QUALITY IMPROVEMENT INITIATIVES FOR HOMELESS PATIENTS: A MULTIDISCIPLINARY APPROACH

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Agenda

- Introduction to Boston Health Care for the Homeless Program
- Description of quality improvement initiatives
- A model of multidisciplinary approach
- Breakout
- Conclusions

Boston Health Care for the Homeless Program (BHCHP)

Mission Statement:

Provide and assure access to quality health care for all homeless individuals and families in the greater Boston area.

Photos courtesy of J O'Connell

BHCHP Care Model

- Patient-Centered/ Comprehensive Care
- Team-Based/Medical Home Model
- Culturally Competent
- Highest Quality

BHCHP Clinic Sites

- MGH Medical Walk-in Unit
- Boston Medical Center
- Bridges, alleys, parks, and doorways
- Barbara McInnis House
- Pine Street Inn
- Long Island Shelter
- St. Francis House
- Suffolk Downs Racetrack
- Woods Mullen Shelter
- Hope Found Shelter
- Father Bill's Place
- Rosie's Place
- Women's Lunch Place
- Family Shelters
- Dental Clinic
- New England Center for Homeless Veterans
- And more…

Jean Yawkey Place

Boston Medical Center

Massachusetts General Hospital

Pine Street Inn Shelter

Family Team

Suffolk Downs Racetrack

Street Team

Barbara McInnis House

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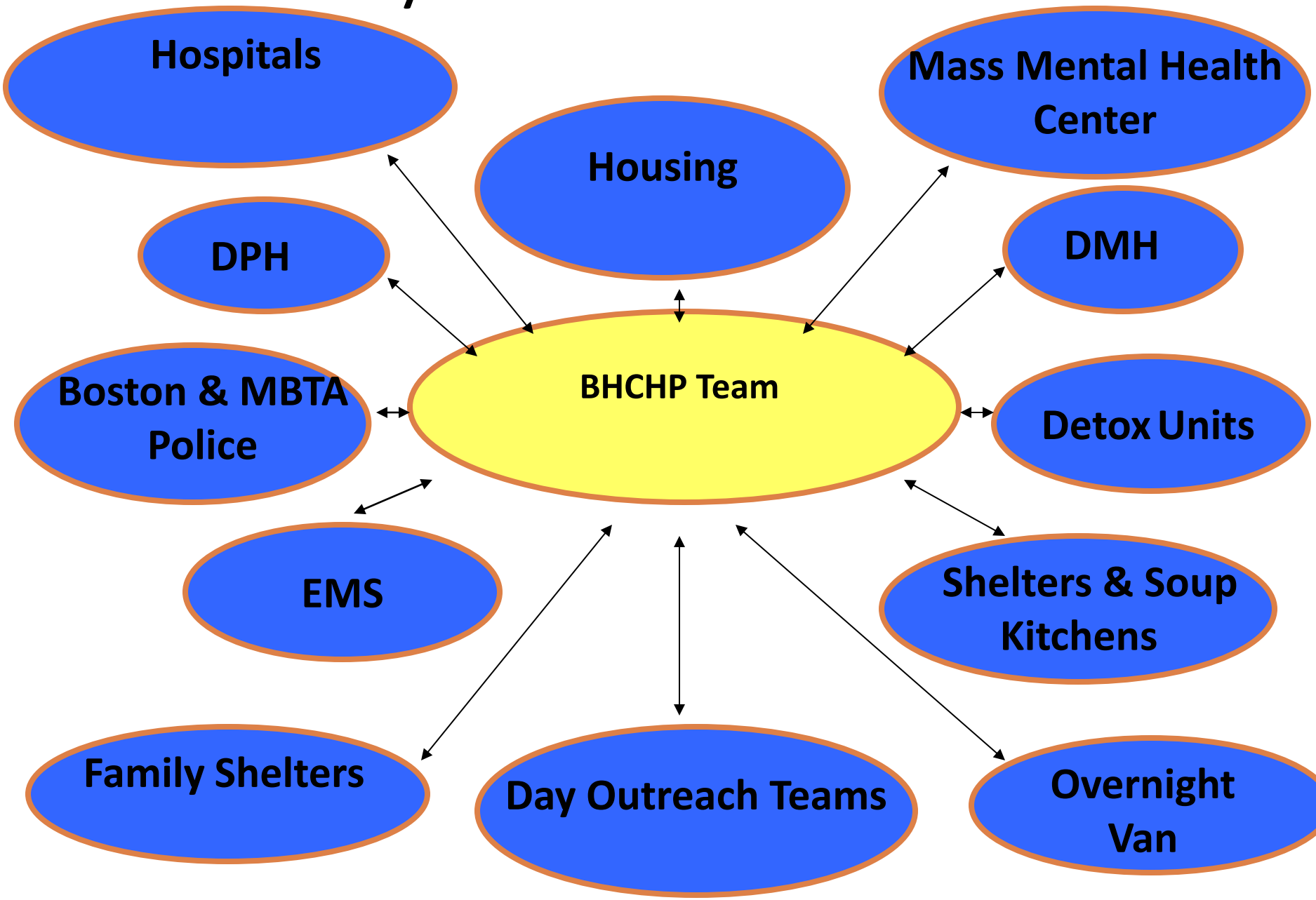
Citywide Collaboration



Homeless Health Status

- Increased mortality
- Increased chronic medical illnesses
- Increased mental illness and chemical dependency
- Multitude of barriers to medical care
- Fragmented and crisis oriented medical care
- Medical follow up is greatly lacking
- No sufficient place to recuperate

Patient Retention

- New: ~ 60% will not come back
- Chronic: ~ 29% will not come back
- What does this imply for:
  - **Panels**
  - **Required Quality Measures**
  - **Design of BHCHP Service Delivery Model**

QUALITY AND EFFICIENCY: OUR JOURNEY

Quality Improvement Initiative

- Collection of data for baseline
- Recognition of need to improve
- Nurse champion to take lead
- **Team-based approach to care**
- Motivation and incentives
- Clinical reminders
- Data reporting to individual clinicians

BHCHP Program-wide Quality Measures

Definition of Measure	Previous Results	Current Results (TY Sep 2012)	Goals 2012
Percentage of women age 21-64 who received one or more PAP smears in the past two years and were seen at least once	36% (CY 2010) 40% (CY 2011) 42% (TY Sep 2011)	***45%***	60%
Percentage of women age 40-69 who have had a mammogram in the past two years	29% (CY 2010) 38% (CY 2011) 34% (YTD Sep 2011)	***34%***	45%
Percentage of adult patients with a diagnosis of hypertension with most recent BP < 140/90	60% (CY 2010) 60% (CY 2011) 58% (TY Sep 2011)	***56%***	65%
Percentage of adults with a diagnosis of diabetes with HgbA1C <9%	68% (CY 2010) 63% (CY 2011) 70% (TY Sep 2011)	***70%***	70%
Percentage of patients seen two or more times in last two years who are assigned to a PCP	70% (CY 2010) 80% (CY 2011)	***80%***	80%

BHCHP Program-wide Quality Measures

Definition of Measure	Previous Results	Current Results *(TY Sep 2012)*	Goals 2012
Percentage of patients who are tobacco users (**inverted rate**)	84% (6/1/10-5/31/11) 80% (CY 2011) 74% (TY Sep 2011)	*72%*	60%
Percentage of patients who use tobacco who were counseled to quit	64% (6/1/10-5/31/11) 91.45% (CY 2011) 89% (TY Sep 2011)	*99%*	90%
Percentage of patients whose BMI is documented	63% (2/1/11-5/31/11) 74% (CY 2011) 68% (TY Sep 2011)	*75%*	80%
Percentage of patients with BMI out of range counseled on weight management	28% (2/1/11-5/31/11)	*43%*	60%

BHCHP Program-wide Quality Measures

Measures	Baseline	Current Results (TY Sep 2012)	Goal 2012
CAD- Lipid Therapy: Percentage of patients with a diagnosis of CAD prescribed a lipid lowering agent	72% (CY 2011)	*72%*	80%
IVD- Aspirin or Antithrombotic: Percentage of patients with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy	51% (CY 2011)	*50%*	60%
Colon CA Screening: Percentage of patients age 50 to 75 with appropriate screening for colorectal cancer	16% (CY 2011)	*18%*	30%
Asthma Medication Prescribed for Persistent Asthma: Percentage of patients aged 18-56 with persistent asthma who were prescribed inhaled corticosteroid or an accepted alternative medication	42% (CY 2011)	*66%**	86%
Antidepressant prescribed for Major Depression: Percentage of patients 18 years or older who were diagnosed with a new episode of major depression, and treated with antidepressants	30% (CY 2011)	*TBD*	33%
Avoidance of antibiotic treatment in adults with acute bronchitis: Percentage of adults 18 to 64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription (**inverted rate**)	44% (CY 2011)	*50%*	22%

*Note: the baseline data was from a different source that didn't check for "persistent" asthma and thus was counting patients with any asthma. The CHIA PCMH reports are able to tease out the ones with persistent asthma using a complex series of filters embedded in the report

Other Quality Measures

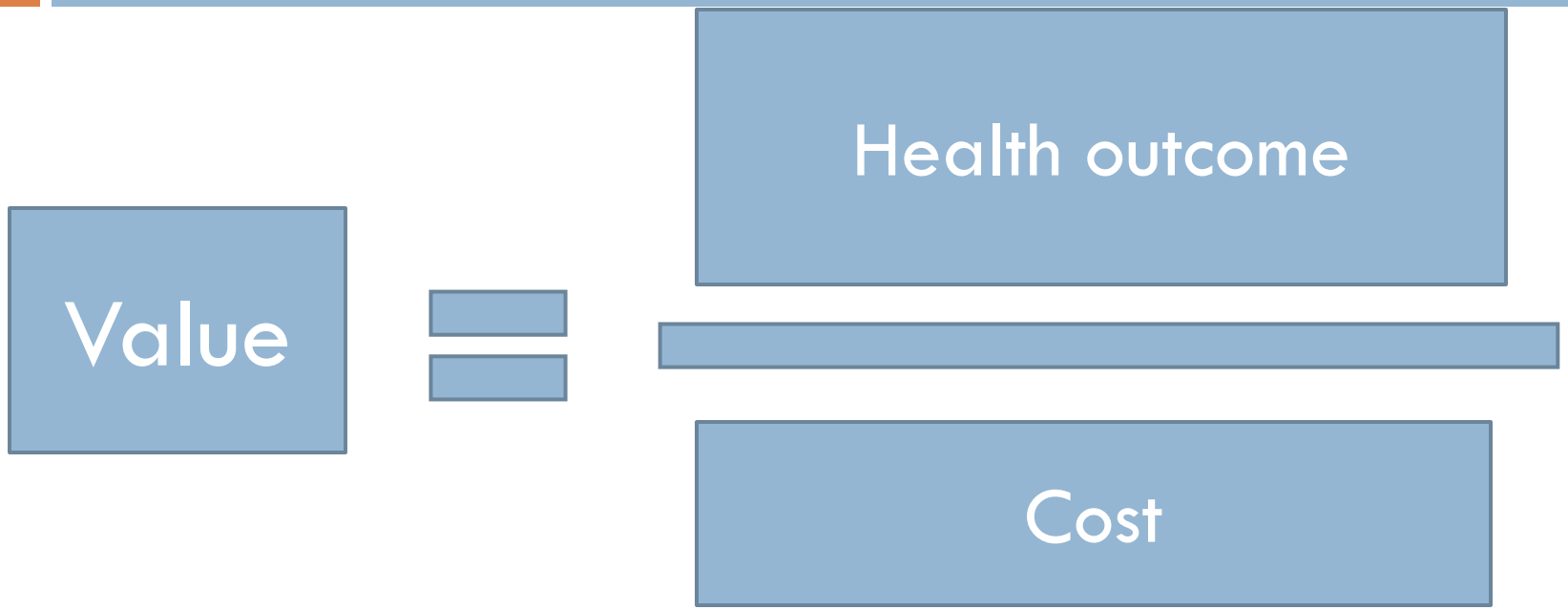
Site/Team	Measure
Barbara McInnis House	Medication Error Rate to be less than .75 error/day
HIV Team	Annual PPD Screening for 75% ore more of all eligible HIV patients
HIV Team	To retain 90% or more of patients seen in care
Behavioral Health Team	In 60% or more patients with an initial PHQ9 score of 15 or more, decrease PHQ9 score by 2 or more points or more
Dental Team	50% or more of HIV Team patients with annual dental visits for
Dental Team	55% or more of all dental visits to include Preventive Care
Dental Team	90% ore more of all dental visits to include Oral Cancer screening
Family Team	65% ore more of all children seen with completed immunizations

