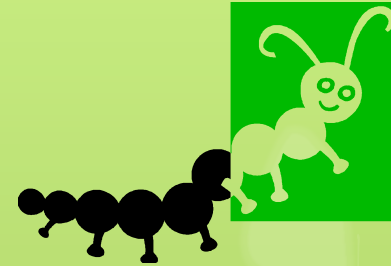


Patient-Centered Medical Home and Respite

Health Care for the Homeless Baltimore



Convalescent Care



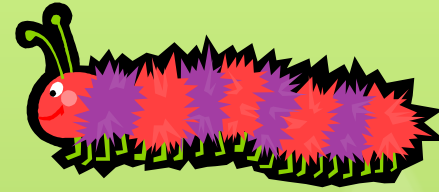
**Began
in 1996**

- One part time nurse
- Located in two or more shelters with frequent changes in location
- No or very poor accessibility

2012

- 25 beds in the new city shelter
- Exam rooms, accessible facility, EMR access
- RN, 2 LPNs, 1.5 Case Manager
- 2 sessions of provider time

HCH Clinic



Outreach

**Primary
Care**

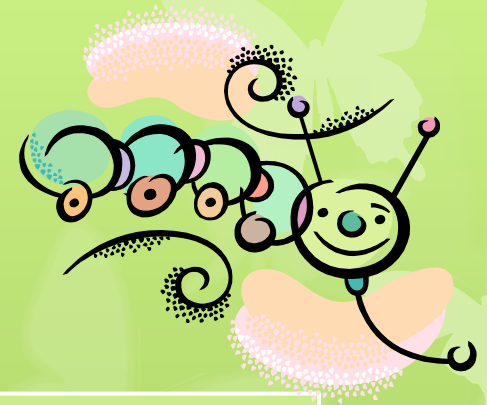
**Social
Work**

**Addiction
Treatment**

**Low
Threshold
Groups**



HCH Clinic



Dental

**Supportive
Housing
Programs**

**HIV Testing
and
Treatment**

Optometry

**Client
Advocacy**



Patient Centered Medical Home – Change Concepts



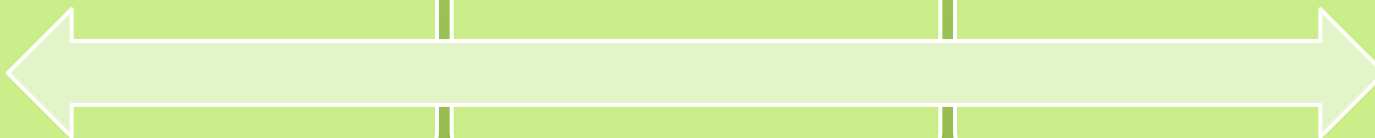
**Engaged
Leadership**



**Empanelment
Continuous
Team-Based
Healing
Relationships**



**Patient-
Centered Care**



PCMH Change Concepts



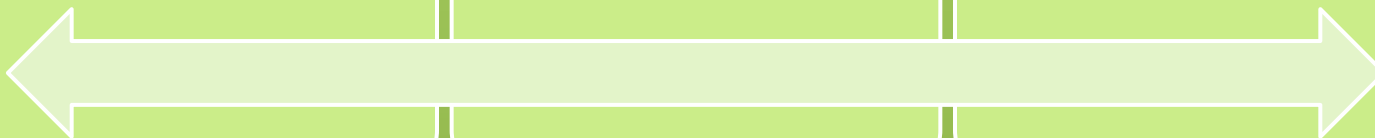
**Comprehensive,
Evidence-Based
and
Coordinated
Care**



**Enhanced
Access and
Continuity**



**Systems-Based
Approach to
Quality/Safety**

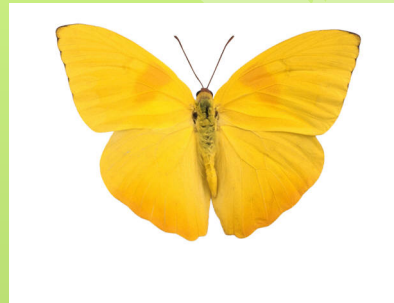


So...Where does Respite fit in???



