CHAPTER 1

The Evolving Landscape of Primary Care

The United States' life expectancy ranking continues to decline, despite its spending far more on healthcare than any other country. The United Nations Population Division (2021) reports the United States has dropped to 46th place, with 79.11 years as the estimate for both sexes combined. At the same time, competition for healthcare services abounds while customers and stakeholders expectations escalate, causing these services to move out of the traditional bricks and mortar and into homes (via phones, computers, health monitors, etc.) and the retail space. New delivery models are also emerging that center the patient in the healthcare practice.

This chapter will explore the factors driving improvement of the patient experience in the primary care space, in light of growing consumer expectations and accreditation requirements and a changing regulatory environment. First let's examine the critical forces shaping the future of primary care delivery.

CONSUMER EXPECTATIONS

The Beryl Institute (2010) defines the patient experience as "the sum of all interactions shaped by an organization's culture that influence patient perceptions across the continuum of care." The first step in this experience is deciding upon a healthcare provider—and today our patients have many choices. They get their information from family, friends and neighbors, social media, news outlets, Medicare's Hospital Compare website, and advertising.

What characteristics set one healthcare organization apart from others? The following domains speak directly to Beryl's "patient perceptions across the continuum."

Access

Access covers the ease of getting an appointment and navigating the healthcare facility, and how long one waits to be seen. High-performing organizations develop smooth, efficient processes to provide a seamless experience. They routinely seek feedback from their patients to continually improve their processes and meet ever-evolving expectations.

Relationships

Patient feedback tells us that relationships are important to their experience. Are patients treated with dignity and respect by the scheduler, the receptionist, and all members of the primary care team (nurse, provider, social worker, pharmacist, nutritionist, etc.)? Are they considered partners in receiving care, setting health goals, and making decisions? We need to listen more and talk less.

The foundation of these relationships is trust, which must be nurtured and built over all touchpoints across the continuum. One negative encounter can erode trust very quickly—it can take as many as three positive encounters to restore the patient–provider relationship. For our patients, trusting relationships are about the emotions generated, their perceptions, and what they remember. How do we make them feel? Are we honest and transparent?

Exhibit 1.1 is a consumer survey by the Beryl Institute that reinforces the relational nature of healthcare. Beryl asked patients the importance of specific aspects of their healthcare experience: communication, competence, the environment and access. As you can see, respondents rated all of these aspects as high.

Safety

Although the exact phrase "First, do no harm" does not appear in the original version (AD 245) of the Hippocratic Oath, keeping patients safe was clearly intended. Fast-forward to the present day with this updated maxim: "zero preventable harm," a call to action for the movement toward high reliability in healthcare. Getting to zero is a journey, and many organizations are transforming the way they work to reach this goal. We will further detail what this means to staff and patients in chapters 4 and 6.

Quality

This domain is characterized by care that is safe, effective, patient centered, timely, efficient, and equitable. In the past our patients might have taken for

Exhibit 1.1: Beryl Institute Consumer Survey

Item	% Rating Item Very or Extremely Important
Listen to you	95
Communicate clearly in a way you can understand	95
Give you confidence in their abilities	94
Take your pain seriously	93
A healthcare environment that is clean and comfortable	94
Provide a clear plan of care and why they are doing it	93
Ask questions and try to understand your needs and preferences	92
The ability to schedule an appointment or procedure within a reasonable time	93
A discharge/check-out process in which your treatment plan and/or next steps in care are clearly explained	92

Source: Adapted from Beryl Institute (2018).

granted that care would be technically sound. They trusted that their providers were qualified, competent, and proficient. Today, Healthcare Effectiveness Data and Information Set measures, satisfaction surveys, Hospital Compare ratings, and accreditation status reports give them the information they need to make informed choices. Providing best-in-class care gives a healthcare organization a competitive edge.

Value

Consumers want to know they are getting the most for their healthcare dollar. The patient investment continues to increase through insurance premiums, copays and, all too often, surprise billing.

