November 2012 Highlights & Follow-Up
Care Delivery & Integration Center Cabinet Meeting

**Center Goal:** Across the health care delivery system, increase implementation of the patient-centered medical home (PCMH), built on a strong primary care foundation, and support the development of accountable care initiatives with PCMH at their core.

**Summary**
On November 20th, 10 key stakeholders from the following organizations called in to discuss the newly formed Care Delivery & Integration Center and to provide feedback on how the Center will operationalize its drafted strategic objectives in order to meet its goal.

**Participating Organizations**
- American Academy of Pediatrics
- American Academy of Family Physicians
- American Psychological Association
- American Society of Addiction Medicine
- Patient-Centered Primary Care Collaborative
- The Family Medicine Residency of Idaho

**Focus**
PCPCC hosted this standing monthly call for its leadership cabinet of the Care Delivery & Integration Center. The group discussed:

1. PCPCC Updates
2. Standing Center Strategic Objectives: Progress Report & Future Work
3. Three Big Ideas
4. Increase Visibility of the Center’s Work

**PCPCC Updates**
Important dates to note include the Center’s Leadership Retreat at the PCPCC office in Washington, DC on January 8, 2013 from 10:00am-3:00pm ET. Please RSVP to Tara Hacker, at thacker@pcpcc.net, by December 21, 2012. The purpose of the leadership retreat is convene the cabinet for its first in-person meeting in order to review, refine, and operationalize the Center’s draft strategic objectives for the Center. This retreat will be held in lieu of the regularly scheduled monthly cabinet call for January. The Center will host an “Open Forum Call” on February 19, 2013 that will allow general members a chance to participate in the Center’s calls on a quarterly basis.

**Standing Center Strategic Objectives: Progress Report & Future Work**
**Develop resources/strategies to support PCMH transformation and integration of the PCMH into Accountable Care Organizations and other models consistent with the medical neighborhood.** The recent reorganization of the PCPCC resulted in the creation of Special Interest Groups (SIGs). Members from these SIGs have joined Centers in efforts to keep the work of the PCPCC aligned. Strong support and expertise are needed and cabinet members stressed the importance of technology as it pertains to medical homes. It was suggested that AAFP identify experts to add to cabinet conversations, such as Mat Kendall and David Hunt from the Office of the National Coordinator for
Health IT (ONC). Other gaps identified as missing by the cabinet were federally qualified health centers and Community Health Centers due to potential changes for who is covered under Medicaid. Another participant noted that addiction projects often work in silos and could benefit from joining medical neighborhoods. The PCPCC is meeting with representatives from the American College of Obstetrics and Gynecology and the American Dental Association to pitch membership and identify partnering opportunities. Staff requested cabinet members to inform PCPCC of other individuals/organizations to contact in order to incorporate their expertise into the Center’s work.

Develop resources/strategies (including health professions training and education) to educate the care team on PCMH implementation and ways to engage patients and their families in practice transformation. Recent PCPCC webinars include PCMH Behavioral Health Integration – Screening for Depression and Innovations in Adolescent Health. Cabinet members suggested that the Center develop or link to resources/tools that benefit health care organizations by providing best-practices, transformation information, and integration of meaningful use. Ideas for resources include toolkits, slide sets, and information about consultants.

Improve utility of HIT functionality for the care delivery system, administrative staff and patients, families & consumers. The PCPCC is working with eHealth leadership in order to launch the eHealth SIG.

Increase Visibility of Center’s Work
This Center is working with Ed Webb of American College of Clinical Pharmacy and his colleagues to schedule a future webinar on the new IOM report on team-based care and how practices are utilizing patients and families as advisors in PCMH practice transformation. Another future topic is using electronic tools to incentivize medical home care between employers, clinicians, and patients. Cabinet members will be discussing other webinar ideas and speakers for 2013 in upcoming meetings.

Three Big Ideas
The PCPCC Board is reviewing three “big ideas” that will drive core organizational activities in the short- and long-term. These include (1) Employer/provider key stakeholder meeting to re/engage employers, payers, and purchasers with primary care medical homes and value-based purchasing; (2) PCMH mapper and measure alignment to develop a real-time map of accredited primary care medical homes and to push for measurement alignment of medical home accreditation, meaningful use, and maintenance of certification to be used for public reporting in collaboration with Consumer Reports; and (3) Public engagement and outreach to assess what the public understands and values about the primary care medical home and to develop a targeted public engagement campaign in specific markets.

Next Steps
The Cabinet will hold its next monthly call on December 18 to set the agenda for its Leadership Retreat in January.

Contact
For more information, please contact this Center’s project manager, Tara Hacker at thacker@pcpcc.net, office: (202) 417-2069.