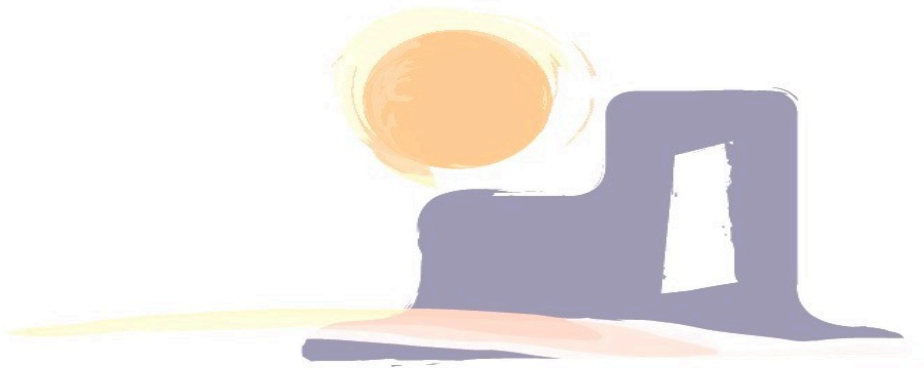
The Journey at New Pueblo Medicine

Mike Cracovaner, CEO

Patient-Centered Medical Home

… a journey not a destination.



Practice Demographics

Internal Medicine Practice

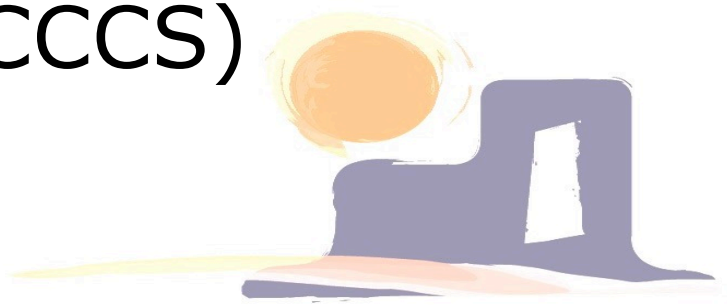
12,500 Patients

3,300 Medicare

1,400 Medicare Advantage

7,800 Commercial /ASO

0 Medicaid (AHCCCS)



Staff and Services

7 Physicians (6 w/panels, 1 hospitalist)

2 Midlevels (1NP, 1PA)

+/- 60 FTE

Lab (CLIA) + Anti-coagulation Clinic

Imaging Clinic (X-ray, Dexa)

Audiology, NCV, ABI, Adenosine Stress, Travel Clinic, Diabetes Education, Clinical Research

"We want to treat you well, make you well, and help you stay well during your lifetime."

Y2K

HMO Capitation → FFS

Big Specialty Groups

High Quality: Service/Physician/Patient

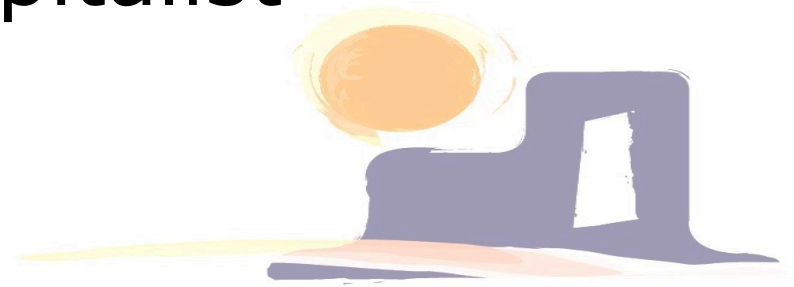
NPM Foundation for a Medical Home

4 Decades of practice

Physician/Patient Relationships

3 generation families

Outside Hospitalist



Transition to an EHR

Physician Buy-in, Physician Leadership

Train the Trainers

The Ventures

Hernan Cortez

The Causalities and Spoils of War

Total Cost
Hospital Incentives
Gainshare

Why a PCMH?

Already had elements

Approached by UHC for pilot

PCMH additional incentives rewarding primary care for doing the right thing for patients

Future of healthcare =PCP stewardship of resources

What is PCMH?