EXTERNAL QUALITY REPORTING REQUIREMENTS

Quality Measure	*Quality Plan*	*HRSA/ UDS*	*BMC Credentialing*	*HealthNet P4P*	*MassHealth*	*NHP*	*Ryan White*	*EOHHS PCMHI*
% Generic Prescriptions					XX			
% New members with first visit					XX			
Adult Pneumococcal Immunization		Proposed						
Annual dental exam in HIV Patients	XX	XX						
Annual Eye Exam for Diabetics				XX	XX			XX
Antiretroviral therapies						XX		
Aspirin or Antithrombotic Therapy for Ischemic Vascular Disease	XX	XX						
Asthma Med Use	XX			XX	XX			XX
BMI Assessment and Weight Counseling	XX	XX						XX
Breast Cancer Screening	XX	Proposed	XX	XX	XX	XX		XX
Cervical Cancer Screening	XX	XX	XX		XX	XX	XX	XX
Childhood Immunizations	XX	XX						
Chlamydia testing in women					XX			
Colorectal Cancer Screening	XX	XX						XX
Continuity of Care with PCP or Team								XX
Depression Screening								XX
Diabetes Control: HgbA1C <9%	XX	XX	XX	XX	XX			XX

Quality Measure	*Quality Plan*	*HRSA/ UDS*	*BMC Credentialing*	*HealthNet P4P*	*MassHealth*	*NHP*	*Ryan White*	*EOHHS PCMHI*
Diabetes SMG	XX							
Enhanced Care Patients with Care Plan								XX
ER Utilization				XX	XX			
Flu Vaccine	XX	XX						XX
Hepatitis B Vaccine for HIV+		Proposed					XX	
Hypertension control: BP <140/90	XX	XX		XX				XX
Hypertensives with short-acting Ca blocker meds					XX			
LDL screen in Diabetics			XX	XX	XX			XX
Lipid Therapy for Coronary Artery Disease	XX	XX						
Medication Error Rate	XX							
Microalbumin in diabetics					XX			
Nephropathy screening for diabetics				XX				
Patients with self management goal/ action plan								XX
Post-hospitalization follow-up with 2 days of discharge								XX
Potassium check with ACE or ARB					XX			
PPD screening	XX						XX	
Tobacco Assessment and Counseling	XX	XX						XX
Well child visits				XX				

Value-Based Health Care



Focusing on the Value Argument

- We need to identify where our organization adds ***value***:

What are our strengths?

How do we best apply these strengths?

Where do we add value to the health system?

Multidisciplinary Approach

- Role Clarification
- MD/NP/PA
- RN
- Front desk staff
- Medical assistant
- Each discipline should be working at their highest level

Multidisciplinary Approach

- Quality plan
- Assign measures to each discipline
- Avoid duplication of responsibilities
- Get feedback from each discipline
- Celebrate and recognize improvements

Multidisciplinary Approach

- FDS: Update PCP
- MA: Vital Signs, BMI
- Clinicians: Pap Smears, Mammograms, Colon Cancer Screening, CAD lipid therapy, Asthma management, BP control, Antibiotic for acute Bronchitis

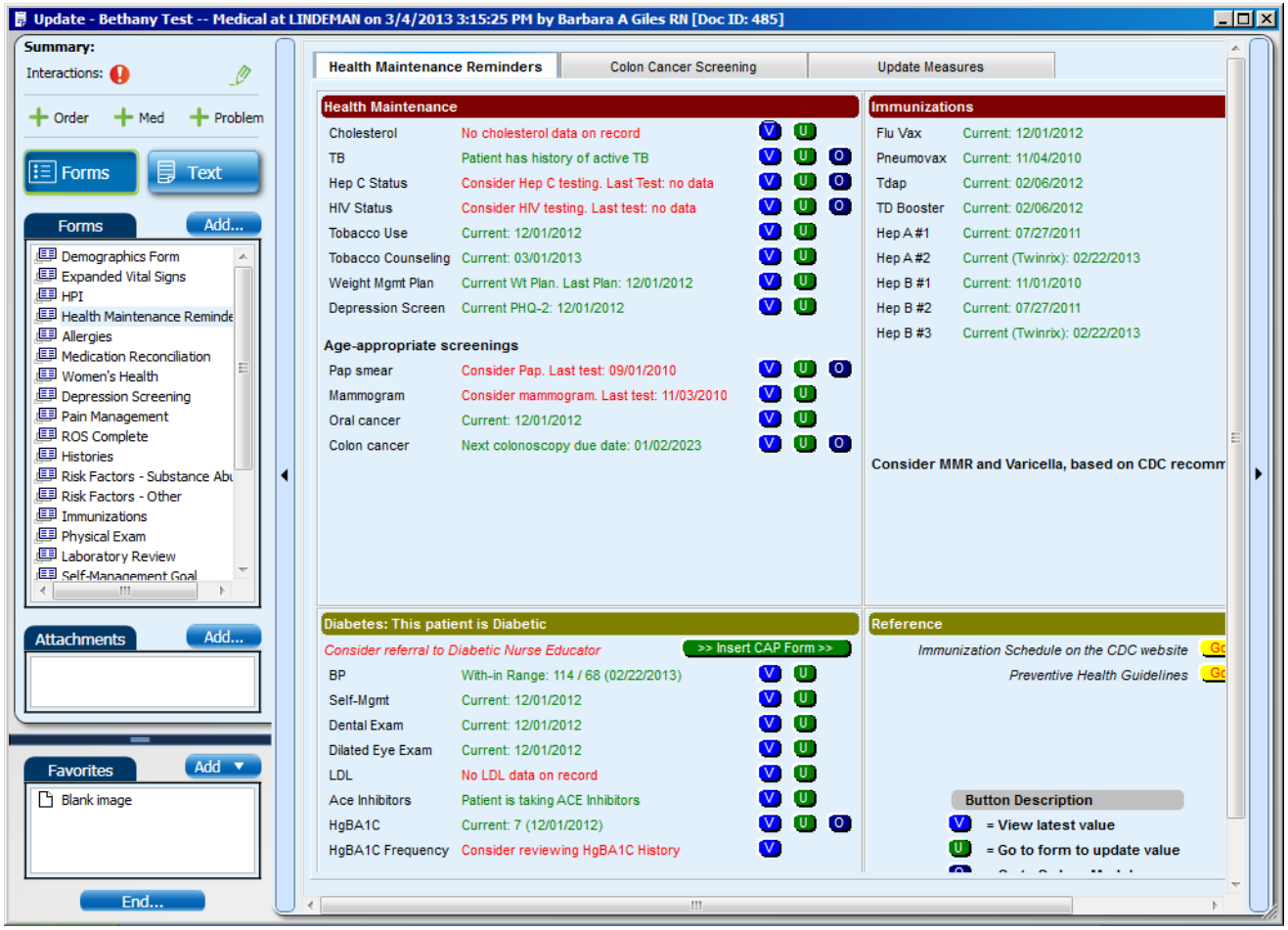
Nursing Practice Standards

- Women's Health Measures
  - Pap smears and Mammograms
- Tobacco Screening and Counseling
- Diabetes Control
  - Checking fingersticks and HgbA1c

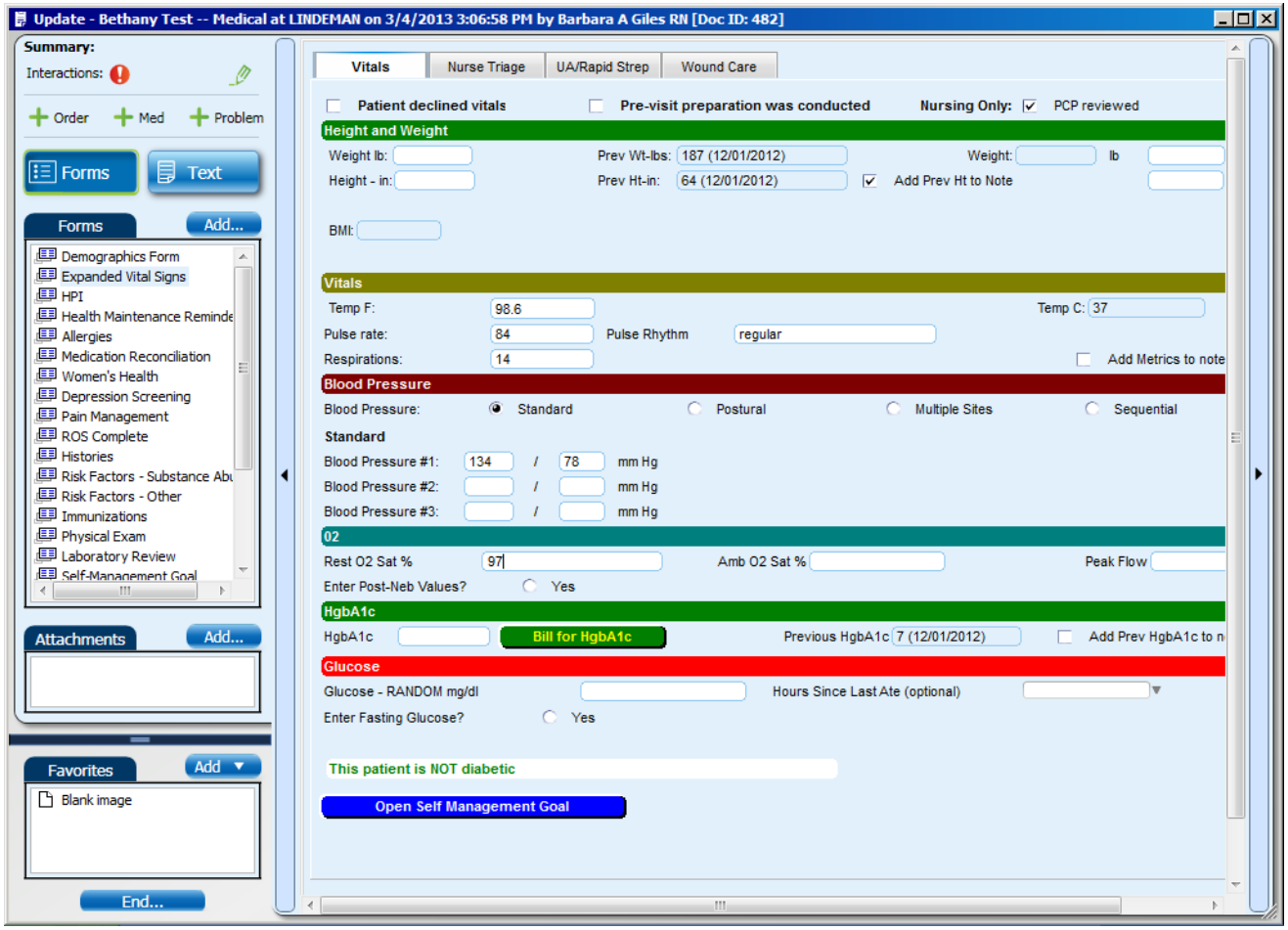
Nursing Practice Standards

- Standing orders for Immunizations
  - Hepatitis A & Hepatitis B
  - Pneumovax
  - Flu
  - TB testing

