

Topic: REDUCING BARRIERS FOR MEDICAL HOME

Theme: Community and Systems that Value People

Session 1: Notes

- Language/cultural differences, different belief system of medical professionals
- Families might not ask questions because they are intimidated/not allowed
- Lack of expectations by families that medical system will value their opinion
- Providers may not understand their role in Medical Home
- Any participant in Medical Home might close out patients – not see value
- Communities/systems separate them into categories – education, religion, race, age, abilities
- Different communications skills and styles – diversity not celebrated
- Systems are built to categorize people- so that system moves quickly
- Some entities put stigmas on populations, turn their eye to what services people need or lack of resources
- Classism, racism, ageism, can converge into patient waiting room
- Phone system not user friendly, doesn't value people's time – not designed for people with special needs, need different languages
- Takes TIME to treat people like people. Possible solution is to have navigators help people understand system
- Every person understands their own culture & system & it's hard to communicate
- Navigators can come from community orgs or faith based orgs
- Some navigators are trained to relay the cultural "translation" of language

Session 2: Notes

- Important to find resources & share w/patients. This is hard in rural areas, Mom & Pop org., resource intensive to share info w/patients. Information keeps changing
- Ex-public health nurse – People referred to get burned out
- Communities need to step up to plate & make connections happen
- Difficult to keep up w/new information
- If understand culture of community and how people fit into system. Need to understand culture
- Work force issues – Medical Home staff don't know people & local culture
- Lack of money, resources, patients who need extra time, support
- MH providers don't ask patient what their expectations are. Providers usually work off their expectations in order to have a meaningful, personalized exp.. Need to ask pts what want.
- Set stage before get there, during visit, after visit
- Huddles and EHRs are tools for reaching a balance between patient needs and system needs
- Payers need to pay for quality outcomes
- Financial systems designed to value production line health care
- Need for care coordination – Pts and families don't know how to navigate system
- Current system rewards the squeaky wheel
- Group classes/trainings – with individual attention time – is a good example of system/individual balance
- Create support groups in community of community members

- Systems aren't welcoming or comfortable
- Consumers want health, financial security and opportunity to achieve personal goals

Session 3: Notes

- Resources in community for families to get proper medical care
 - ✓ Transportation, food, complex obstacles
- Community center to coordinate resource sharing
- No follow up on if pt was able to get what they need
- Family is important to success of patient
- Valuing individuals means valuing families
- Build connections between families – they can help one another – families can be isolated. Need support groups (support social component)
- Teach families to advocate for themselves
- Sharing information/education in a fun, exciting way, relatable way
- Build network w/in community; work together for patient
- Good to know agencies in communities that you trust
- Need to research topic like valuing people
 1. Lack of understanding of people's ethnic, language, cultural background and what their needs/expectations are and how to communicate about needs. Families may not know that they are valued by the system
 2. Systems are not financially designed to support care coordination, are designed to categorize people, which isn't patient centered. At all levels of system from administration to waiting room classism, ageism, can lead to not valuing people
 3. Takes time & resources to find out what patients and their families need
 4. Lack of network of up to date information at small local level & state levels
- Solutions:
 - ✓ Patient group visits
 - ✓ Community
 - ✓ Support group element
 - ✓ Provider Pt element
 - ✓ Huddle: Anticipate & meet pt needs
Address system needs