But healthcare value goes beyond controlling costs, to medical necessity. Do our patients receive the right treatment, at the right time, in the right setting? High-value care is that which is the highest quality at the lowest possible cost, which conserves our resources to provide better access and equity.

Let's not forget about generational differences. With each new generation, the consumer profile shifts and expands. For instance, baby boomers value their time and money. They seek a primary care provider that offers not only routine exams,

but also diagnostic tests and additional services in one location. They tend to be more brand loyal than younger generations and place a premium on reputation.

The Institute of Healthcare Improvement (IHI 2020) maintains that baby boomers need a healthcare system that is "age-friendly, one that aims to cause no harm, uses evidence-based practices and aligns with what matters most to the older adult and their family caregivers" (p. 4). Such a groundbreaking organization offers this framework:

- **What Matters:** Partner with the patient to identify and align care with health outcome goals and preferences.
- **Medication:** Prescribe medication, when needed, that does not interfere with what matters: mentation and mobility.
- **Mentation:** Manage depression, dementia, and delirium.
- **Mobility:** Move safely every day to maintain function and the ability to do What Matters.

Generation Xers use information sources more often than boomers or millennials to make decisions about their healthcare providers. They value convenient access, appreciating walk-in services in the retail setting, both after hours and during the weekend.

Millennials, also known as Generation Y, value personal relationships to the extent that they will switch providers after a single negative experience. They expect information to be easily accessible and use it to compare healthcare plans and services. Online tools, video visits, and a social media presence will resonate with members of this age group. Understanding this wide range of expectations and creating services to address them are key to success in this dynamic environment.

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HEALTHCARE POLICY: VALUE-BASED PAYMENT

The Affordable Care Act (ACA) of 2010 attempted to lay the groundwork for moving from volume to value. Consumers and payers alike, then and now, continue to demand lower-cost options. The short-term focus of the ACA was on testing new payment models linked to quality, cost savings, and infrastructure. Provider reimbursement strategies were aligned with improving clinical process measures/outcomes and patient satisfaction while reducing costs. Through the 2010s, several models were designed and tested: alternative payment models

such as accountable care organizations, Comprehensive Primary Care payment, bundled payments, and Medicare's Shared Savings Program.

Population-based models provide coordination of healthcare services (primary care, prevention, chronic care) for the small percentage of the population that use the most resources. We will discuss the concept of population health management in chapter 6.

In the early 2020s we saw some progress in the shift to payment for value. A growing number of payers have moved to this model from fee-for-service payment. More providers are engaged in some form of quality-linked payment; others are experimenting with advanced models focused on population management, which has transformed their practices. Many organizations are reporting that their value-based care models (e.g., care coordination, patient tracking, telehealth) have helped them manage the challenges of the COVID-19 pandemic. They were able to focus on managing their patients with chronic conditions rather than generating revenue to survive.

> Many organizations are reporting that their value-based care models have helped them manage the challenges of the pandemic.

Yet much work needs to be done, as healthcare costs continue to trend upward, healthcare outcomes place the United States in a comparatively low rank against other countries, and disparities along racial and socioeconomic lines continue.

Successful value-based-payment transition takes time. Ongoing experimentation with various models will inform its future. For now, it makes sense to design our primary care services with quality, value, and equitable access in mind.

HEALTH EQUITY

The question of health equity has also been an important one for value-based care. Organizations can only get the best clinical outcomes and fulfill their value-based care contracts when they ensure all patients have the same opportunity to obtain and maintain health.

Topping the Emergency Care Research Institute's (2021) list of the top ten patient safety concerns are racial and ethnic disparities in healthcare. Disparities are seen in the differences in disease screening, severity, complications, and mortality between populations. Race, ethnicity, gender, sexual orientation, and socioeconomic status affect the quality and quantity of healthcare services accessed.

> An inclusive environment ensures equitable access to healthcare resources for all.