Back to the Future

Physician Led Team

Relationship with Patient/Family

Evidenced Based Medicine

Measure and Reward Quality Outcomes

TransforMED℠ Patient Centered Medical Home

Access to Care and Information
- Health care for all
- Same-day appointments
- After-hours access coverage
- Lab results highly accessible
- Online patient services
- e-Visits
- Group visits

Practice Management
- Disciplined financial management
- Cost-Benefit decision-making
- Revenue enhancement
- Optimized coding & billing
- Personnel/HR management
- Facilities management
- Optimized office design/redesign
- Change management

Practice Services
- Comprehensive care for both acute & chronic conditions
- Prevention screening and services
- Surgical procedures
- Ancillary therapeutic and support services
- Ancillary diagnostic services

Health Information Technology
- Electronic medical record
- Electronic orders and reporting
- Electronic prescribing
- Evidence-based decision support
- Population management registry
- Practice Web site
- Patient portal

A continuous relationship with a personal physician coordinating care for both wellness and illness

- Mindful clinician-patient communication: *trust, respect, shared decision-making*
- Patient engagement
- Provider/patient partnership
- Culturally sensitive care
- Continuous relationship
- Whole person care

Care Management
- Population management
- Wellness promotion
- Disease prevention
- Chronic disease management
- Care coordination
- Patient engagement and education
- Leverages automated technologies

Quality and Safety
- Evidence-based best practices
- Medication management
- Patient satisfaction feedback
- Clinical outcomes analysis
- Quality improvement
- Risk management
- Regulatory compliance

Continuity of Care Services
- Community-based resources
- Collaborative relationships
  - Hospital care
  - Behavioral health care
  - Maternity care
  - Specialist care
  - Pharmacy
  - Physical Therapy
  - Case Management

Practice-Based Care Team
- Provider leadership
- Shared mission and vision
- Effective communication
- Task designation by skill set
- Nurse Practitioner / Physician Assistant
- Patient participation
- Family involvement options

Find out more at **www.TransforMED.com**

"The good to great companies used technology as an ***accelerator*** of momentum, not a creator of it"

