Medical Home NEWS

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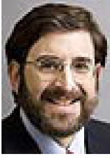

Catching Up With … Jonathan Sugarman, MD, MPH

Dr. Jonathan Sugarman is President and CEO of Qualis Health, an independent, private, nonprofit healthcare quality improvement and care management organization headquartered in Seattle. Among many other projects, Qualis Health is partnering with The Commonwealth Fund and the MacColl Institute for Healthcare Innovation to run the Safety Net Medical Home Initiative, a five-year project transforming primary care safety net clinics into high-performing Patient-Centered Medical Homes. Dr. Sugarman speaks about safety net clinic resourcefulness, racial disparities, NPs, ACOs, and himself.

Jonathan Sugarman, MD, MPH

- President and CEO, Qualis Health; Clinical Professor, Depts. of Family Medicine & Epidemiology, University of Washington (1995-Present)
- A variety of clinical, administrative and research capacities with the Indian Health Service (1984-1995)
- Past president Washington Academy of Family Physicians; past president American Health Quality Association; past chair American Academy of Family Physicians Commission on Quality; Executive Committee AMA Physician Consortium for Performance Improvement (PCPI)
- Vision Award, Robert Wood Johnson Foundation's Improving Chronic Illness Care National Program Office; Portland Area Indian Health Service (IHS) Director's Award for Outstanding Performance; IHS Exceptional Service Award; WHO Network of Innovators
- BA Harvard College, MD Albert Einstein College of Medicine, MPH University of Washington School of Public Health and Community Medicine

Medical Home News *You've been engaged in the Safety Net Medical Home Initiative for 2½ years, with your regional collaboratives active now for about 18 months. With state budgets and Medicaid in particular under great pressure, is a sustainable model emerging for the safety net PCMH?*

Jonathan Sugarman: Given the enormous flux in the safety net environment over the past couple of years, I think that many leaders in the Safety Net Medical Home Initiative (SNMHI) practices would probably describe the opportunities and challenges they face in Dickensian terms—the best of times, and the worst of times. On the one hand, since the SNMHI was kicked off, both the ARRA and the Affordable Care Act have provided for an infusion of new resources into Federally Qualified Health Centers, which form the backbone of the safety net. But the impact of the financial downturn, and in particular the draconian cuts to Medicaid and other programs that support the safety net, has been considerable in a number of states. That said, we are seeing some encouraging work in reimbursement pilots for the safety net that reallocate payments in ways that support some of the key components necessary to implement medical homes. While it is a bit early to definitively characterize these models as sustainable, several approaches that move away from solely visit-based reimbursement and recognize functions such as care coordination and care management appear to be quite promising.

Medical Home News: *Local clinics have to be resourceful to be successful. What kind of innovations do you see in the safety net primary care clinics (staffing, training, care coordination, funding, etc.) that impress you?*

Jonathan Sugarman: As you know, we've developed a series of eight change concepts that serve as the framework for the technical assistance provided to practices in the SNMHI. Your readers can check out the change concepts at www.qhmedicalhome.org. I'd have to say that we've seen tremendous innovations in a number of areas addressed by the change concepts. For instance, clinics providing care for migrant farmworkers have made great strides in "empanelment" to ensure continuity of care even among transient populations. This is in contrast to the typical situation in which patients simply see whichever provider is available at the time of the visit, with less than optimal continuity. We've seen a number of sites doing a tremendous job of engaging medical assistants in care delivery in ways that far surpass the usual "room and record vital signs" model that is still pervasive across the country, and the leadership from medical assistants in this effort has been awe inspiring.

Medical Home News: *A recent editorial by staff of the American Academy of Family Physicians argued that only a physician and not a nurse practitioner should lead a medical home, and yet NP-led medical homes are on the rise. Are they not a part of the solution to the increased demand for primary care that will surely come under health reform?*

Jonathan Sugarman: In my opinion, nurse practitioners are most certainly part of the solution. Dozens of practice sites in the initiative have NP-led teams, and we have seen no evidence that there are any differences in outcomes among those teams compared with teams led by physicians. I suppose that this shouldn't be surprising given the literature that has by and large found few differences between the quality of primary care provided by nurse practitioners and other providers.

