

## Message from the President and CEO Safety Net Clinics Share Their Journey to Becoming Medical Homes

April 22, 2014

Dear Nonprofit Partners:

Seven years ago, the REACH Foundation convened a group of health leaders, clinic directors, hospital executives and foundation leaders to examine the medical home model as an approach to expanding the capacity of the region's safety net health care system and achieving improved health outcomes for patients. Nearly 80 people gathered with us over two days for presentations and discussions about whether Kansas City's safety net health care clinics were ready to take on this model. There was quite a bit of skepticism among clinic directors and staff, but when the REACH Foundation launched its Medical Home Initiative late in 2007, there were four clinics that signed on to take the journey with us.

Last month, Qualis Health, a nonprofit health care consulting firm, published **"The Journey Towards the Patient-Centered Medical Home: The Kansas City Experience,"** a white paper that describes the journey of nine safety net primary care clinics as they worked with a technical assistance team from Qualis to implement core principles and practices of a patient-centered medical home. The white paper describes the technical assistance and practice transformation with the clinics.



We believe this white paper tells an important story about a diverse group of safety net clinics that committed to re-examining their service delivery approaches to become more patient-focused. Their transformation efforts required leadership commitment, reorganization into health care teams, introduction of electronic medical records in clinics that were dependent on paper records, commitment to data collection and monitoring, rethinking of staff roles and responsibilities (and a lot of training to support new roles), and more.

Like any large-scale systems change effort, the transformation to a medical home model didn't move in a smooth, linear fashion. There were slowdowns and setbacks along the way. However, each of the clinics made substantial improvements in access to care, coordination of care, and patient communication and patient experience.

What are some of the lessons learned? The white paper touches on several key considerations:

- Engaged senior leadership is critical to success.
- Safety net clinics can adopt empanelment and become "continuity clinics."

- Information systems can impede transformation depending on their functionality and ability to adapt to meet the clinic's needs.
- Transformation requires time and teamwork, and cannot be rushed.
- Being patient-centered is a continuous process and requires ongoing growth and commitment.

From a foundation perspective, our Board of Directors recognized this initiative would require several years of investment and ongoing access to technical assistance, so we renewed our commitment to interested clinics over several years and funded additional operational needs, such as support for Electronic Medical Records and other technology, care management staff and training of medical interpreters. To date, REACH has invested more than \$1.5 million in the initiative, including these supplemental grants.

Finally, we want to thank the clinics that contributed to this publication and acknowledge their successes. Since 2011, six Kansas City area safety net clinics that have been part of our initiative have received the top level (Level III) Patient-Centered Medical Home recognition from the National Committee for Quality Assurance (NCQA), a nationally recognized patient-centered medical home certification organization.

Our investment in the medical home model isn't over. We continue to support technical assistance for a number of Kansas City clinics. This year, we will support a rural health clinic in beginning this process, assist clinics with their NCQA renewal applications, and fund technology upgrades and other needs. We also are exploring new ways to assist primary care clinics in fully integrating oral health and behavioral health services.

As always, we invite you to share your ideas with us at [info@reachhealth.org](mailto:info@reachhealth.org), or by writing me directly at [brenda@reachhealth.org](mailto:brenda@reachhealth.org).



Brenda R. Sharpe  
President and CEO

**White Paper:** [“The Journey Towards the Patient-Centered Medical Home: The Kansas City Experience.”](#)

Bonni Brownlee, MHA, CPHQ, CPEHR and National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Content Expert, March 2014

**Additional Reading:**

[Defining the Medical Home](#), Patient-Centered Primary Care Collaborative

[Patient Centered Medical Home Resource Center](#), Agency for Healthcare Research and Quality

[“Medical Homes: An Evolving Model of Primary Care”](#) M Abrams, The Commonwealth Fund Blog, February 2014.