- Stand Alone
- Extension of the clinic PCMH team
- Part of the clinic PCMH team

Stand Alone



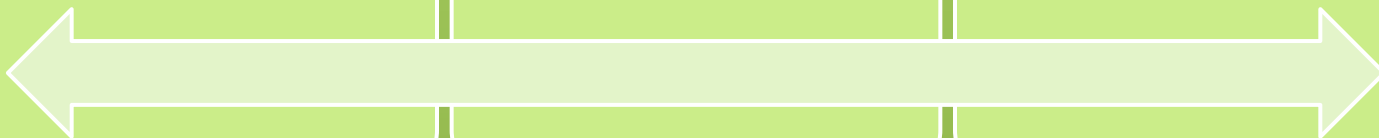
Communication



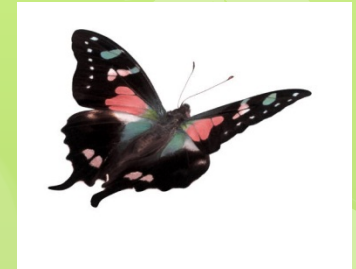
Collaboration



Letting Go



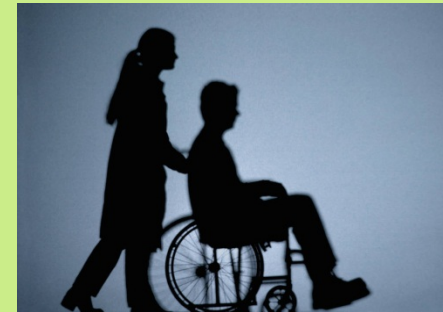
Extension...



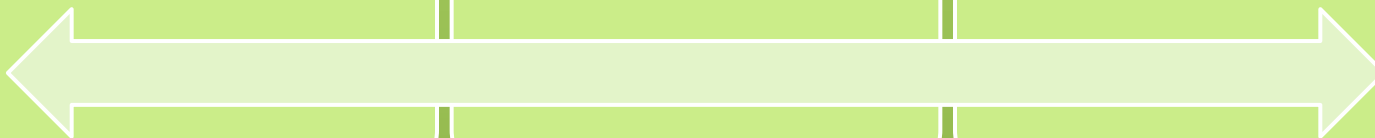
**Same
Organization**

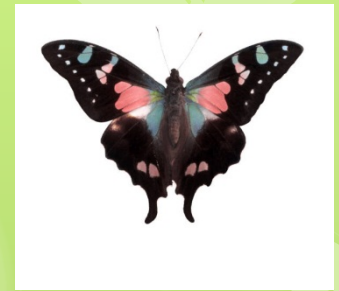


**Different
Staff**



**Warm Hand
Off**





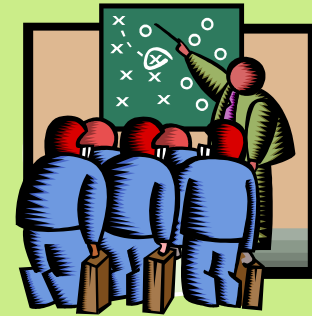
Same PCMH Team



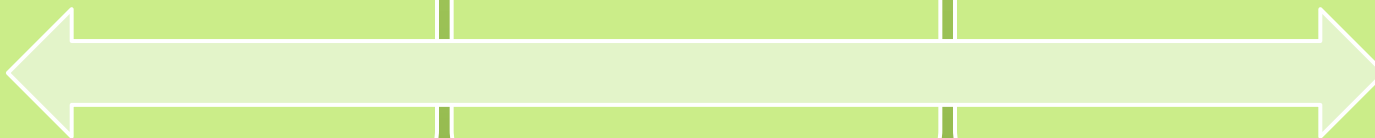
**Connected
Huddle**



**Connected
Staff**



**Connected
Treatment
Plan**



Transformation Challenges

Costly

Transient
Patients

Staffing



Labor intensive

Now versus Later

Who is in
CHARGE!!!?