

# Skeptical Staff Impair Medical Home Transition

BY M. ALEXANDER OTTO

FROM THE ANNUAL RESEARCH MEETING  
OF ACADEMYHEALTH

SEATTLE – Although the patient-centered medical home has been touted as the future of primary care, clinic staffers may not be so sure.

Staff skepticism and resistance were the leading obstacles cited by administrators and workers who were surveyed within 6 months of starting to transform their practices (which included 20 clinics for Medicaid and uninsured patients) to medical homes, according to a study presented at the meeting.

“People are concerned that this is just a fad, just the latest thing we’ll do for 2 years and nobody else will care about it and we’ll stop doing it,” said one CEO respondent.

Workers wonder if it’s just “another flavor of the month,” said another.

The 20 clinics are part of the Safety Net Medical Home Initiative, a 5-year transformation project headed by Quails Health with funding from the Commonwealth Fund and other sources. CEOs, medical directors, quality managers, and others were interviewed at each clinic for 30-45 minutes. Safety Net clinics are located in Colorado, Idaho, Massachusetts, Oregon, and Pennsylvania.

“Very little research has been done about the experience of folks who are making these changes. If we can understand the process better, we can help facilitate others going through the same process,” said Michael Quinn, Ph.D., psychologist and a senior

researcher at the University of Chicago and the lead investigator for the study.

## VITALS

**Major Finding:** Staff skepticism and resistance were mentioned 119 times during 98 semistructured interviews about obstacles to the establishment of medical homes.

**Data Source:** A survey of 20 clinics within 6 months of starting the transformation process.

**Disclosures:** Dr. Quinn had no relevant financial disclosures. The study was funded by the Commonwealth Fund and the National Institute of Diabetes and Digestive and Kidney Diseases.

Staff resistance came up 119 times during the 98 semistructured interviews; however, about as often, those surveyed said that their clinics also anticipated

benefits from the medical home efforts.

Those anticipated benefits can be used to counter the doubts, Dr. Quinn said.

One clinician respondent advised looking “at real data to show how you are affecting things. Make sure [staffers] get rapid feedback to keep everything going.”

Quick-turn data are key. For example, instead of waiting months to show the staff that hemoglobin A<sub>1c</sub> levels are improving, a CEO could show the staff a reduction in no-show rates over a month or two as the clinic expands its hours into evenings and weekends.

Patient satisfaction surveys are another quick option; patients are bound to appreciate easier access and the assurance that even if they don’t see their own doctor, they’ll see someone on their doctor’s team

who is familiar with their case, Dr. Quinn commented.

If it’s too early for even quick-turn data, field trips are another option that survey respondents recommended.

“[I] would have made a point to take more staff to see a clinic that’s doing it right earlier. We did a few weeks ago, and it changed attitudes of staff and increased buy-in,” one CEO responded.

It’s also important to let skeptics know that as part of a medical home, they can expect to work in a more-supportive environment and to make fuller use of their license, Dr. Quinn said.

“Nurses are excited about the opportunity to work at the top of their license, getting to work to their fullest potential, which makes them happy,” one medical director noted.

As with any change, it’s important to include everybody in the decision making as much as possible, regardless of their position in the office hierarchy.

“No directives from above; that’s been the best thing we’ve ever learned. [Get] buy-in from the bottom up, and [get] people to understand why we’re doing things,” said one CEO.

With such approaches, “everybody can really catch some of the excitement about” becoming a medical home, Dr. Quinn said.

This approach has worked in at least one clinic. “Even reception is buying into the idea that they’re part of an organization, not just here for a job. People don’t mind staying as late; they know the patient needs it,” a provider there said.

