Medical Home
Healthcare of the Future
“THE BEST TIME TO BUILD A NEW ROOF IS WHEN THE SUN IS SHINING”
Crossing the Quality Chasm:
A New Health System for the 21st Century

Institute of Medicine, 2001
“The current care systems cannot do the job. Trying harder will not work. Changing systems of care will.”
BUILDING PATIENT-CENTERED MEDICAL HOMES IN OUR COMMUNITY HEALTH CENTERS

Achieving NCQA recognition

John Kunzer MD
Principles of the PCMH?

- Personal physician for each patient
- Physician directed medical practice
- Whole person orientation
- Care is coordinated or integrated
- Quality and safety
- Enhanced access
- Payment recognizes added value to patients
NCQA recognition

- 9 standards
- 30 elements (10 must pass)
- Several objectives for each element
Why should you care?

- The most important initiative for primary care
- It is the right thing to do; good patient care
- May save money and may generate more money
- Competitive market advantage
- National recognition
Patient Centered Primary Care Collaborative (PCPCC)

- Improve the “product” that is ultimately being purchased and delivered
- Improve quality and achieve efficiencies by recognizing and supporting the value of care that is provided to patients by primary care physicians
**Patient Centered Primary Care Collaborative (PCPCC)**

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<th>Professional Organizations</th>
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<th>Businesses</th>
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Patient Centered Primary Care Collaborative (PCPCC)

Professional Organizations

- The American Academy of Chest Physicians
- The American Academy of Hospice and Palliative Medicine
- The American Academy of Neurology
- The American College of Cardiology
- The American College of Osteopathic Family Physicians
- The American College of Osteopathic Internists
- The American Geriatrics Society
- The American Medical Directors Association
- The American Society of Addiction Medicine
- The American Society of Clinical Oncology
- The Society for Adolescent Medicine
- The Society of Critical Care Medicine
- The Society of General Internal Medicine
Patient Centered Primary Care Collaborative (PCPCC)

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<td>• Arkansas Foundation for Medical Care</td>
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<td>• Association of Departments of Family Medicine</td>
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<td>• Assurance of Care</td>
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<td>• Automotive Industry Action Group</td>
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<td>• Better Health Technologies, LLC</td>
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<td>• The Center for Medical Home Improvement</td>
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<td>• Children’s Mercy Family Health Partners</td>
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<td>• CIGNA</td>
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<td>• Colorado Center for Chronic Care Innovations</td>
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<td>• Community Care Plan of Eastern Carolina</td>
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### Businesses / Insurance

- CVS Caremark
- Day Kimball Hospital
- Delmarva Foundation
- Deloitte
- Delphi Corporation
- The Department of Community and Family Medicine, Saint Louis University School of Medicine
- The Department for Family and Community Medicine, University of California, San Francisco
- The Department of Family and Community Medicine at the University of Texas Health Science Center at San Antonio
- Deseret Mutual
- DMAA: The Care Continuum Alliance
- DocInsight, Inc.
- The Dow Chemical Company
- eHealth Initiative
- Eliza Corporation
- Employer Health Care Alliance
- Enigami Systems, Inc.
- Equity Health Partners
- The ERISA Industry Committee
- Exelon Corp
- FedEx Corporation
- Foundation for Informed Medical Decision Making
- Froedtert/Medical College of Wisconsin Primary Care Initiative
- Geisinger Health Systems
- GE Energy
- General Mills, Inc.
- General Motors
- Genesys Physician Hospital Organization
- GlaxoSmithKline
- Gratiot Family Practice
- Group Health Cooperative
Patient Centered Primary Care Collaborative (PCPCC)