An inclusive environment ensures equitable access to healthcare resources for all, and enables individuals and groups to feel safe, respected, engaged, motivated, and valued for who they are.

Disparate treatment, long a barrier for many minority and lower-income patients, has only been exacerbated during the COVID-19 pandemic. Access to testing, vaccines, and treatment has been a challenge for these vulnerable populations. As a result, equity and inclusion have emerged as major national priorities.

What is being done to level the playing field? Many healthcare organizations are being intentional about identifying the impact of the social determinants of health on access to care and are designing creative approaches to ensure that all populations are considered. We will discuss this aspect further in chapter 6.

Here are but a few of the initiatives underway to address health equity and access across the country:

- Researching the connection between poverty and primary care delivery models, care-coordination models, and relationship-based models
- Appointing case managers for vulnerable Medicaid patients
- Establishing community-based care and outreach to bring services closer to vulnerable populations (e.g., sending nurses and EMTs to visit patients who frequently show up in the emergency department)
- Providing staff training and tools related to unconscious bias
- Collecting health equity data and targeting solutions to address gaps
- Instituting more ethical billing practices and price transparency
- Undertaking specific strategies to address the social determinants of health
- Creating chief inclusion and diversity officer positions in large healthcare systems
- Investing recruitment resources and efforts to ensure healthcare providers mirror the populations that they serve (e.g., expanding reach beyond the usual networks to women's associations and ethnic groups, using stratified demographic data to recruit staff and develop cultural competencies).
- Diversifying the supplier base by engaging with women and minority-owned small businesses

How is your organization doing on the equity front? The Institute for Healthcare Improvement (2020; Wyatt et al. 2016) provides a framework and a self-assessment tool to help gauge your performance and focus future efforts:

- Make health equity a strategic priority.
- Develop structure and processes to support health equity work.
- Develop strategies to address the determinants of health.

- Decrease institutional racism.
- Develop community partnerships to improve health and equity.

Here is a simple set of questions to ask about your primary care services:

- Who is benefiting?
- Who isn't benefiting?
- What are the barriers?

Identifying and addressing your organization's needs and the gaps will put it on the path to equitable access. How will you measure your progress? Disaggregating health outcomes data, such as mortality and life expectancy, and process measures (preventative care, treatment of chronic conditions) by ethnicity, race, gender, and socioeconomic status will show where you are closing gaps and point to where more work needs to be done.

The pandemic has been a catalyst for change and innovation with many services shifting to the virtual environment, such as nurse and provider visits or follow-ups for acute and chronic conditions. The digital divide has become another challenge as a barrier for those who do not have a computer or internet access. How do we turn the digital divide into the digital door?

The Joint Commission and Kaiser Permanente have partnered to recognize improvements in healthcare disparities by creating the Bernard J. Tyson National Award for Excellence in Pursuing Healthcare Equity. Tyson, the late chair and CEO of Kaiser Permanente, worked diligently to address equity. This award will highlight measurable and sustained reductions in one or more healthcare disparities.

Now that we have set the stage, let's explore how one specific model of healthcare delivery is addressing these critical issues.

THE EVIDENCE FOR THE PATIENT-CENTERED MEDICAL HOME

As described by the National Committee for Quality Assurance (NCQA 2021), the patient-centered medical home (PCMH), also known as the primary care medical home, is designed to reduce fragmentation and improve quality. The model emphasizes team-based care, communication, and coordination, which have been shown to lead to better care. Higher rates of fragmentation are associated with greater costs, lower quality, and more preventable hospitalizations.

Many payers acknowledge PCMH as a hallmark of high-quality care. It means an organization is providing patient-centered care that is associated with

better outcomes; greater patient satisfaction; and a reduction in avoidable, costly visits to the emergency department and hospital. As a result, many payers provide incentives to organizations using this model. In addition, PCMHs are associated with better staff satisfaction. As reported by NCQA, one analysis found implementation of PCMH to increase work satisfaction, whereas reported staff burnout decreased by more than 20 percent (Pines et al. 2015).

