North Carolina Institute of Medicine Annual Meeting September 7, 2018

Rural Health Group, Roanoke Rapids, NC
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Rural Health Group Patient-Centered Medical Home

A Team-based Integrated Model of Primary Care in an FQHC

What is Rural Health Group?

- Federally qualified health center providing safety net care for the residents of Northeastern North Carolina since 1974.
- Part of the nationwide movement of Community Health Center program which began during Lyndon B. Johnson's War on Poverty in the 1960s
- Provider of primary medical, dental, behavioral health, pharmacy, case management, and school-based healthcare
- Anyone seen – regardless of ability to pay.

RHG Stats

- 43,000 active patients
- 25% of the patients uninsured and live 200% below FPL
- 35% of the patients under-insured (with insurance but unable to pay deductibles, coinsurance, living 200% and below FPL)
- 17 service locations across a six county area: Northampton, Halifax, Granville, Vance, Warren, and Nash counties
- 45 to 50 providers (medical, dental, behavioral health, pharmacy)
- 325 staff

What prompted our change process?

Shift in Emphasis

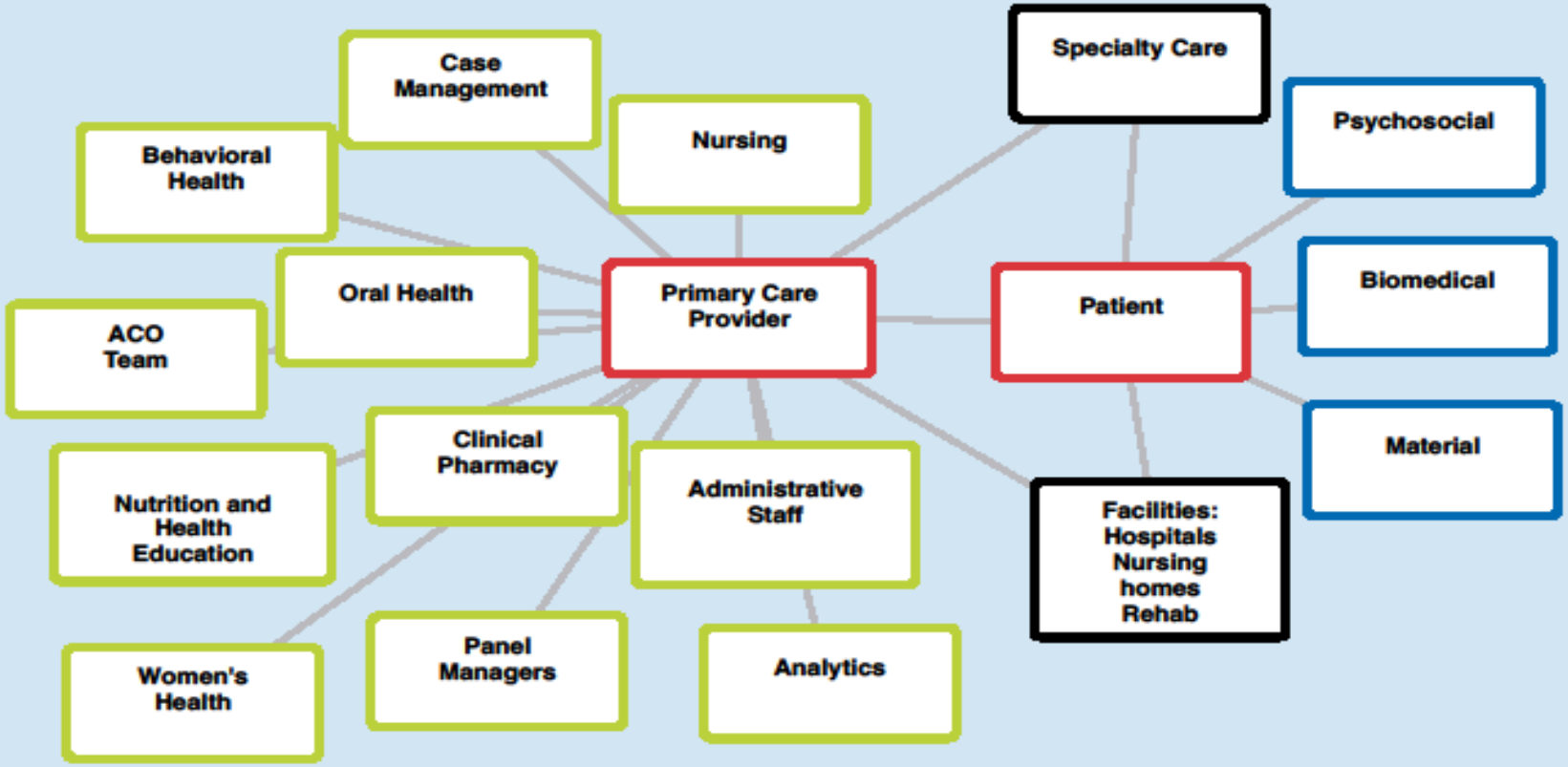
Biomedical

- **Focus: Disease**
- **Reductionism – disease is defined by a single biologic defect**
- **Dualism – mind and body are separate**
- **Biologic assays and treatments emphasized**

Biopsychosocial

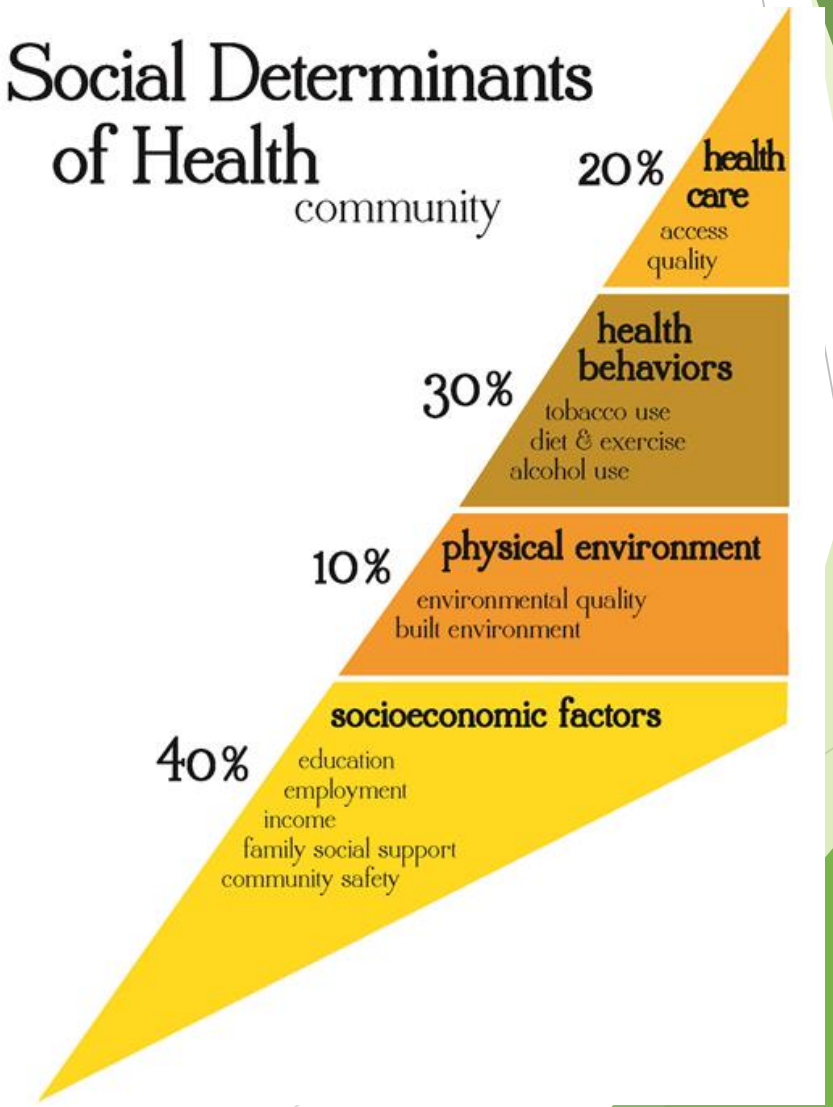
- **Focus: Well-being**
- **Multi-factorial: well-being is a product of multiple factors**
- **Integrative – mind and body are not separate**
- **Treatments may be behavioral, biologic, or environmental**
- **Prevention is a focus**

RHG PCMH/ACO Model of Integrated Care



And what else influenced our work to transform our culture?