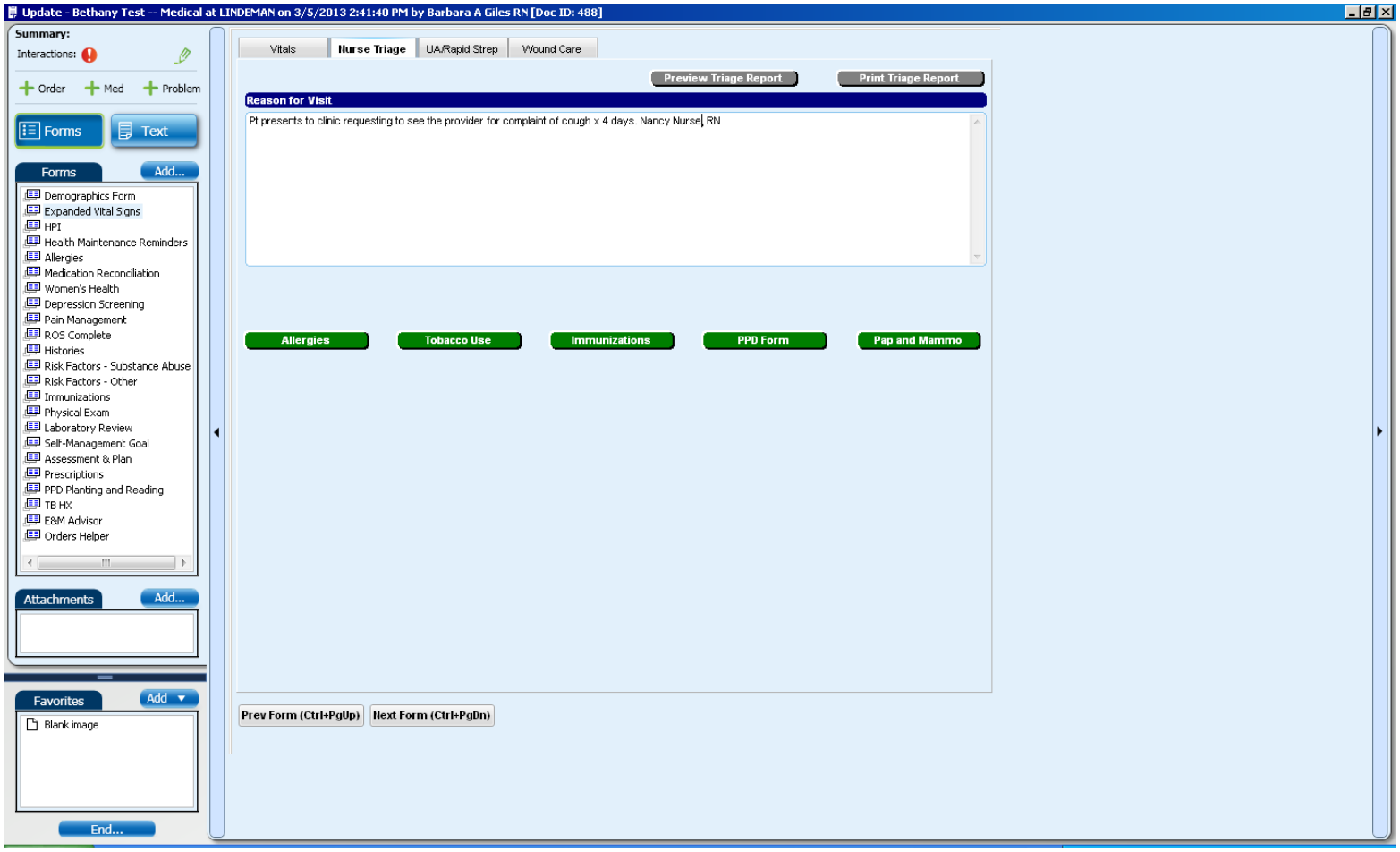
Health Maintenance Reminders

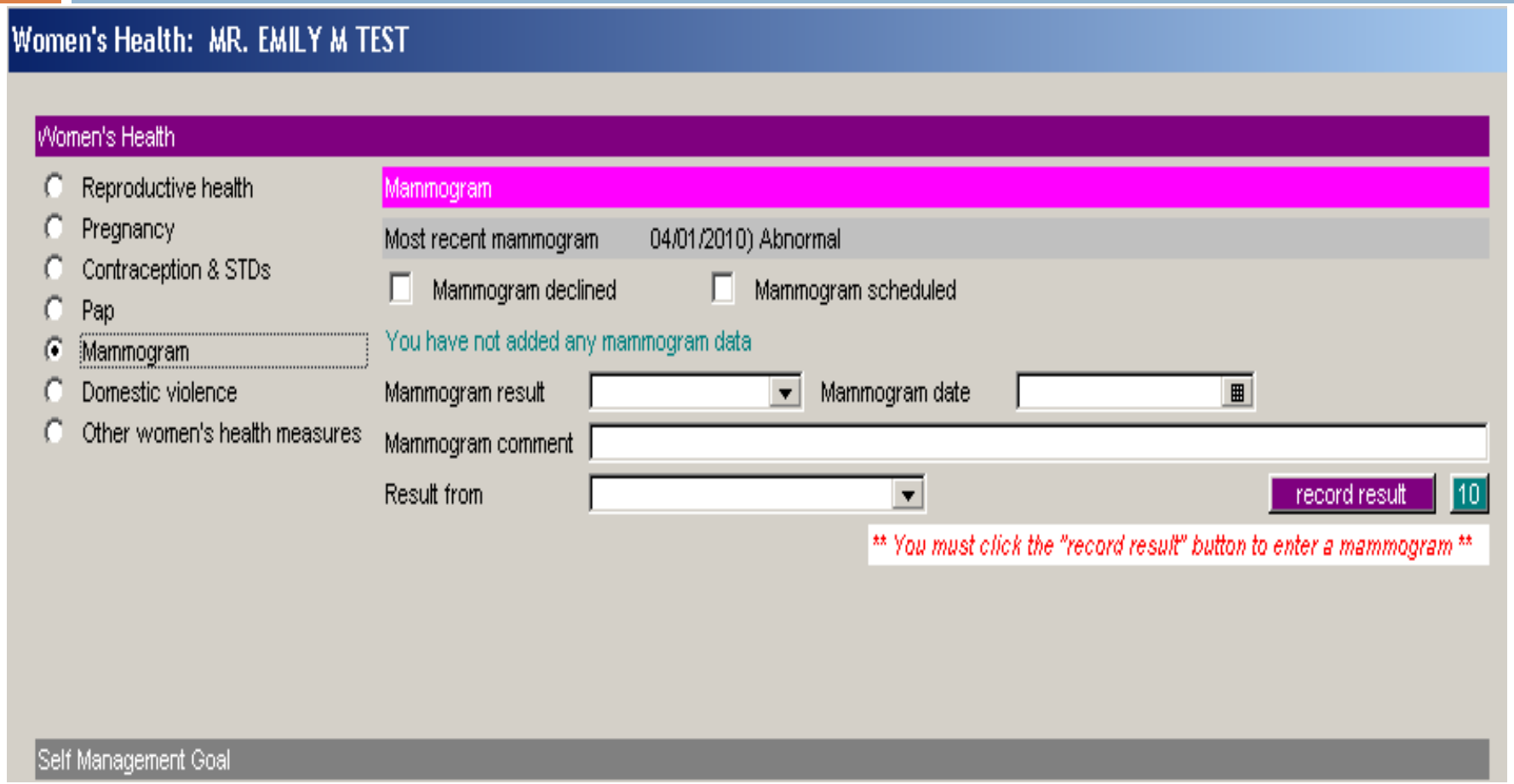


Nurse Triage Form

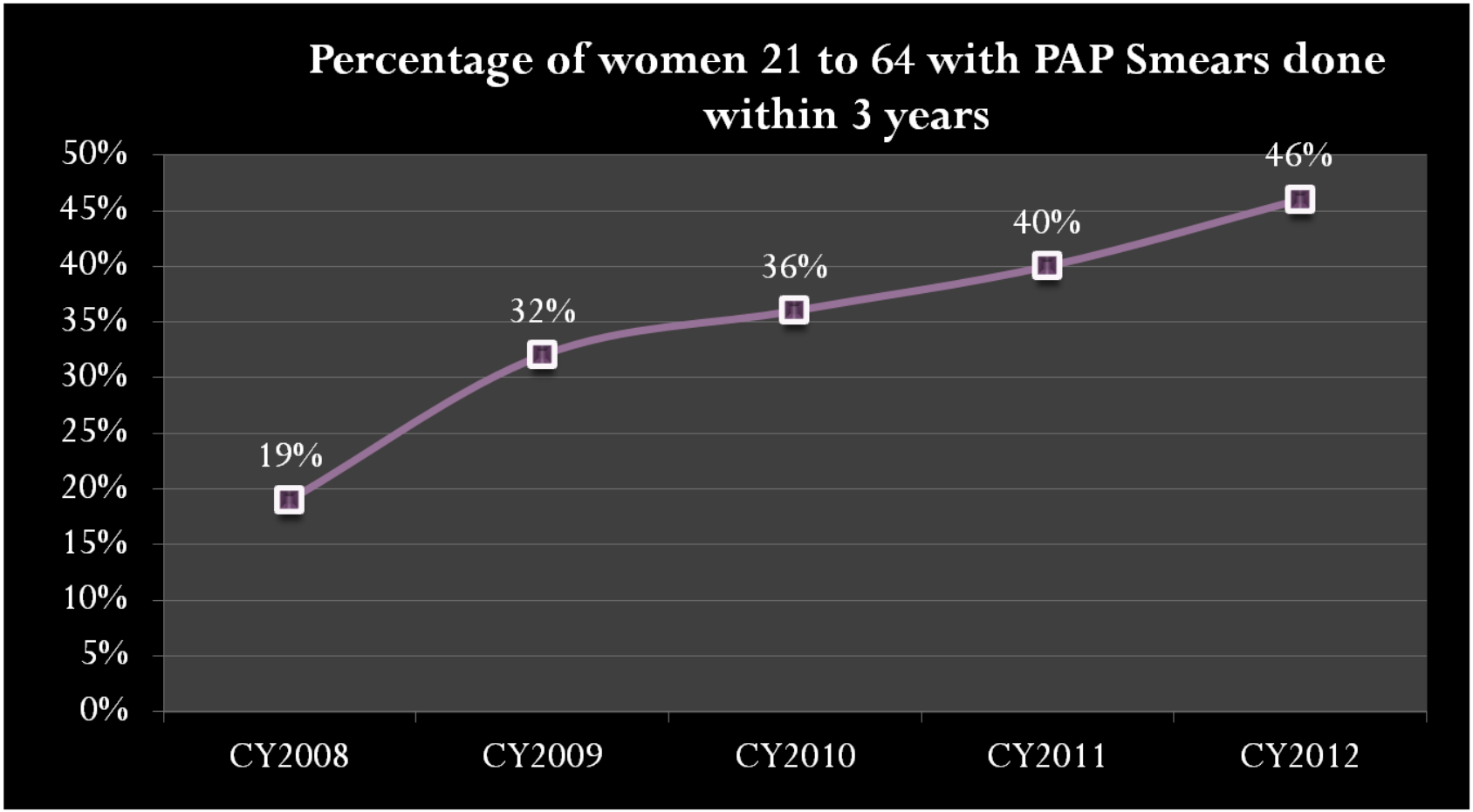


Nurse Triage Form

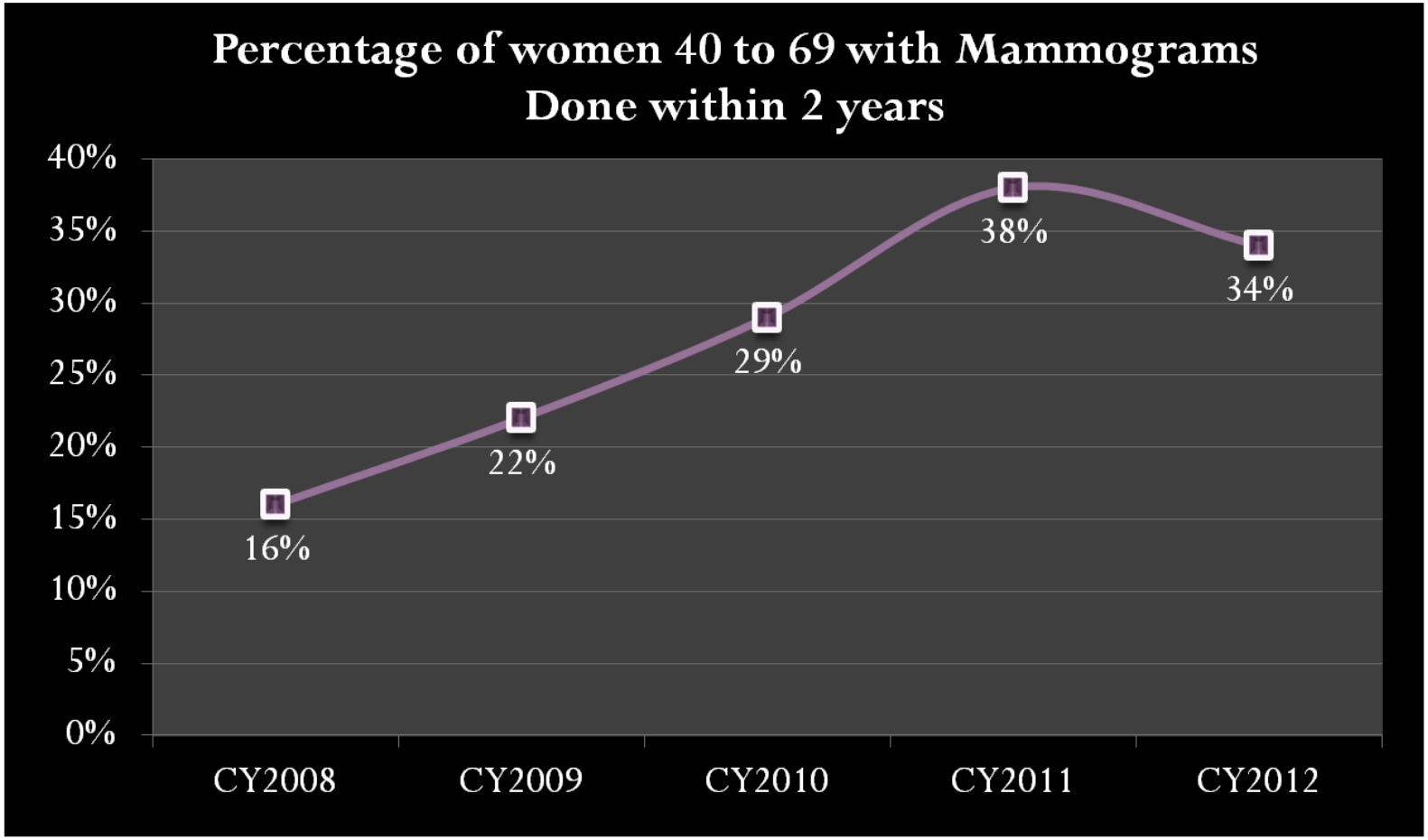



Women's Health: MR. EMILY M TEST
Women's Health
Reproductive health
Pregnancy
Contraception & STDs
Pap
Mammogram
Domestic violence
Other women's health measures
Mammogram
Most recent mammogram 04/01/2010) Abnormal
Mammogram declined
Mammogram scheduled
You have not added any mammogram data
Mammogram result
Mammogram date
Mammogram comment
Result from
record result
10
** You must click the "record result" button to enter a mammogram **
Self Management Goal

