

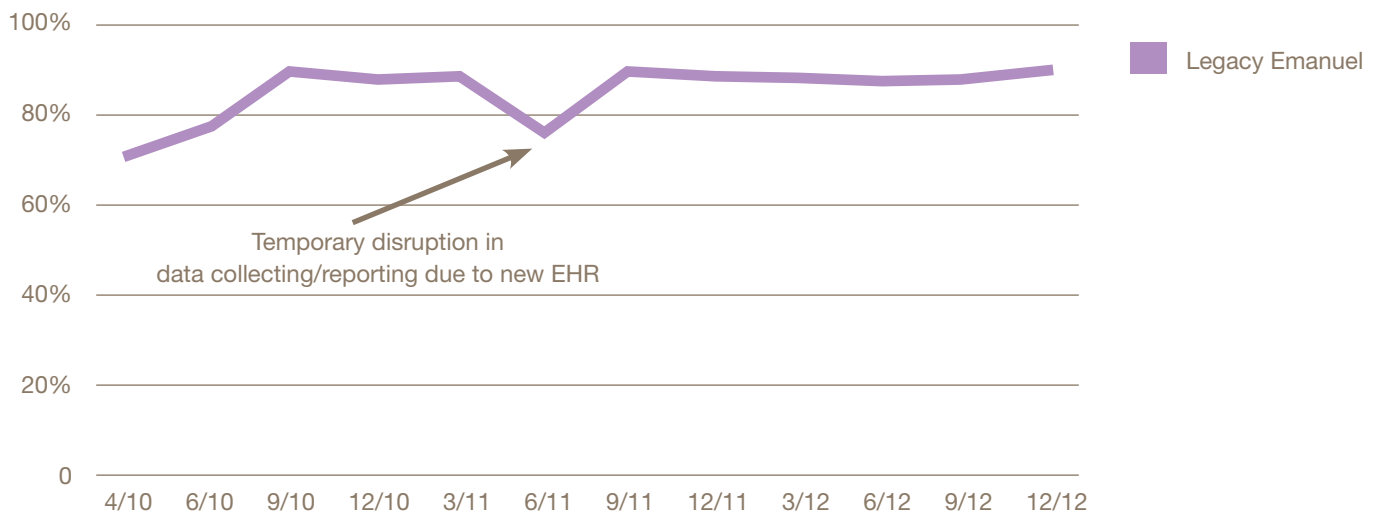
# The Safety Net Medical Home Initiative: Practice Results

**SPOTLIGHT:** Legacy Emanuel Medical Center • Portland, OR

**MEASURE:** During office visits, patients are consistently seen by their own care team  
*Strong patient-provider relationships foster improved communication and trust—as well as better health outcomes for patients and a more meaningful experience for providers. Organizing staff into teams improves efficiency, enables everyone to work at the top of their licenses, and allows patients to draw on the expertise of a variety of clinical and non-clinical team members.*

For more information about the SNMHI’s “Continuous and Team-Based Healing Relationships” Change Concept, see [www.safetynetmedicalhome.org/change-concepts/continuous-team-based-healing-relationships](http://www.safetynetmedicalhome.org/change-concepts/continuous-team-based-healing-relationships).

## Clinic achieved a 30% increase in visits that match patients to their own care team



**Staff at Legacy Emanuel Medical Center describe:**

“Participation in SNMHI gave us set expectations and a disciplined approach to medical home implementation at Emanuel. The reports we needed to submit each quarter provided us opportunity for regular examination of where we are, where we were going, and what changes to make.”

## Change Concepts for Practice Transformation



### About the Safety Net Medical Home Initiative

It's no small undertaking to implement the Patient-Centered Medical Home (PCMH) Model of Care. The Safety Net Medical Home Initiative used a combination of coaching, assessment and change management tools, and peer-sharing communities to help move participants forward. The Initiative's sequential set of "Change Concepts" has been proven to streamline the path to full PCMH implementation, and our approach has been adopted by other improvement initiatives nationwide.

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### Learn more at [www.safetynetmedicalhome.org](http://www.safetynetmedicalhome.org)

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The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S. For more information about the Safety Net Medical Home Initiative, refer to: [www.safetynetmedicalhome.org](http://www.safetynetmedicalhome.org).



MacColl Center for Health Care Innovation