Businesses / Insurance

- Harvard Pilgrim Health Care
- Healing Hearts Inc
- Health Alliance Plan
- Healthcare 2.0 Reliance LLC
- Health Care Service Corporation
- Health Dialog
- HR Policy Association
- Humana, Inc.
- Huron Valley Physicians Association
- IBM
- Incenter Strategies
- INSPIRIS
- Institute for Clinical Systems Improvement
- Johns Hopkins Medicine Interactive
- Kaiser Permanente
- Maine Health Management Coalition
- Marathon Health
- Massachusetts Health Data Consortium
- MASSPRO
- Mayo Clinic, Center for Innovation
- McKesson Corporation
- MDdatacor
- MedAllies
- Medco
- Medem, Inc.
- Medical Group Management Association
- Medical Network One
- Medication Management Systems, Inc.
- MedLink, Inc.
- Memphis Business Group on Health
- Merck
- Metcare of Florida
- Michigan Department of Community Health, Chronic Disease and Injury Prevention Division
- Michigan Osteopathic Association
- Michigan Primary Care Consortium
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- Michigan Osteopathic Association
- Michigan Primary Care Consortium
- Microsoft
- Midmark Corporation
- MVP Health Care
- National Association of Chain Drug Stores
- National Association of Community Health Centers
- National Business Coalition on Health
- National Business Group on Health
- National Coalition on Health Care
- National Committee for Quality Assurance
- National Consumers League
- National Partnership for Women & Families
- National Retail Federation
- New England Quality Care Alliance
- New Hampshire Citizens Initiative
- New York Business Group on Health
- New York City Department of Health and Mental Hygiene
- North Carolina Healthcare Information and Communications Alliance, Inc.
- Novartis
- Novo Nordisk
Businesses / Insurance

- The Pacific Business Group on Health
- Partners In Care
- Pfizer
- Phytel
- Practice Transformation Institute
- Prevent Blindness America
- Priority Health
- The Proctor & Gamble Company
- Puget Sound Health Alliance
- QuadMed
- Qualis Health
- Regional Health Plans
- The Reifsnyder Group, Inc.
- Retasure - Digital Healthcare
- Revolution Health
- Rhode Island Quality Institute
- RMD Networks
- The Roger C. Lipitz Center for Integrated Health Care at the Johns Hopkins Bloomberg School of Public Health
- Saint Patrick Hospital
- Sanofi-Aventis
- Savannah Business Group
- Schering-Plough Corporation
- Service Employees International Union
- Society of General Internal Medicine
- Society of Primary Care Fellows
- Society of Teachers of Family Medicine
- The Stoeckle Center at Massachusetts General Hospital
- TeleDoc, Inc.
- THINC RHIO, Inc.
- Thomas Group, Inc.
- Taconic IPA, Inc.
- Towers Perrin
- TransforMED
- Triad Healthcare Inc.
- UnitedHealthcare
- United States Steel
Patient Centered Primary Care Collaborative (PCPCC)

Businesses / Insurance

- U.S. Chamber of Commerce
- The Vitality Group
- Walgreens Health Initiatives
- Wal-Mart
- Watson Wyatt
- WebMD
- Wegmans Food Markets
- WellPoint, Inc.
- West Michigan Physician Network
- Wyeth
- Wyoming Primary Care Association
- Xerox
More than just NCQA recognition . . .

- A systematic review of current operations
- Concrete plan to practice improvement
- A process to stimulate collaboration
- Increase physician ownership within the CHCs
- Possibly lead to improved patient, staff, and physician satisfaction.
9 NCQA standards for a PCMH

- PPC 1: Access and Communication
- PPC 2: Patient Tracking and Registry Functions
- PPC 3: Care Management
- PPC 4: Patient Self-Management Support
- PPC 5: Electronic Prescribing
- PPC 6: Test Tracking
- PPC 7: Referral Tracking
- PPC 8: Performance Reporting and Improvement
- PPC 9: Advanced Electronic Communications
30 Elements; 10 Must Pass Elements

- An element is a specific component of a standard that NCQA individually evaluates and scores. Must pass elements:
  - PPC 1, Element A: Access and Communication Processes
  - PPC 1, Element B: Access and Communication Results
  - PPC 2, Element D: Organizing Clinical Data
  - PPC 2, Element E: Identifying Important Conditions
  - PPC 3, Element A: Guidelines for Important Conditions
  - PPC 4, Element B: Self-Management Support
  - PPC 6, Element A: Test Tracking and Follow-Up
  - PPC 7, Element A: Referral Tracking
  - PPC 8, Element A: Measures of Performance
  - PPC 8, Element C: Reporting to Physicians