Medical Home News: *We asked Karen Davis a year ago in this space about the possibility that the medical home movement might help to reduce racial disparities. Do you see evidence of that?*

Jonathan Sugarman: The SNMHI was born of "Closing the Divide", a Commonwealth Fund study that found that disparities in some key areas were reduced or eliminated among racial minorities who had medical homes. Because many of the patients seen in our safety net practices are members of racial and ethnic minorities, the improvements in access and outcomes that we are seeing in the SNMHI are undoubtedly having an impact on populations that currently suffer from disparities. That said, it is too early to provide hard evidence that disparities are being reduced within practices, although we believe that the initiative's focus on patient-centeredness is paying dividends in this regard.

Medical Home News: *The absolute hottest topic in health care today is the Accountable Care Organization or ACO. Is there a positioning strategy for community health centers and other safety net clinics as an ACO agenda unfolds?*

Jonathan Sugarman: As you can imagine, this has been a topic of considerable interest among leaders in the regional coordinating centers and participating practices in our sites. Several non-FQHC sites that are already aligned with integrated systems are well positioned to participate in ACO pilots based on years of integration with hospitals and other provider groups.

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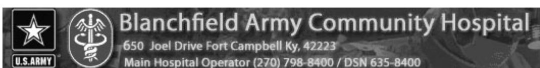
INDUSTRY NEWS

GAFP Launches PCMH Recognition Project

The Georgia Academy of Family Physicians has launched a two year project that will assist family physicians in Georgia to achieve NCQA recognition as a Patient Centered Medical Home (PCMH) at a deeply discounted rate.

The project, called PCMH University, will include face-to-face meetings with consultant partner TransforMED, a subsidiary of the AAFP, five times over the next two years and will work with practices in a virtual format the rest of the time. Overall, the initiative will involve 22 family medicine practices, two internal medicine practices, and three family medicine residency programs.

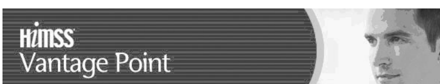


U.S. Army Opens Patient-Centered Medical Home

Last month Blanchard Army Community Hospital in Clarksville, TN opened the first in a series of U.S. Army Community Based Medical Homes across the country. The clinic at Gateway Medical Center will be named the Screaming Eagle Medical Home and will serve the members and families of the storied 101st Airborne Division based at nearby Fort Campbell. The Army will open 17 such clinics during the coming year as part of a broader campaign with the overall Department of Defense to embrace the medical home concept.

SNMHI Releases Four New Publications

The Safety Net Medical Home Initiative (SNMHI), a collaborative effort of Qualis Health, The MacColl Institute at Group Health Cooperative, and The Commonwealth Fund, has just released its latest group of publications. The new implementation guides *cover Continuous and Team-Based Healing Relationships, Engaging Patients in their Health and Healthcare, Communicating to Improve the Patient-Centered Experience*, and *Enhanced Access*. See www.qhmedicalhome.org/safety-net/index.cfm.



Barriers to Physician Use of Email with Patients

Physician respondents to a recent survey in Vantage Point, the monthly publication of HIMSS that surveys healthcare IT professionals on current industry trends, noted that the biggest barrier to communicating with patients by email was lack of reimbursement (64%). Half the respondents expressed concern that patient workload would increase, and 47% cited data security or privacy concerns.
Only 1% said there were no barriers.

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Jonathan Sugarman *continued*: In a few rural areas where safety net clinics have a significant market share, they are definitely at the ACO table. But we are concerned that safety net clinics are at best an afterthought as potential ACOs emerge in many communities. It is unfortunate that many of the relatively well financed private sector players don't recognize that community health centers already have far more developed infrastructures to meet the demands of population-based care than do the small independent practices that they are busy purchasing. Candidly, I think that the best positioning strategy at this point is advocacy to assure that government-sponsored pilots require, or at least incentivize, participation of safety net practices in upcoming ACO demos.

***Medical Home News**: Finally, tell us something about yourself that few people would know.*
Jonathan Sugarman: Well, even some of my closest colleagues would be surprised—if not shocked— to learn that I was well on my way to a career in psychiatry and neuropharmacology before I veered into family medicine. My eyes were opened to the attractions of generalist primary care when, as a 4th year medical student, I did a family medicine rotation at the University of Washington-- primarily because I wanted to get out of New York during the summer. I simply had not been exposed to family medicine up until that time. I had one of those not-really-apocryphal experiences of being called into the dean's office for a "You're going to do what?" lecture when I withdrew my psychiatry residency applications and entered the match for family medicine instead. Sadly, I'm not sure much has changed at many medical schools over the past 30 years.

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