

# Transforming safety net practices into patient-centered medical homes

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A recently concluded demonstration project made meaningful progress toward introducing a "patient-centered medical home" approach at "safety net" practices serving vulnerable and underserved populations. Lessons learned in the course of developing and implementing the Safety Net Medical Home Initiative (SNMHI) are featured in a special November supplement to *Medical Care*.

The supplement presents nine original papers sharing "experience and learning" from the SNMHI, which sought to "develop and demonstrate a replicable and sustainable implementation model to transform primary care [safety net](#) practices into patient-centered medical homes." The project was carried out at 65 health centers, homeless clinics, private practices, residency training centers, and other safety net practices in Colorado, Idaho, Massachusetts, Oregon, and Pennsylvania.

## Lessons from Implementing the Safety Net Medical Home Approach

The goal of the SNMHI was to extend the benefits of the medical home approach—including improved quality and efficiency of health care delivery—to safety net practices serving uninsured, minority, and other underserved populations. More information on the SNMHI and its framework for implementing the medical home approach can be found at the project website: [www.safetynetmedicalhome.org/](http://www.safetynetmedicalhome.org/)

Through support and coaching, the 65 project centers made significant advances toward becoming patient-centered medical homes, reports an evaluation by Dr Jonathan R. Sugarman of Qualis Health, Seattle, and colleagues. Dr Sugarman is one of the guest editors of the *Medical Care* supplement.

The evaluation found that all study practices introduced at least some features of the medical home approach. Nearly half of practices achieved "substantial implementation" of key features—although in most cases, this milestone wasn't reached until three or four years of SNMHI participation.

By the end of the project, more than 80 percent of sites "achieved external recognition as medical homes," Dr Sugarman and coauthors conclude, "Despite resource constraints and high-need populations, safety net clinics made considerable progress toward medical home implementation when provided with robust, multimodal support over a four-year period."

Other topics addressed in the SNMHI supplement include:

- Experience in providing technical assistance to support practices in becoming patient-centered medical homes.
- Cultural and other factors at safety net practices that have successfully transformed to medical homes.
- Experience and lessons from practices on the "frontlines" of medical home implementation.
- Development of a web-based, publicly available curriculum to support the medical home transformation.
- Initial evaluation showing that the medical home approach can improve coordination of care for safety net patients.
- Special challenges in providing integrated care for patients at safety net clinics in rural areas.

- Initial evidence that the medical home approach can help safety net patients take an active role in maintaining their health and managing disease.
- An evaluation showing how the medical home approach affects the experience of care for children at safety net practices.

So far, the achievements of the SNMHI are a critical first step toward making the benefits of the patient-centered [medical home](#) approach to safety net practices and the vulnerable patient populations they serve. Dr Sugarman and co-editors note that an independent evaluation of the SNMHI's effects on the quality and efficiency of care is underway, with findings expected over the next two years.

Click here to read "Transforming Care for Vulnerable Populations: Lessons from the Safety Net Medical Home Initiative."

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