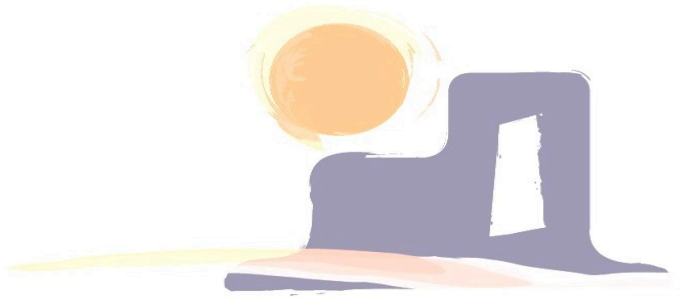
-Jim Collins

Building a PCMH

Infrastructure

Processes

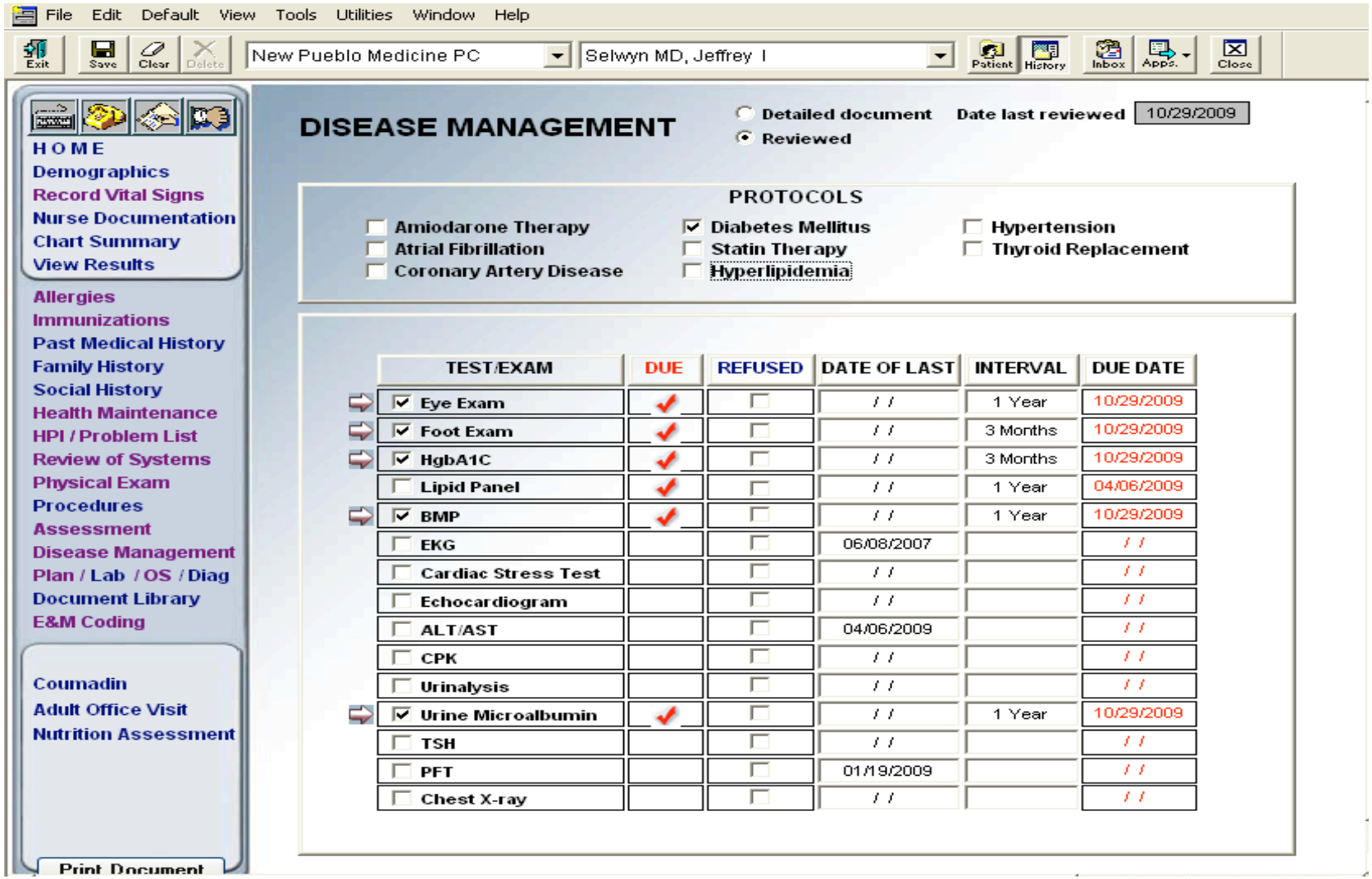
Outcomes



Chronic Disease Management

Diabetes
Hypertension
CAD
Depression
COPD

Managing Chronic Disease



Preventive Measures

Cervical CA Screening

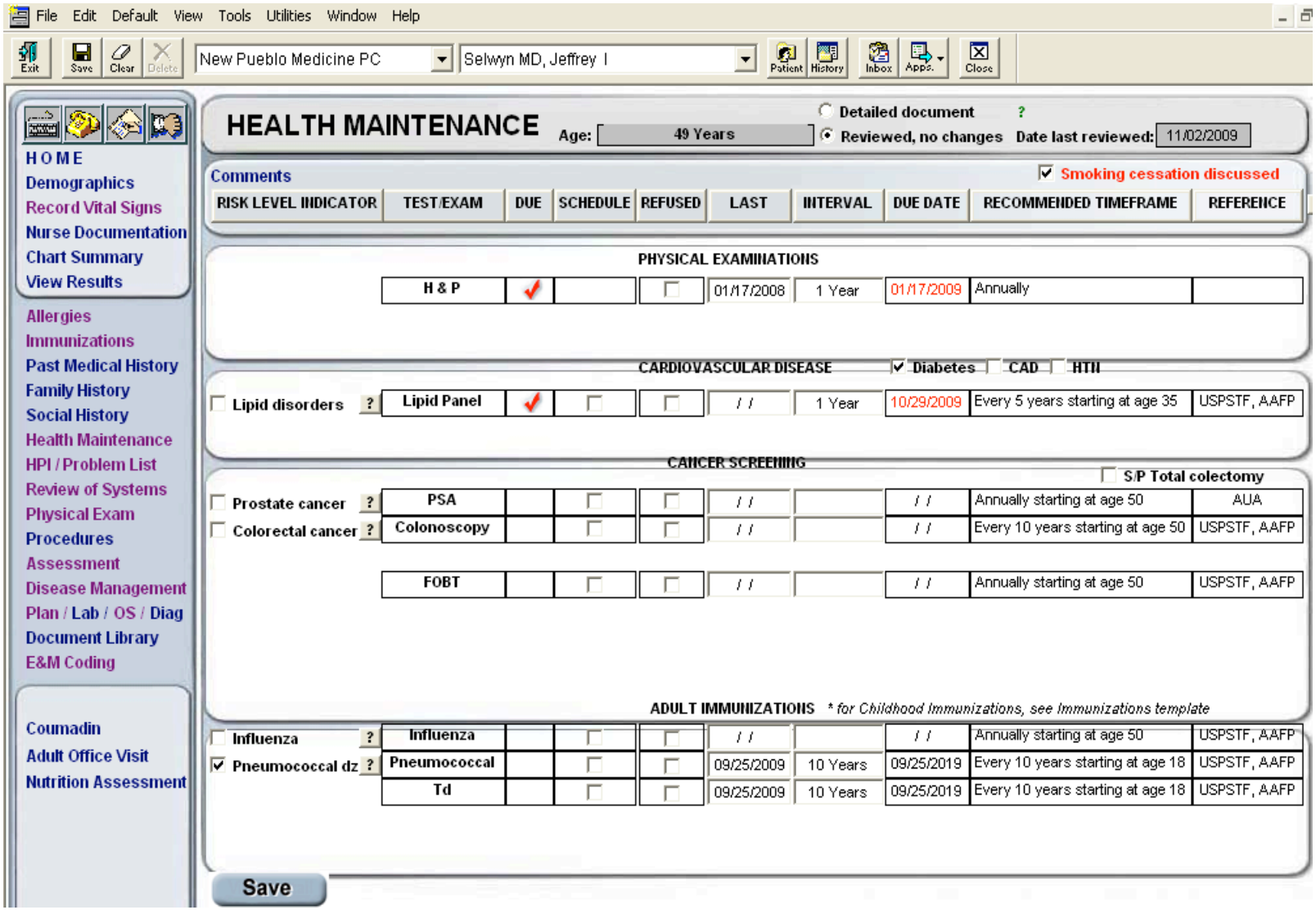
Breast CA Screening

Colorectal CA Screening

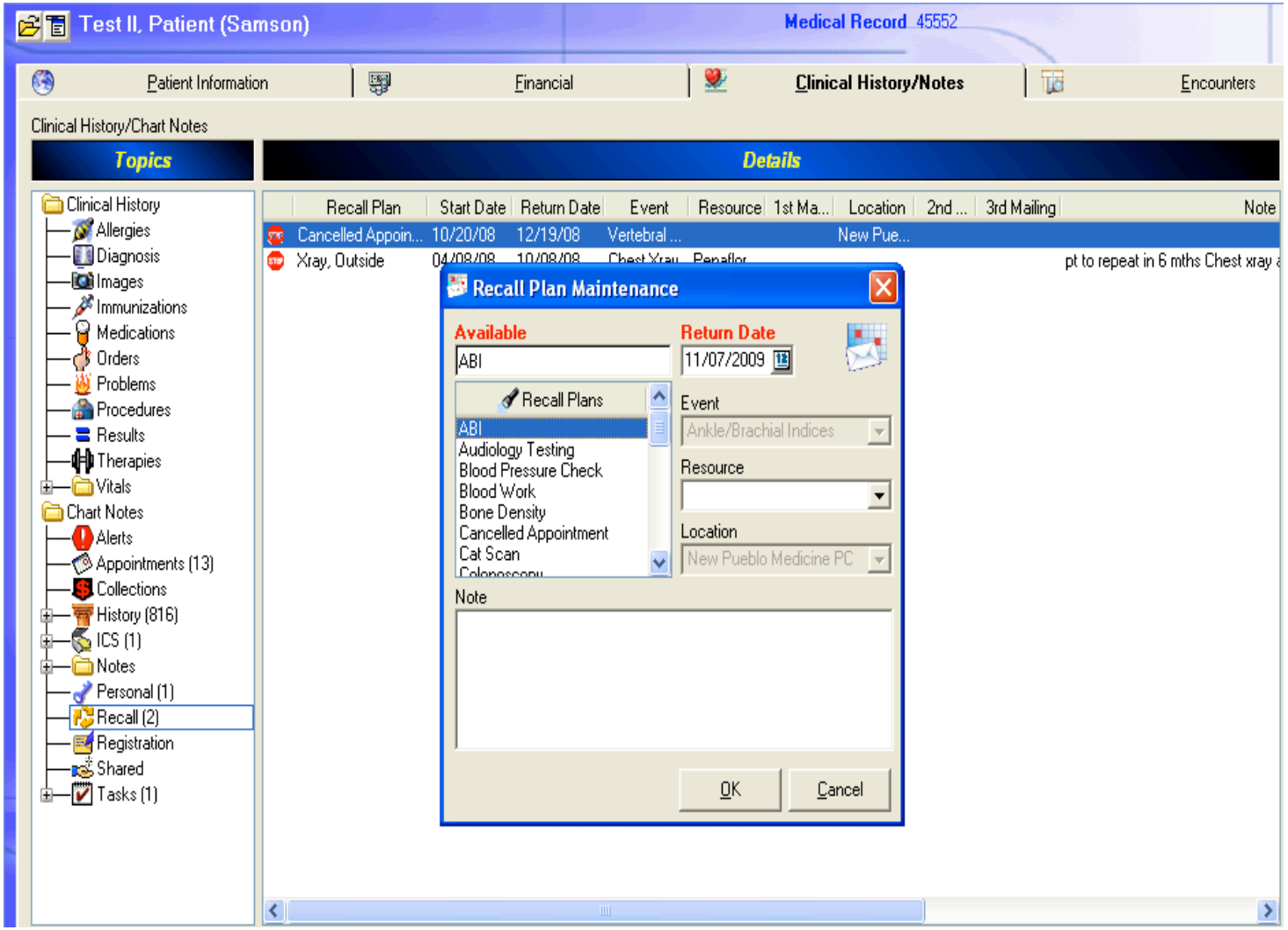
Pneumovax

Flu Vaccine

Health Maintenance



Recall System



NCQA
Measuring quality. Improving health care.

PPC-PCMH CONTENT AND SCORING

Standard 1: Access and Communication	Pts
A. Has written standards for patient access and patient communication**	**4**
B. Uses data to show it meets its standards for patient access and communication**	**5**
	9

Standard 2: Patient Tracking and Registry Functions	Pts
A. Uses data system for basic patient information (mostly non-clinical data)	2
B. Has clinical data system with clinical data in searchable data fields	3
C. Uses the clinical data system	3
