

HOW A PATIENT-CENTERED MEDICAL HOME WORKS



PATIENT PROFILE*

Name: Jane Brown
Age: 63
Occupation: Retired high school math teacher
Hobbies: Gardening, cooking, volunteering, playing with her five grandsons
Health: Jane has always struggled with her weight. She was diagnosed with type 2 diabetes 10 years ago, and also has elevated cholesterol.
Physician: Dr. Xavier Smith

Six months ago, Dr. Smith began transitioning his traditional primary care practice to a patient-centered medical home. The following example shows how care would've typically been delivered before the transition and how it is delivered now. In both examples, Jane has a high A1C test result. This blood test measures how well diabetes is being managed.

BEFORE HAVING A PATIENT-CENTERED MEDICAL HOME

In this example, Jane sees only her doctor and his medical assistant and doesn't experience care that is as well coordinated as it could be.

Jane arrives at her appointment, which was scheduled three months ago.

The medical assistant takes Jane's vital signs.



Dr. Smith greets Jane, and thumbs through her hefty paper file for a few minutes.

Jane mentions that she had her A1C test done several weeks before, but Dr. Smith doesn't have the lab report. He asks his receptionist to call the lab and asks Jane if she'll wait. She says OK.

Dr. Smith asks how high Jane's at-home blood sugar tests have been, but Jane doesn't remember the exact numbers.

After 20 minutes, Dr. Smith has the test results, which are high. He suggests increasing Jane's medication dose and she agrees. He hands her a prescription.

He also asks Jane if she walks for exercise, and she says no. He asks her to start walking before her next visit.

He says he'll see her in three months.

AFTER HAVING A PATIENT-CENTERED MEDICAL HOME

In this example, Jane receives more personalized, coordinated care while meeting with her doctor and other members of her healthcare team.

Dr. Smith's nurse care manager, Sheila, calls to tell Jane that her A1C test result is high. Sheila explains the test's importance and asks Jane to keep a logbook of her blood sugar results for her next appointment, which is in two weeks.

Sheila also offers to move up Jane's appointment time so she can meet with a nutritionist after Dr. Smith. The nutritionist is on-site two mornings each week. Jane agrees.

The medical assistant also reviews the flowchart for diabetes in the practice's electronic health record system. It includes evidence-based medicine guidelines showing all tests recommended for patients with diabetes. She notes for Dr. Smith that Jane needs a urine microalbumin test.



When Jane arrives, the medical assistant takes her vital signs and reviews her medicines.



On Jane's appointment date, the receptionist, medical assistant, and Dr. Smith meet to review the day's appointments.



Dr. Smith comes in and greets Jane. When he reviewed her electronic health record earlier, he saw the results of her eye exam sent by her ophthalmologist and her recent cholesterol screening. He shares those with her.

Dr. Smith talks to Jane about exercise. Jane says she hates walking outside alone. Dr. Smith mentions a community center in Jane's area with exercise classes, and Jane is interested.

After looking over Jane's logbook of blood sugar results, Dr. Smith suggests increasing her medication dose. Jane agrees, so he e-prescribes the new dose to her pharmacy. He also gives her a lab order for the urine microalbumin test.

Dr. Smith arranges for Jane's follow-up visit in three months, and reminds her to see the nutritionist and Sheila before leaving.

The nutritionist helps Jane develop an eating plan that better manages her blood sugar.



Sheila gives Jane the community center class schedule and reviews Dr. Smith's instructions with her.