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Paulo L. Gomes

University of Massachusetts Medical School

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MassAHEC Network and AHEC of Southeastern Massachusetts Promoting Consumer and Community Engagement in the Massachusetts Patient-Centered Medical Home Initiative

Paulo L. Gomes, MSHS

The Massachusetts Patient-Centered Medical Home initiative (PCMHI) is a three-year multi-payer initiative by the Executive Office of Health and Human Services (EOHHS), with the goal of implementing the Patient-Centered Medical Home (PCMH) model of care in primary care sites throughout the Commonwealth. The purpose of the PCMHI is to sustain health reform and assure a high-performing health system through a cooperative effort to assure access to high-quality enhanced primary care (MA Patient-Centered Medical Home Initiative Council, 2009). The PCMHI is intended to address:

- Episodic care that harms patient health status and increases costs;
- Increasing prevalence of chronic disease, and suboptimal management of chronic disease among such patients; and
- A growing shortage of primary care providers.

The MassAHEC Network program office at the University of Massachusetts Medical School and the AHEC of Southeastern MA (AHEC-SE) have been actively engaged with practices participating in the initiative to define and develop consumer engagement materials and activities. AHEC-SE has partnered with health professionals and the other AHECs to engage patients to identify their perspectives on the PCMH model and how they would like to be engaged in a medical home. The answers to these questions are key for EOHHS and the MA PCMHI leadership council, as

both are committed to fostering a healthcare system that is truly patient-centered.



Paulo L. Gomes, MSHS, is Assistant Director of AHEC of Southeastern MA.

The Consumer and Community Engagement Project of the PCMH

After noting that limited attention had been given to informing and activating patients and families in other PCMH initiatives across the U.S., the MA PCMHI Council convened the Consumer Engagement (CE) Workgroup. The CE

Workgroup was charged with developing recommendations on what constitutes consumer engagement and how consumer engagement can be realized within the PCMHI. The workgroup developed six recommendations:

1. Involve consumers at the practice level to assure patient-centeredness.
2. Involve consumers by educating them on their roles and responsibilities.
3. Increase consumer engagement skills at the practice level among care teams.
4. Develop educational materials to build an involved and supportive community.
5. Increase the PCMH's use of existing community-based resources.
6. Encourage PCMHs to integrate existing payer or employer health incentive programs and wellness benefits into care plans.

The recommendations complement the Council members' advice that efforts at consumer engagement needed to occur both in the practice setting and in the broader community.

Consumer Engagement Project

The University of Massachusetts Medical School, a partner in implementing the PCMHI, engaged AHEC-SE to collaborate on the Consumer Engagement (CE) project to:

- Provide insight into how to better involve patients and families in the health care they receive;
- Explore applications of the PCMH model that relate to culturally and linguistically appropriate care; and
- Contribute information about consumer engagement to the larger effort of integrating the PCMH in the Massachusetts health system.

AHEC-SE is continuously seeking to engage consumers, the provider community, and participating practices to deliver on these goals as the state's initiative unfolds. AHEC-SE

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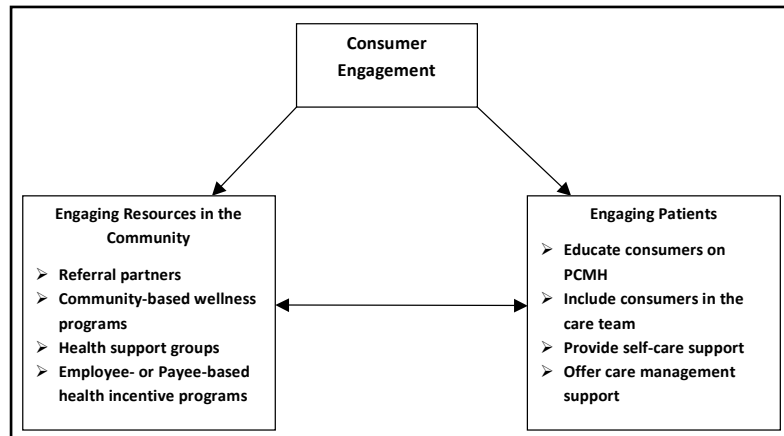


