



NH Primary Care Task Force Consensus Statements on the Medical Home, May 23, 2008

During the Winter/Spring of 2008 CMHI convened the NH Primary Care Task Force. The Task Force met on three occasions. The Task Force is made up of primary care clinicians and senior leaders of primary care networks and health centers. CMHI identified five elements essential to the medical home and asked the Task Force to articulate what supports they would need to implement these care processes, characteristics and behaviors of the patient and family-centered medical home. The five elements include:

- I. Patient/family-centered care
- II. Population approach to care
- III. Planned, coordinated care
- IV. Integrated, community-based care
- V. Quality care processes/quality improvement

The task force then prioritized over one hundred itemized 'helps' needed. These 10 Consensus Statements are a result of this effort and are organized under the following three domains:

PROFESSIONAL STANDARDS

- 1) Primary care practices/clinicians need a consistent theoretical framework for the medical home and help to develop the associated skills necessary to carry out medical home care processes.
- 2) Primary care practices/clinicians need clear requirements/standards to follow in the implementation of medical home quality care processes

CENTRAL RESOURCE FOR TECHNICAL ASSISTANCE, COACHING, AND TOOLS

- 3) Primary care practices/clinicians need a centralized resource for the promotion and support of medical home "best practices" including implementation help from coaches and mentors
- 4) Primary care practices/clinicians need basic tools and information designed to help them achieve more "medical homeness" in their practices; needed especially is assistance to develop improved transitions (pass offs and transfer) among organizations and agencies along the continuum of care
- 5) Primary care practices/clinicians need help to develop *transparent* processes for patients and clinicians
- 6) Primary care practices/clinicians need help to gain meaningful feedback from patients about their needs and experiences of care

POLICY DEVELOPMENT

- 7) Primary care practices/clinicians need unequivocal endorsement of the central role of high quality primary care for New Hampshire's 21st century health care system, including a legislative mandate
- 8) Primary care practices/clinicians need appropriate incentives and advanced technology support to achieve medical home standards of care and information management
- 9) Primary care clinicians must be supported during practice transformation into fully implemented patient centered medical homes; supports need to include models to integrate mental health and other logically integrated services. Policy development needs to create the support for integrative models, shifting of cultural norms, and necessary accompanying consultative supports and education.
- 10) Primary care transformation in New Hampshire will require the appropriate policy changes/legislation to drive success at the patient, provider, payer and the purchaser level.