The PCMH is a model that puts the patient at the center, at the forefront. Traditionally, our healthcare systems have been designed with the providers and staff in mind, for the organization's convenience rather than the patient's. PCMH turns that on its head—and it's about time. A PCMH gathers a team of people committed to improving the health and healing of individuals in a community. The team embraces patients, families, care partners, and the community in codesigning and coproducing care. It replaces episodic care with a focus on the whole health of the individual.

At its core, the PCMH team typically includes the provider, a nurse, and a medical assistant. Around this core is a circle that includes clinical pharmacists, nutritionists, behavioral health staff, and others, so that in a primary care setting the PCMH can bring together a variety of services for the patient, including telehealth and diagnostics. This all takes place in a healing environment purposefully designed to promote well-being.

The PCMH also has been shown to better manage patients' chronic conditions, such as diabetes. NCQA (2021) reports a Hartford Foundation study that found that 83 percent of patients surveyed reported improved health (Langston, Undem, and Dorr 2014). One pilot program showed a 9.3 percent reduction in ED utilization, resulting in approximately $5 million in annual savings and a 10.3 percent reduction in ambulatory-care-sensitive inpatient admissions for patients with two or more comorbidities (Harbrecht and Latts 2012). Another study reported by NCQA (2021) found PCMH was associated with $265 lower average total Medicare spend per beneficiary, lower hospital spending, and, again, fewer ED visits (Raskas et al. 2012). See additional evidence in exhibit 1.2.

Exhibit 1.2: Evidence to Support Patient-Centered Medical Homes

4.2%–8.3% patients were better on hemoglobin A1c (HbA1c) testing
4.3%–8.5% were better on low-density-lipoprotein cholesterol testing
15.5%–21.5% were better on nephropathy monitoring
9.7%–15.5% were better with eye examinations

Source: Data from Friedberg et al. (2015).

Exhibit 1.3: Impact of Integrated Primary Care on Specific Aspects of Care

Practice	Baseline (2010)	Improvement (2020)
Depression screening	24%	46%
Diabetes care bundle	19.5%	24.6%
Documentation of self-care plans	8.7%	19.5%
Rate of healthcare utilization in visits	23.5%	18.1%

Source: Data from Allen (2020).

Many organizations are taking the next step and integrating mental health into the PCMH with impressive results (exhibit 1.3). Intermountain Healthcare (Allen 2020) routinely provides mental health evaluations and services to all of its primary care patients, which improved healthcare quality and reduced costs by 3 percent. This integrated team-based model of care has produced impressive results across ten years.

LEADERSHIP

How do we meet these challenges? No surprise, the process starts with leadership. The IHI (Balik et al. 2011) identified leadership actions as the first of five primary drivers of exceptional patient experience. Critical to a healthcare organization's success is senior leaders' ability to continually clarify, articulate, and model both the organization's goals for patient and family experience and why they matter. The sequence of patient-centered care deployment matters—leadership comes first!

Transformational leadership displays the following attributes:

- **Promoting a culture of "always versus sometimes":** Be bold, set the bar high, and remain resolute with your convictions and relentless in the quest for excellence. Only the best is good enough for our patients.
- **Patient driven, employee built:** Identify and incorporate patient preferences into the design of healthcare processes and systems while including employees at all stages.
- **Shared vision, shared culture:** Define what success looks like and establish an environment where success can thrive.
- **It's about people, not stuff:** Always display your passion for the mission and purpose, which inspires staff.

