Indian Health Service

Coming Together to Advance the Workforce

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Objectives:

- Explain the importance of Patient Centered Medical Home (PCMH)
- Look at the importance of Accreditation
- Look at some of the components of PCMH

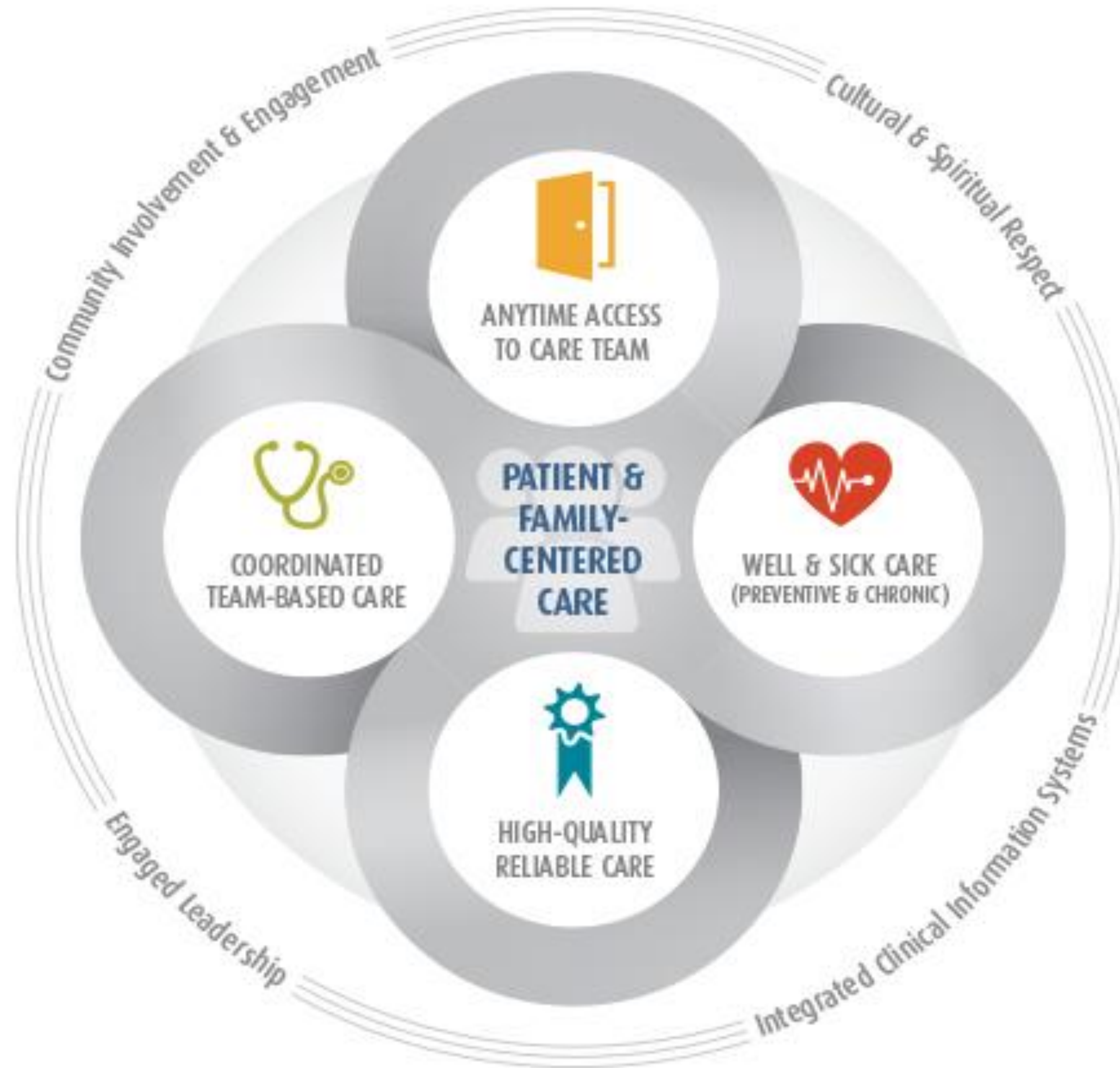
What is PCMH?

- The Patient-Centered Medical Home (PCMH) is a care delivery model whereby patient treatment is coordinated through their primary care physician to ensure they receive the necessary care when and where they need it, in a manner they can understand.
- Accreditation:
  - Organizations providing Accreditation
    - The Joint Commission (TJC)
    - Accreditation Association for Ambulatory Health Care (AAAHC)
    - National Committee for Quality Assurance (NCQA)

Components of PCMH

- **Patient Centeredness**-designated & patient selected primary care provider, pt *involvement in their own treatment plan, emphasis on self-management goals, health literacy.*
- **Comprehensive Care**-*interdisciplinary team based approach*, *disease and chronic care management, assess for health and risk behaviors.*
- **Coordinated Care**-Population Based Care, patient panels, *interdisciplinary teams function within their scope of practice, Self-management goals identified and incorporated into treatment plans, use of EHR, referral tracking.*
- **Access to Care**-*24/7 access* (same day or next day appointments, prescription renewals), flexible scheduling, *process to respond to patient's urgent needs*, online access to their health information.
- **Quality and Safety**- *interdisciplinary team participates in performance improvement*, *collection of data to improve performance* (disease management outcomes, patient access to care within established timeframes, patient experience and satisfaction).

IHS Care Model



How do CHRs fit in?

- CHRs are trusted frontline health workers who have a close understanding of the community
- CHRs complement roles played by traditional health professionals through culturally sensitive outreach, patient education, resource identification, case management, care coordination, and patient support
- Interventions by CHRs supporting chronic disease self-management and preventive services show improved health care utilization, knowledge, self-care, adherence, health outcomes, and quality of life, particularly when these workers are integrated into primary care teams

CHRs work with a variety of health conditions

- Chronic Disease
- Alzheimer's
- HIV/STI
- Cancer
- Maternal Child Health

Closing Care Gaps

Community Health Workers/CHRs are in the unique position to help close gaps in primary care

- Patient outreach
- Patient education
- Address social determinants of health

CHW/CHRs serve as a link between the clinical setting and the community to facilitate access to services and improve the quality and cultural competence of service delivery. They assist by increasing health knowledge of patients and communities through a broad range of activities such as transportation to health visits, outreach, community education, informal counseling, social support, and advocacy.

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