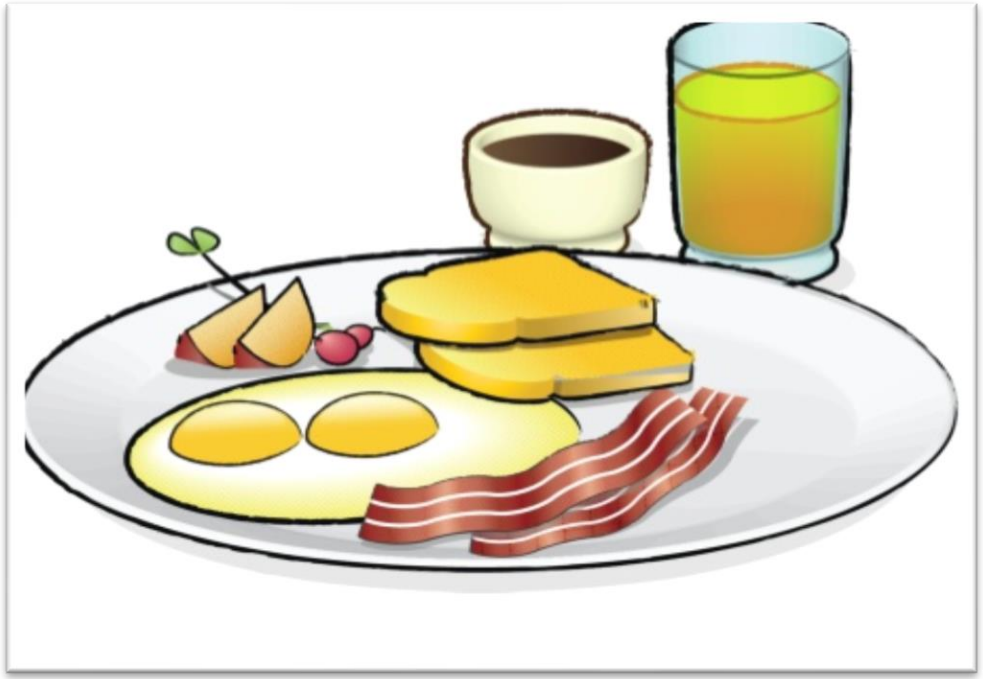
Relative to a patient's life overall, we're just not that important.



Transforming the culture

Moving RHG into the future of healthcare

Recognizing that culture eats strategy for breakfast, RHG has worked on the following cultural shifts over the past few years . . .