Competencies

What are the requisite competencies for a transformational leader? Consider this basic set:

- **Personal mastery:** Making the time to improve one's total self and providing an environment where staff can do the same. It's about balancing professional and personal pursuits. Leaders who are strong in this competency hold a personal vision in line with the organizational vision. They promote and manage change while building resiliency for themselves, their staff, and the organization. They model the organization's behavioral standards, coaching and correcting others continuously.
- **Systems thinking:** Cascading the vision through the organization, connecting the dots (resources, ideas, and people). Uses the latest improvement methods and tools to create efficient systems for maximizing resources. Effective system thinkers never lose sight of the interdependencies of all improvement work while linking strategy to outcomes. I call this "hovering at 30,000 feet" to view how it all fits together and facilitate the integration.
- **Organizational stewardship:** Holding self and others accountable for expected behaviors and deliverables. The leader grows low and middle performers and recruits high performers. Always performing nonjudgmentally, this leader shows appreciation for other's contributions. Stewardship is demonstrated by creating a nurturing environment for growth and development, while acting as a champion for the patient experience.
- **Technical:** Aiming for excellence in all endeavors and driving meaningful outcomes. Effective leaders research approaches, models, and options, synthesizing information into prompt decision making. Additional technical aspects include strategic budget development/execution, managing data and information technology, and creating best-in-class quality indicators.
- **Customer service:** Continually seeking out opportunities to redefine what it means to be extraordinary. The leader focuses on all customers, internal and external, and serves them passionately. Listening posts, focus groups, surveys, and committee representation are just a few examples of how the leader welcomes the customer's voice.
- **Interpersonal effectiveness:** Being authentic, humble, and vulnerable. This can be challenging when leaders are traditionally viewed as strong and near perfect. The new leader listens and learns from all, constantly building

relationships, valuing collaboration, and seeking inspiration from others. Sharing skills, talents, and passions across boundaries, the leader rewards and recognizes those behaviors that align with the organization's values, negotiating to achieve a win-win outcome.

- **Flexibility/adaptability:** Creating change through proactive and visionary leadership. The leader anticipates change—indeed, transformation—by preparing teams for new paradigms while importing strong practices. This skill was certainly put to the test during the COVID-19 pandemic. Additional attributes of this skill include exuding positive energy and honoring separate realities, all while being nimble, agile, and proactive.
- **Creative thinking:** Creating organizational culture with daily actions. Creativity comes from a place of exploring curiosity while seeking cognitive diversity. Generational differences, educational and skill variations, and social and cultural diversity are all valued. The leader encourages "big picture" thinking to create a drive for innovation.
- **Humility:** Appreciating the strengths of others, sharing power, and providing feedback. The leader is not afraid to fail while demonstrating authenticity on the front lines. Constructive feedback is a two-way process with staff and stakeholders.

Informal polls of staff tell us that they value leaders who are decisive yet wise, consistent, and honest; who act with integrity and kindness, admit mistakes, and have the ability to say "I don't know."

In sum, the leader's job in this evolving environment is not to think big, it's to think bigger! Engaging the best people, building vibrant cultures, making good choices, and focusing relentlessly on making a difference for patients and families—it's a tall order! All leaders need to find their True North. As Marcus Aurelius advised, "Keep your principles with you at all times."

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Followership

A transformational leader in partnership with engaged followers makes for a winning formula. All too often we focus on the role of leadership; however, both components are equally important.

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What is followership? It's the ability to connect with purpose, align with the strategic direction of an organization, participate fully as a team member, and get results. McCallum (2013) suggests that followers possess these qualities:

- **Judgment:** Knowing when a direction is ethical and appropriate
- **Work ethic:** Believing that good effort is its own reward
- **Competence:** Having the skills to do the job at hand
- **Honesty:** Understanding and executing on the responsibility to speak up
- **Courage:** Speaking up about concerns even in difficult situations
- **Discretion:** Respecting the need to protect information
- **Loyalty:** Acting as a steward of the organization
- **Ego management:** Being a team player with good interpersonal skills

Good followers are engaged high performers who take ownership of the work that needs to be done. They see their role as essential to the organization's success. Many go on to be strong leaders. More on this in chapter 4.

Culture

Leaders build culture. We have all heard the statement, "Culture eats strategy for lunch." The best-laid plans go awry if there isn't a healthy, dynamic culture in which to implement them.

