Patient Centered Care in the Age of Health Reform

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November 15, 2010
The Patient Centered Medical Home Model
Can it Succeed in 2010 & Beyond?
Basic Premise

- Prevention versus Disease Management
- Case/Care Management Team versus the Solo Practitioner
- Emphasis on Mid-level Provider: Physician Assistants Advanced Registered Nurse Practitioners
Oklahoma Medicaid Model

Patient Centered Medical Home Timeline

- **Feb 2007**: MAT created; research and development of transition plan
- **March 2008**: Statewide outreach campaign
- **Sept 2008**: PCP contract distributed
- **Jan 2009**: PCMH launched
- **Summer 2010**: HAN begins

Source: Oklahoma Health Care Authority (2010)
Dedicate 2 years at an approved site and receive loan repayment. LEARN MORE

"Some of my patients have not seen a doctor in 15 years. If it wasn’t for the National Health Service Corps, I probably wouldn’t be doing what I am doing."

— Pami Bai, N.P.
NHSC Member
Served in Worcester, MA

The NHSC is a network of 7,000 primary health care professionals and 10,000 sites as of September 30, 2009 working in underserved communities across the country.

To support their service, the NHSC provides clinicians with financial support in the form of loan repayment and scholarships.

JOIN THE CORPS

Clinicians

Receive up to $145,000 in loan repayment for completing a five-year service commitment. The program starts with an initial award of $50,000 for two years of service.

STEPS TO APPLY:
1. Check eligibility criteria
2. Secure job at approved site

Questions?
Call 1-800-221-9393 or visit our FAQs

Find a Job
View job vacancies at NHSC-approved sites.
Search Jobs

Share and Follow
PPACA of 2010: Medical Education Impacts

2. Payment Reform
   - Accountable Care Organizations
   - HIT Incentives
   - Quality Measures
   - Primary Care Incentives
   - Preventative Care Incentives
   - Bundling
PPACA of 2010: Medical Education Impacts

3. Healthcare Center Expansion
Rural Medical Education at OSU & the Patient Centered Medical Home
OSU Center for Health Sciences

- 1972: Founded by the Oklahoma Legislature
- 1988: Merged with Oklahoma State University
- 2001: Designated as the “Oklahoma State University Center for Health Sciences”
- Ranked as one of the nation’s top medical schools by *U.S. News & World Report* from 2002 - 2008
OSU Center for Rural Health

- 2001: Created by the Oklahoma State Legislature as “Oklahoma Rural Health Policy and Research Center”
- 2005: Name changed to “OSU Center for Rural Health”

**Mission**

The Center for Rural Health's mission is to support the OSU Center for Health Sciences and its College of Osteopathic Medicine by seeking to improve healthcare in rural Oklahoma through 1) Student education; 2) Residency training; 3) Research; 4) Program applications; 5) Advocacy; and 6) Alliances with others who share its goals.

**Vision**

The Center for Rural Health's vision is to uniquely impact healthcare professionals from the time they are youth through the time they are practicing in rural communities through recruitment, training, and support services, thereby strengthening the broader healthcare delivery systems in rural communities.
Primary Care - Generations and Gender
“Each generation imagines itself to be more intelligent than the one that went before it, and wiser than the one that comes after it.”

George Orwell
Generational Generalizations

- Traditionalists
  - Born between 1925 and 1945
  - Low-tech, high-touch physicians
  - Value professional loyalty and commitment over personal ambition
  - More often have solo practice or partnership
  - Accepted and expected sacrifices to family life and leisure time

Sources: Baum & Dowling, 2007; Phelan, 2010
Generational Generalizations

• Baby Boomers
  – Born between 1946 and 1964
  – Career committed but seek lower personal cost
  – Highly autonomous, values over rules, may not respect authority
  – Seek practice models that allow the benefits of a group with independent control

Sources: Baum & Dowling, 2007; Phelan, 2010
Generational Generalizations

• Generation X (a.k.a. Gen Xers)
  – Born between 1964 and 1980
  – Seek positions that promote life-work balance
  – Eager to use technology, high-tech, low-touch physicians

Sources: Baum & Dowling, 2007; Phelan, 2010
Generational Generalizations

• Millennials (a.k.a. Trophy Kids)
  – Born between 1982 and 2001
  – Team-oriented, civic-minded, tech savvy, and self-confident
  – Prefer ROAD specialties that allow more “controllable” lifestyle
  – Work to live rather than live to work
  – Willing to accept lower compensation for lifestyle friendly positions
Generational Conflict

And before you ask, no, the defibrillator is not yet available as an iPhone app.
Generational Practice Patterns

PCP Practice Type by Age ($n = 1890$)

- Solo/2
- Group $\geq 3$
- EMPLOYEE

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Specialty Choice by Gender

Male Physicians ($n = 3470$)

- Medical Specialty: 29%
- Family Medicine: 17%
- Internal Medicine: 13%
- Surgical Specialty: 24%
- OB/Gyn: 5%
- Pediatrics: 6%
- Psychiatry: 6%
Specialty Choice by Gender

Female Physicians ($n = 1250$)

- Internal Medicine: 15%
- Family Medicine: 18%
- Pediatrics: 18%
- OB/Gyn: 10%
- Medical Specialty: 24%
- Surgical Specialty: 7%
- Psychiatry: 8%
What about the Millennials?

- Sanfey et al. (2006) surveyed 1365 students at nine US medical schools and concluded that gender and generation influence decisions to pursue a surgical specialty
  
  - “I want to enjoy my career; however, I also want to enjoy my life outside my professional setting. That includes, for me, having adequate time to pursue outside interests”
  
  - “I have my priorities straight, so I will make my life balanced whichever residency I pursue”
Questions & Answers
For Additional Information...

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