

THE EVOLVING PCMH: WHAT CHAPTER LEADERS AND STAFF NEED TO KNOW IN 2014

Jonathan Sugarman, MD, MPH, FAAFP
President and CEO
Qualis Health

AAFP Annual Leadership Forum
May 2, 2014



ALF
NCSC

facebook.com/aafpalf • facebook.com/aafpncsc
@aafpalf (#aafpalf) • #aafpncsc (#aafpncsc)

ALF
NCSC

Disclosures

- I am employed by Qualis Health, a non-profit 501c3 organization that (among many other things) provides PCMH consulting
- Qualis Health has provided services in support of some of the private sector, state, and national initiatives that I will mention. I will point those out when I mention them

facebook.com/aafpalf • facebook.com/aafpncsc @aafpalf (#aafpalf) • #aafpncsc (#aafpncsc)

ALF
NCSC

Objectives

- Review the 2014 context for PCMH, with an eye to issues of importance for Chapter leaders
- Provide a brief update on research regarding the impact of the PCMH on quality, costs, patient experience, and physician satisfaction
- Share observations regarding PCMH payment trends
- Describe a few challenges ahead that should be on the radar screens of Chapter leaders

facebook.com/aafpalf • facebook.com/aafpncsc @aafpalf (#aafpalf) • #aafpncsc (#aafpncsc)

ALF
National Center for
NCSC

First, the context...

facebook.com/alfpall • facebook.com/alfpncsc @alfpall (@alfpall) • #alfpncsc (#alfpncsc)

ALF
National Center for
NCSC

What is the PCMH?

“The Patient Centered Medical Home is a model of care articulated by principles that embrace the aspirations of the Institute of Medicine, the design of the Future of Family Medicine new model of care and The Wagner Care Model, and the relationship desired by some of this country’s largest employers for their employees.”

Source: Robert Graham Center. The patient centered medical home: history, seven core features, evidence and transformational change. Nov. 2007. (www.graham-center.org)

facebook.com/alfpall • facebook.com/alfpncsc @alfpall (@alfpall) • #alfpncsc (#alfpncsc)

ALF
National Center for
NCSC

Not simply a description of a delivery system model...

“It is also a *political construct** that takes advantage of a 40 year-old name and organizing these previous articulations into a mutually agreeable model that has now begun to capture the collective psyche of Federal and State Government, employers, and health plans.”

**italics added*

Source: Robert Graham Center. The patient centered medical home: history, seven core features, evidence and transformational change. Nov. 2007. (www.graham-center.org)

facebook.com/alfpall • facebook.com/alfpncsc @alfpall (@alfpall) • #alfpncsc (#alfpncsc)

ALF
Advanced Learning Foundation
NCSC

High aspirations...

“It is likely to be the best opportunity for aligning physician and patient frustration, demonstrated models for improving care, and private and public payment systems to produce the most profound transformation of the health care system in anyone’s memory.”

Source: Robert Graham Center. The patient centered medical home: history, seven core features, evidence, and transformational change. Nov. 2007. (www.graham-center.org)

facebook.com/alfall • facebook.com/alfncsc @alfall (#alfall) • #alfncsc (#alfncsc)

Need to know #1:

Despite the short half-life of many health policy innovations (buzzwords), medical homes continue to capture the attention of key stakeholders

ALF
Advanced Learning Foundation
NCSC

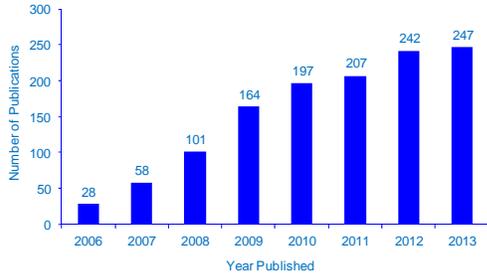
GOOGLE SEARCH “MEDICAL HOME” HITS, BY YEAR: 2003-2013

Year	Google Hits
2003	3,150
2004	4,250
2005	6,540
2006	9,470
2007	13,800
2008	41,900
2009	56,000
2010	50,900
2011	99,500
2012	145,000
2013	167,000

ALF
Advanced Learning Foundation
NCSC

facebook.com/alfall • facebook.com/alfncsc @alfall (#alfall) • #alfncsc (#alfncsc)

“Medical Home” PubMed Entries, by Year: 2006-2013



ALF
NCSC

A rose by any other name...