From a "parent to child" patient engagement model

To an "adult to adult" patient engagement

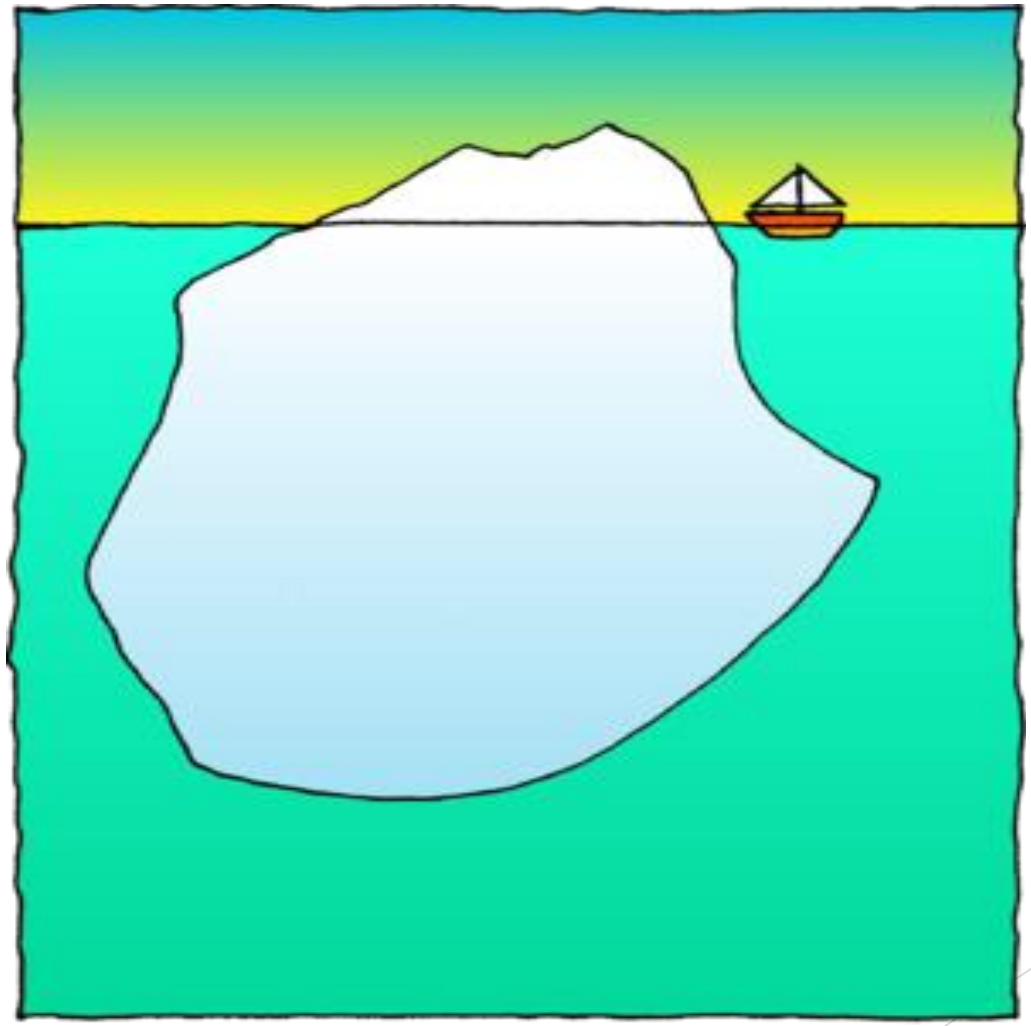
From only "telling and educating"

To "asking and listening"

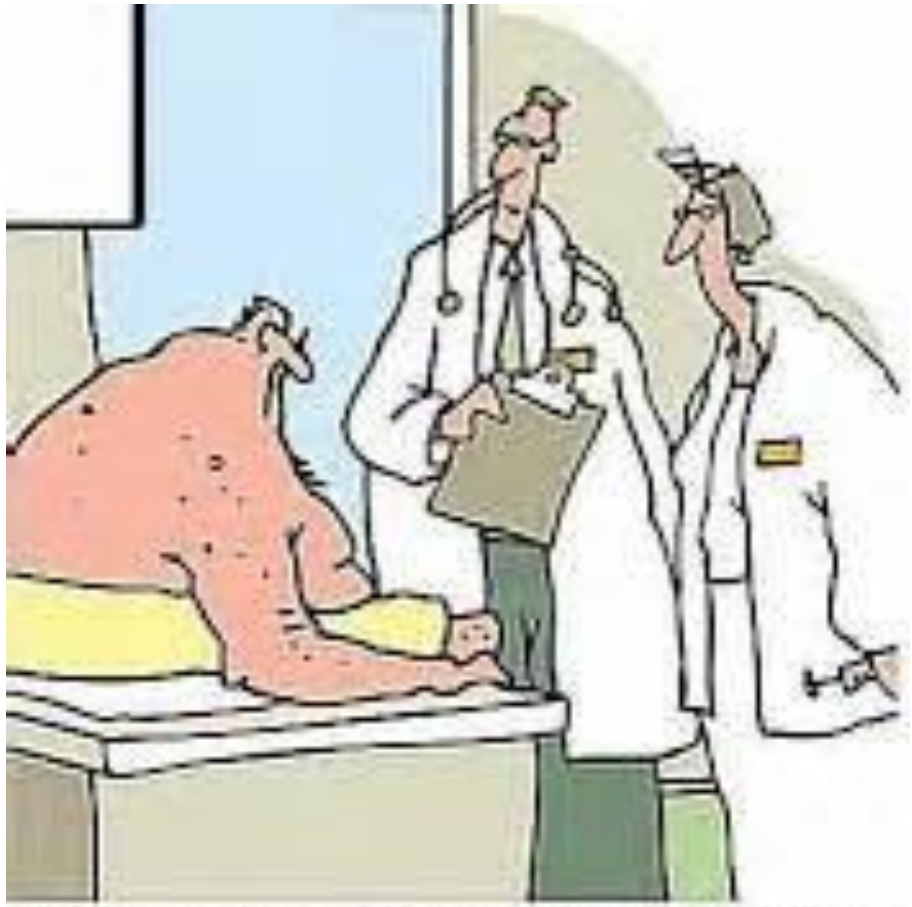
From “What’s wrong with you?”

