Patient Centered Medical Home: Patient Provider Agreement

Advantage Health Physician Network
The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their provider teams, and when appropriate, the patient’s family.
Why PCMH?

- It’s the right thing to do
- Patients expect it
- Employers demand it
- Insurers are paying more for it
BCBS components of a PCMH

- Patient-provider agreement
- Extended access
- Patient tracking and registry
- Performance reporting and improvement
- Test tracking and follow-up
- Individual care management
- E-prescribing
PCMH Step 1: Patient Provider Agreement

The expectations of the provider team and the patient are stated so both groups know what is supposed to occur over the lifetime of the patient interaction with the provider team.
The Provider Team Role

• Take time to make a personal connection with your patient
• Lead and coordinate care throughout your lifetime
• Respect your individual needs
• Actively help strengthen your health care relationship
• Create a highly personal health maintenance plan
• Handle your care and medical records with the utmost privacy
• Provide care for short-term illness and long-term disease
• Offer tools and encouragement to prevent persistent health problems
• Deliver 24 hour access through Express Care and same day appointments
Family/Patient’s Role

• Work together to develop a care plan
• Follow your care plan
• Let us know if you are unable to take your medicine or follow through with your care plan
• Inform us of any illnesses, hospitalizations, medications and other health-related matters
• Tell us about your needs and concerns
• Ask for help if you don’t fully understand something
• Prepare an Advance Directive and be certain we have it on file
• Understand that your lifestyle choices affect your personal health
What does the PCMH mean for me?

• Patient needs to be educated on what the PCMH is and their role in it
• Patients need to be given brochure at least once at an office visit
• Our office needs to track that brochure was given in MISYS
• Our office needs to report how we are doing to Blue Cross Blue Shield of Michigan by February 28th, 2009
What does the PCMH mean for me? Continued…

• Our Big Fat Hairy Audacious goal is 100% of patients seen in office starting December 15th, 2008 have been educated and documented in MISYS.
Patient Registration

Check MISYS field to verify if PPA is populated.

YES → STOP

NO

Registration Staff gives PPA to Patient/Guardian

Registration Staff Updates Misys Field

Registration Staff Educates Patient with Scripting

Flow Staff Follows Up with Patient Regarding Additional Questions

NOTE: Registration staff identifies names of other family members in household to update in Misys Field

This is a brochure that explains PCMH which is a partnership with your physician. Your physician will coordinate your care and the brochure stresses the importance of your involvement in the health care plan.

Physician follows-up with patients during office visit.
Will need to be in the check in workbook

Will be able to enter into demographic additional

Enter date that info was given
How will we track it?

• Document that every staff member and provider answers 80% questions correctly by January 1, 2009
• Quality Improvement committee will monitor monthly how each office is doing in handing out and documenting in MISYS the Patient Provider Agreement.
• Your office will receive monthly reports showing how well you are doing.
Who needs to take the Post Test?

- All Providers
- All staff
- Everyone!!!
How to Take the Post Test

1. Suggest a group study at an office meeting
   Practice Leaders will need to summit actual tests of personnel completing the questions to Sue Viviano, RN at Medical Management.

2. Health stream
   For all those unable to attend group meetings or desire to do it on their own.

3. It is expected that everyone answers at least 4 out of 5 questions correctly by January 1, 2009.
PCMH Patient Provider Agreement Questions

1. We participate in the Patient Centered Medical Home because

   A. Employers demand it
   B. Patients desire it
   C. It’s the right thing to do
   D. Insurers require it
   E. A, B, C are all correct
2. What is the Patient Centered Medical Home?

A. A building on State Street
B. An approach to managing preventative care
C. An approach to managing chronic illness
D. A, B, C are all correct
E. B and C are correct
3. What is the Patient Provider Agreement?

A. One step in the Patient Centered Medical Home
B. An outline of roles for providers and patients
C. A medication agreement for pain management
D. A, B, C all correct
E. A and B correct
4. Patient role in PCMH includes:

A. To be an active participant in their care
B. Notify providers of their health care needs
C. Notify providers if unable to follow care plans
D. A, B, and C correct
E. A, B correct
PCMH Patient Provider Agreement Questions

5. The provider role in PCMH includes:

A. Personal connection with patients
B. Individualized care plans for patients
C. Lead and coordinate care
D. A, B, and C correct
E. A and C correct
Patient provider agreement

English version

Your Home for Complete Care

Advantage Health Physician Network was named Top Performing Physician Network for the 2014 "Best in the West" award as well as the Governance Award of Excellence for your care. Our highly skilled physicians are committed to superior patient care and satisfaction, not only because it’s what we do, but because we practice a Patient-Centered Medical Home model of care.