- Color codes:
  - Pass
  - Borderline
  - Fail
NCQA Standards

Standard 1: Access and Communication
A. Has written standards for patient access and patient communication**
B. Uses data to show it meets its standards for patient access and communication**

Standard 2: Patient Tracking and Registry Functions
A. Uses data system for basic patient information (mostly non-clinical data)
B. Has clinical data system with clinical data in searchable data fields
C. Uses the clinical data system
D. Uses paper or electronic-based charting tools to organize clinical information**
E. Uses data to identify important diagnoses and conditions in practice**
F. Generates lists of patients and reminds patients and clinicians of services needed (population management).
NCQA Standards

Standard 3: Care Management
A. Adopts and implements evidence-based guidelines for three conditions **
B. Generates reminders about preventive services for clinicians
C. Uses non-physician staff to manage patient care
D. Conducts care management, including care plans, assessing progress, addressing barriers
E. Coordinates care//follow-up for patients who receive care in inpatient and outpatient facilities

Standard 4: Patient Self-Management Support
A. Assesses language preference and other communication barriers
B. Actively supports patient self-management**
NCQA Standards

**Standard 5: Electronic Prescribing**
A. Uses electronic system to write prescriptions
B. Has electronic prescription writer with safety checks
C. Has electronic prescription writer with cost checks

**Standard 6: Test Tracking**
A. Tracks tests and identifies abnormal results systematically**
B. Uses electronic systems to order and retrieve tests and flag duplicate tests

**Standard 7: Referral Tracking**
A. Tracks referrals using paper-based or electronic system**
NCQA Standards

**Standard 8: Performance Reporting and Improvement**

A. Measures clinical and/or service performance by physician or across the practice**

B. Survey of patients’ care experience

C. Reports performance across the practice or by physician**

D. Sets goals and takes action to improve performance

E. Produces reports using standardized measures

F. Transmits reports with standardized measures electronically to external entities

**Standard 9: Advanced Electronic Communications**

A. Availability of Interactive Website

B. Electronic Patient Identification

C. Electronic Care Management Support
IT requirements

- **Basic**
  - Requires an electronic practice management
  - 60% of the elements

- **Intermediate**
  - Requires further IT presence in the practice e.g. EHR, e-prescribing
  - 33% of the elements

- **Advanced**
  - Requires interoperable IT capabilities e.g. electronically send and receive data between the practice & other entities
  - 7% of the elements
A PCMH Implementation Team!

- Operations
- Quality
- Medical Economics
- Disease Management
- IT
- Patient Navigators

Medical Home
# PCMH Implementation Team

## Associate Medical Directors (9)
- Robby Gulati
- Dawn Haut
- Elizabeth Kuonen
- Cindy Reed
- Betty Routledge
- Sarah Stelzner
- Mark Tiritilli
- Dave Van Reken
- Cynthia Misumi

## Leadership (2) and Area Operations Directors (3)
- John Kunzer
- Ken Bond
- Suzanne Caldwell
- Felgrace James
- Brian Smith

## Other (7-8)
- IT and IS (Paul Dexter)
- 1 person from Quality (Janet Jameson)
- Midtown (Cindy Wilson)
- 1 person from Disease Management
- Patient Navigator (Beverly Hayes)
- 1 person from inpt
- 2-3 Local experts (De De Willis, Nancy Swigonski, Mary Ciccarelli)
# PCMH Implementation Team

## Associate Medical Directors (9)
10% time

- Conduct site-specific analysis
- Educate and facilitate communication with health center staff/providers
- Complete individual NCQA site survey
- Lead a small group improvement project team
- Assist with completion of Multi-Group NCQA survey