Let's start with defining culture and what it means. It represents all an organization says it is, including its values and people. Culture is exemplified by the stories its leaders, staff, and community tell about the organization. It plays out in what leaders reinforce as important, the expectations they place on behaviors and performance. It encapsulates all that is done, not just directly for patients, but also in building highly engaged work environments.

The holy grail is creating a culture of ownership whereby staff own the mission through connection to purpose. When that happens, accountability follows. We will discuss this concept in detail in chapter 4.

Consider the following keys to a caring culture:

- **Promoting an overarching purpose:** Success is evident when you can ask any staff member why the organization exists, and the response is, "To care for patients."
- **Engaging and empowering staff:** Not just giving them the resources and tools to get the job done, but creating a reflective, learning environment for improvement, and empowering staff to feel that they have the ability to make a difference in the life of a patient.

- **Focusing on personal relationships:** Soft skills are critical. Healthcare is about human beings caring for human beings.
- **Creating a universal language of caring:** How do we talk about the work that we do? Putting the patient and the family at the center changes the dialogue.
- **Removing barriers:** Set expectations, provide support, smooth out variation, remove waste, and get out of the way. Your staff will get the job done.
- **Sharing stories:** Generate your own good news. Put a patient's face on the work through storytelling. Better yet, invite patients to tell their stories at town halls and staff meetings. Create opportunities to make those human connections.

Exhibit 1.4 illustrates the shifts in culture needed to support the dynamics of healthcare change.

Make no mistake: Culture creation is hard work that can take as long as two to five years in a complex organization. This is something leaders cannot leave to chance. It requires focus, intention, and commitment so that it can sustain turnover in leadership teams.

Such an intentional culture starts with defining who you want to be as an organization. There needs to be a strong framework for decision making and a value system that's proactively built from within. The single most challenging barrier to improving the patient experience is cultural resistance.

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Positive intentional cultures look like this:

- Caring for, being interested in, and maintaining responsibility for colleagues as friends
- Providing support for one another, including offering kindness and compassion when others are struggling
- Avoiding blame and forgiving mistakes

Exhibit 1.4: Transformational Approaches

Old Way of Doing Business	Transformational Approach
Hierarchical	Empowerment
Lack of urgency	Anticipation of needs
I assume	I ask
The way it is	The way it could be
Silos	Teamwork
Entity focused	Patient focused

- Inspiring one another at work
- Emphasizing the meaningfulness of the work
- Treating one another with respect, gratitude, trust, and integrity

On the flip side are incivility, bullying, lateral violence, passive aggression, and disengagement. I can size up a healthcare organization's culture fairly quickly on my first visit. Does staff make eye contact with me and give me a warm greeting? If I look lost, does someone offer to help me? Do I feel welcome? It's the intangibles that give signals about an organization's culture.

How do you approach this work? Let's look at a model for change management.

CHANGE MANAGEMENT

The pace of change in healthcare requires organizations to manage change for successful innovation and process improvement. All of the attributes listed in the "Competencies" section come into play here, especially flexibility and adaptability—agility is crucial. Systems thinking is evident in organizations that have adopted a strong framework for change management.

The pace of change in healthcare requires organizations to manage change for successful innovation and process improvement.

Sources of resistance to change may include staff being concerned about a loss of control, uncertain about what the change will mean to them or whether they will be successful in this new model. They also may see the change as more work for them. Leaders should identify and enlist as sponsors those who are willing and able to facilitate the change.

Sponsors

Change agents, opinion leaders, and the organization's informal leaders are positioned to lead change. They can be found at all levels: executive, supervisory, and frontline. How do we maximize each of these groups as sponsors for effective change? Consider their roles as seen in Exhibit 1.5.

Assessing the readiness of each potential sponsor for the specific change being undertaken is important. Identify resistance or barriers early and respond with mitigation strategies to ensure a smooth rollout of new ideas and initiatives.

