



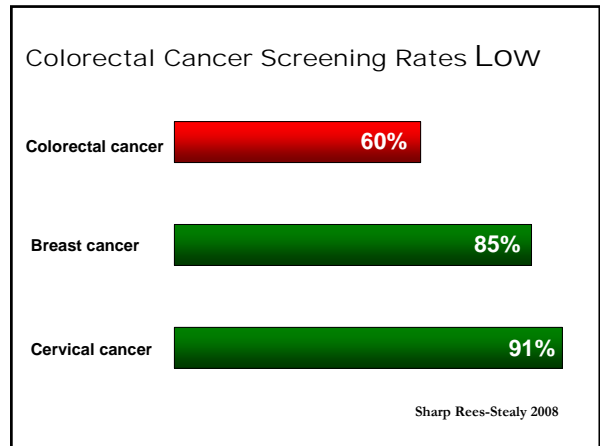
## Increasing CRC Screening Rates The Medical Home

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San Diego's Health Care Leader






### Why Should I Care?

- Pay for Performance
- Public Reporting
- Medical Home demonstrations
- Health Care Reform/Accountable Care Organizations



### Not Enough Hours in the Day


Daily Physician Time Required for Panel of 2500 Patients



|                      |                       |
|----------------------|-----------------------|
| Chronic Illness Care | 10.6 hours            |
| Preventive Care      | 7.4 hours             |
| Acute Care           | 4.6 hours             |
| <b>Total</b>         | <b>22.6 hours/day</b> |

Ann Fam Med 2005;3:209  
Am J Pub Health 2003;93:636

### What Is a Patient-Centered Medical Home?

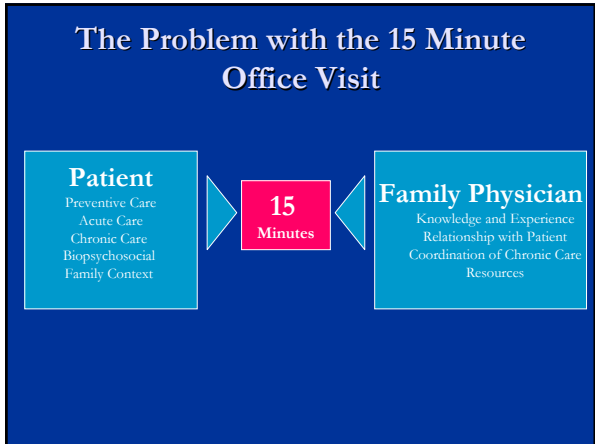
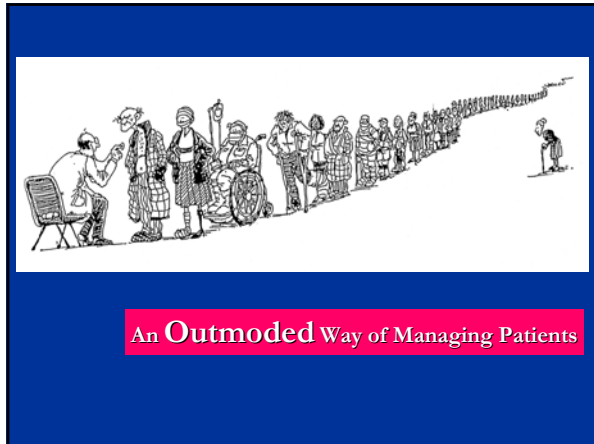


- Replace **episodic care** based on illnesses and patient complaints
- With **coordinated care** and a long-term healing relationship

Adapted from Joint Principles of the Patient-Centered Medical Home, March 2007. Available at: [http://www.aafp.org/online/etcm/medialib/aafp\\_orgdocuments/policy/jointprinciplescmh0207.Pdf](http://www.aafp.org/online/etcm/medialib/aafp_orgdocuments/policy/jointprinciplescmh0207.Pdf). File: dat/022107medicalhome.pdf.

### What Is a Patient-Centered Medical Home?

| Current System           | Patient-Centered Medical Home |
|--------------------------|-------------------------------|
| Episodic                 | Continuous access             |
| Reactive                 | Proactive                     |
| Passive Patients         | Activated Patients            |
| CRC screening <b>LOW</b> | CRC screening <b>HIGH</b>     |