- Medical home
 - Advanced primary care
 - Patient-centered medical home
 - Personal medical home
 - Health home
 - Integrated health home
 - TransformMED model
 - New model of family medicine
 - Primary care medical home
 - Ambulatory ICU
- and more...

[facebook.com/yafghf](#) - [facebook.com/alfncsc](#) [twitter.com/yafghf](#) - [twitter.com/alfncsc](#)

Need to know #2:

Are medical homes living up to the
high expectations
set for them?

ALF
NCSC



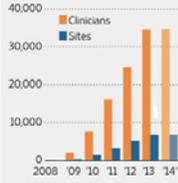
THE WALL STREET JOURNAL

Feb. 25, 2014

Study Questions Benefits of 'Medical Home' Programs for Chronically Ill

Primary Option

The number of primary care practices recognized as patient-centered medical homes has grown steadily.



¹As of Jan. 30
Source: National Committee for Quality Assurance
The Wall Street Journal

"There are folks who believe the medical home is a proven intervention that doesn't even need to be tested or refined. Our findings will hopefully change those views," said Mark W. Friedberg, a researcher at RAND Corp. and lead author of the study, published Tuesday in the Journal of the American Medical Association.

(Friedberg et al. JAMA. 2014;311(8):815-825).

Need to Know #3:

The payment landscape is changing--
in a positive way

ALF
NCSC



States with Medicaid/CHIP Medical Home Activity Since 2006

- None
- Medical home activity, no payments to medical homes
- Payments to medical homes underway

NATIONAL ACADEMY
for STATE HEALTH POLICY



States with an Active Role in a Multi-Payer Medical Home Initiative



CMS Initiatives for Primary Care

- Multi-payer Advanced Primary Care Practice Initiative
- FQHC Advanced Primary Care Practice Demonstration
- Medicaid Health Home
- Comprehensive Primary Care Initiative
- Medicare and Medicaid enhanced payments to primary care physicians (Affordable Care Act)





The NEW ENGLAND JOURNAL of MEDICINE

PERSPECTIVE N ENGL J MED 368:8 NEJM.ORG FEBRUARY 21, 2013

Medicare's Transitional Care Payment — A Step toward the Medical Home

Andrew B. Bindman, M.D., Jonathan D. Blum, M.P.P., and Richard Kronick, Ph.D.

“On the basis of the anticipated number of hospital, rehabilitation, and nursing home discharges per year and the historical distribution of physician visits after these discharges, CMS estimates it will pay \$600 million for transitional care services in 2013, with the majority going to primary care physicians.”

VIEWPOINT Medicare Physician Payment Reform
Will 2014 Be the Fix for SGR?

Mark McClellan, MD, PhD
The Brookings Institution, Washington, DC

Kavita Patel, MD, MS
The Brookings Institution, Washington, DC

Darshak Sanghavi, MD
The Brookings Institution, Washington, DC

For example, primary care physicians might opt for a medical home model in which some fee-for-service payments are replaced with a per-patient payment. This payment could be used for evaluating and managing a patient, performing laboratory tests, coordinating with other providers, or other needed services that receive little or no financial support in Medicare today. Special-

How much physician payment reform occurs in 2014 may come down to how much physicians are willing to advocate for alternatives to the predictable but consuming short-term patches— alternatives that may not be permanent or clear but that would give physicians much more opportunity to lead in reforming health care.

