

Inner City Health Center



Inner City Health Center, in Denver, CO, is a not-for-profit, faith-based health center offering medical services to individuals who are low-income and uninsured. One main location offers medical and dental care, with a satellite dental clinic at a second location.

Patient population: 25,000 patient visits annually serving a very ethnically diverse population.

SNMHI Team:

Kraig Burleson, CEO
 Heather Cutillo RN, CDE- SNMHI contact person/clinic coordinator
 Robert Cutillo MD, Medical Director
 Claudia Baylon MA, Referral Coordinator and medical technical support coordinator

PARTICIPATION

What motivated your practice site to participate in this initiative?

From inception, attending to the whole health and well-being of our patients has been Inner City Health Center's principal objective. Being aware of the PCMH model, we were happy to participate in discussions that would not only encourage the promotion of the PCMH ideal, but that would also help shape its implementation.

CHANGES

Change One: Patient Satisfaction Survey

- We established an on-going patient satisfaction survey to see if our patients are satisfied with the care they receive at Inner City Health Center and to identify areas for improvement.
- Our plan was to administer surveys using a bilingual volunteer in the waiting room in both English and Spanish.
- A Patient Advisory Council evaluated the survey questions and effectiveness.
- Our Dental Director is evaluating the survey for appropriateness for dental patients with a plan to use in dental waiting room as well as medical.
- Our recommendation to others is to encourage feedback, leave room for comments (as suggested by our advisory council), and remember that this process takes time and may need frequent updates.

INNER CITY HEALTH CENTER PATIENT SURVEY

We would like to know about the quality of health care services you are receiving here at Inner City Health Center. Your honest feedback will allow us to serve you better during future visits and provide you with the quality of healthcare you deserve. We ask that you please take a minute to answer each question below.

All responses will remain confidential. Your name is NOT required for your participation and your individual answers will be compiled with those of other patients prior to being viewed by staff to ensure your confidentiality. Thank!

Please indicate your answer for each of the following statements by placing an X in the box that best reflects your response:

1) Your Age: 18-25 26-35 36-50 51-65 65+

2) Your Sex: Male Female

3) Please indicate your Race and Ethnicity by selecting one or more:
 Black/African American Hispanic/Latino
 Asian/Pacific Islander Multi-racial
 American Indian/Alaska Native Other _____
 White (Not Hispanic or Latino) Please Specify _____

4) Please check all the services that you use at Inner City Health Center
 Dental Child Medical Adult Medical Pregnancy
 Counseling /Female Health

5) Why do you come back to Inner City Health Center? Check all that apply to you.
 I like the quality of the service I receive.
 It doesn't cost too much.
 I like that it is a Christian based clinic.
 I come because I like my doctor
 Other _____

6) Your doctor/nurse/practitioner's name: _____

Change Two: Shared Medical Appointments

For over a year, we have been conducting 90-minute visits with 6–10 patients who have Type 2 Diabetes. Their PCP (MD or NP), the diabetes educator, and MA conduct the visit. They discuss successes and difficulties in dealing with diabetes and decide with their doctor whether they need to make adjustments to their treatment. Success is seen through the group dynamic: shared experience, empathy to one another's plight, challenging and encouraging one another as well as interacting with the medical personnel in a more relaxed, comfortable setting. Family members are encouraged to attend, healthy snacks are offered, and occasionally special guests share such as podiatrists, physical therapists, or dentists present on topics pertinent to diabetes management.

- We began these visits to have an impact with our high percentage of patients who have Type 2 Diabetes not in good control.
- We studied the research and saw the effectiveness of group medical visits in other healthcare settings and believed that our patients could also benefit from the group dynamic and improve their over-all diabetes care.
- The implementation process included researching shared medical appointments, training from and observing others who had successfully used them, and shifting our messaging to show our philosophy and rationale for doing group medical appointments.
- Key take-aways: It takes a lot of time and willingness to re-evaluate and adapt to changing circumstances and the needs of our patients. Our patients are great encouragers of one another in dealing with diabetes. Working as a group, with some individual time included, the patients leave more satisfied, less isolated in dealing with chronic illness, and with a sense of empowerment to deal with their diabetes more effectively.
- Our recommendation to others is that group visits are worth the effort. We currently have 4 groups meeting every 3 months with plans for more.
- Patient evaluations after the group visits are positive. The majority of people keep coming back every 3 months. People appear more motivated to improve in healthy eating, exercise and lab numbers when they can report them to the group. The staff satisfaction and level of engagement is remarkably improved.

