation of the PCMH model in Maine as currently planned will connect with, improve and facilitate the work of community and public health. 12% did not and 30% were unsure.
 - Among the 42% who did not or were unsure—reasons cited were the need for specific action steps, need for more input from consumers, multiple financial concerns and that MaineCare system not working properly.
- ~80% felt that the PCMH pilot in Maine should expand plans to include an expectation that participating practices connect with their local community and public health structures in specific ways.
 - Suggestions for building these connections included facilitating relationship building and encouraging Healthy Maine Partnerships [HMP’s] to offer Chronic Disease Self Management Programs to patients in pilot practices.
- ~Among providers, 40% either did not know what a HMP is, could not name the local HMP in their area, or had never worked with them. Only 6% answered they had a clear and well functioning relationship with their local HMP.
- ~Among community/public health organizations, 50% felt they had a clear and well functioning relationship with their local health care providers and interact with them regularly. 29% reported a limited understanding of who the healthcare providers were in their community.
- ~Top barriers to building better public health / clinical connections identified by respondents included time, money/resources, understanding of roles and insufficient state-level leadership on the issue.
- ~Greatest opportunities included promoting coordination of care, implementing multi-disciplinary approaches and investing in prevention.

Recommendations for Linkages & Educational Opportunities to Support Integration within the medical home mode:

As a result of the FoCUS conference discussion and the post-conference survey results, we offer the following recommendations:

- ~ Provide more leadership on specific efforts related to medical home pilot identified in Maine's 2008—2009 State Health Plan, including:
 - o A structured process for obtaining direct input from patient and consumers about their vision for the medical home and
 - o A plan for linking pilot practices with local community resources and the public health infrastructure.
- ~ Expand assets to support PCMH including but not limited to public health nursing, dental hygienists and current chronic care self management programs within Maine's Office of Elder Affairs.
- ~ Promote more "cross pollination" between clinical professionals and public health at conferences and workshops.
- ~ Establish more resources/reimbursement/funding and workforce development for prevention.
- ~ Provide more public education regarding PCMH. Key messages/concepts might include the:
 - o PCMH implications to the consumer. Focus on real connections and the right service at the right time.
 - o PCMH should be viewed as a gateway to better care and not as a gatekeeper and alter the current public perception that more is better.
 - o Payment reform should reward value not volume.
- ~ For efforts that involve HMPs, recognize that HMPs vary in levels of sophistication and achievements, and consider targeting initial outreach efforts related to the PCMH pilot to those most prepared to engage in new relationships.

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In summary, the Workshop far exceeded our expectations for identifying and promoting linkages between the medical home model and community and public health partners. Attendance was outstanding (indeed, standing room only), participation lively, content high, and the value, as perceived by participants and certainly as affirmed by speakers and organizers, was great. Through this conference, the groundwork has been laid for the needed next steps for implementing a strategy of clinical-community integration state-wide, building on the existing pilot projects, harnessing the support of communities in which organization and public private collaboration permit (the "low fruit"), and taking advantage of the emerging district-oriented public health infrastructure for continuing accountability.

The Friends of the Center from across the US (FoCUS) conference provides a valuable annual opportunity to learn from the successes outside of Maine, and, in the process, to share our successes and great promise with our friends across the country. This year's FoCUS meeting was no exception. We thank our sponsors: Anthem, The Bingham Program, Cianbro Corporation, Hannaford Bros. Co., Maine Health Access Foundation, Maine Quality Forum, and Martin's Point Health Care for their generous support in translating this vision into reality and look forward to many future opportunities to partner together and deliver programs of excellence to the citizens of Maine. Our Public's Health deserves no less.