D. Uses paper or electronic-based charting tools to organize clinical information**	**6**
E. Uses data to identify important diagnoses and conditions in practice**	**4**
F. Generates lists of patients and reminds patients and clinicians of services needed (population management)	3
	21

Standard 3: Care Management	Pts
A. Adopts and implements evidence-based guidelines for three conditions**	**3**
B. Generates reminders about preventive services for clinicians	4
C. Uses non-physician staff to manage patient care	3
D. Conducts care management, including care plans, assessing progress, addressing barriers	5
E. Coordinates care//follow-up for patients who receive care in inpatient and outpatient facilities	5
	20

Standard 4: Patient Self-Management Support	Pts
A. Assesses language preference and other communication barriers	2
B. Actively supports patient self-management**	**4**
	6

Standard 5: Electronic Prescribing	Pts
A. Uses electronic system to write prescriptions	3
B. Has electronic prescription writer with safety checks	3
C. Has electronic prescription writer with cost checks	2
	8

Standard 6: Test Tracking	Pts
A. Tracks tests and identifies abnormal results systematically**	**7**
B. Uses electronic systems to order and retrieve tests and flag duplicate tests	6
	13

Standard 7: Referral Tracking	Pts
A. Tracks referrals using paper-based or electronic system**	**4**
	4

Standard 8: Performance Reporting and Improvement	Pts
A. Measures clinical and/or service performance by physician or across the practice**	**3**
B. Survey of patients' care experience	3
C. Reports performance across the practice or by physician**	**3**
D. Sets goals and takes action to improve performance	3
E. Produces reports using standardized measures	2
F. Transmits reports with standardized measures electronically to external entities	1
	15

Standard 9: Advanced Electronic Communications	Pts
A. Availability of Interactive Website	1
B. Electronic Patient Identification	2
C. Electronic Care Management Support	1
	4

