

Why Choose an Anchor Health Home for Your Care?



Choosing a medical home is a big decision. Especially if you have a disability, multiple chronic conditions or are a senior. You want a provider with accessible facilities and a philosophy similar to yours. Below are many of advantages to choosing an Anchor Health Home for your care.

Accessible

- Locations in your community
- Easy to get to via public transportation
- Talk to your interdisciplinary care team when needed
- Disability accessible

Person-centered

- Shared responsibility and trust between:
 - You
 - Family
 - Caregiver
 - Interdisciplinary care team
- You and your caregiver (when applicable) are part of the interdisciplinary team
- Complete information is shared regularly
- You play a central role in care coordination and decision making
- You are recognized as the expert in your care

Continuous:

- The same primary health care providers are available (Doctor or Nurse Practitioner, Nurse Care Coordinator and Long Term Services and Supports Coordinator)
- Assistance with transitions including health assessments and referrals to community programs if necessary
- The medical home primary care provider and interdisciplinary care team participates in your care and discharge planning

Comprehensive:

- Care is delivered or directed by a well-trained primary care provider
- Care for ongoing and acute illnesses is ensured, 24 hours a day, 7 days a week, 52 weeks a year
- Preventive care is provided including:
 - shots
 - health risk assessments
 - screenings
 - health care supervision
 - Counseling about health, safety, nutrition, environmental concerns, financial, functional, social supports and psychosocial issues.



- All levels of care needs are addressed, including prevention, out-patient care, hospital care, home care, day care etc.
- Your primary care provider is an advocate for you
- Information is made available: public resources, waivers, early intervention programs
- Extra time for an office visits when indicated.

Coordinated:

- Your plan of care is shared with other providers, agencies, and organizations involved with the care of the patient
- Care among multiple providers is coordinated through the interdisciplinary care team
- A central record or database containing all pertinent medical information is maintained at the medical home. The record is accessible, but confidentiality is preserved
- The medical home primary care provider shares information among with you, family, and consultant and provides specific reason for referral to appropriate specialists. You are linked to support groups and other community resources as necessary
- The medical home primary care provider evaluates and interprets the consultant's recommendations for you and discusses the plan of care
- The plan of care is coordinated with educational prevention care and other community organizations

Compassionate:

- Concern for the well-being of you and family is expressed and demonstrated
- Efforts are made to understand and empathize with the feelings of the enrollee, caregiver and family

Culturally competent:

- Your cultural background is incorporated into the care plan
- Professional translators and interpreters are available, as needed



DEFINITIONS:

Primary Care Provider: Doctor or Nurse Practitioner

Interdisciplinary Care Team: Doctor/Nurse Practitioner, Nurse Care Coordinator, Long Term Services and Supports Coordinator, Specialist, Enrollee, Family Member/caregiver.