



Catching Up With ... Amy Gibson, MS, RN

Amy Gibson is Chief Operating Officer for the Patient-Centered Primary Care Collaborative (PCPCC) and has been working for over a decade to promote and improve access to medical homes. Prior to PCPCC, she worked for the Boys Town Institute for Child Health Improvement in Omaha, Nebraska where she informed policymakers about the importance of providing high-quality care for special needs children and developing high quality, cost-effective strategies for primary care practices. She talks about PCPCC priorities, educating Congress, pediatric medical homes and care transitions, and herself.

Amy Gibson, MS, RN

- Chief Operating Officer, Patient-Centered Primary Care Collaborative
- Assistant Director, Boys Town Institute for Child Health Improvement in Omaha, Nebraska
- Director of the Division of Children with Special Needs, American Academy of Pediatrics (AAP) and Director for the National Center of Medical Home Initiatives for Children with Special Needs (a cooperative agreement between AAP and HRSA)
- Neonatal nursing, pediatric home health care, nursing consultant, Illinois Title V Children with Special Health Care Needs program
- BS in nursing, University of Illinois at Chicago; MS in nursing with emphasis in parent-child nursing, Northern Illinois University

Medical Home News: *The PCPCC has a very full plate. How do you and CEO Marci Nielsen divide up the leadership duties?*

Amy Gibson: Thankfully as the medical home movement has evolved and grown, so has the PCPCC's staff and infrastructure, which enables us to specialize in our own areas of expertise. As CEO, Marci takes on the role of "Chief Outreach Officer" by engaging our membership, policymakers, and a range of stakeholders in the private and public sector to strengthen the medical home movement and its role in health system transformation. As COO, I take on the role of managing the organization's day-to-day activities and work closely with other PCPCC staff to ensure that our programs, strategic initiatives, and Stakeholder Centers are working effectively to advance the medical home movement.

Medical Home News: *What are the PCPCC's main priorities for 2013?*

Amy Gibson: With increasing pressure across the health sector to improve quality and reduce costs, we believe this moment in health care is a true 'game changer' for patients, providers, payers and policymakers. As the leading national coalition dedicated to advancing the medical home, our priority will be strengthening and sustaining a financially viable system that rewards the best outcomes for patients, families, and caregivers.

Also, as health insurance marketplaces are established and consumers will be obligated to choose the best health care for themselves and their family, we are focusing much more on engaging patients and caregivers in creating consumer messaging that will improve understanding of the medical home and its value. All too often, when we leave patients and caregivers out of the process of developing health care services, the results are poor quality of care and poor patient experience.

And while we have seen some progress in the medical home's ability to engage patients and coordinate care, it will be critical in the coming year to think beyond patients to *populations* as we build 'medical neighborhoods.' This 'neighborhood' model calls for more accountability for performance and spending, and with implementation well underway we expect continued support from a broad-based coalition of health care stakeholders including the PCPCC and its membership.

Medical Home News: *As a not-for-profit you are restricted in what you can do about lobbying, and yet education of Congress is very important these days. How do you make sure your messages are heard on Capitol Hill?*

Amy Gibson: As an advocacy organization we see ourselves as the leading national voice for communicating the medical home's impact on achieving the objectives of the Triple Aim: better care, better health, and lower costs. We achieve this by educating policymakers, government leaders, and experts in the field through our publications, white papers, and other resources. For example, in September 2012 we published a review of 46 medical home initiatives taking place throughout the country and their impact on cost/utilization and quality. You can count on us to be tracking additional peer-review studies and industry reports and updating this information and disseminating it broadly, as well as housing the information on our website www.pcpcc.net.

Medical Home News: *Your specialty has been special needs children, whose care issues provided the impetus for the original formulation of the patient-centered medical home concept by the AAP. Does the pediatric medical home have to work harder because cost savings tend to come from better management of adult chronic conditions and the important preventive care for children doesn't pay off until much later?*

Amy Gibson: I don't believe pediatric medical homes have to work any harder than those providing care for populations of adults, but you are correct that the financial investment in creating medical homes in pediatrics has been harder to achieve because it's much more challenging to document cost savings in the short term for just those reasons. If you look at all of the funding that has gone into the large multi-stakeholder medical home pilots (private and public), the focus has been primarily on chronically ill adults because of the potential cost savings that can be achieved by improving their care. It is so important that we not leave pediatricians and other health professionals that care for children out of the national dialogue on reform in primary care. This is because medical homes will improve the care we provide to all children, not just those with special health care needs, but also because pediatricians have been working to provide medical homes much longer than most health professionals caring for adults. We should look to pediatric practices for medical home models that have proven effective – especially in how to integrate preventive care, screening for potential health care problems, and partnering with non-medical

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