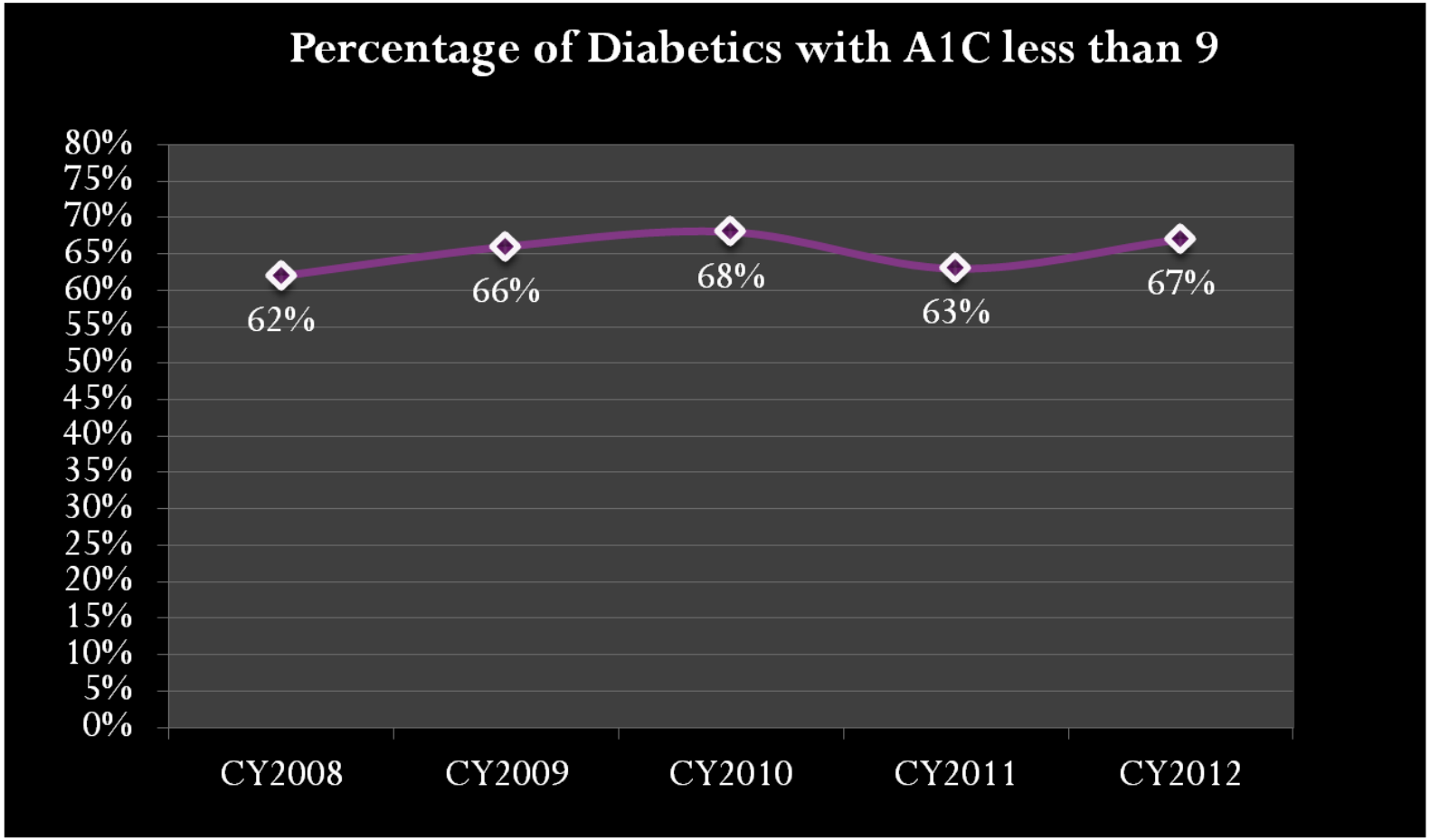
PAP Smears Trend at BHCHP



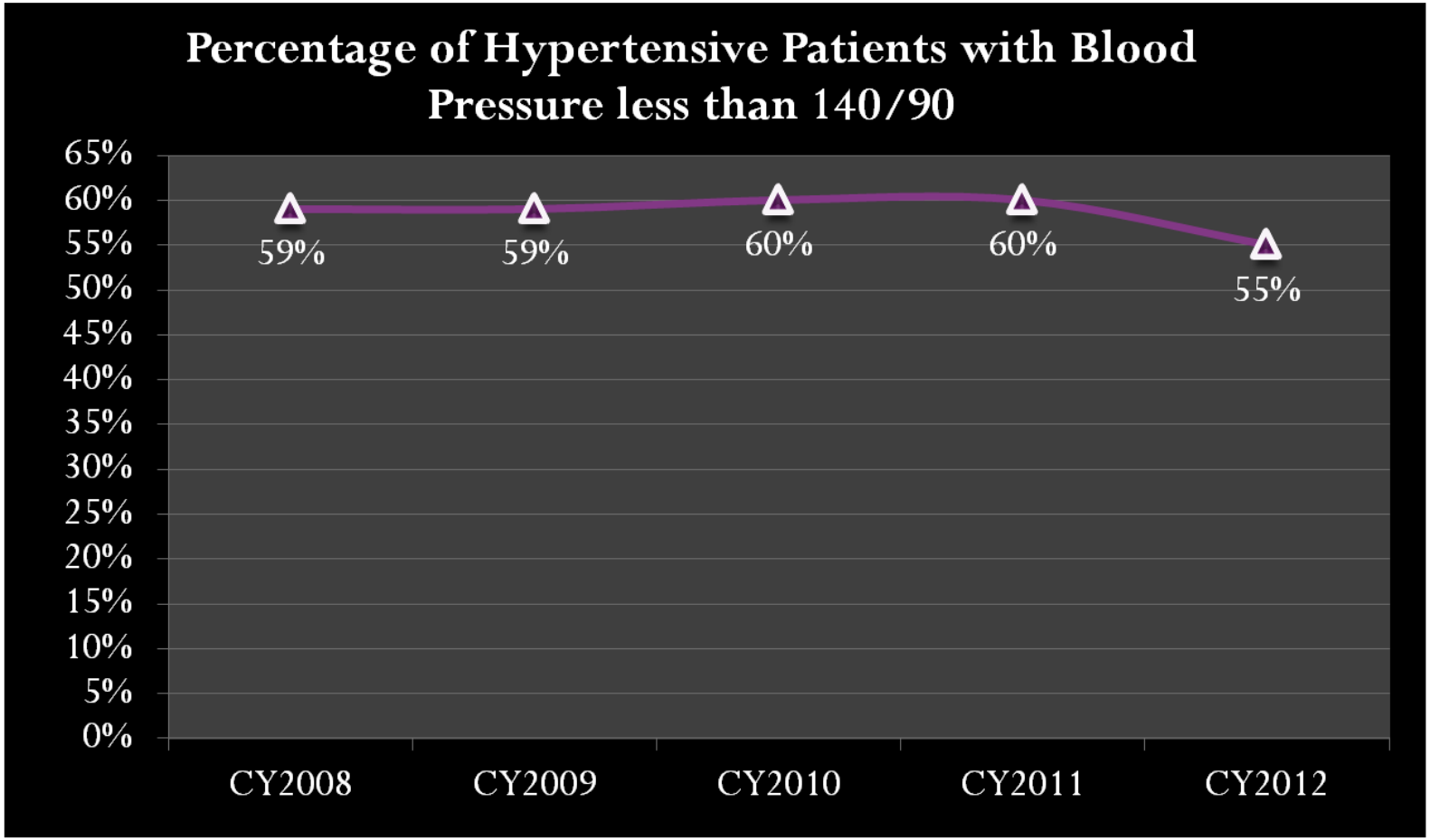
Mammogram Trend at BHCHP



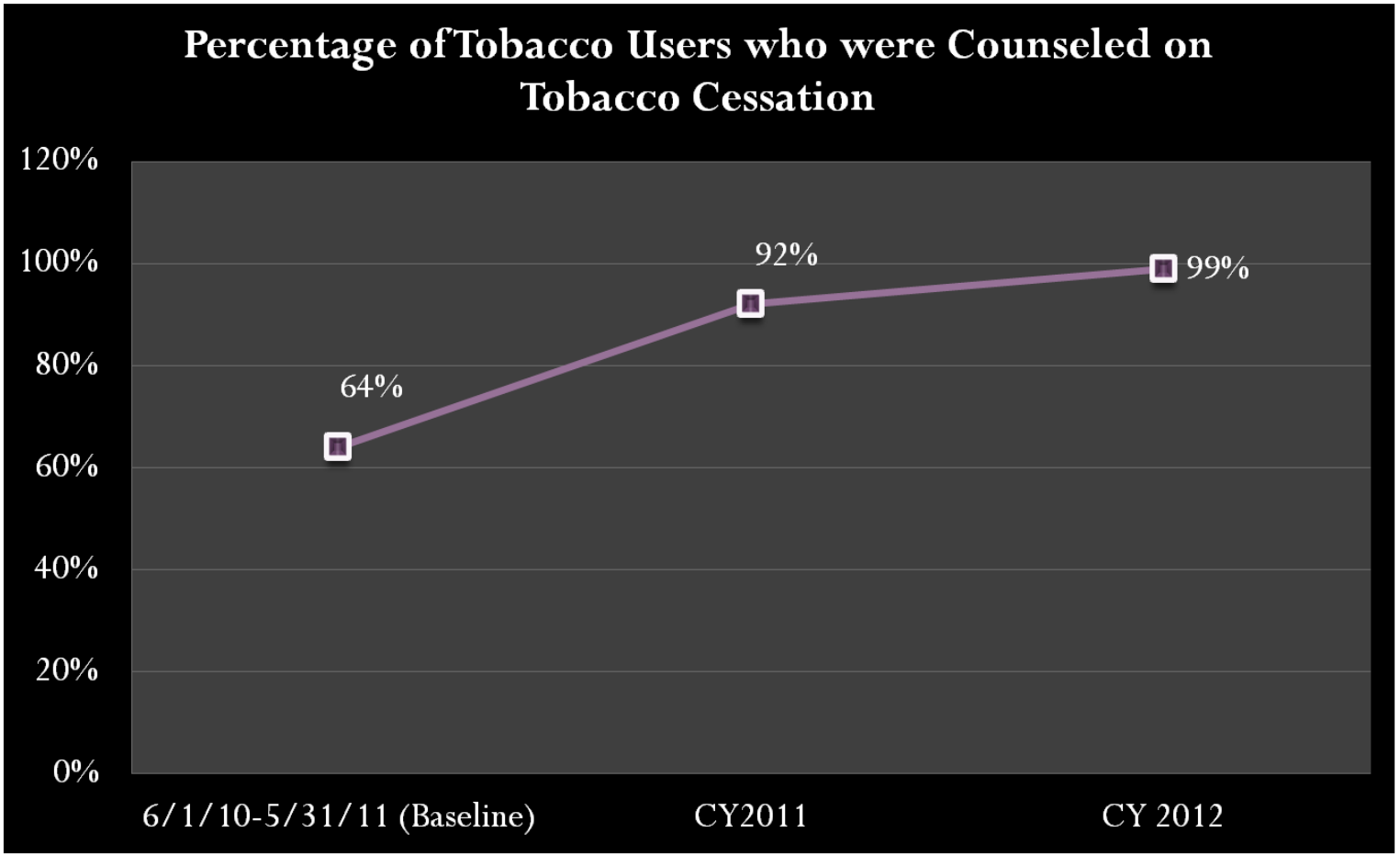
Diabetes Control Trend at BHCHP



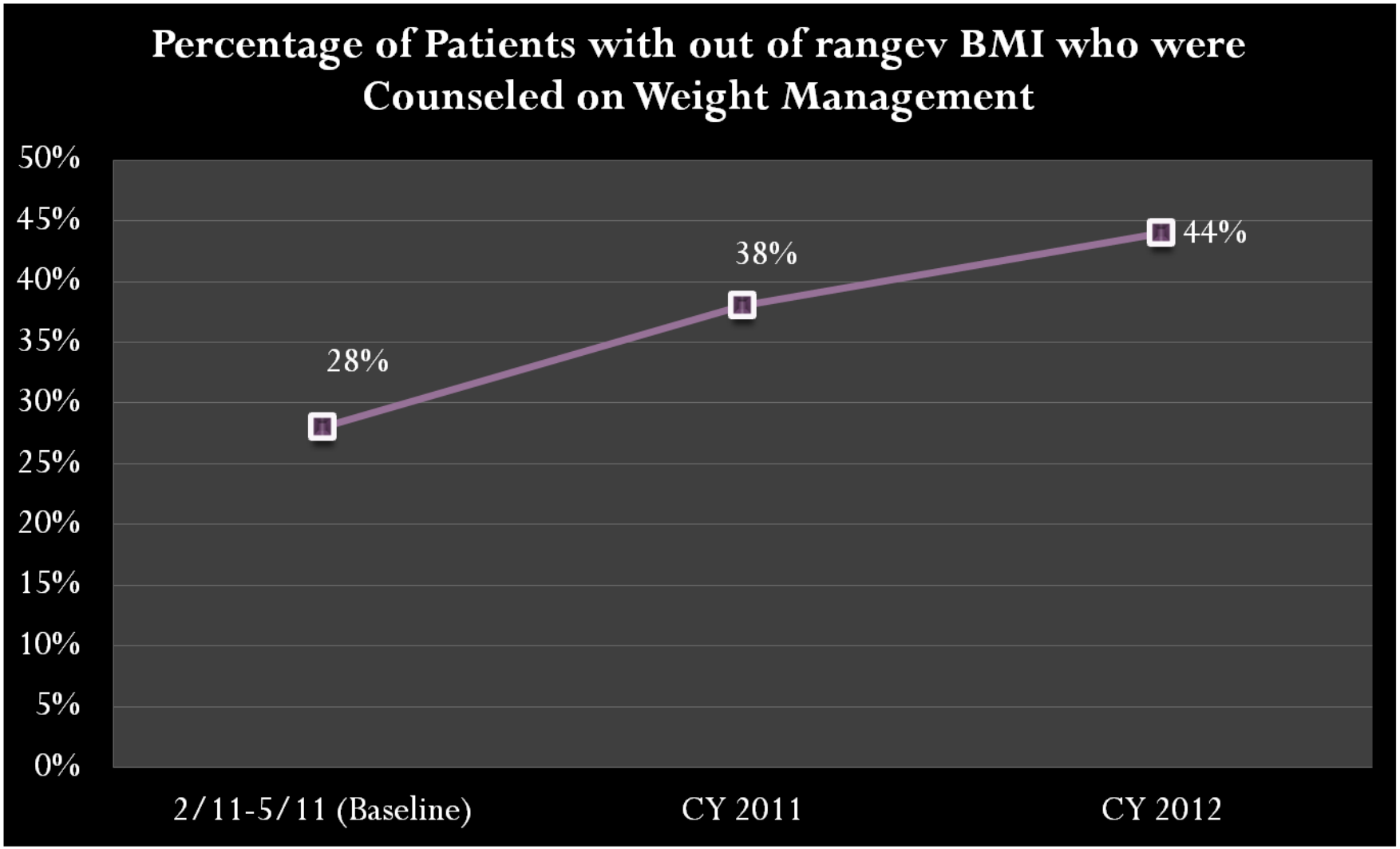
