



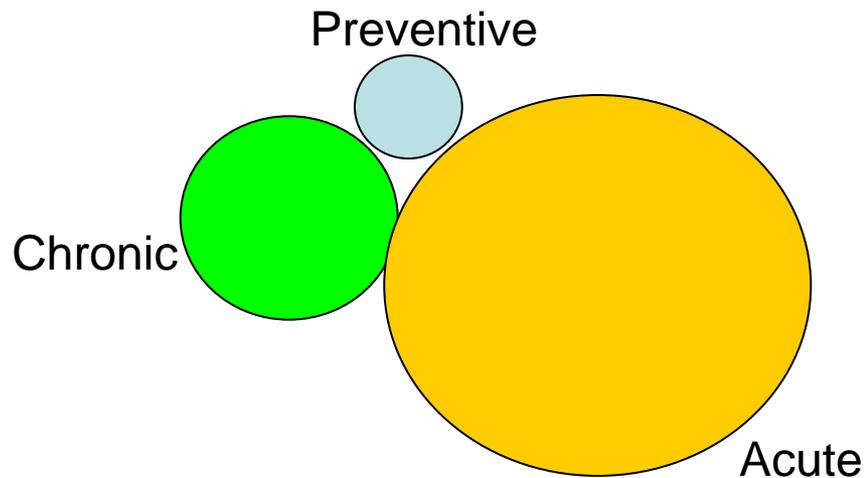
**Multnomah County  
Health Department  
Primary Care  
Patient Centered Medical Home  
*Building Better Care***

# Presentation Objectives

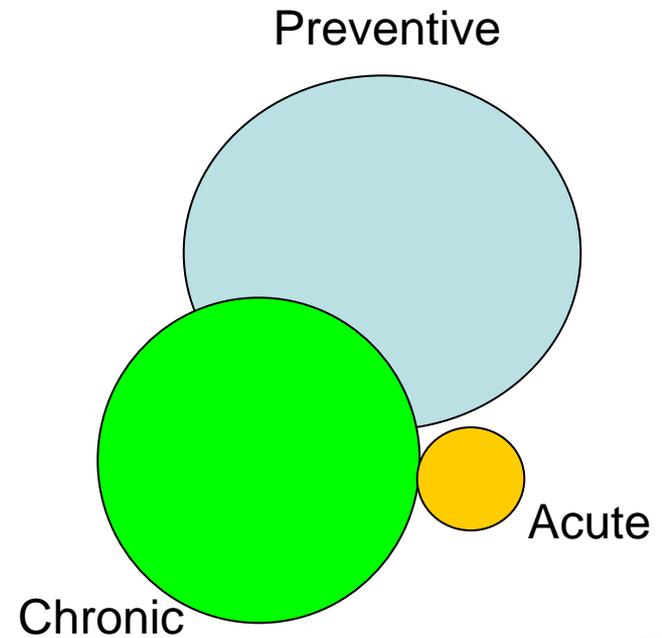
- What's Different in a “Medical Home”
- MCHD Medical Home Journey
- Key Focus Areas—Outcomes
- Future Directions

# Primary Care Practice Current vs. Desired

## Current Primary Care Practice



## Desired Primary Care Practice



# Key Elements of a Medical Home

- Continuous relationship between empowered patient and health care team
- Team based care
- Whole person orientation
- Enhanced access
- Coordinated and integrated care





# Building Better Care Vision

*Patients have improved health outcomes through a team based approach that is proactive, patient centered, and relationship based. Delivery of care is coordinated and organized to promote and sustain this relationship. Access is centered on patient needs. The environment is one of continual learning and sustaining improvements.*



# Building Better Care Improvement Journey

- Focused on vision—“Building Better Care”
- Started with creating teams and redefining roles
  - Co-location facilitates communication
  - Regularly scheduled team meetings
  - New roles—Panel manager, Team clerical assistant
- Behavioral Health Integration
  - “Warm handoff”



# Building Better Care Improvement Journey

- Engaged patients/families
  - Focus groups
  - Patient satisfaction survey redesign
- Practiced being proactive by reviewing the schedule the day before and outreach to patients between visits
- Redesigned appointments and provider schedules to reduce barriers to care and improve provider continuity
- Improved call management—patients speak directly to team members



