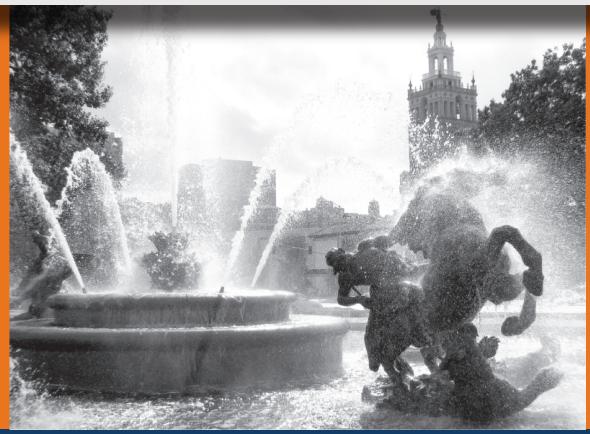
A Patient's Story: Integrating Equity in PCMH



Kansas City

In practice, patient-centered health care should fit the unique needs and preferences of individual patients, instead of a "one size fits all" approach. As many communities are striving to achieve this model of care, some like Kansas City, serving a diverse population, are further challenged by racial and ethnic disparities that occur in both processes and outcomes of care. According to the Dartmouth Atlas, leg amputation rates for Medicare enrollees in Kansas City are 4.5 times higher for black patients than non-black patients.

To improve and sustain high-quality, patient centered and equitable care, the Kansas City Quality Improvement Consortium (KCQIC) partnered with Swope Health Services, a federally qualified health center and one of the city's major safety net clinics, in the AF4Q Equity Quality Improvement Initiative. The initiative aims to integrate equity into all facets of Swope's health care organization to make a profound impact on patient care.

Aligning Forces for Quality



Lessons Learned

- Equity (racial, ethnic, or other socioeconomic markers) should be a focus in the planning and implementation of patient-centered medical home initiatives, particularly in diverse communities.
- Health care and social providers should partner closely to provide wraparound services to patients and provide patients with information for self-management.
- The individual approach to PCMH is challenging, especially for diverse populations, but can result in real impact not only on the patient's well-being but also the well being of a community.

A male patient recently presented himself to Swope Health Services with multiple medical conditions including diabetes, high blood pressure and painfully swollen feet.

This patient was a teacher in both India and Pakistan before moving to the U.S. with his wife. Although he has been at Swope for many years, he also has a growing number of specialists for his multiple health issues, resulting in an incompatible and unmanageable array of medications. At its peak, the patient had 32 prescriptions on his medication list.

During one of the recent visits at Swope Health Services, the patient met with a nurse case

manager and discussed his health conditions and complaints. The case manager, along with a physician, conducted an extensive health assessment and found no record of a current foot exam, despite his diabetes status.

The primary care physician at Swope worked with the patient's specialists to determine which medications could be eliminated from his regimen. The case manager engaged the Certified Diabetes Educator to share crucial dietary information with the patient that would lead to better nutrition and help ease painful symptoms such as his swollen feet. The staff even reviewed the list of ingredients on canned goods to help him avoid products high in sodium, which leads to fluid retention.

Further services through Swope's Healthcare Home Department included the provision of comfortable footwear by a diabetic shoe specialist and nursing support specifically for keeping track of his medications. Concurrently, the Diabetes Educator remained in close contact with Swope staff who organized the patient's appointments, advocated on his behalf, and assessed community resources he could access.

The patient reports that he is now in significantly less pain on a daily basis. In fact, staff reported that he comes to his healthcare visits with a smile on his face.

"This experience is just one of many that reflect the impact of patient-centered health data on improving patient-provider relations," said Ron Ellison, director of community outreach for KCQIC. "What we are trying to do is continue this work with the aim to improve the health care quality and reduce disparities for the broader Kansas City community."

Contact

Ron Ellison
Kansas City Quality Improvement
Consortium
Community Outreach
rellison@kcqic.org