In the survey, limited staffing, inadequate electronic medical record systems, and insufficient financial support were also cited as medical home obstacles, but far less often than were staff skepticism and resistance. ■

**‘Make sure [staffers] get rapid feedback to keep everything going.’ Quick turn data are key. Patient satisfaction surveys are another quick option.**



## POLICY & PRACTICE

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### Oral Care Found Lacking

The Institute of Medicine warned that millions of Americans – especially children – lack access to critical dental services because there are too few dentists in some areas and not all families can afford dental care. One way to address the problem, in addition to improving reimbursement for dental professionals, is to train doctors and nurses to recognize potential oral diseases, according to the report. “As the nation struggles to address the larger systemic issues of access to health care, we need to ensure that oral health is recognized as a basic component of overall health,” IOM committee chairman Dr. Frederick Rivara, professor of pediatrics at the University of Washington in Seattle, said in a statement. Children and adults who lack regular oral care risk diabetes and respiratory and cardiovascular diseases, the report emphasized.

### AMA Adopts BPA Policy

At its recent annual meeting, the American Medical Association recognized bisphenol A (BPA) as an endocrine-disrupting agent, supported existing bans on BPA in baby bottles and infant-feeding cups, and called on manufacturers to

clearly label products that contain the substance. The AMA policy resolution noted that the chemical can be found in the lining of canned food containers, cigarette filters, certain medical devices, cash register receipts, and dental sealants. “Both the [Food and Drug Administration] and Canadian officials have recently expressed concern about potential harmful effects of BPA and taken interim actions to protect sensitive populations such as infants and toddlers by banning the sale of baby bottles, food containers, and cups containing BPA,” Dr. Edward Langston, an AMA board member, said in a statement.

### Training Support Urged

Despite what it calls a “challenging” budgetary climate, the American Academy of Pediatrics has urged federal lawmakers to fund three training programs for pediatricians that are intended, in part, to improve access to care for vulnerable pediatric populations. The academy labeled “instrumental” the Children’s Hospital Graduate Medical Education program, the Medicare Graduate Medical Education program, and a new loan-repayment plan that is part of

the health care reform act. The Children’s Hospital program funds training for more than 40% of general pediatricians and pediatric medical and surgical specialists, according to the academy. The loan repayment program, which has not yet been funded, would provide financial support for pediatricians who enter subspecialty care, the group said.

### The Smoke Clears in Movies

Motion pictures dramatically decreased depictions of tobacco from 2005 to 2010, according to the Centers for Disease Control and Prevention. The change could prevent some adolescents from starting the habit, the CDC said. The number of scenes with a tobacco product shown or its use implied dropped 56% in top-grossing movies (from 4,152 “incidents” to 1,825). In G- or PG-rated movies the drop was 94% (472 to 30), in PG-13 movies it was 65% (from 1,621 to 2010), and in R-rated movies tobacco use decreased 40% (2,059 to 1,226). Three of the six major motion picture companies have implemented policies to reduce tobacco use in their movies, the CDC reported, but films from the companies without such policies also left more tobacco on the cutting room floor.

### School Health Centers Get Bonus

A total of 278 school-based health centers across the United States will split grants of \$95 million to greatly expand

their services, the Department of Health and Human Services said. The clinics currently serve approximately 790,000 patients, and the awards are intended to hike capacity by 440,000. The centers provide health screenings, disease prevention activities, and services that enable children with chronic illnesses to attend school. The new grants come from the health care reform act, which promised \$200 million for school-based health centers through 2013.

### Food Makers Pan Guidelines

Food manufacturers charged that voluntary guidelines proposed by the federal government ignore the industry’s progress on responsible marketing of food to children. The April proposal from the Federal Trade Commission said that only foods that contribute to a healthful diet should be marketed to children, and offered target levels for saturated fat, trans fat, added sugars, and sodium in such food. In a letter to the FTC, the FDA, and other agencies, 150 state, regional, and national food groups and manufacturers now argue that there’s no evidence the proposed restrictions would contribute to long-term changes in eating behavior or solve childhood obesity. Separately, the National Restaurant Association also called for the voluntary standards to be withdrawn because they could become mandatory.

–Jane Anderson