Your Advantage Health primary care physician's office is basically considered your "medical home." Your primary physician will fully coordinate all of your health care needs and work with his or her professional judgment along with your input and the suggestions of your subspecialty care team. 

This unique partnership between you and your doctor means that you will always have a direct involvement in your own health care plans.

Be an Active Participant

While the success of the Patient-Centered Medical Home model depends on the interaction and input from your medical team, your input and participation are also very important. By working together with your physician, the AdvanceHealth team, and following your personal health plans, you will reach your health care goals and ensure a happy, healthy future.

Using this model, your AHN physician will:

- Follow and coordinate the care throughout your lifetime
- Establish a personal connection with you
- Respect your individual needs
- Actively help you strengthen your health care relationship
- Guide, support, and help you maintain an active lifestyle
- Handle your care and medical records with the utmost privacy
- Provide care and share your illness and health-related diagnosis
- Give you the tools and care management program for successful health maintenance
- Ensure access through the health care team and same day appointments
- Have access to our health care team

Help us help you.

- Work together to develop a care plan
- Follow your care plan
- Let us know if you are unable to take your medications or follow through with your care plan
- Help us coordinate your hospitalizations, medications, and other health-related matters
- Talk about your needs and comments
- Ask for help if you don't fully understand something
- Prepare with advance Directives and the power of attorney
- Understand that your health is always at the forefront of our care
- Give us feedback about the service you receive

Learn more about our award-winning network of physicians at advantagehealth.org or call (561) 686-8500.
Su Casa de cuidado completo.

Por cinco años consecutivos, Advantage Physician Network ha sido galardonado con el premio "Best of the Best" por el "Cuatro mejores" y "Healthcare Excellence" Premios de la seguridad social gubernamental. Nos preocupa el bienestar del paciente y su equipo de cuidado que el paciente vea en el equipo de cuidado en el paciente y la asignación de equipo personal que se preocupe por el bienestar de su equipo de cuidado y que sea parte de nuestro equipo de cuidado en el paciente.

A usar este modelo, su doctor y equipo de Advantage Physician Network, podrán:

- Graduar y coordinar el cuidado médico para todos sus pacientes.
- Formar el equipo de cuidado para sus pacientes.
- Asesorar a las personas que se cuidan.
- Asesorar a los pacientes en el cuidado médico.
- Prestar atención a las necesidades de su equipo de cuidado.
- Brindar un plan de tratamiento personalizado para todos sus pacientes.
- Asesorar a los pacientes en el cuidado médico.
- Asegurar que el cuidado médico sea coordinado con su equipo de cuidado.
- Asesorar a los pacientes en el cuidado médico.
- Asegurar que el cuidado médico sea coordinado con su equipo de cuidado.

Ayúdanos a ayudar a usted:

- Trabajar con nosotros para desarrollar un plan de cuidado.
- Seguir su plan de cuidado.
- Informar a su médico sobre sus medicamentos y la recepción de sus medicamentos.
- Informar a su médico sobre sus viajes y el tratamiento que está recibiendo.
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Se un paciente activo.

Mientras que el éxito del modelo de cuidado médico centrado en el paciente depende del esfuerzo y la dedicación del equipo de cuidado médico, la contribución y el compromiso de cada paciente también son muy importantes. Poniendo a su equipo en el centro, el paciente y su equipo de cuidado podrán llevar a cabo su plan de cuidado médico y verán los beneficios de un plan de cuidado médico en el que se integran el paciente y su equipo de cuidado.
Timeline for PPA

Jan. ‘08
- Retreats
- Drafting Agreement
- Staff education
- Lead physicians
- Start Date
Jan. ‘09

April ‘08

Jan. ‘09

Oct. ‘08

Dec. ‘08

Start Date

Staff education

Lead physicians

Drafting Agreement

Retreats
Provider/Staff Education

- April ’08 Office retreats around PCMH
- October ’08 Lead Physician and Practice Lead meeting
- PowerPoint presentations
  - Office staff and provider meetings
  - Online education module for individuals
  - 5 question post test
Patient Education

- Physician led care team
- Video presentation on PCMH in waiting room
- Brochure
Staff education completion

- 42% completed questions
- Health Stream modification unable to have details yet
Next steps

• Patient outreach
• Ongoing monitoring process
• Follow-up Health Stream information
• Finish Spanish version
• Modifying brochure with yearly updates
Lessons learned/Questions

• Herding cats is hard
• Getting a group of physicians to agree to anything is harder
• Online education module available
• ????????