# Building Better Care Improvement Journey

- Invested time to ensure all staff understand the vision and why we're making changes
- Strengthened site based leadership roles (clinical/operational)
- Aligned clinical leadership to focus key quality improvement activities



# Building Better Care Improvement Journey

- Leadership visibility and involvement
- Built organizational capacity to make improvements
- Created a learning environment
  - Encouraged experimentation
  - Developed mechanisms for sharing best practices
- Used data to drive accountability
- Developed plan to spread/sustain changes
- Focus on continued improvement—we'll never be “done”



# Building Better Care

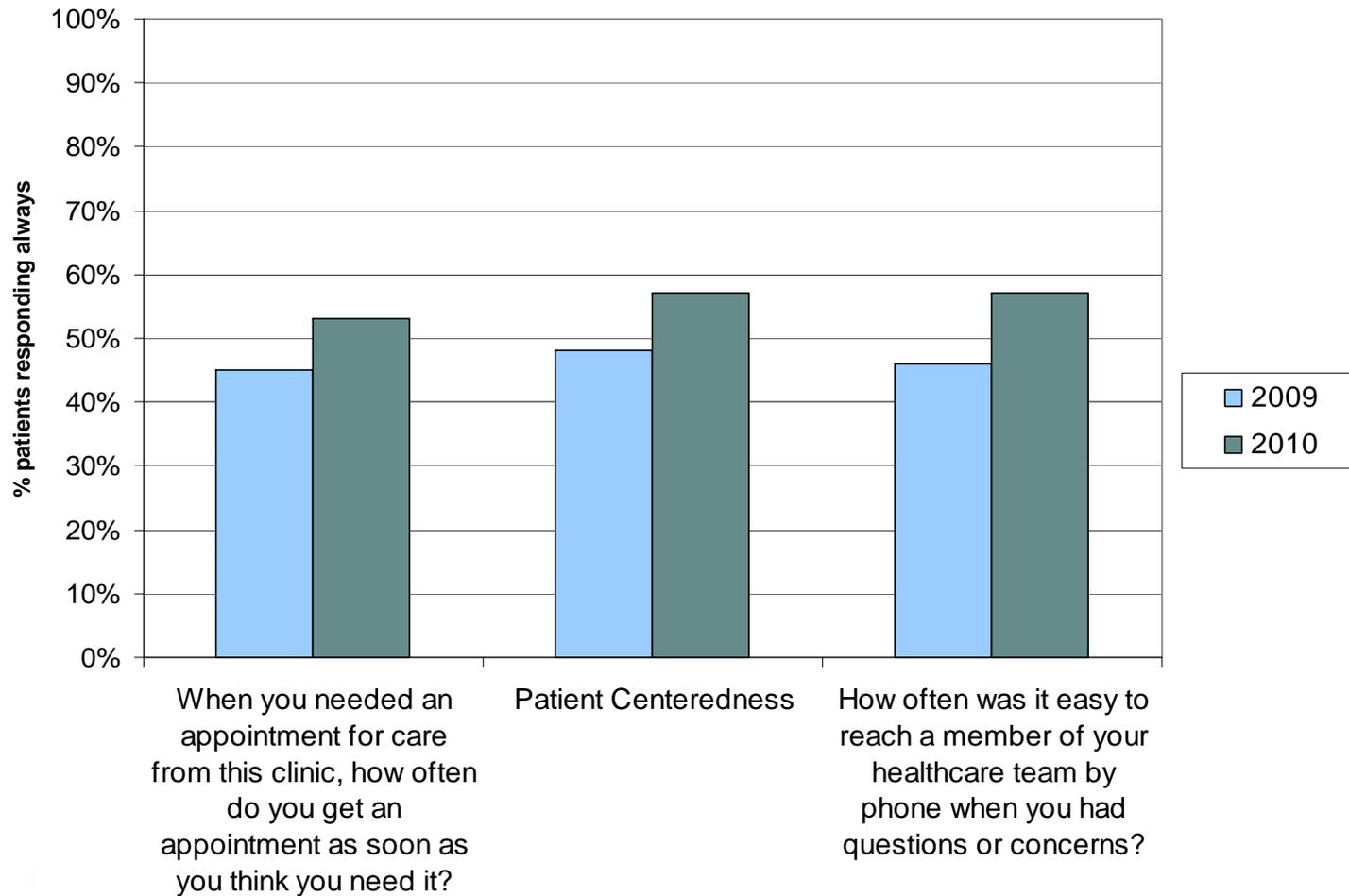
## Key Areas of Focus

- Patient Engagement
- Access to Care
- Relationship building (continuity)
- Improve population health