## Leadership (2) and Area Operations Directors (3)

- Provide overall project coordination
- Point people for completion of Multi-Group NCQA survey
- Assist in obtaining necessary resources/support for small groups
- Area Operations Directors to facilitate communication/training with Clinic Managers
- Area Operations Directors each oversee 3 of the NCQA standard

## Other (7-8)

- Provide expertise and support for specific standards
- Communicate teams efforts to respective department and facilitates collaboration with that department.
- Assist with data collection/reporting
- Research Support
Timeline

October 2009 - December 2010

February 2009

January 2011 submission for NCQA recognition

March to June

July to September

Plan Continuous Improvement

Define the System

ACT

Assess Current Situation

PLAN

STUDY

Try Out Improvement Theory

Do

Analyze Causes

Study the Results

Standardize Improvement

IU MEDICAL GROUP
March to June 2009 – Assess Current Situation and Analyze Causes

- Project team meets every other week for 3 hour team meeting.

- Meeting Structure:
  - Review of Champion Physicians’ surveys and current performance on standard
  - Small group break out – identify CQI opportunities
  - Large Group Debrief

- “Homework”
  - Assoc. Medical Director completes individual site assessment with Area Operations Director and Clinic Manager for standard to be discussed at next meeting.
March to June 2009 – Assess Current Situation and Analyze Causes

This process will allow for:

- Needs Assessment
- Identification of collaborators
- Development of potential improvement projects
- Development of outcome measures
- Partial completion of individual site surveys and identification of documentation needed to complete surveys
July to Sept. 2009 – Try Out Improvement Theory and Study Results

- Pilot Test projects
- Analyze Results
- Identify best practices
- Refine improvement projects
- Begin scholarly dissemination
Oct 2009- Dec 2010 – Standardize Improvements & Plan Continuous Improvement

- Implement best practices system wide
- Organizing reports and data for NCAQ survey
- Development of future goals and strategic plan for PCMH in the Wishard CHCs
Pilot Test Projects

1. Improved patient-provider communication
   - Health Passport
   - Website

2. Improved Access
   - Centralized vs Local scheduling
   - Defining Panel Size
   - Group Visits

3. Improved Continuity of Care
   - Defining primary care doctor

4. Test Tracking

5. Lab Tracking

6. Improved communication with inpatient

7. Improved communication with case managers and disease managers

8. Patient Registries
   - ADHD registry
Team Goals for Compliance

- How can we apply regulations to our operations as a medical home?
- To ensure regulations are incorporated within business operations
- Work collaboratively to identify issues and develop a plan
- Create a mitigation plan if needed (i.e., if not able to meet regulations)
- Document interactions with outside entities
Possible Opportunities

- Conflicting Priorities of Management
- Coordination of Care
- Irregular schedules of physicians
- Medical records
- Giving patients full choice
- Billing
- Stark
Conflicting Priorities of Management

- Regulations vs. business operations
- Concerned with the overall well-being of the patient; complete circle of communication between physicians
- Mental health interactions with Primary Care Physicians
Coordination of Care

- Anticipate needs
- Cooperation among Physicians
- Customization based on patient needs and values
- Shared knowledge and free flow of information
- Patients as the source of control
Irregular Schedules of Physicians

- How does this get addressed with the patient?
  - Communication
  - Access
Medical Records

- PHI concerns
  - Patients with sensitive diseases (i.e., substance abuse, HIV/AIDS, etc.)
  - Hybrid records – how to keep up with electronic and paper records when primary source is paper
  - Access to all records – can the clinics access hospital records and can the hospital access the clinics records
Giving patient’s full choice

- Providing a list of local clinics of like specialty
- Allowing the patient to choose their provider whether it be a Wishard provider or an outside provider

- Conditions of Participation
Billing

- Identifying risk areas prospectively
- Auditing
- Monitoring
- Bundled payments
  - Keeping abreast of all the changes
  - Healthcare Reform
Stark

- Ongoing issue
  - Keep eyes and ears open
- Bob Wade
  - Stay tuned for his presentation