

Building an Advanced Medical Home to Improve Chronic Care Outcomes

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I am speaking with Dr. Lonnie Fuller, medical director for the Pennsylvania Medicaid ACCESS Plus Primary Care Case Management and Disease Management (PCCM-DM) program. Dr. Fuller is presenting at HIN's webinar on, "Building an Advanced Medical Home to Improve Chronic Care Outcomes". Thank you for joining me today Dr. Fuller.

DR. LONNIE FULLER, MEDICAL DIRECTOR FOR THE PENNSYLVANIA MEDICAID ACCESS PLUS PRIMARY CARE CASE MANAGEMENT AND DISEASE MANAGEMEN (PCCM-DM) PROGRAM: Thanks for having me.

PATRICIA DONOVAN: To begin with have you found that in your work that establishing medical homes for Medicaid beneficiaries improves communications between a provider and a patient in a population that we know is often transient?

DR. LONNIE FULLER: Yes. One of the keys to it is that we use other staff in the office and therefore patients get repeated messages or we actually reach out to patients who haven't been in for a while.

PATRICIA DONOVAN: I see. Could I just follow up on that and find out, how do you reach out to people who haven't been in for a while?

DR. LONNIE FULLER: Well sometimes we'll send cards, but often we'll have a nurse call them, in particular those patients with a chronic illness like diabetes and find out why they weren't

coming in and try to reschedule them for another visit. And also to get their lab work done before the visit so when they come in the physician has all the information they need to go ahead and help that patient.

PATRICIA DONOVAN: Is it sometimes difficult with this population though, they tend to move a lot or not necessarily have a phone? Do you have any tricks that your office uses to maintain or reestablish contact with out of touch patients?

DR. LONNIE FULLER: It's not so much that we have tricks to reestablish contact, but when I was in the community health center most of our patients ended up building solid relationships with not only the physicians, but also the office staff. So for instance if I came out of an exam room, I might look down the hall and see the phlebotomy nurse talking to the patient. They're laughing and joking having a good conversation. And many of our staff came from the neighborhoods that our patients came from. So they knew each other, and that made it more likely that they would come back in.

PATRICIA DONOVAN: I see, that communication.

DR. LONNIE FULLER: And that personal relationship.

PATRICIA DONOVAN: Is your program having any impact on reducing non-emergent cases in emergency rooms do you think?

DR. LONNIE FULLER: We have through our disease management process and our triage line shown a reduction in the number of patients going to the emergency department in ACCESS Plus. We've decided to go ahead and enhance our activities there and

so we've broken it down by region and we're reaching out now to identify why patients are going to the emergency room and what kind of services we could put in place that would satisfy their needs without them having to go to the ER.

PATRICIA DONOVAN: I see. If I could follow up on that, do you have any programs that are coming up or any ideas for doing that?

DR. LONNIE FULLER: Well we're in the design phase now. We're looking—what we've done is gone through and looked at our data to identify what types of things people are going to the emergency room for. So for instance we actually find that it's not most of our chronic disease patients, but it's more around headache, back pain, pain management in general. Headache is a very significant one. Now we realize that a lot of people get migraines and we can do things to help prevent migraines, but a lot of migraine patients are not on prophylactic therapy. So if we identify migraine patients we want to try and get them plugged back in with their primary care physicians.

PATRICIA DONOVAN: I see. Thank you Dr. Fuller. And finally what are your most effective strategies for educating your population about really all the elements that you've talked about? You mentioned cards, but for example, the triage line or medication for migraine patients, how do you educate them?

DR. LONNIE FULLER: We do a couple of things. One is we have a patient newsletter. And a lot of people have patient newsletters. And we send our information about services that people could access, but they're not accessing and try to remind people about those services. We've put all of the patient

telephone contacts through one phone number. So the patients call that number and we can get them a one transfer of where they need to be and they don't have to try to remember five or six different numbers to find the service that they're looking for.

The other thing we do we have what we call regional advisory committees, and ACCESS Plus is broken into four regions and every quarter we do a road show. We go out to those regions and we talk with consumers, we talk with physicians, we talk with community organizations who also work with our members around different social issues and we provided them one, an ongoing sense of here's what our program does, here's the mechanics of how it works, but we also go out and ask their advice on how to approach certain problems. And it's been very helpful in the dialogue that we've built over the last year, it's been great. In fact at our last meeting in Erie last month, consumers spontaneously told us that they felt that we were doing a great job and they appreciated the services we were providing them and also our commitment to answering their questions and getting them the information they needed. So it's been a very positive project.

PATRICIA DONOVAN: It must be great to get that kind of feedback too.

DR. LONNIE FULLER: It is. We've got a lot of people who work very hard to take care of Medicaid recipients and we kind of see it as our calling.

PATRICIA DONOVAN: And who would your regional advisory committee, who would that consist of?

DR. LONNIE FULLER: Well the RAC meetings are open to anyone who wants to come and the RAC membership is based on a couple of physicians, or office staff, there's several ACCESS Plus members and then there are other folks who work out in the community. Like the Elks Nursing Home sends representatives for their visiting nurse program. County assistance offices send representatives, other organizations that work in local communities that are trying to help people with accessing different programs they come and participate also.

PATRICIA DONOVAN: So then do they come to the meeting and speak about their particular service or experience?

DR. LONNIE FULLER: Well sometimes we have them as a speaker. We keep a list of the topics that the committee wants to hear and then we develop presentations and identify the speakers for those presentations. And often the community stakeholders will come and raise issues that they would like us to address on behalf of the members. So we have an issues log that we keep and every meeting we jot down whatever the issue is on the spreadsheet and then when we go back for the next quarter we bring the answers to every region no matter who asked the question. So they're finding that the community stakeholders can stimulate questions and knowledge sharing even for folks outside of their region.

PATRICIA DONOVAN: Well thank you Dr. Fuller. Those are all the questions I have today. Thank you for being with us. And were looking forward to hearing more about these initiatives from you during the webinar.

DR. LONNIE FULLER: Cool, thanks for having me.

PATRICIA DONOVAN: To register or get more information about this webinar, please call the Healthcare Intelligence Network at 1-888-446-3530. This is Patricia Donovan for the Healthcare Intelligence Network.