Blood Pressure Control Trend at BHCHP



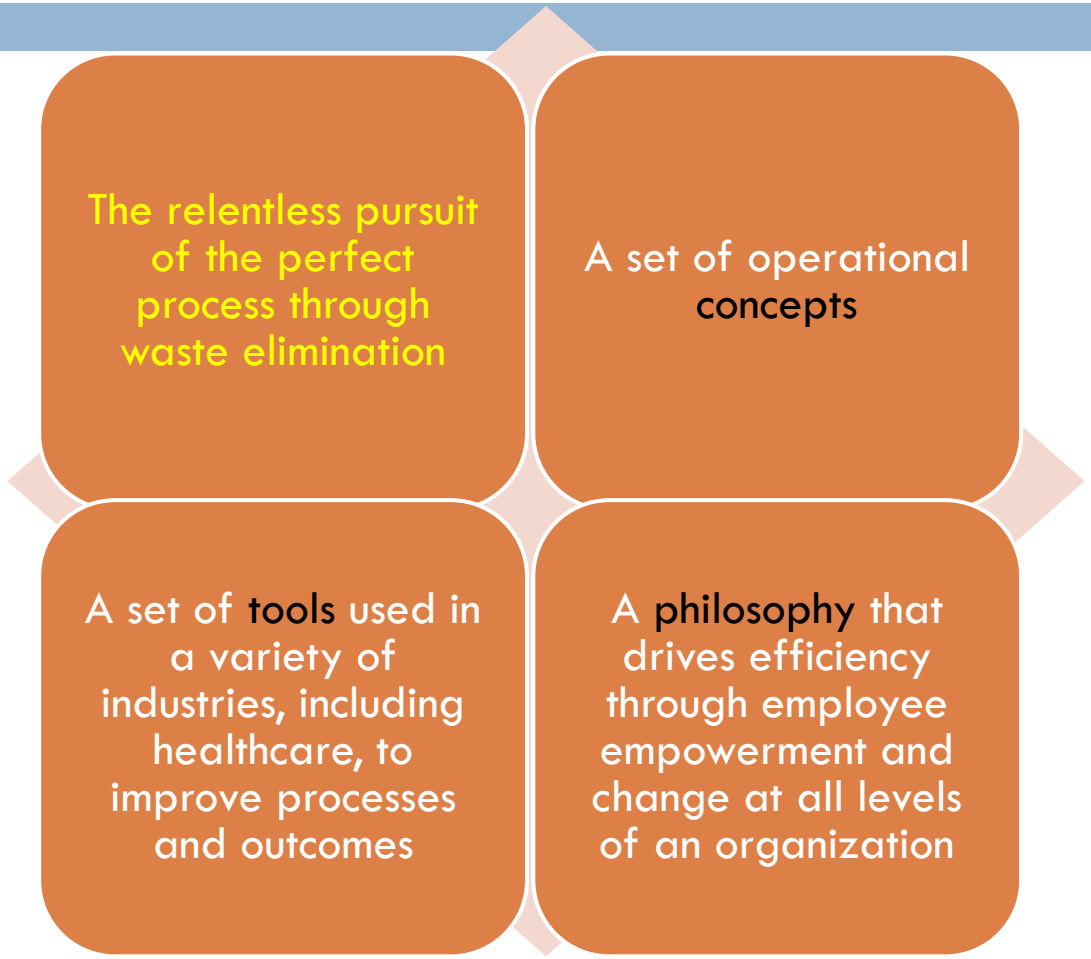
Tobacco Cessation Counseling Trend at BHCHP



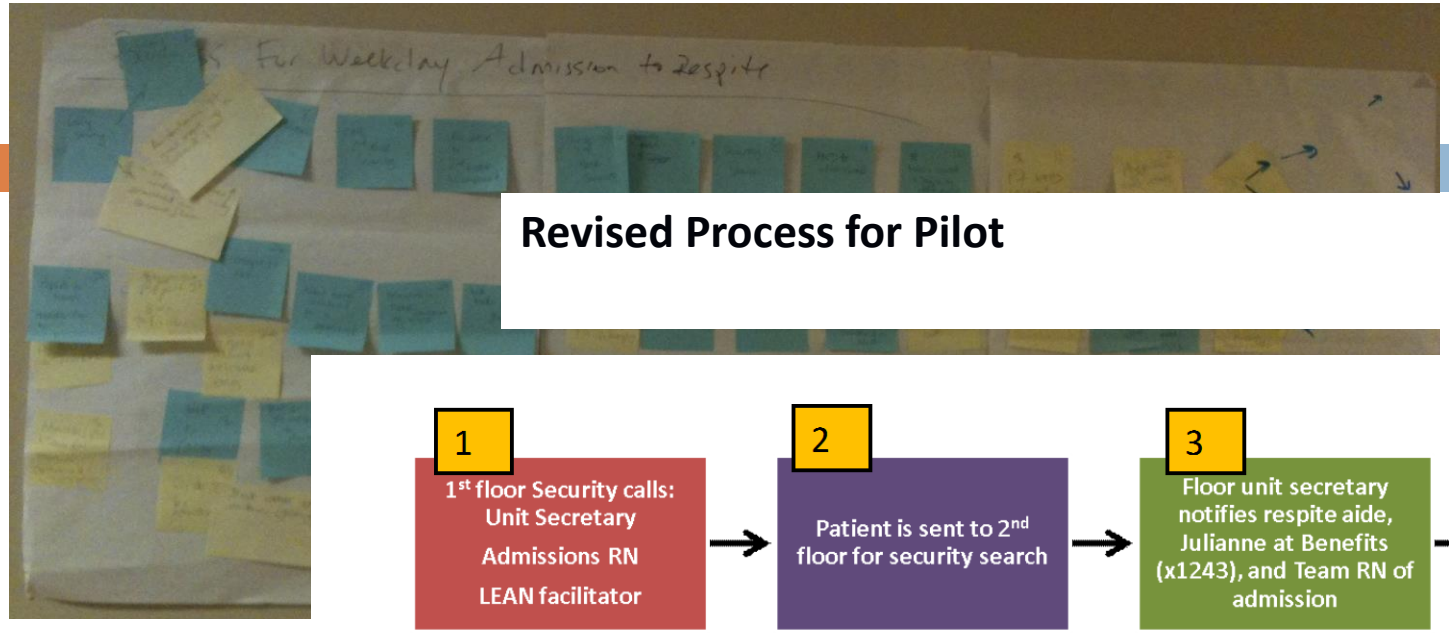
Weight Counseling for Patients with Out-of-Range BMI trend at BHCHP



What is Lean?


