Case Study
Patient-Centered Medical Homes:
Coordinating Care with High-Priority Patients and Families

ACHI is a nonpartisan, independent, health policy center that serves as a catalyst to improve the health of Arkansans.

Harvey Pediatrics

The Arkansas Health System Improvement Initiative is designed to create a sustainable patient-centered health system that embraces the triple aim of (1) improving the health of the population; (2) enhancing the patient experience of care, including quality, access, and reliability; and (3) reducing, or at least controlling, the cost of health care. While the initiative has broader goals of expanding coverage, enhancing health information technology, and developing a quality health care workforce, a major focus has been payment innovation and restructuring the system to incentivize quality outcomes. Patient-centered medical homes (PCMH) are a primary strategy of this innovation. Design and implementation of the state’s PCMH efforts has been led by Arkansas Medicaid with support from Arkansas Blue Cross and Blue Shield, Qualchoice of Arkansas, Humana, Centene/Ambetter, Medicare, Walmart, the State Employees Plan, and others. This study is part of a series of case studies spotlighting practice transformation to the PCMH model, emphasizing how individual practices have approached innovation and implementation. For more information on the Arkansas Health System Improvement Initiative, and access to additional case studies, visit www.achi.net or www.paymentinitiative.org.

“For many of our patients with complex or special needs, the PCMH program has better enabled us to work with their parents to organize and provide the care they need more efficiently and completely” – Ashley Stone, Advanced Practice Nurse and Care Coordinator, Harvey Pediatrics in Bentonville, Arkansas

As a participant in the state’s patient-centered medical home (PCMH) program, Harvey Pediatrics, located in Bentonville, AR, in Benton County, serves a panel of approximately fifteen-hundred patients. Led by Dr. Bryan Harvey, Harvey Pediatrics is home to three other doctors, two advanced practice nurses (APN), five nurses, three medical assistants, one licensed social worker, and one lab technician.

Harvey Pediatrics began participating in Arkansas’s PCMH model in January 2014, along with approximately 125 other practices throughout the state. The Bentonville clinic has met transformation goals and has continued to benefit from upfront per-member per-month financial support from the PCMH program. These added resources have allowed the clinic to hire additional staff to focus on improving care coordination and patient engagement.

“I joined the clinic in May of 2014. I see patients and also manage our care coordination activities. The added financial support from the PCMH program pays my salary,” said Ashley Stone, an APN who helps patients and their parents understand individually tailored care plans. Proactive outreach has proven especially beneficial for patients with special needs or those dealing with conditions such as attention deficit hyperactivity disorder (ADHD), asthma, or allergic rhinitis. “Many times the parents are unaware of what should happen next in the care process. Being able to track patients and contact them more often has allowed us to guide them as a team. The parents are now part of the medical team,” Ashley said.

Patient-Centered Medical Homes

Through improved care coordination and communication, the goal of the Arkansas patient-centered medical home (PCMH) program is to help patients stay healthy, increase the quality of care received, and reduce costs. A PCMH accomplishes this by identifying and treating at-risk persons before they become sick. Success of the Arkansas PCMH program relies on statewide multi-payer participation, ongoing innovation, and achievement of a specific set of improvement milestones, such as 24/7 patient access to care via phone or e-mail, use of electronic health records, and development of customized care plans for each patient.
For Ashley and the team at Harvey Pediatrics, using their electronic medical records (EMR) system and being linked into the state’s health information exchange—the State Health Alliance for Records Exchange (SHARE)—has been critical in tracking patient care and managing care plans. Harvey Pediatrics staff also found that joining SHARE was a smooth process. Like many other practices throughout the state, Harvey Pediatrics received training from the Arkansas Office of Health Information Technology (OHIT) to integrate SHARE into their daily workflow. This integration allows the clinic to track patients who are admitted to the hospital or who may see a specialist, perform appropriate follow-up, and manage any necessary transitional care.

In accomplishing one of the PCMH program milestones, Ashley and the doctors at Harvey Pediatrics have used their EMR system to identify the top ten percent of the clinic’s high priority patients. The staff used prior diagnoses history and knowledge of their patient panel to identify these high-needs patients. Ashley explained, “One of the first things we did was sit down and think about which patients had high-risk diagnoses. We used our EMR to run reports on things like heart disease and we made a list. We then used the online PCMH provider portal and hand-selected patients with chronic conditions that we identified using our EMR.”

These processes are especially beneficial to patients who need a higher level of care and coordination to manage their complex conditions. “We have automated care plans in our EMR—an asthma action plan, obesity care plan, there is a Down Syndrome care plan—and we tailor these for individual patients depending on their needs,” said Ashley. “I have a patient with Down Syndrome and two with autism, all in one family. I’ve been able to take the time to help the mother organize everything. They didn’t know where to go before and how to best utilize the healthcare system. We have really been able to help them. The program has encouraged me to identify other kids that need that kind of case management.”

The PCMH program incentivizes team-based care and coordination with other providers. This includes any specialists, behavioral health care providers, pharmacists and other providers in the medical neighborhood. This kind of integration within the PCMH program is in alignment with Harvey Pediatric’s approach to care delivery, which incorporates the services of a licensed social worker (LSW), and supports a close working relationship with their neighboring pharmacist. Ashley said, “Our LSW takes appointments and works five days a week. This definitely works very well with the PCMH model and we are looking to expand our behavioral health access.” She added, “It’s also helpful that our pharmacist works closely with us to order any special things we may need for our patients.”

As the clinic approaches two years of enrollment in the PCMH program, staff have adapted to the model and in turn the patients served by Harvey Pediatrics have benefitted from a comprehensive approach to care. “Every new system takes time to get better—it’s not perfect right away and that’s understandable. Our staff pushed back a little at first, but now they see the benefit. They like it because it aids them in helping their patients organize needed care,” said Ashley. As the clinic moves ahead with plans to expand, including a new building to house a newborn clinic and occupational and speech therapy, the PCMH model is helping the clinic achieve their goals and increase access to high-quality, efficient care for all of their patients.

This report was composed using information obtained during an in-person interview with Ashley Stone of Harvey Pediatrics. The Arkansas Center for Health Improvement was granted written permission to use this information. Additional information was gathered from the Arkansas Department of Human Services Division of Medical Services, the Arkansas Center for Health Improvement, and County Health Rankings from the Population Health Institute at the University of Wisconsin.