

MINISTRY

PATIENT CENTERED MEDICAL HOME



FACT SHEET

What is a Patient Centered Medical Home?

A patient centered medical home is a model of care that strengthens the clinician-patient relationship by replacing episodic care with coordinated care and a long-term healing relationship. Each patient has a relationship with a primary care clinician who is part of a physician led team that takes collective responsibility for patient care, providing for the patient's health care needs and arranging for appropriate care with other qualified clinicians. The medical home is intended to result in more coordinated, effective, efficient, and personalized care.

Who's on the Ministry Patient Centered Medical Home team?

Every team is developed to fit the unique needs of its community. Your team will typically consist of:

- One or more doctors, who partner with one or more advance practice providers, such as nurse practitioners (NPs) or physician assistants (PAs).
- One or more registered nurse (RN) case managers who collaborate with all clinicians on health management, preventative care and wellness coaching.
- A behavioral health specialist, such as a social worker or counselor, to assist with care coordination and behavioral health.
- A team of health care associates, who will ensure your time is being used efficiently and effectively.
- Customer service representatives to help with scheduling and other visit needs.

The complete health care team will supervise and lead the activities of the medical home. The team member who sees the patient will be determined by the need of the patient, facilitated by dynamic communication between team members — assuring each patient is given high-quality, compassionate care.

Will clinicians visit patient homes?

No, patient care will take place in the clinic. We want patients to feel safe and “at home” when they receive care from us.

How is this different than what a patient may experience now?

The physician will rely more on the help of the other team members to assist with collecting information, so the patient and care provider's time is most effectively utilized. This could include visits with registered nurses. Team members will make sure all patients have a clear understanding of their diagnosis and care plans. We realize health problems also affect a patient's personal life and emotional wellbeing. We will give patients access to a team member who can help navigate community resources as needed and listen to their concerns.

The patient centered medical home model is a trusting partnership between a health care team and an informed patient. It includes an agreement between the health care team and the patient that acknowledges the role of each in a total health care program.

We trust you, our patient, to:

- Tell us what you know about your health and illnesses
- Tell us about your needs and concerns
- Take part in planning your care
- Tell us what medications you are taking and ask for a refill at your office visit when you need one
- Let us know when you see other providers and what medications they put you on or change
- Ask others to send us a report about your care when you see them
- Learn about your insurance so you know what it covers
- Work with us as partners in your care
- Keep your appointment as scheduled, or call and let us know when you cannot
- Pay your share of the visit fee when you are seen in the office
- Give us feedback so we can improve our services
- Follow the care plan that is agreed upon, or let us know why you cannot so that we can try to help or change the plan

(continued)

As we build your care plan you will notice some changes in the way we provide care, but many things will stay the same. We will continue to:

- Provide you with your own clinician who knows about you and your family
- Respect you as an individual — we will not make judgments based on race, religion, sex or disability
- Respect your privacy — your medical information will not be shared with anyone unless you give us permission or it is required by law
- Provide care given by a team of people
- Give the care you need when you need it
- Give the care that meets your needs and fits with your goals and values
- Give care that is based on quality and safety
- Have medical access or information available 24 hours a day, 7 days a week
- Take care of short illness, long-term disease and give advice to help you stay healthy
- Tell you about your health and illness in a way that you can understand

Over the next several months, you may notice that:

- We ask how you want to improve your health
- We will expand our clinic hours
- We ask you to help us plan your care, and let us know if you think you can follow the plan
- We give you a written copy of the care plan
- The team care members are doing more and/or different parts of care
- We continue to increase the use of technology in the way we manage your health care



MINISTRY MEDICAL GROUP

ministryhealth.org

Controlling depression at home

How do I feel today?



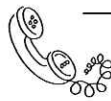
Green zone

No signs of depression.



Yellow zone

**Take action today.
Call:**



Red zone

**Take action now!
Call:**



How do I feel about doing my normal activities?

I can concentrate.

I feel good about:

- Getting up
- Facing the day
- Socializing

I feel sad, tired or nervous when I think about doing my normal activities.

I do not want to:

- Get up
- Face the day
- Socialize

I would rather:

- Stay in bed
- Not socialize
- Not eat

I cannot concentrate.

I do not feel anything.

How have I been sleeping?

No change in sleeping patterns.

My sleeping patterns have changed and now I:

- Sleep more or less
- Have trouble falling or staying asleep
- Stay awake and worry

I worry most of the night.