**Must Pass Elements

PPC-PCMH SCORING

Level of Qualifying	Points	Must Pass Elements at 50% Performance Level
Level 3	75 -100	10 of 10
Level 2	50 –74	10 of 10
Level 1	25 –49	5 of 10
Not Recognized	0 –24	< 5

“You got to admit it’s gettin’ better”
-John Lennon

Weekly ED/IP Report

E-Prescribe

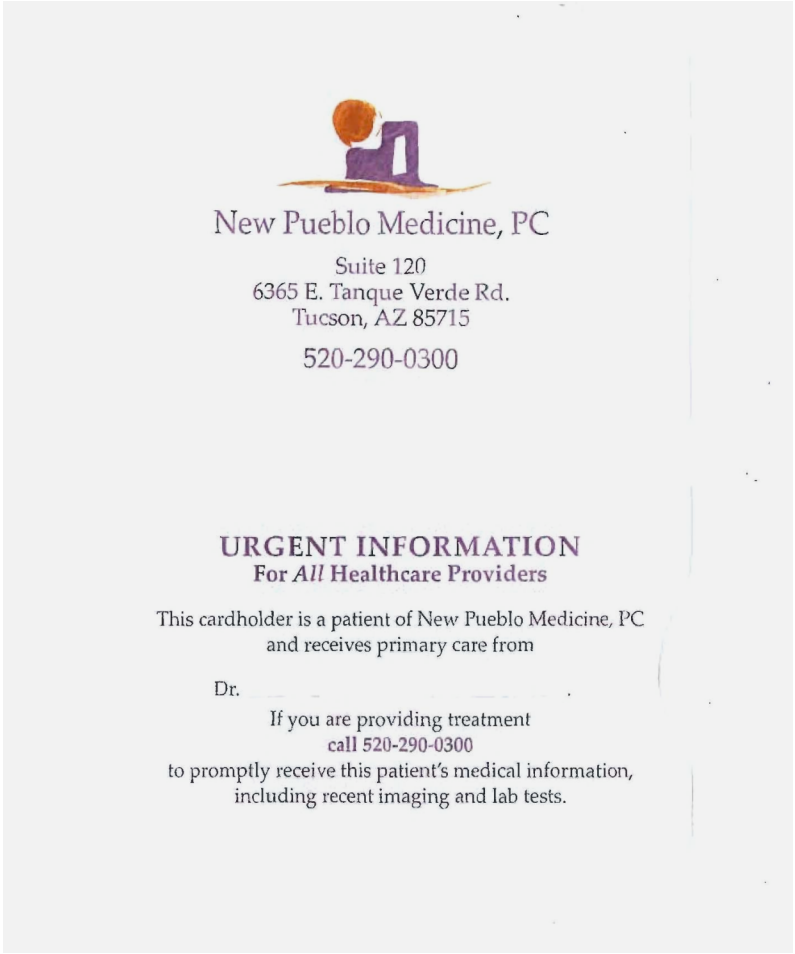
Patient contact/Patient education

Case Management

Cycle Time

Lab Interface

Patient Engagement



New Pueblo Medicine, PC

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Tucson, AZ 85715

520-290-0300

URGENT INFORMATION
For *All* Healthcare Providers

This cardholder is a patient of New Pueblo Medicine, PC
and receives primary care from

Dr. _____

If you are providing treatment
call 520-290-0300
to promptly receive this patient's medical information,
including recent imaging and lab tests.

OOPS…….

Patient Portal

Going Rouge: Physician/Patient email

Pick of the litter

Positive Outcomes of PCMH

Disease management

Population management

Patient engagement

Staff buy-in

Financial incentives

First mover advantage

What's The Future

"Health care reform" = "shifting risk to providers"

Payment for outcome vs. tran$action$

Diagnostically Regulated Groupings (DRG)

Bundling payments

Accountable Care Episodes (ACE)

Accountable Care Organization (ACO)

Health Information Exchanges (HIE)

Cities and villages of Medical Homes

Links for more info

National Committee for Quality Assurance NCQA
www.ncqa.org/
Patient-Centered Primary Care Collaborative
www.pcpcc.net
American Academy of Family Physicians
www.aafp.org/pcmh
American Academy of Pediatrics
http://aappolicy.aappublications.org/
American College of Physicians
www.acponline.org/advocacy/where_we_stand/medical_home/
American Osteopathic Association
www.osteopathic.org
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