Fig. 1. The Consumer Engagement Paradigm

began by convening focus groups with medical interpreters and community health workers as they represent a population that is culturally and linguistically diverse and work closely with consumers who would be important constituents in the PCMH. The focus groups were held throughout the state to capture the perspectives of diverse segments of the population. The information gathered, and through two focus groups conducted in Spanish by the Merrimack Valley AHEC (MVAHEC, also a member of the MassAHEC Network), has served to determine next steps in the development of consumer education materials and consumer outreach strategies. As a result of these qualitative findings, AHEC-SE and MVAHEC developed a list of recommendations that serve to inform practices of changes required during the transformation into a PCMH. The data led to some of the following findings:

1. The overwhelming majority of participants had not heard the term Patient-Centered Medical Home and felt that the term was confusing.
2. The majority of participants indicated that: (a) culturally and linguistically appropriate care, and (b) being viewed as a whole person, rather than a condition, were the most important components of good health care.
3. The majority of participants said that they would be willing to participate in consumer engagement activities in the development and implementation of the medical home.
4. Consumers reported that attending community meetings on issues relevant to their health would most likely be the activity most patients would participate in.
5. Practices must ensure that the practice setting is welcoming and personnel are courteous. Whenever possible, available literature or media should reflect patients' cultural and linguistic preference.

6. Consumers would like to participate in group activities such as exercise and support groups. Consumers reported that this would likely lead to sharing of lessons learned with relatives.

AHEC-SE compiled a literature review which included extensive research on defining consumer rights, roles, and responsibilities in practice redesign. AHEC-SE conducted key informant interviews in search of best practices while at the same time inquiring how consumers would prefer to be engaged in the PCMH. Through this, AHEC-SE has learned of the overwhelming need for information on the PCMH for underserved populations, particularly those who have limited English proficiency (LEP), and developed consumer informational instruments to define the PCMH, patient and provider roles and responsibilities, and how consumers can lend their voice to the process of practice transformation. The materials were developed to address the health literacy requirements of consumers and were translated by the Central Massachusetts AHEC into seven languages to increase LEP consumers' access to information.

AHEC-SE is further supporting the project with the development of toolkits. The first is based on best practices in fostering CE in practice transformation. A second is a guide on engaging consumers and community support services in care coordination to support practices' efforts in building healthy, collaborative relationships, with patients and the broader service community, essentially creating a medical neighborhood.

Conclusion

There is clear consensus that primary care needs to be at the center of a reformed U.S. healthcare system. The PCMH has emerged as a favored model for primary care redesign. The PCMH builds upon core concepts of primary care, including accessible, accountable, coordinated, continuous, and comprehensive care. Added to these primary care concepts are features that improve quality of care, improve patient centeredness, organized care across teams, and reformed payment systems to support this enhanced model of primary care (Gill, Landon, Antonelli, & Rich, 2010). The Commonwealth Fund 2006 Healthcare Quality Survey found that when adults have insurance coverage and a medical home, racial and ethnic disparities in access and quality are reduced or eliminated. Beyond basic primary care, the survey found that access to high-performing primary care delivered in a medical home may improve outcomes for vulnerable patient populations (Beal, Doty, Hernandez, Shea, & Davis, 2007). PCMH Council members agreed that the PCMH should be, must be, a long-term commitment of the Executive Office of Health and Human Services (EOHHS) to transform the primary care delivery system to have a positive impact in the overall Massachusetts healthcare system (MA Patient-

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Centered Medical Home Initiative Council, 2009). The Massachusetts EOHHS, in partnership with the University of Massachusetts Medical School, the MassAHEC Network, consultants, practices and their patients, are doing their part in promoting a more healthy equitable healthcare system in America.

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