The relentless pursuit of the perfect process through waste elimination
A set of operational concepts
A set of tools used in a variety of industries, including healthcare, to improve processes and outcomes
A philosophy that drives efficiency through employee empowerment and change at all levels of an organization

Original Process for Admissions



Revised Process for Pilot

1. 1st floor Security calls: Unit Secretary, Admissions RN, LEAN facilitator
2. Patient is sent to 2nd floor for security search
3. Floor unit secretary notifies respite aide, Julianne at Benefits (x1243), and Team RN of admission
4. Admissions RN drop-down pages provider to inform of admission arrival
5. Admissions RN takes patient from 2nd floor to a treatment/clinic room on the unit
6. Admissions RN gives pass-off to Team RN
7. Respite Aide gowns patient and collects vitals in the clinic, then gives Team RN the vitals
8. Team RN reviews vitals and brings vitals and referral paperwork to provider
9. Team RN sees patient and leaves patient in clinic for provider
10. Provider sees patient and performs H&P within 15 minutes of receiving admission paperwork
11. Patient allowed to go rest in bed where Benefits can meet with patient

REST OF ADMISSIONS PROCESS PROCEEDS UNCHANGED

SITE-BASED REPORTING

TY Dec 2012 data

↑= outcome went up
↓= outcome went down
↔= outcome stayed the same
: Exceeds goal
: Meets Goal
: Approaches Goal (w/in 5%)
: Below goal

BHCHP Site Based CHIA and Internal Quality Report for 1/1/2012 to 12/31/2012

	PAP Smears(CHIA)				Mammogram (CHIA)				Diabetes Control (Crystal)				PCP Assignment (Crystal)				Blood Pressure Control (CHIA)			
Location	Num	Den	Goal -60% % PAP		Num	Den	Goal- 45% % Mammo		Num	Den	Goal- 70% % A1C<9		Num	Den	Goal- 80% % PCP Assigned		Num	Den	Goal- 65% % <140/90	
Site A	147	298	49%	↔	63	205	31%	↑	7	21	33%	↓	246	289	85%	↑	159	265	60%	↓
Site B	904	1496	60%	↔	466	982	47%	↔	315	420	75%	↑	2725	2911	94%	↔	941	1638	57%	↓
Site C	455	1013	45%	↑	53	190	28%	↑	6	23	26%	↓	1063	1146	93%	↑	49	94	56%	↓
Site D	89	159	56%	↑	43	109	39%	↓	18	26	69%	↔	305	327	93%	↔	71	136	52%	↓
Site E	65	122	53%	↑	35	87	40%	↓	16	37	43%	↓	303	346	88%	↑	112	179	63%	↓
Site F	84	157	54%	↓	23	79	29%	↓	42	58	72%	↓	375	448	84%	↔	106	189	56%	↓
Site G	242	453	53%	↓	76	203	37%	↓	62	94	66%	↓	676	827	82%	↓	228	425	54%	↓
Site H	69	127	54%	↓	56	117	48%	↓	33	62	53%	↑	318	342	93%	↔	140	242	54%	↓
Site I	607	1009	60%	↓	319	643	50%	↓	174	264	66%	↑	1242	1481	84%	↔	698	1133	58%	↓
Site J	425	797	53%	↑	210	539	39%	↔	184	255	72%	↓	1696	2026	84%	↔	541	933	62%	↑
Site K	65	205	32%	↓	49	188	26%	↓	6	13	46%	↑	36	44	82%	↔	35	60	58%	↑
Site L	266	410	65%	↔	134	268	50%	↑	96	138	70%	↓	828	975	85%	↔	341	549	62%	↑
Site M	48	73	66%	↑	28	57	49%	↑	12	15	80%	↑	79	106	75%	↓	39	73	58%	↑
Site N	98	233	42%	↔	16	63	25%	↓	9	16	56%	↑	310	428	72%	↓	32	54	58%	↔
Site O	46	96	48%	↑	33	76	43%	↓	47	74	64%	↑	303	621	49%	↓	139	211	62%	↑
Site P	165	318	52%	↑	87	216	40%	↑	41	63	65%	↑	297	348	85%	↓	149	253	53%	↑

↑= outcome went up
↓= outcome went down
↔= outcome stayed the same
: Exceeds goal
: Meets Goal
: Approaches Goal (w/in 5%)
: Below goal

BHCHP Site Based CHIA and Internal Quality Report for 1/1/2012 to 12/31/2012

	BMI Documented (Crystal)				Counseled on Weight Mgmt (Crystal				Tobacco Assessment (CHIA)				Tobacco Counseling (CHIA)				Tobacco Users (CHIA)			
Location	Num	Den	Goal- 80% %BMI Doc		Num	Den (out of range)	Goal- 60% % BMI Coun		Num	Den	% Tob. Doc		Num	Den	Goal- 90% % Tob. Counseling		Num	Den	Goal- 60% %Tob. Users	
Site A	307	552	56%	↑	87	230	38%	↑	853	915	93%	↔	701	713	98%	↑	713	853	84%	↔
Site B	2995	3215	93%	↑	1112	2357	47%	↑	4,372	4,474	98%	↔	3240	3264	99%	↑	3,264	4,372	75%	↔
Site C	509	894	57%	↑	256	360	71%	↑	655	719	91%	↑	385	387	99%	↑	387	655	59%	↓
Site D	374	474	79%	↔	102	282	36%	↓	421	426	99%	↔	305	307	99%	↑	307	421	73%	↓
Site E	223	334	67%	↑	60	173	35%	↑	424	456	93%	↑	349	351	99%	↑	351	424	83%	↓
Site F	445	661	67%	↑	114	332	34%	↓	646	683	95%	↓	486	493	99%	↑	493	646	76%	↑
Site G	1320	1381	96%	↓	612	1023	60%	↓	1,568	1,589	99%	↔	1,280	1,287	99%	↑	1,287	1,568	82%	↓
Site H	330	453	73%	↑	105	248	42%	↑	575	585	98%	↑	434	437	99%	↑	437	575	76%	↔
Site I	1404	1488	94%	↓	401	1121	36%	↑	3,037	3,098	98%	↔	2,230	2,247	99%	↑	2,247	3,037	74%	↑
Site J	2275	2713	84%	↑	599	1711	35%	↑	2,869	2,918	98%	↔	2,113	2,126	99%	↑	2,126	2,869	74%	↔
Site K	61	143	43%	↓	24	48	50%	↓	135	143	94%	↔	82	83	99%	↑	83	135	61%	↔
Site L	1264	1510	84%	↑	567	961	59%	↑	1,721	1,743	99%	↔	1,301	1,309	99%	↑	1,309	1,721	76%	↓
Site M	81	158	51%	↓	30	54	56%	↓	179	180	99%	↔	104	104	100%	↑	104	179	58%	↓
Site N	542	577	94%	↑	213	352	61%	↓	558	559	100%	↑	511	512	100%	↑	512	558	92%	↔
Site O	677	853	79%	↓	249	495	50%	↓	739	756	98%	↔	500	502	100%	↑	502	739	68%	↓
Site P	578	675	86%	↑	246	468	53%	↑	767	778	99%	↔	579	582	99%	↔	582	767	76%	↓

↑= outcome went up
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	Colon CA Screening (CHIA)				Asthma Med. Mgmt. (CHIA)				CAD: Lipid Therapy (Crystal)				IVD: Aspirin or Antithrombotic(Crystal)				Antibiotics for Acute Bronchitis (Crystal)			
Location	Num	Den	Goal- 30% % Colon CA Screening		Num	Den	Goal- 86% % Asthma Med Mgmt		Num	Den	Goal- 80% % on lipid therapy		Num	Den	Goal- 60% % on Aspirin or antithrombot		Num	Den	Goal- 22% % antibiotics for acute	
Site A	140	607	23%	↑	93	151	62%	↑	2	3	67%	↓	14	21	67%	↓	1	8	13%	↑
Site B	854	2,739	31%	↑	495	767	65%	↑	50	58	86%	↑	97	194	50%	↓	9	23	39%	↑
Site C	33	127	26%	↑	70	96	70%	↔	0	0	n/a		3	5	60%	↑	2	3	67%	↓
Site D	67	308	22%	↑	22	35	63%	↓	4	5	80%	↑	12	23	52%	↑	1	5	20%	↓
Site E	124	345	36%	↑	41	70	59%	↑	6	8	75%	↑	14	28	50%	↓	0	2	0%	↔
Site F	54	353	15%	↑	49	86	57%	↑	8	9	89%	↑	16	31	52%	↓	2	6	33%	↑
Site G	128	620	21%	↑	184	286	64%	↓	10	11	91%	↑	26	51	51%	↑	6	8	75%	↑
Site H	126	451	28%	↑	62	92	64%	↑	8	9	89%	↑	24	43	56%	↔	1	7	14%	↑
Site I	593	1,876	32%	↑	283	449	67%	↑	29	33	88%	↑	80	137	58%	↓	4	14	29%	↑
Site J	388	1,753	22%	↑	231	363	63%	↓	25	28	89%	↑	62	111	56%	↔	4	23	17%	↑
Site K	26	195	13%	↓	18	25	72%	↓	0	0	n/a		1	1	100%	↔	0	1	0%	↔
Site L	253	904	28%	↑	178	265	67%	↓	15	15	100%	↑	29	57	51%	↑	6	16	38%	↑
Site M	39	166	23%	↑	9	20	64%	↑	7	9	78%	↑	5	14	36%	↔	0	0	n/a	
Site N	17	115	15%	↓	47	85	72%	↑	0	0	n/a		3	4	75%	↑	4	4	100%	↔
Site O	49	752	7%	↑	17	26	67%	↑	5	7	71%	↑	8	28	29%	↓	1	5	20%	↑
Site P	69	433	16%	↑	93	130	45%	↓	7	7	100%	↑	21	36	58%	↑	3	5	60%	↑

INDIVIDUAL PROVIDER REPORT

TY Dec 2012

Individual Provider Quality Indicators

Outcomes for patients by providers for a medical visit from 1/1/2012 to 12/31/2012