I sleep a lot during the day and keep my room dark.

Am I taking my medicine for depression?

I take my medicine and it works for me.

I take less medicine than my doctor prescribed because:

- It is more than I need
- I do not like the side effects
- I worry about being addicted to it

I do not take my medicine because:

- It is not helping
- I do not need it

Do I think about hurting myself?

No thoughts of hurting myself.

I feel hopeful.

I sometimes think of hurting myself, but I do not do it because I:

- Do not believe in suicide
- Am afraid to die

I feel like life is not worth living.

I have a plan for killing myself.

My plan for controlling depression at home

Things I can do to control depression:

- ☐ Ask myself how I feel each day
- ☐ Reach out to people who support me
- ☐ Take my medicine
- ☐ Keep pain under control
- ☐ Keep anxiety under control
- ☐ Stay active:
 - Get regular exercise
 - Eat balanced meals
- ☐ Get a healthy amount of sleep each night (7 - 9 hours)
- ☐ Do something relaxing each day
- ☐ See my doctor
- ☐ Tell my care team or doctor if:
 - I begin to feel worse
 - I have thoughts about hurting myself
- ☐ Other ideas:

How I will do these things:

Your care team will work with you to set goals so you can stick to your plan.

**Ministry Medical Group
Plover, WI**

Patient name Abby A Test			
MHN 2363056	DOB 03/22/1969	Age 46	Gender Female

Patient Health Screening (PHQ-9, GAD-7, PTSD)

Questionnaire

Page 1 of 2

Today's date (month/day/year) ____ / ____ / ____

Patient Health Questionnaire – PHQ-9*

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?
Read each item carefully, and check (✓) your response.

	Not At All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
a. Little interest or pleasure in doing things				
b. Feeling down, depressed, or hopeless				
c. Trouble falling asleep, staying asleep, or sleeping too much				
d. Feeling tired or having little energy				
e. Poor appetite or overeating				
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down				
g. Trouble concentrating on things such as reading the newspaper or watching television				
h. Moving or speaking so slowly that other people could have noticed; or being so fidgety or restless that you have been moving around a lot more than usual				
i. Thinking that you would be better off dead or that you want to hurt yourself in some way				
Totals				

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not Difficult At All (0)	Somewhat Difficult (1)	Very Difficult (2)	Extremely Difficult (3)

*Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

1. Have you experienced sustained periods of feeling uncharacteristically energetic ☐ Yes ☐ No
2. Have you had periods of not sleeping, but not feeling tired ☐ Yes ☐ No
3. Have you felt that your thoughts were racing and couldn't be slowed down ☐ Yes ☐ No
4. Have you had periods where you were excessive in sexual interest, spending money, or taking unusual risks ☐ Yes ☐ No

Developed by Stovall, J. Bipolar disorder. www.utdol.com V15.2; accessed 24 September 2007.

092-07001 (12/13) © 2011 Marshfield Clinic

Patient Health Screening (PHQ-9, GAD-7, PTSD)

Questionnaire (Continued)

Page 2 of 2

Patient name Abby A Test	MHN 2363056	DOB 03/22/1969	Age 46	Gender Female
-----------------------------	----------------	-------------------	-----------	------------------

Generalized Anxiety Disorder 7-item – GAD-7^Δ

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not At All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
a. Feeling nervous, anxious, or on edge				
b. Not being able to stop or control worrying				
c. Worrying too much about different things				
d. Trouble relaxing				
e. Being so restless that it's hard to sit still				
f. Becoming annoyed or irritable				
g. Feeling afraid as if something awful might happen				
Totals				

2. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not Difficult At All (0)	Somewhat Difficult (1)	Very Difficult (2)	Extremely Difficult (3)

^Δ Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Primary Care PTSD (Post-traumatic Stress Disorder) Screen[†]

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, **in the past month**, you:

- Had nightmares about it or thought about it when you did not want to. ☐ Yes ☐ No
- Tried hard not to think about it or went out of your way to avoid situations that reminded you of it. ☐ Yes ☐ No
- Were constantly on guard, watchful, or easily startled ☐ Yes ☐ No
- Felt numb or detached from others, activities, or your surroundings ☐ Yes ☐ No

[†] Developed by Prins, A., Ouimette, P., Kimerling, R. [2003]. Source: Department of Veterans Affairs website. No permission required to reproduce, translate, display or distribute.

Patient signature (Patient's legal representative)

(Relationship)

____/____/____
Date (month/day/year)