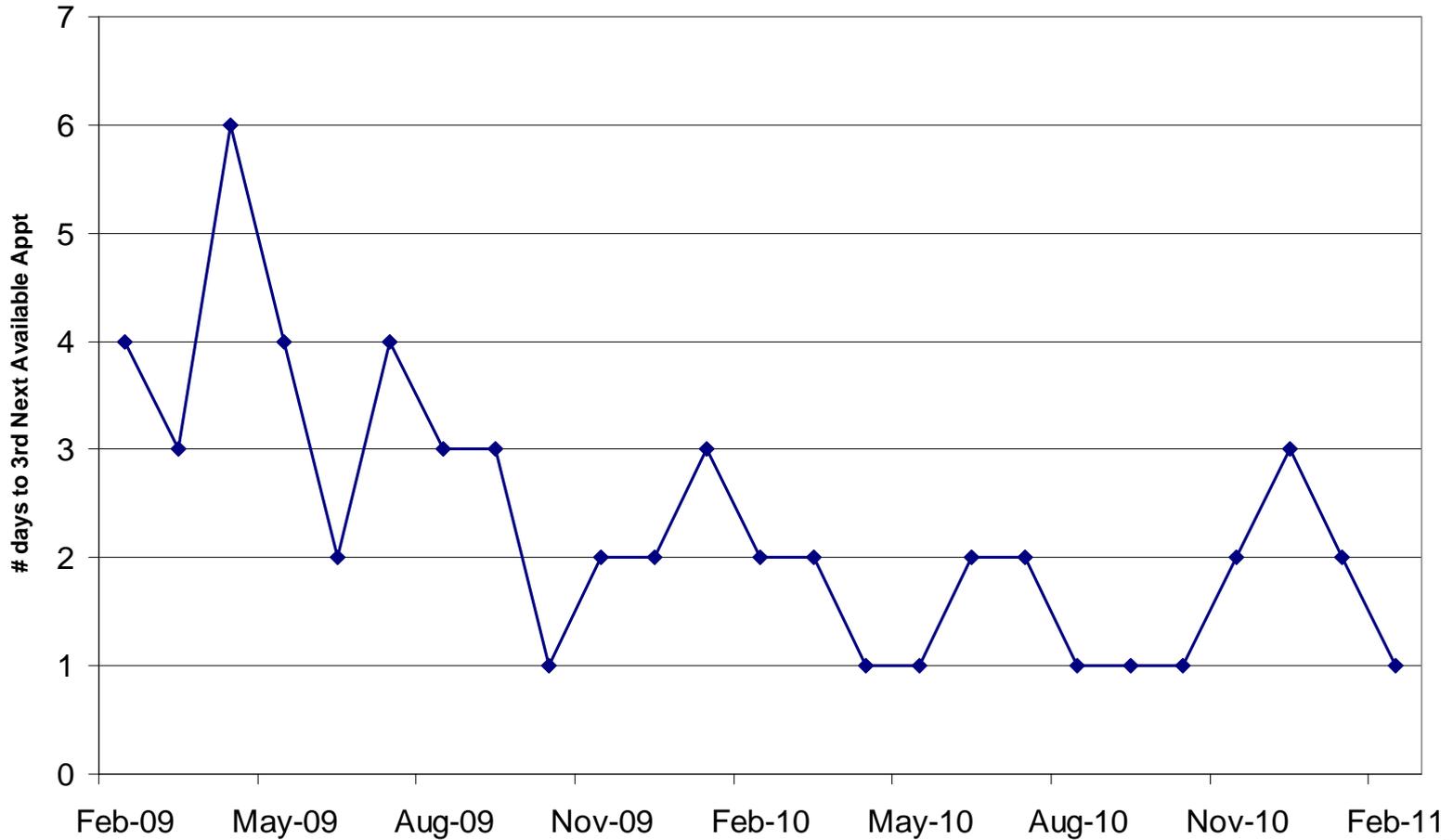


# Patient Engagement Results

## All Primary Care

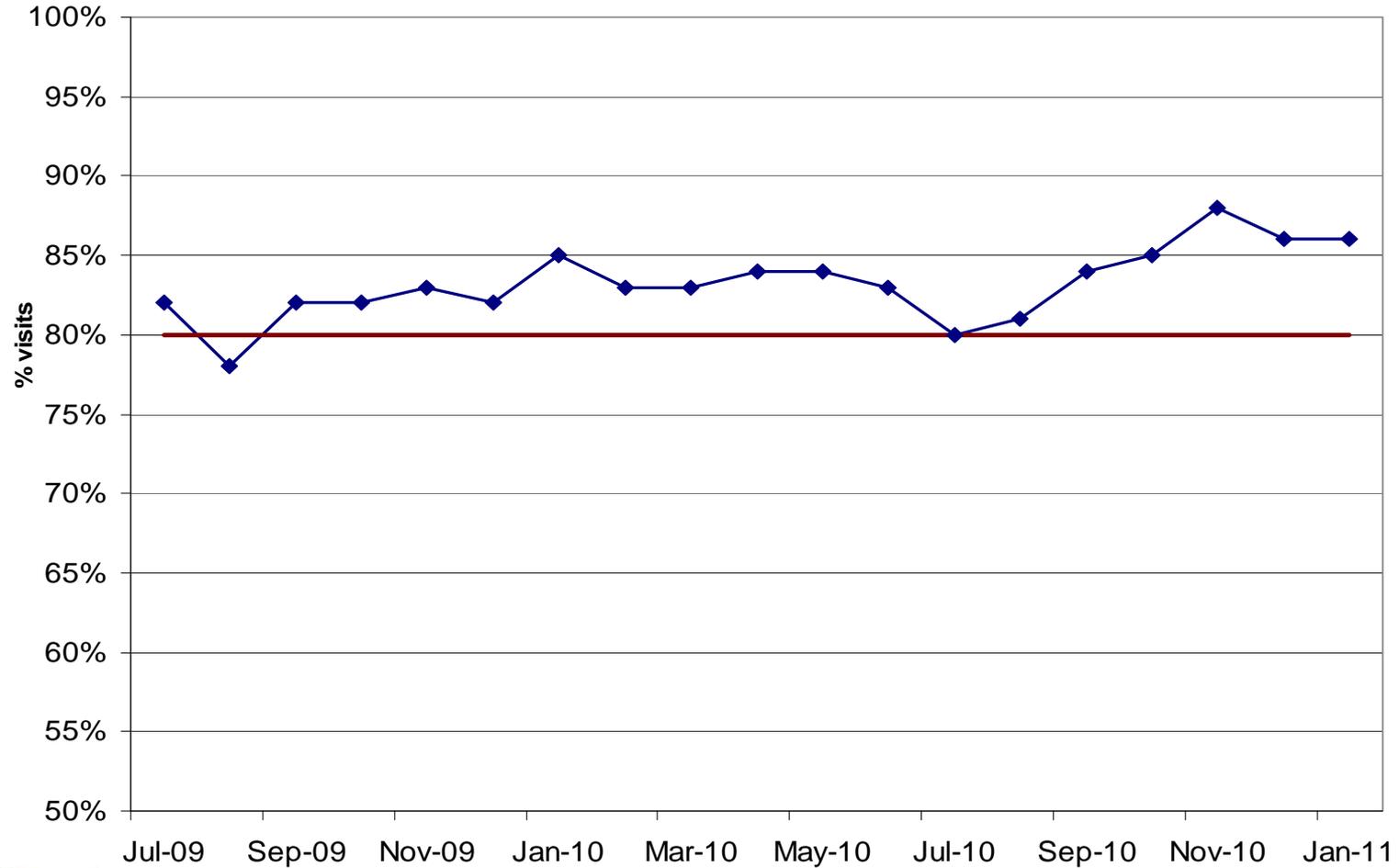


# Access to Appointments All Primary Care

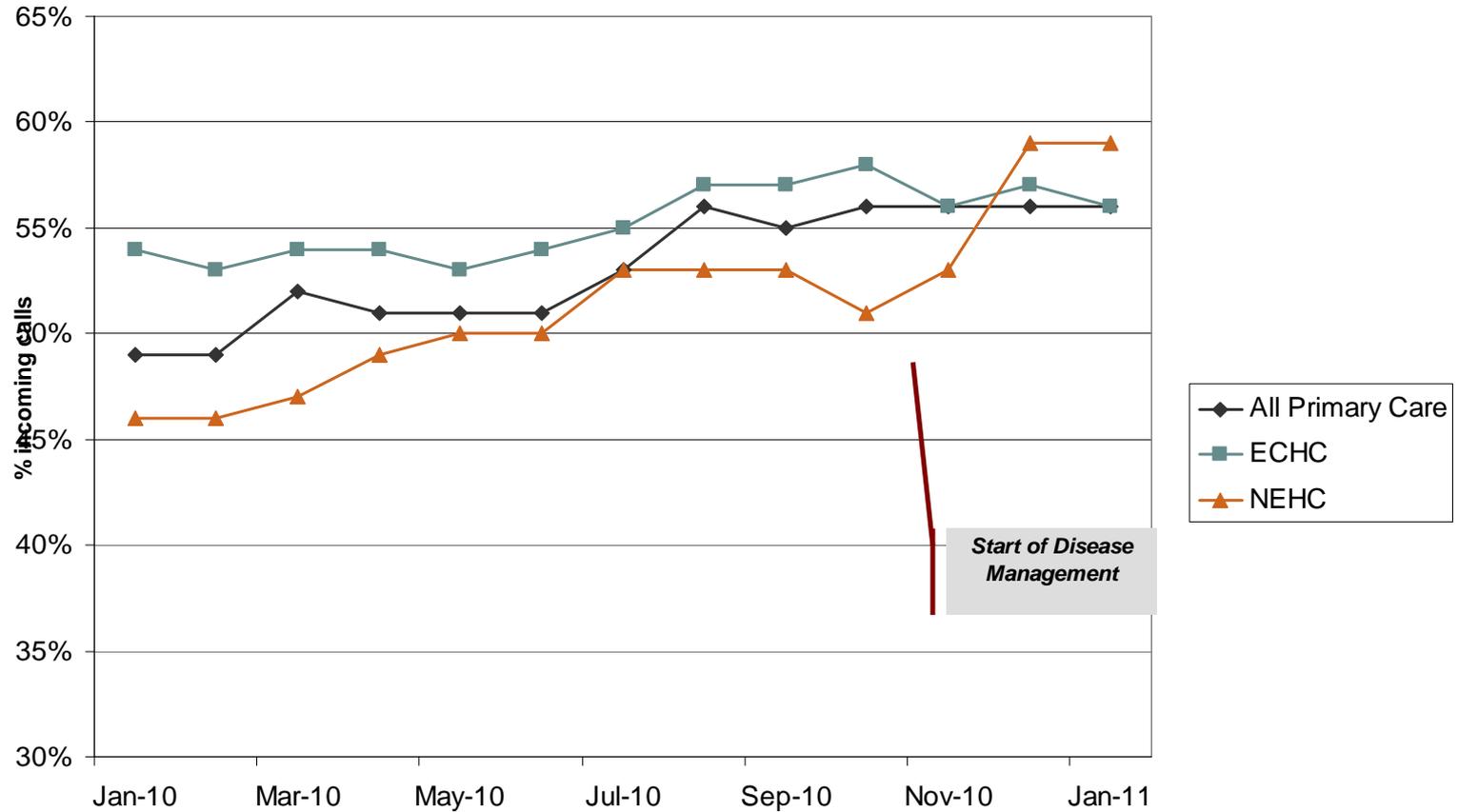


# Continuity

*% of time patient sees their own PCP*



# Improved Diabetes Care



# Building Better Care

## Looking to the Future

- **Improve the patient experience of care**
  - Site based client advisory councils
  - Patient access to their own health information
- **Improve Clinical Outcomes**
  - Expand planned care to reduce gaps in care
  - Care integration, coordination
- **Workforce development**
  - Role specific training
  - Staff engagement strategies



# Building Better Care Looking to the Future

- **Supporting Strategies**
  - Lean process improvement
  - Strategic use of data
  - Leadership development

# Building Better Care

## *Ben's Story*



**Public Health**  
Prevent. Promote. Protect.



**MULTNOMAH  
COUNTY**



**Public Health**  
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COUNTY**