

Kansas Medical Home Model Draft Preamble:

The development of a person-centered medical home model to transform the delivery of health care services is supported by multiple stakeholders across Kansas. The designation of the medical home is a cornerstone of reforming the health system in our State. During the 2008 Kansas legislative session, House Substitute for Senate Bill 81 defined the Kansas medical home in statute as:

“a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventive care, and to coordinate the patient’s health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner.”

In Kansas, we recognize that a medical home model must emphasize coordination of care between all health providers. The role of the KHPA is to facilitate the development of a medical home model for Kansas consumers/patients that would promote accountability, coordination and communication among providers by encouraging providers in different settings – physician offices, inpatient hospitals, post-acute care settings, safety net clinics, pharmacies, and others – to collaborate and provide patient-centered care in ways that would improve health outcomes, promote quality of care, and control rising health care costs.

Building on and from the *Joint Principles of the Patient-Centered Medical Home*, a model for the medical home in Kansas must be tailored to our unique demographic and geographic profile. The Kansas model will encompass the roles of physicians (both primary and specialist), mid-level practitioners, nurses, mental health providers, optometrists, podiatrists, dentists, therapists, pharmacists, and others. The medical home in Kansas should recognize the importance of mental health services and the relationship between physical, oral and mental health. In addition, addressing the appropriate setting and continuum of care from prenatal care and birth to death is essential to optimal functioning of the medical home.

The medical home in Kansas should build on the research and findings from national leaders but acknowledge the challenges and opportunities in creating a medical home in rural and urban underserved communities in Kansas. In addition, the development of a medical home in Kansas should align with national medical home model initiatives, include provider payment reforms, emphasize increased patient-provider communication and advance health information technology and exchange (to include telemedicine and telehealth) as a tool to improve coordination of care and health outcomes. Improving the coordination of health care is a key component of a medical home model and the utilization of health information technology and exchange is a primary means to improve coordination and critical to transforming medical practices and our entire health care delivery system.