JAMA The Journal of the American Medical Association 2014;311(7):669-670

Chapter leaders take note...

ALF
NCSC

Other “need to knows” to keep on your radar screens as chapter leaders

- Recognition/certification/accreditation vs. transformation?
- Dilution of the primary care concept by extending the definition of medical homes to include limited specialists
- How can your members accelerate their own medical home transformation efforts?

facebook.com/alfpdl facebook.com/alfncsc @alfpdl (@alfpdl) #alfncsc (#alfncsc)

ALF
NCSC

Medical Home Accreditation and Recognition Programs

NCQA
PATIENT-CENTERED MEDICAL HOME
RECOGNIZED PRACTICE
2011

AAAHC
ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

The Joint Commission

urac
PATIENT CENTERED MEDICAL HOME
Achieving Medical Home Quality

THE JOINT COMMISSION
NATIONAL QUALITY AWARD

facebook.com/alfpdl facebook.com/alfncsc @alfpdl (@alfpdl) #alfncsc (#alfncsc)

Reform Update: Specialty physicians make inroads into medical homes

The medical home practice model was developed by primary-care medical societies, and the concept's principles include a "whole person orientation." So, even though a patient may receive the bulk of their care from a cardiologist or oncologist, that practice—by the primary-care societies' definition—can't be a medical home because of the focus on one organ system or one disease condition.

But it appears that Congress and organizations such as the National Committee for Quality Assurance disagree with the primary-care docs on this one.

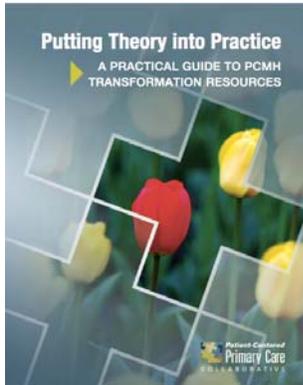
The private sector is moving faster than the government—particularly in the area of [financially rewarding oncology practices that operate as medical homes](#).



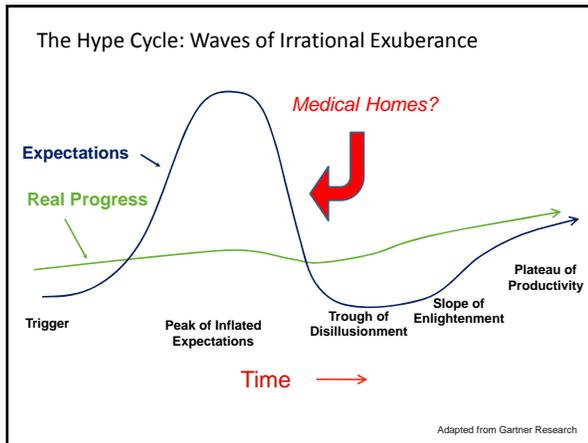
Facilitating Improvement in Primary Care: The Promise of Practice Coaching

KEVIN GRUMBACH, EMMA BAINBRIDGE, AND THOMAS BODENHEIMER
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

ABSTRACT: Practice coaching, also called practice facilitation, assists physician practices with the desire to improve in such areas as patient access, chronic and preventive care, electronic medical record use, patient-centeredness, cultural competence, and team-building. This issue brief clarifies the essential features of practice coaching and offers guidance for health system leaders, public and private insurers, and federal and state policymakers on how best to structure and design these programs in primary care settings. Good-quality evidence demonstrates that practice coaching is effective. The authors argue that primary care delivery in the United States would benefit from a more systematic approach to the training and deployment of primary care practice coaches.



- Patient-Centered Primary Care Collaborative guide published Oct 2011
- 45 "PCMH Transformation Support Organizations" (i.e., consulting firms and other vendors) listed
- The list was far from complete...



ALF
NCSC

Questions?

jonathans@qualishealth.org

facebook.com/qualishealth | linkedin.com/company/qualishealth | reddit.com/r/qualishealth | xing.com/company/qualishealth
