



Research & Learning in Health and Healthcare — by the Community, for the Community

## **Transforming Primary Care Practice By Enhancing Patients' Participation in Their Personal Care**

Critical Junctures Institute (CJI) in partnership with Family Care Network (FCN) has received a funding gift to implement transformative changes in practice that improve the effectiveness and efficiency of care for complex patients under the Medical Home Model. The FCN medical practice is a network of 11 geographically separate offices comprising 50 family practitioners serving more than 50,000 patients in the Whatcom County community. Complexity includes patients with multiple chronic illnesses, often coupled with social determinants of health, e.g. financial constraints that are detrimental to health outcomes and frustrating to providers in traditional practice systems.

The project focuses on a patient centered approach to care through an array of features that highlight patient values and goals, activate the patient, engage the patient in decision making and promote self management prior to office visits, during office visits and through the day to day activities of the patient's life. An essential feature of the re-engineered practice is the development of an *Electronic Health Management System* that integrates the current electronic medical record with the existing patient medical record. The electronic management system is conceived as a dynamic tool to facilitate and enhance the relationship between health care providers, their patients and families, and supportive community resources. A feature of the redesigned services is the development of teamwork through effective staff training and through collaboration with community resources to enhance the delivery of services to the patient and family.

The immediate aims of this project will be to enhance the FCN medical home model to improve the health status of complex patients in Whatcom County. With the implementation of an enhanced medical home model, the goal will be a reduction of both unnecessary use of health services and health care costs for complex patients in Whatcom County. Another essential goal is to develop stronger connections between FCN's primary care offices, patients, families, and community resources that will enhance quality of care of complex patients in Whatcom County. The aim is to promote patient and/or caregiver self-activation, whereby consumers of FCN services assume higher levels of responsibility for managing their health and health care.

Other associated goals are to improve work-life satisfaction for FCN primary care team members and improve care for patients with one or more chronic illnesses that may include diabetes mellitus, congestive heart failure, hypertension, depression, sleep apnea, and other conditions that accompany aging. The effectiveness of these redesigned practice interventions will include general and disease-specific measures of functional outcomes, general and disease-specific measures of clinical outcomes, both patient and practitioner perceptions of the technological interventions and changes in practice, and the impact of the practice transformation on cost of care and resource utilization. Long-term aims of the project will include negotiations with payers of care for a more equitable distribution of savings in health care costs that accrue from these interventions, and the diffusion of the innovative practice technologies across primary care practices in the community and beyond.