STRATEGIES AND TOOLS TO ORIENT AND ENGAGE PATIENTS AND FAMILIES TO THE PATIENT-CENTERED MEDICAL HOME MODEL OF CARE

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Visually display care team member photos in the waiting room

This example from Pittsburgh Mercy Family Health Center, Pittsburgh, PA, has pictures of each care team member and a mirror for the patient to see him/herself at the center of the team.



(Photo courtesy of Pittsburgh Mercy Health System)

Develop a new patient orientation or registration visit

- Schedule time when patients first visit the clinic to meet with an eligibility counselor or patient services representative. These sessions can also be conducted successfully in a group setting. These meetings can increase efficiency, reduce the burden of explaining care visits on front desk staff, engage the patient, and reduce no show rates. To learn more, see the Enhanced Access Implementation Guide.
- Advise patients of their care team and how team-based care can improve their health and experience. Describe how the care team functions, who is on their care team, and how to contact their team.
- Reassure patients that even if someone else on another team sees them, the information about their visit will be shared with their care team and primary care provider.

Send letters to patients explaining the new patient-centered approach to care delivery and introducing the care team and provider

- Explain the role and responsibility of each care team member.

Give out business cards to patients that list their care team members and direct phone numbers

- Remind patients about their team when they check in.
- Provide messaging for front office staff, such as, "I can't get you in with Dr. Woodhouse, but I can get you in with Dr. Nielsen, who is on the same team." For more messaging strategies, see the Guide to Appointment Confirmation Calls.
- Include team-based messaging on your phone tree, if feasible.
- Ensure that everyone is giving patients and families the message that care is provided by the entire team. Provide training and scripts when necessary.

Use color to identify care teams or type of care

Team members can wear color-coded badges, scrubs, or pins.

The Phyllis Jen Center for Primary Care at Brigham and Women's Hospital in Boston, MA developed this rainbow:

- Red, Orange, Yellow, and Green represent each of the four clinical teams.
- Blue represents learners (preceptors, residents, students).
- Purple represents the functional support and administrative team.

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TRANSFORMATION

Terry Reilly Health Services in Boise, ID uses green and blue to distinguish between urgent care/walk-in care and patients receiving routine visits who have been empaneled to a provider and care team.



(Photo courtesy of Terry Reilly Health Services)

Display activities that are being tested and implemented to improve the care of patients and families

Measures should show progress and opportunities for improvement.

University of Pittsburgh Medical Center Matilda Theiss Health Center in Pittsburgh, PA displays progress toward PCMH transformation using 'bricks' representing changes already implemented so that patients can see what has been done and what will happen.



(Photo courtesy of Matilda Theiss Health Center)

Community Health Partners, Inc. in Livingston, MT displays quality measures on a data wall to engage staff, patients, and families in quality improvement activities. For more information on Community Health Partners' experience with using data for quality improvement, view slides here.



(Photo courtesy of Community Health Partners, Inc.)

Display posters and/or brochures explaining the PCMH Model of Care

Make sure that materials are visually interesting, show the importance of the patient and family at the heart of the medical home, and are not confusing or distracting. Posters and brochures should describe how the PCMH Model of Care is different from traditional healthcare and how PCMH can lead to improved quality of care and higher satisfaction.

National Center for Medical Home Implementation Brochure and Flyer Templates

The National Center for Medical Home Implementation provides interactive templates and example brochures and flyers for practices to educate patients about the medical home. Flyers are available in English and Spanish.



(Photo courtesy of Colorado Department of Public Health and Education)

Safety Net Medical Home Initiative

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The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S.