Section 1: Health Facility Operations					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1) I am satisfied with how long I waited to get an appointment.					
2) I am satisfied with how long I sit in the waiting room before being called by the nurse.					
3) It is easy for me to get medical care when I need it.					
4) The cost of health care at ICHC makes it difficult for me to pay my bill.					
5) I understand the explanation of my bill and the charges.					
6) It is easy to obtain the help I need when I call using your phone system.					
7) The building is neat and clean both inside and out.					
Section 2: Personal care					
1) I have one person I think of as my personal doctor or nurse.					
2) My doctor knows me very well as a person, rather than as someone with a medical problem.					
3) My doctor knows what problems are most important to me.					
4) I am satisfied with the amount of time my doctor spends with me during my visit.					
5) I am satisfied by the thoroughness and attentiveness of my doctor during physical examinations.					
6) The information given to me about my health problems is very good.					
7) I come here for all of my health care needs.					
8) I consider Inner City Health Center my Medical Home.					
10) I would recommend my doctor to family and friends.					

Section 3: Cultural Competency/Health Literacy					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1) I feel my doctor or nurse listened carefully to me.					
2) I feel the staff listened carefully to me.					
3) The doctor or nurse use medical words that I cannot understand.					
4) The doctor or nurse answers all my questions to my satisfaction.					
5) The doctor or nurse explained things in a way I could understand.					
6) The written information given to me by the doctor is always easy to understand.					
7) The doctor always gives me easy to understand instructions to care for my illness or health condition.					
8) I feel my doctor or nurse valued my beliefs about the causes of my illness.					
9) I feel I was included in making decisions about my treatment.					
10) I feel I would get better care if I belonged to a different racial or ethnic group.					
11) I feel I would receive better care if the doctor spoke my language.					
12) If I had a choice to go somewhere else to receive health care I would.					

Change Three: Patient Advisory Council

- A patient advisory council consisting of registered patients who meet on a regular basis to give us feedback and insight into the needs and satisfaction of our patient population has been a goal for a long time. We strive to give quality health care to our patients, but we also want to be sensitive and relevant to the real needs of the community we serve.
- We gathered a diverse group of staff recommended patients including:
 - Representatives from about 5 different ethnic backgrounds.
 - Patients who are physically disabled.
 - Patients living with a chronic illness.
 - Healthy patients.
 - Medical and dental clinic patients.
- The initial meeting included the patient members, a representative from the Board of Directors, the CEO, and a staff representative. We accomplished:
 - Introductions and sharing stories of care at ICHC;
 - Discussion and suggested improvements to the patient satisfaction survey;
 - Identification of other volunteer activities which members requested; and
 - Creation of a support group for disabled people which will be led by one of the advisory members and will begin this year.
- We are very excited about the establishment of this group and the possible effects it will have on our work and patient-ownership at Inner City Health Center.



PATIENT IMPACT

"JM is a long-time patient with Type II Diabetes. He took his oral medications but had a hard time changing his diet and exercise was difficult because of chronic knee problems. Both his physician and I, as diabetes educator had talked with JM several times about how he should really go on insulin to improve his blood sugar control and to prevent more serious complications. Unfortunately, JM resisted and did not want to take that step. He began attending the shared medical appointments and brought his wife with him as we encourage family members to participate. On his second time there, as the patients were sharing their experiences: the emotional highs and lows of living with diabetes, the doctor asked another patient to share what it was like to begin using insulin and if it had made a difference in his life. This man shared how he didn't want to begin, but that once he started, it really wasn't so bad and that his diabetes was now in so much better control. One by one, other patients chimed in and shared their experiences in beginning and using insulin and encouraging JM that it would help him feel much better. By the end of the session, JM said he was ready to give insulin a try and scheduled a time to come in and learn how to self-administer insulin. He has continued to do well, has more energy and has reported to the group how it has helped his quality of life. The group dynamic has a remarkably positive effect in empowering people to take charge of their diabetes." —RN, CDE

"In assisting in the shared medical appointments, I have seen how patients have improved their HgA1C results. The patients encourage one another by sharing their A1C results and comparing if the numbers have gone up or down and perhaps getting into friendly competition over it! They share recipes for healthier food and tips on cooking and in listening to others, improve their eating habits." —Medical Assistant

Group visits have been a very positive new way to give care to people with diabetes. Getting to know them in a more relaxed and friendly environment, seeing not only their problems but also their strengths, and also how they help one another live well with diabetes—has been a joy for me. —Medical Director

PROVIDER OR STAFF IMPACT

- Some of the most positive impacts of our participation in the SNMHI:
 - Expanded horizon on the types of data and outcomes that can be tracked on diabetic patients.
 - Increased awareness and desirability of new technology for gathering, reporting, and utilizing information as a tool in patient care.
 - Afforded opportunity for broader discussion on disease management – beginning with diabetes but extending to other chronic illnesses.
 - Created an opportunity for broader staff involvement and volunteer assistance in the area of disease management." —CEO

Safety Net Medical Home Initiative



MacColl Institute at Group Health Cooperative