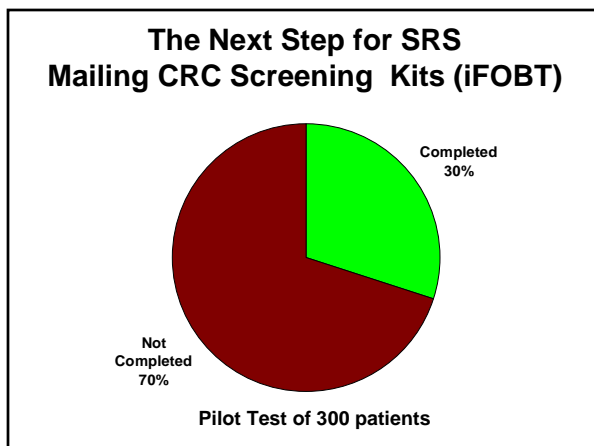
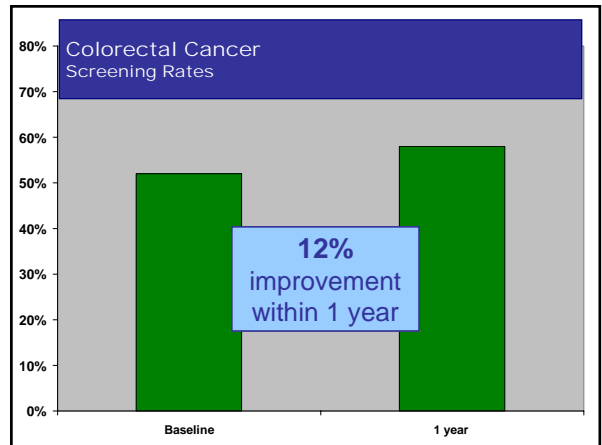
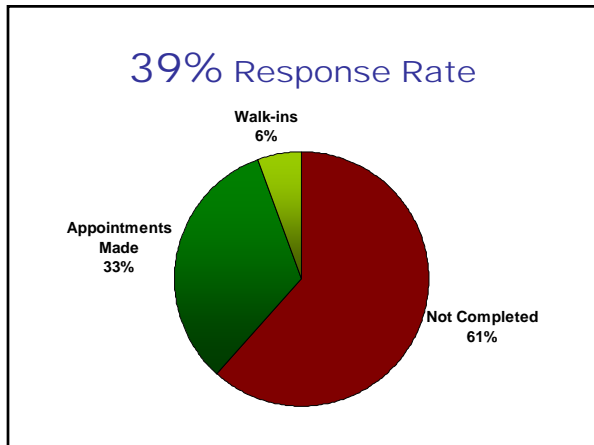
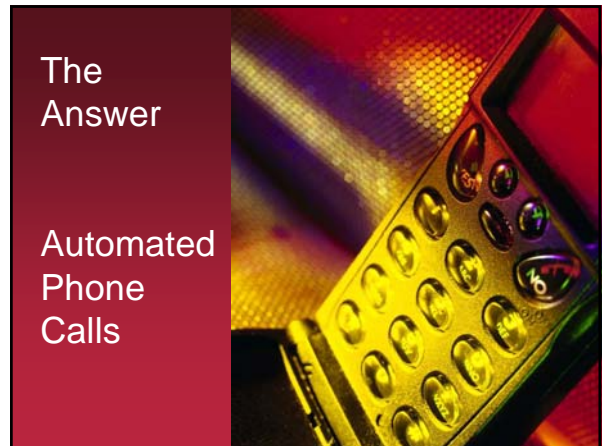
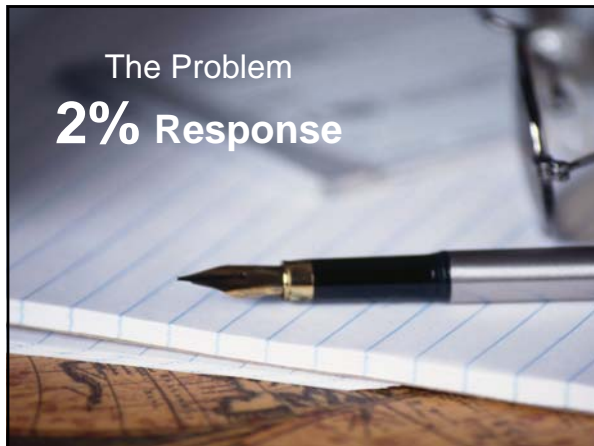


- ### Where Are We Going? Future Office Practice
- Management of a Population of Patients
  - Patient-Centered Care
  - Best Knowledge at the Point of Care
  - Care Outside the Office Visit

- ### Where Are We Going? Future Office Practice
- Fewer Time Intensive Visits
  - Group Visits
  - Team-based Care
  - Patient Self-Management
  - Physician and Staff Communication Skills

- ### Where Are We Going? Future Office Practice
- Electronic Communication
    - Lab Results And Other Data
    - Chronic Illness Care
    - Behavioral Coaching
    - Managing Minor Acute Problems
  - Reminders and links to Preventive Services including CRC screening

- ### NCQA Recognition as a PCMH
1. Access and Communication
  2. Patient Tracking and Registry Functions
  3. Care Management
  4. Patient Self-Management Support
  5. Electronic Prescribing
  6. Test and Referral Tracking
  7. Performance Reporting and Improvement
  8. Advanced Electronic Communications



- Next Steps**
- Develop registry if you do not have one
  - Find out your baseline CRC screening rate
  - Design an intervention
  - Measure results
  - Look up NCQA Patient-Centered Medical Home criteria
- <http://www.ncqa.org/tabid/631/default.aspx>



*Never Underestimate  
the Difference You  
Can Make*

Quint Studer



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