To “What’s things have happened to you? Tell me your story.”

And we always only get the tip . . .



From "non-compliant patient"



To "what is the patient`s readiness to change?"

From "blame the patient"

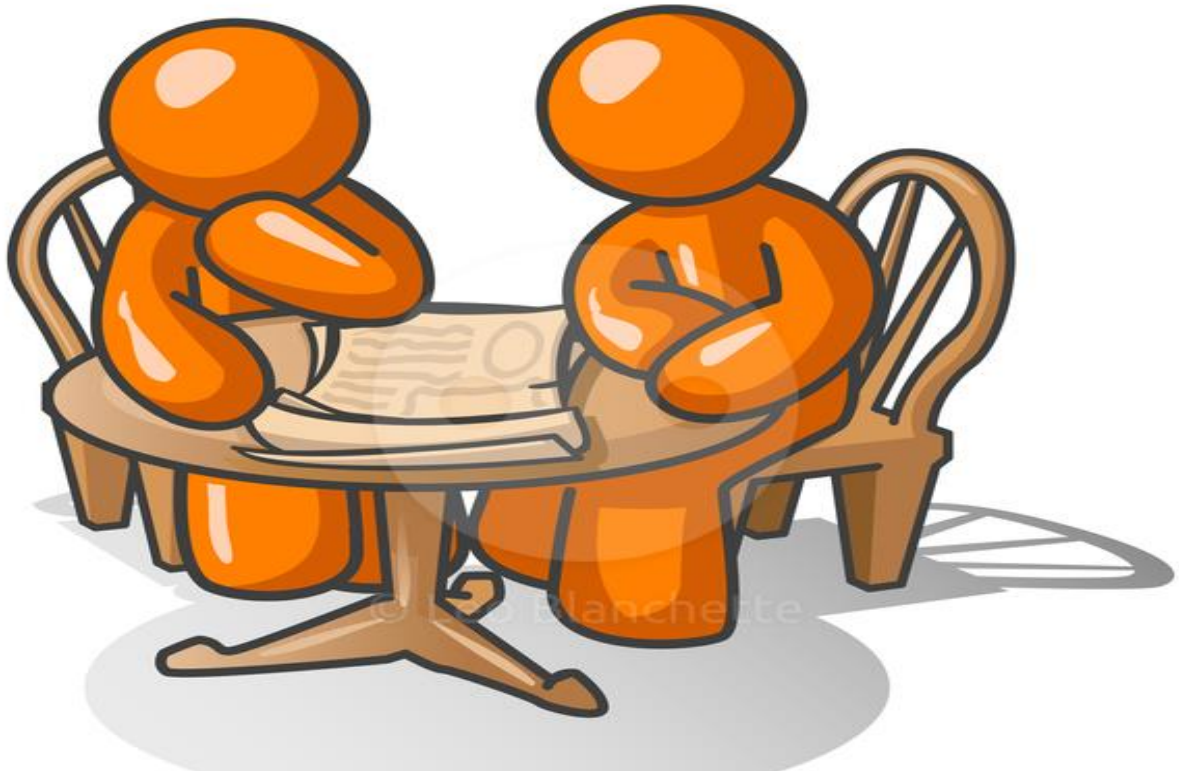
To documenting the limits of treatment response at a given episode of care

From individualistic unquestioned prescribing patterns

To Standards of Care and oversight of prescribing patterns, with an emphasis on controlled substances