Provider Name	Goal- 60% PAP Smear Done			Goal- 45% Mammogram Done			Goal- 65% Blood Pressure Control			Goal- 70% Diabetes Control		
	N	D	%	N	D	%	N	D	%	N	D	%
A	72	118	**61%**	51	90	**57%**	130	206	**63%**	20	25	**80%**
B	26	35	**74%**	13	20	**65%**	17	27	**63%**	3	4	**75%**
C	41	59	**69%**	28	46	**61%**	86	127	**68%**	0	1	**0%**
D	34	75	**45%**	26	63	**41%**	73	123	**59%**	7	21	**33%**
E	12	34	**35%**	8	32	**25%**	12	24	**50%**	5	18	**28%**
F	43	65	**66%**	30	43	**70%**	74	116	**64%**	n/a	n/a	**n/a**
G	38	49	**78%**	30	40	**75%**	69	108	**64%**	n/a	n/a	**n/a**
H	105	163	**64%**	61	129	**47%**	92	149	**62%**	9	14	**64%**
I	12	13	**92%**	7	9	**78%**	15	24	**63%**	5	6	**83%**
J	7	9	**78%**	3	8	**38%**	6	11	**55%**	2	2	**100%**
K	56	81	**69%**	39	69	**57%**	105	160	**66%**	1	1	**100%**
L	16	21	**76%**	12	18	**67%**	31	57	**54%**	3	5	**60%**
M	76	90	**84%**	46	73	**63%**	73	122	**60%**	29	35	**83%**
N	50	77	**65%**	34	67	**51%**	66	114	**58%**	8	14	**57%**
O	65	85	**76%**	45	69	**65%**	64	106	**60%**	21	26	**81%**
P	63	94	**67%**	45	73	**62%**	99	155	**64%**	13	20	**65%**
Q	11	15	**73%**	7	14	**50%**	20	32	**63%**	n/a	n/a	**n/a**
R	13	24	**54%**	10	18	**56%**	31	58	**53%**	n/a	n/a	**n/a**
S	43	69	**62%**	33	55	**60%**	111	153	**73%**	7	12	**58%**
T	11	16	**69%**	10	14	**71%**	28	37	**76%**	n/a	n/a	**n/a**
U	46	64	**72%**	32	51	**63%**	78	127	**61%**	n/a	n/a	**n/a**
V	14	17	**82%**	7	11	**64%**	12	20	**60%**	2	5	**40%**
W	36	60	**60%**	26	47	**55%**	102	170	**60%**	27	30	**90%**
X	35	47	**74%**	15	33	**45%**	30	64	**47%**	2	6	**33%**
Y	24	35	**69%**	20	32	**63%**	54	93	**58%**	n/a	n/a	**n/a**
Z	60	83	**72%**	36	60	**60%**	73	121	**60%**	28	38	**74%**
AA	65	104	**63%**	47	89	**53%**	139	212	**66%**	3	3	**100%**
BA	51	111	**46%**	3	13	**23%**	5	9	**56%**	0	6	**0%**
CA	7	7	**100%**	5	8	**63%**	7	10	**70%**	n/a	n/a	**n/a**
DA	59	82	**72%**	32	52	**62%**	112	185	**61%**	18	24	**75%**
EA	61	92	**66%**	34	65	**52%**	102	166	**61%**	19	25	**76%**
FA	57	91	**63%**	38	68	**56%**	136	212	**64%**	19	24	**79%**
GA	45	51	**88%**	22	38	**58%**	44	66	**67%**	11	12	**92%**

BHCHP QUALITY OUTCOMES BY HOUSING STATUS

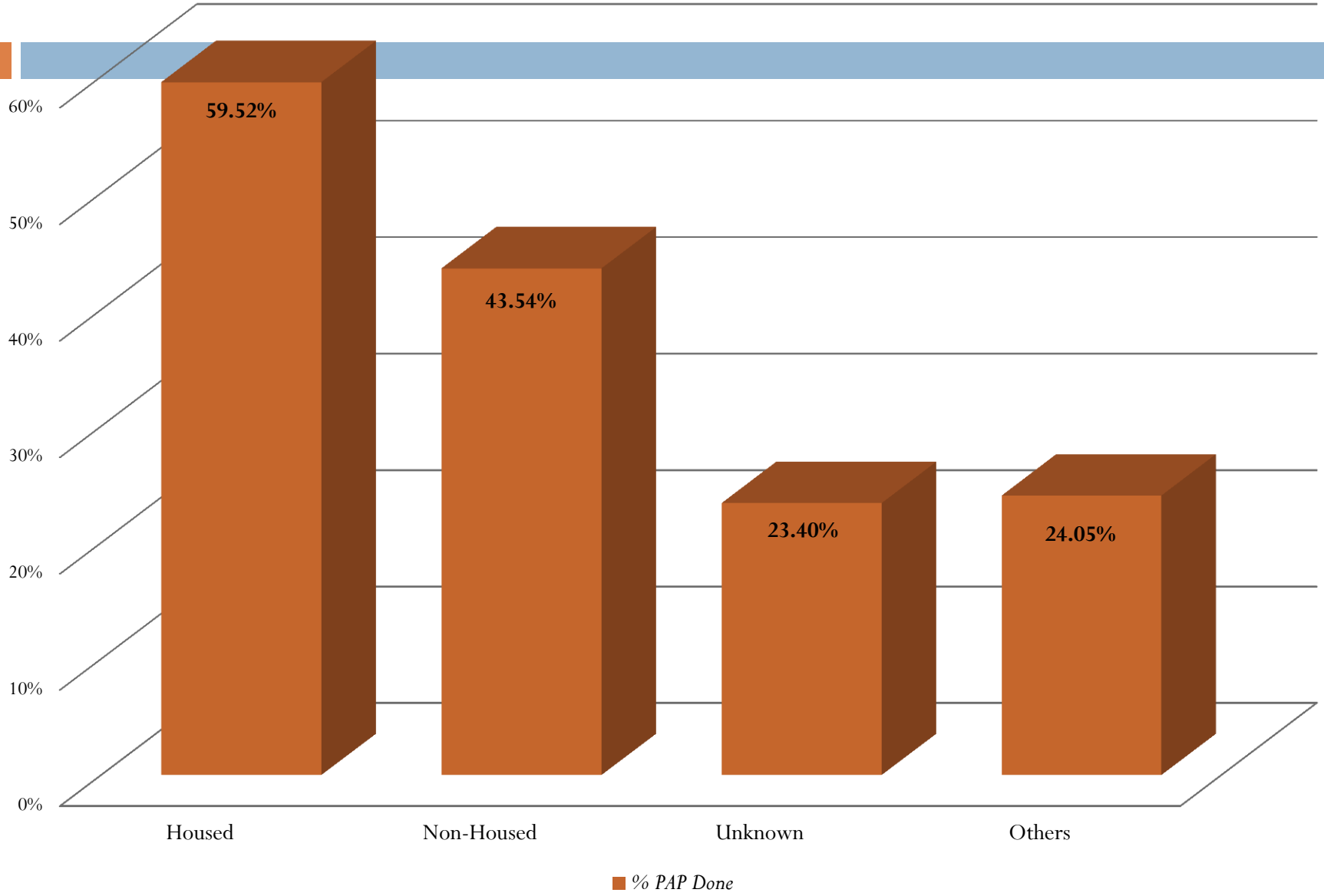
For Patients seen in TY Sep 2012

Housing Status Definitions

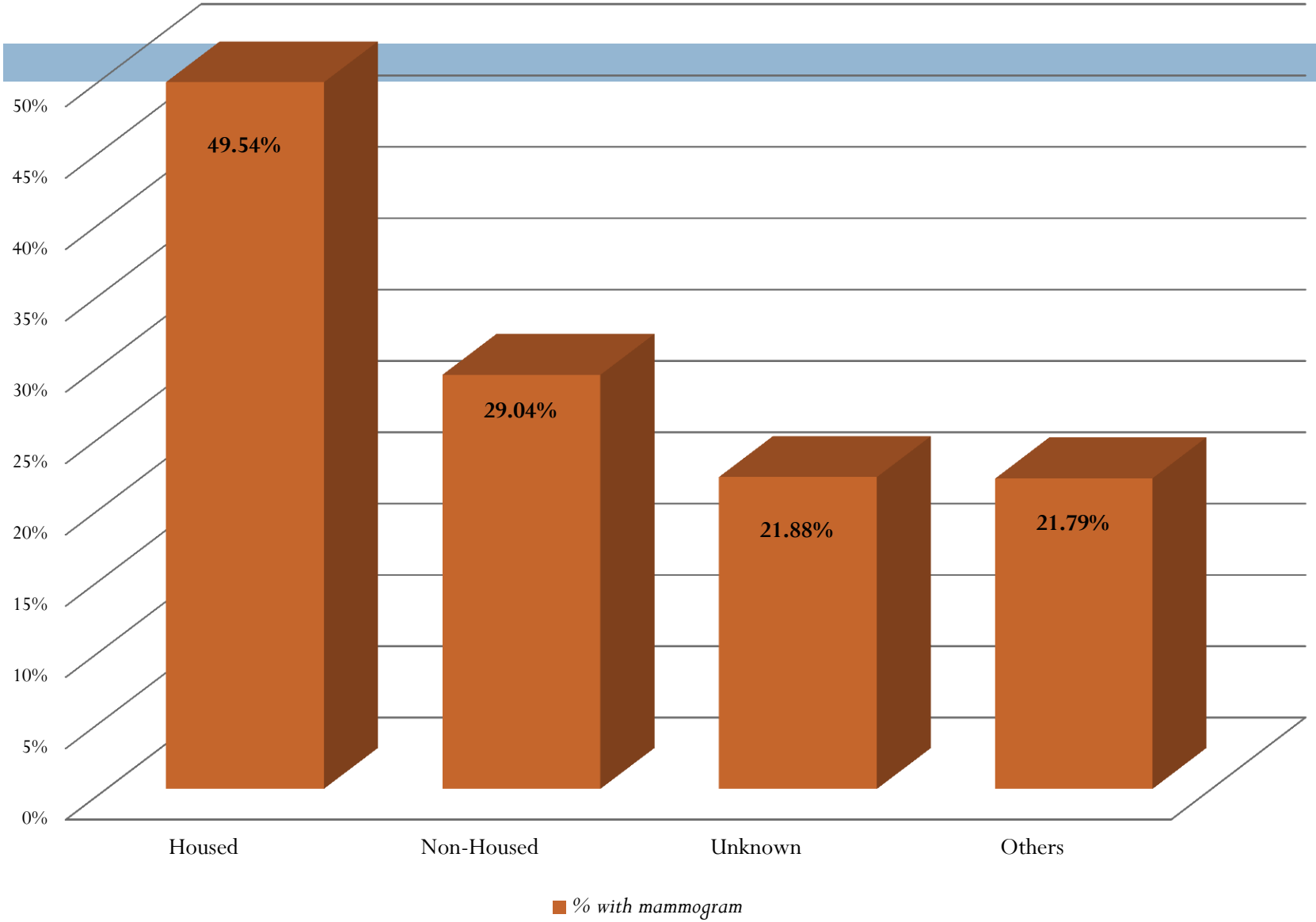
- **Housed**- Housed w/o Supportive Services, Supportive Housing, Assisted Living, Nursing Home, Rest Home
- **Non-Housed**- Shelter, Street, Doubling Up, Motel, Transitional Housing or Residential Treatment Programs
- **Unknown**- Unknown
- **Others-** All Others

