

PCMH Education Subcommittee Meeting
May 6, 2015

Attendees

Dr. Jonathan Griffin, BCBS of MT
Kristen Pete, Glacier Medical Associates
Lara Shadwick, Mountain Pacific Quality Health
Dr. Patrick Van Wyk, St. Peter's Behavioral Health Consultant

CSI Staff

Amanda Roccabruna Eby
Cathy Wright
Christina Goe

Dr. Griffin began the meeting by sharing some insight into the patient perspective based on a conversation he recently had with a patient. The conversation raised concerns about having any language about lowering costs on the education materials since patients do not directly see costs lowered. If they see that phrase, they expect direct immediate effects such as lower co-pays and premiums. While lower costs are a goal of PCMH implementation, they do not necessarily directly affect the patient, nor will they be evident until many years after implementation. The subcommittee decided to consider new headings for the materials based on those concerns. Five new headings were suggested:

- **"Improving Your Care"**
- **"A Better Patient Experience"**
- **"Better, Easier Care"**
- **"Your Health Care Team When You Need them"**
- **"The Right Care, at the Right Place, at the Right Time"**

Amanda told the subcommittee she would email the suggestions out for them to vote.

Rack card – front side

There were no comments on the phrase between the heading and the picture. Dr. Van Wyk suggested to change the last sentence of the paragraph on the front side to read, **"All of your primary care in one place – it's your patient-centered medical home."** This re-wording was because of concerns that people would interpret "all your care in one place" too literally.

Rack card-back side

Kristen Pete recommended changing **"health plan"** to **"care plan"** so as not to confuse with an insurance plan and to reference "you and your team" rather than just the care team. Dr. Van Wyk recommended changing **"behavioral health therapist"** to **"behavioral health consultant"** to be more inclusive. **"Diabetes"** needed to be changed to **"diabetic."** Kristen also suggested changing **"holistic"** to **"comprehensive"** because it would be more understandable by more people. Attendees also suggested adding community resources such as affordable housing and insurance to the last paragraph. The three bullet points on the rack card and poster were changed to read the following to sound less political and more personable: **"Enhanced health for Montanans; Improved quality care for individuals; Lower cost of care."**

Poster

The same edits that were suggested for the rack card would also need to be made to the poster. Nothing further was suggested.

Talking Points

The subcommittee members found the draft talking points confusing because it was unclear whether the document was intended more for clinic staff or for patients and seemed to be a mix between the two. Kristen offered to email language to Amanda to replace the first paragraph with. Subcommittee members commented that the document needs to help clinicians explain to patients exactly how care will be different from before in case they say that they thought their clinic was already doing PCMH. They should explain how care is more intentional in bringing patients in as an active participant with increased access. The document should allow clinics to add their own specifics about how they are changing care. The **“engage patients in their care”** section should be removed. There should be tips on how to teach patients how to approach health care and providers differently to move from episodic care to wellness care.

Amanda told the subcommittee she would send revised versions of the documents with the headings to vote on by May 13th and the members would need to respond with their vote on the heading and vote on whether or not to recommend the documents to the council by May 19th. Then Amanda would distribute the drafts for the council to review at their May 20th meeting.