

Metro Family Practice

For over 30 years, Metro Family Practice (MFP) has been providing healthcare services to the Wilkinsburg/East End community of Pittsburgh. We started as a residency practice and then became a faculty practice. Twelve years ago the hospital decided they could no longer support us, so the six physicians formed a nonprofit community health center and became an FQHC look-alike. We provide high quality medical care to everyone who chooses our practice without turning anyone away because of lack of resources.

Our mission:

- To care for the whole person in a safe and respectful setting
- To encourage patients to partner with our clinicians and staff in planning their care
- To be guided by the needs of our patients
- To respond to those needs with respect for the individual and their beliefs about health and healing
- To serve Wilkinsburg and the nearby communities by offering healthcare to all people, at every stage of life, without regard to their ability to pay

Our services include:

- Whole-person care that combines usual treatments with other therapies that recognize the mental, emotional, spiritual, and relationship aspects of health
- Children's care
- Preventive healthcare
- Women's health
- Geriatrics
- Family-centered maternity care
- HIV care
- Lesbian, gay, bisexual, and transgender healthcare

PARTICIPATION

We are participating in the SNMHI for these reasons:

- To work with and learn from similar organizations in our region and across the country who have and are thinking about transforming care in their site
- To continue to move in the direction of being a true patient-centered medical home
- To improve outcomes for our patients and staff

CHANGES

Change One: Formalized our relationship with other organizations to provide care for a homeless population.

This grant-funded project is a combined effort of MFP, Community Human Services (CHS), HUD, and UPMC For You (area Medicaid HMO).

We identified homeless people who were covered by UPMC For You and who had significant medical problems. A Nurse Care Manager from MFP and a Case Manager CHS work together with these patients and their MFP physicians. They go into the community to meet with the patients, bring them to office visits, and help them with lab services and medications.

The patients are put on a panel at MFP with one of the providers. The Care Manager and Case Manager meet with the PCP on a regular basis to keep the services for the patient on track and to provide insight into the specific needs.

One of the first patients identified as a participant in this program is a man with diabetes, bipolar disorder, and substance abuse problems. He usually did not keep appointments made with specialists even when they were in the neighborhood. When he did make it into MFP, it was often via other places that were not his medical home. This is the type of patient for whom this project was created.

Change Two: Collaboration with an assisted living facility.

Mercy Behavioral Health is a mental health agency with an assisted living facility located 10 blocks from MFP. All of the patients have both psychiatric and medical health issues.

With this collaboration in place, all of the patients at this facility are now enrolled with MFP for their primary care provider. The main provider seeing these patients goes monthly to the site to meet with an RN and to visit with patients. This provider is now very familiar with the patients and works closely with the RN as part of the care team.

We are now collaborating with an assisted living facility located 10 blocks from MFP. All of the facility's residents have both psychiatric and medical health issues. Each one is now enrolled with a primary care provider at MFP. As a result, urgent-care visits have decreased.

Change Three: Collaboration with a mental health agency for sexual minorities.

Persad is a local mental health agency that works with sexual minorities. They partner with MFP to provide support for mutual clients. The most intensive collaboration is around care of transgendered individuals.

Twice monthly, a PCP goes to the site to work in collaboration with the on-site therapist and others as part of the Gender Team. Their focus is patients who are interested in gender transformation. The PCP provides some services on-site, such as basic physicals and lab work.

Additionally, the PCP conducts quarterly sessions for the psycho-educational group which holds five evening sessions on topics such as hormone therapy, legal issues for reassigned patients, family issues, etc. The intention of these sessions is to discuss some of the key issues around gender transformation with many interested patients at one time.

PATIENT IMPACT

"A former missionary who has been married for 30 years was referred to Metro by her therapist from Persad. This genetic male has identified as a female since childhood but has never done anything about it. After working with the therapist for some time, the therapist discussed her case with the gender team including the MFP physician. The patient was encouraged to meet the physician at MFP for an exam and to discuss transition. She came to the first appointment with her wife who has been supportive throughout this process. After addressing several other medical issues, she was prescribed hormones and started the transition. After one year, she is now living fully "out" to her family and community. This has not been easy as her wife is a minister. Her congregation has had mixed reaction to this transition so the patient has continued therapy with Persad."

"We were contacted by the assisted living facility about the need for ongoing and coordinated care for their population of patients who had been getting care from an urgent care center or a variety of local providers. We had to delay implementation until we hired a new physician who would have time to do this. She was initially invited to a "meet and greet" with the staff and clients of the facility. The staff reported that the patients loved her and were happy to choose her as their new PCP. She has been going there weekly to see patients in their exam room. Patients have already expressed confidence in her and she has been able to help them manage a variety of chronic problems. In addition, she has helped reassure individuals with anxiety related to their medical problems. This has decreased emergency room visits and helped patients feel more comfortable."

PROVIDER OR STAFF IMPACT

"One of the best effects of the PCMH transformation is getting the full staff to become more engaged in problem-solving and working together to improve patient care."

Safety Net Medical Home Initiative



MacColl Institute at
Group Health Cooperative