From no personal engagement with the medical directors

To regular, individual knee-to-knee meetings with the medical directors



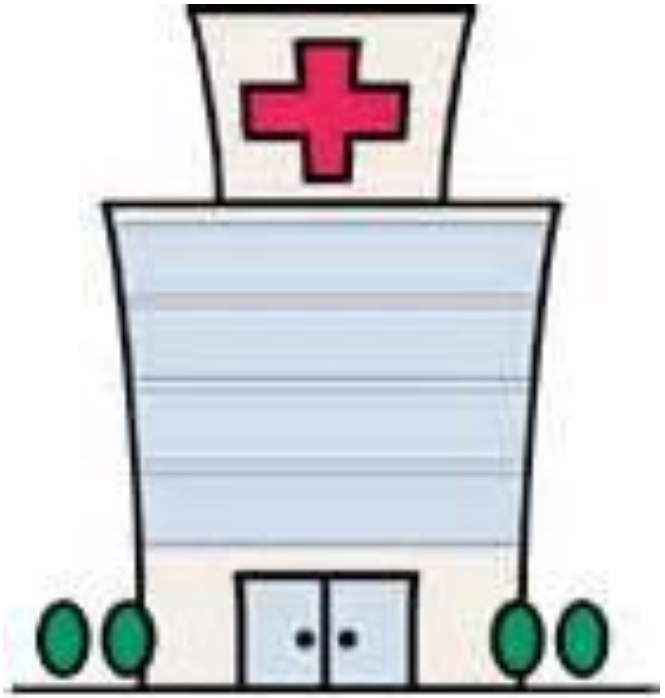
From not knowing the panel or population issues

To providing regular quality reports on both

From "siloing" care by diagnostic and need categories

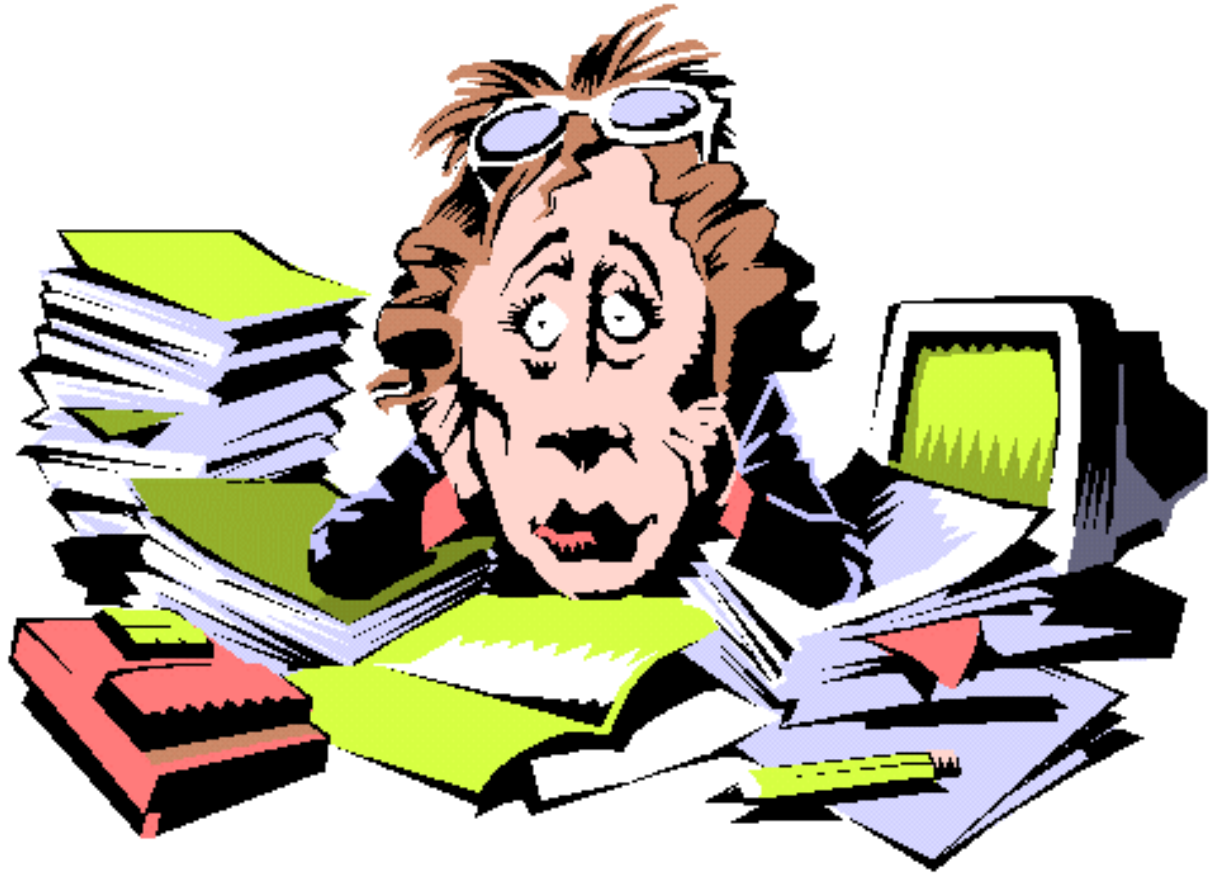
To integrating services in the exam room