* For reporting purposes we looked at the last updated housing status

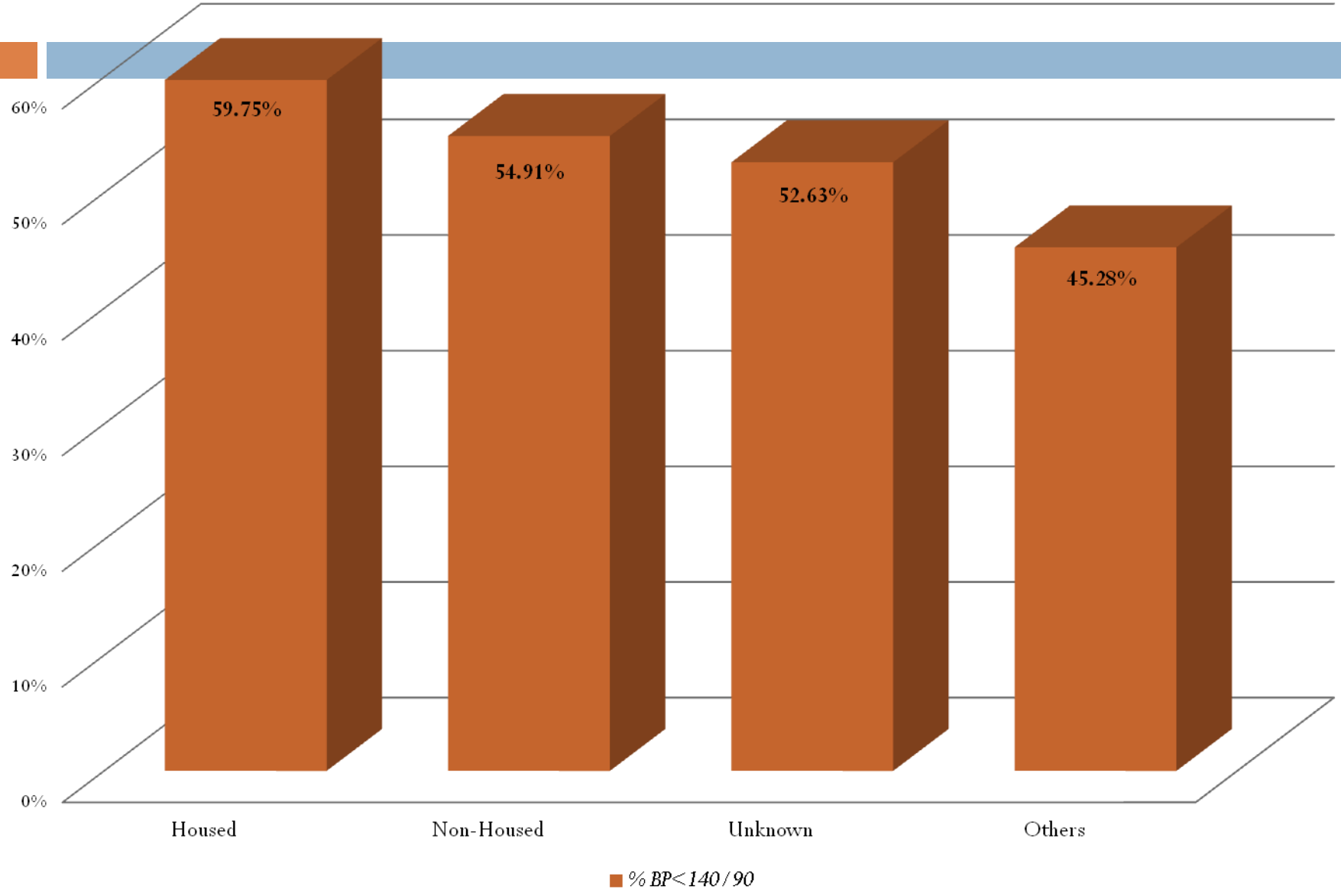
PAP Smears Done within 3 years for Female Patients aged 21 to 64 seen at BHCHP in TY Sep 2012



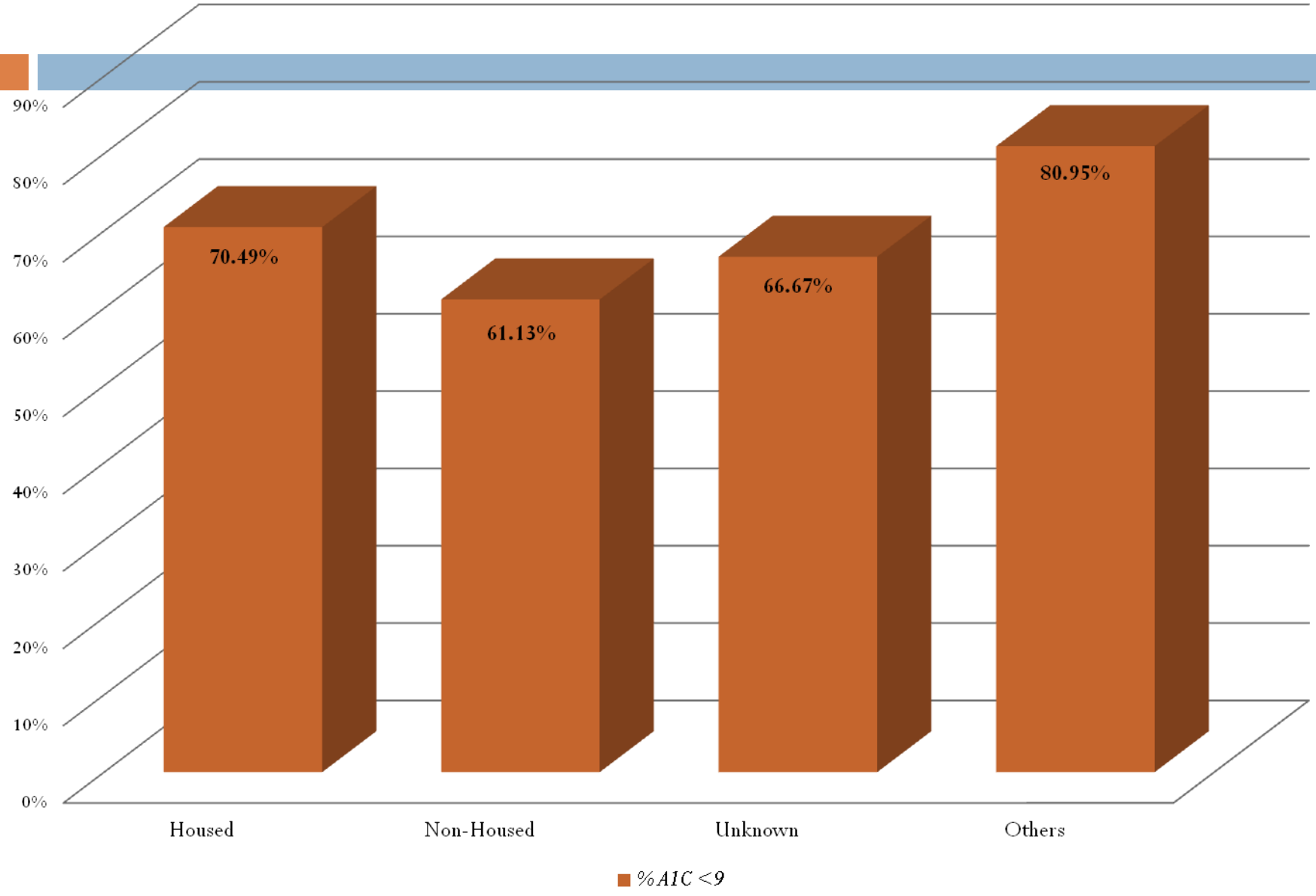
Mammograms Done within 2 years for Female Patients aged 40 to 69 seen at BHCHP in TY Sep 2012



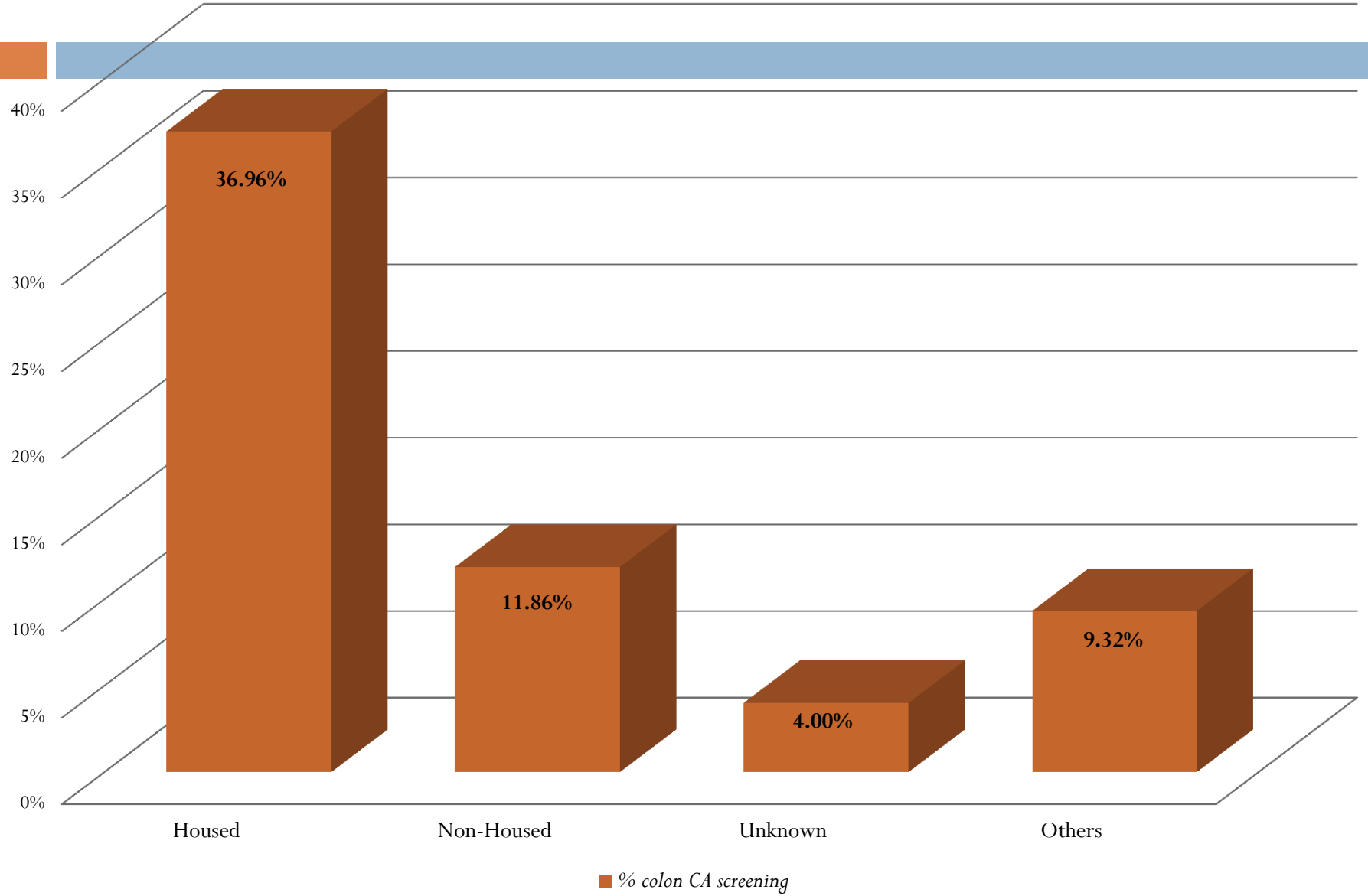
Hypertension Control in Hypertensive Patients seen at BHCHP in TY Sep 2012



HgbA1C Control in Diabetic Patients seen at BHCHP for 2 or more medical visits in TY Sep 2012



Colon Cancer Screening Done for Patients aged 50-75 seen at BHCHP in TY Sep 2012



BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM

As a Patient-Centered Medical Home we have some standards to follow.

WELCOME TO YOUR PATIENT-CENTERED MEDICAL HOME

Here's what we are *doing well* on:

- Reviewing your allergies.

- Discussing your tobacco use and offering you counseling for quitting.

- Pap smears for women who are eligible.

- Reviewing your prescription medications.

Here is what we *need to improve*:

- Setting your own goals to take care of your health.

- Mammograms for women who are eligible.

- Colon cancer screening.

- Printing a visit summary for you.

Here's how *you can help*:

- Ask for help in setting your self-management goals.
- Ask us if you need to get a mammogram.
- Ask us if you need to be screened for colon cancer.
- Talk with us about your medications.
- Remind us to print you a visit summary.

We can't do it without you!

Be an active participant in your own health care!

What is a Patient-Centered Medical Home?

It is a model of care where a team works with you to help you address all of your health care needs.

What's in it for me?

- Always work with the same team, who knows you and your health history.
- Your team will coordinate your care and manage your health better.
- Get appointments with your team quickly.

BREAKOUT SESSION

WRAP-UP