Getting Ready

One of the first steps is to get the organization ready for the change. Preparing discussion points for all sponsors to communicate the "why" will put out a consistent

Exhibit 1.5: Roles and Responsibilities for Change Management

Role	Responsibilities
Executives	Set the vision and the priority for the change. Communicate the "why" of the change. Describe what success looks like with the change. Align strategies and resources. Visibly demonstrate the change behaviors.
Champions	Create awareness for the change. Lead specific change activities: training, design, and implementation teams. Build partnerships for the change with midlevel management and the front line. Visibly demonstrate the change behaviors.
Supervisors	Implement the change practices within their departments. Communicate the change to their staff. Visibly demonstrate the change behaviors.
Frontline staff	Lead a change team at the unit level. Participate in change teams across departments. Visibly demonstrate the change behaviors.

message. It's important for staff to know why the change is happening; what will be different as a result; the risk of not changing; and why is it important to them, your patients, and the community. Appeal to their head and their heart, always connecting to the mission.

Give Them the Tools

Two sets of competencies are critical for a successful transition. First are those that sponsors will need to lead staff through change:

- **Adaptability:** Understanding the "why" and making a personal choice to support the change
- **Creating awareness:** Communicating the "why," connecting it to the broader vision, demonstrating personal support, encouraging dialogue
- **Managing the transition:** Identifying areas of resistance, providing a safe environment for discussion, building staff skills
- **Reinforcing and celebrating success:** Public recognition of contributions and achievements, holding staff accountable for compliance with the change

Next are the competencies and behaviors to support new processes that are part of the change effort. Clearly identify and plan training and skill-building workshops or labs for these new processes and the specific skills to carry them out. Define and communicate behavioral standards, coach to them, and hold staff accountable for them.

Sustain the Change

When preparing for change, create methods for gathering feedback from staff and patients, auditing compliance with new skills and behaviors and celebrating success. Align these efforts with systems already in place. Creating parallel paths for new initiatives is a sure route to fragmentation and duplication, draining the organization's resources and confusing staff. Unite all strategic efforts into one clear trajectory so that everyone can jump onboard.

ACCREDITATION AS A FRAMEWORK FOR DESIGN

What does it take to deliver a high-performing PCMH? Chapters 2 through 9 detail this discussion, but let's start here by taking a look through the eyes of our accreditors. The Health Resources & Services Administration, Joint Commission, Accreditation Association for Ambulatory Health Care, and NCQA have put forth pathways to PCMH certification and recognition. They share several core tenets that put patients at the forefront of the experience:

- Organizational governance and administration
- Team-based care
- Patient–care team relationship
- Patient rights and choice
- Patient safety
- Health literacy and self-management
- Population-based care
- Coordination of care and care transitions
- Access to care
- Performance measurement and quality improvement

Related standards, criteria, and elements of performance help to guide healthcare organizations through a transformation process to best meet the ever-changing needs of our patients. Let's move on to chapter 2 to learn more about PCMHs.

KEY POINTS

- Consumer healthcare decisions are influenced by factors across the domains of access, relationships, safety, quality, and value.
- Understanding and creating services to address differences in generational expectations is key to success in this dynamic environment.
- Many organizations are reporting that their value-based care models—care coordination, patient tracking, telehealth—have helped them deal with the challenges of the COVID-19 pandemic.
- An inclusive environment ensures equitable access to healthcare resources for all.
- The PCMH model emphasizes team-based care, communication, and coordination, which have been shown to lead to better care.
- The sequence of patient-centered care deployment matters—leadership comes first.
- The leader's job in this evolving environment is not to think big, it's to think bigger!
- Transformational leaders in partnership with engaged followers makes for a winning formula.
- Culture creation is hard work that can take as long as two to five years.
- The single most challenging barrier to improving the patient experience is cultural resistance.
- The pace of change in healthcare requires organizations to manage change for successful innovation and process improvement.

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