You have a precious and productive collaboration here in Ohio.
• Growing evidence for quality & safety (& costs) for PCMH and Accountable Care Organizations
• The PCMH and ACO need each other—many models
• Personal health care balanced with population health
• Population health personalized
Children are not small adults
- Pediatric ACOs may be different
- Lower acuity, less resources
- More shared/distance resources needed
- Monitoring and Interventions: Dangerous places, substances, diseases

Co-location of personal and public health services (primary care and WIC)
- More chances for preventive care

Off/on Medicaid = broken medical home
Panel

• “White Board” for Pediatrics ACO design (not Medicare)

• Already involving patients and patient-centered measures

• Need to move focus into the outpatient setting and community where most of health occurs

• Hospital – physician integration is complex, needs new business model, will struggle with culture and “your cost = my income”
Country moving to measurement, evidence, protocol, transparency – commitment to self evaluation

No change without payment reform

Doctors think golf is a team sport

No Outcome, No Income

Medicals errors are 4th leading cause of death

Culture eats the EMR for breakfast – and is the most important focus for safety & quality
You have a precious and productive collaboration here in Ohio (STAAR reinforced)