From only traditional clinic settings



To adding school-based health centers, and a primary care clinic adjacent to the ED

From single agency case management



To collaborative community case management for high risk, high cost patients assessed for readiness to change

From patient satisfaction equaling "I want it my way”

To identifying the range of choices and explaining limits

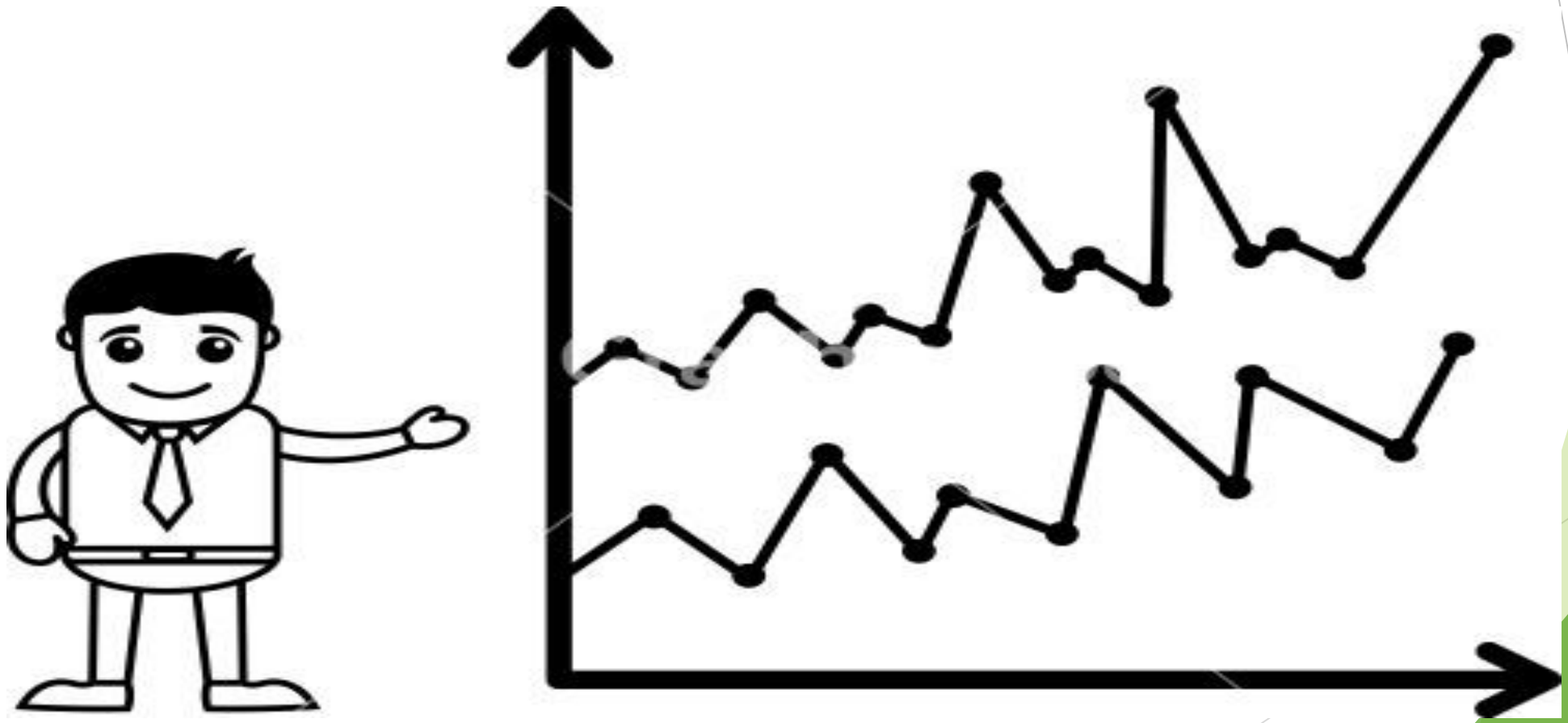
From hiring for skill sets alone

To an emphasis on personality, passion and maturity, in addition to skill set

From top down decision-making

To shared decision-making among staff and patients

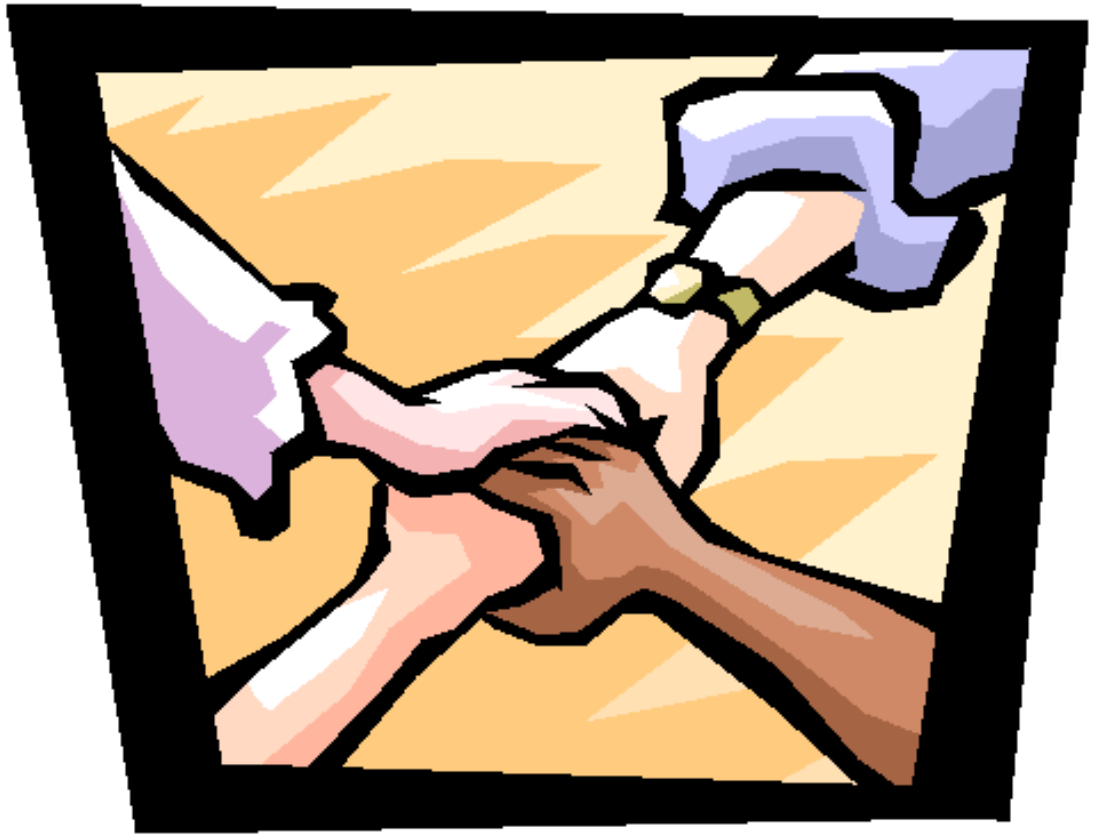
FROM Specific outcomes as the *only* measure of "success"



TO Emphasis on good process—offering all we can to engage the patient in their healthcare choices

From the PCP being responsible *for* "everything"

To *team* responsibility *to* the patient and to each other



Topics we've tackled, and continue to pursue:

- Patient-Centered Medical Home
- Trauma-informed, resilience-focused care (ACE's)
- Racism
- Controlled substance prescribing
- Hep C treatment
- Precepting new Advanced Practice Clinicians
- HCC-RAF training
- Organized Health Care Agreement and associated community-based case management

Is it ever really . . . ?

Contact information

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