



Track Ten: Advancing Primary Care and Delivery Design

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11:15am to 12:45pm

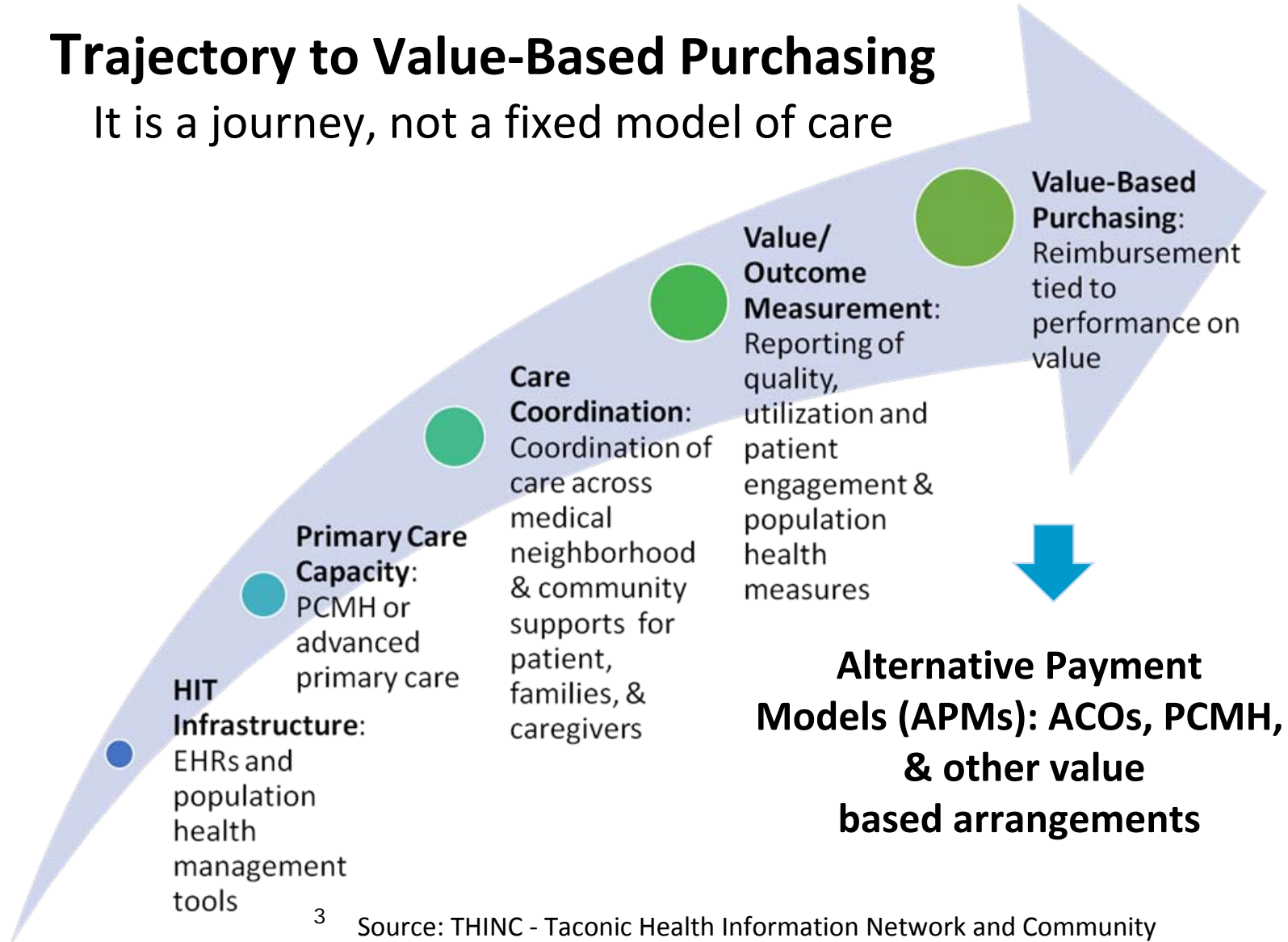


Defining: PCMH (or high functioning primary care)



Trajectory to Value-Based Purchasing

It is a journey, not a fixed model of care



Strengthened primary care =



Significant problems

Rising healthcare costs
→ \$2.4 trillion (17% of GDP)

Gaps/variations in quality and safety

Poor access to PCPs

Below-average population health

↑ Aging population
Chronic disease

... “Experiments” underway

- PCMHs
- ACOs
- EHR/HIE investment
- Disease-management pilots
- Alternative care settings
- Patient engagement
- Care coordination pilots
- Health insurance exchanges
- Top-of-license practice

... Primary care-centric projects have proven results

Across 300+ studies, better primary care has proven to increase quality and curtail growth of health care costs

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**The
Patient-Centered
Medical Home's
Impact on Cost
and Quality**

**Annual
Review of
Evidence
2013-2014**

Made possible with
support from the
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Study Authors:

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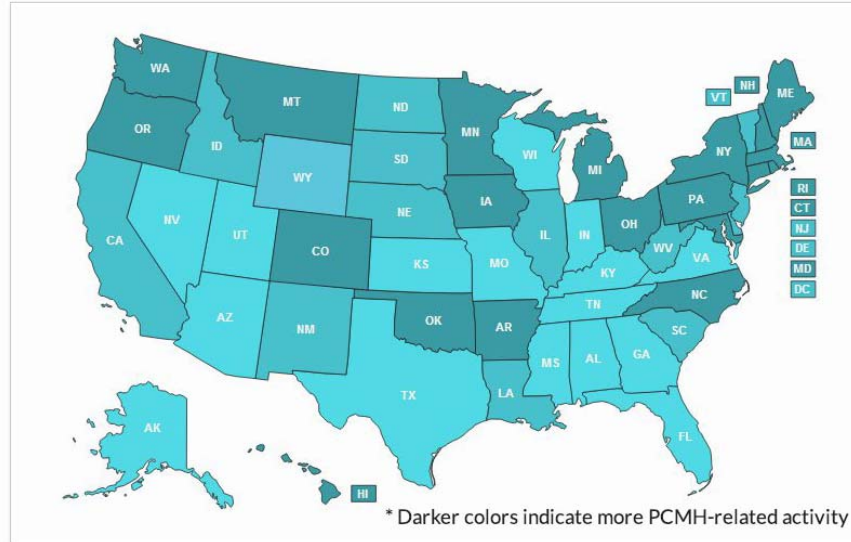


Primary Care Innovations and PCMH Map

Mapping the Medical Home Movement:

This map includes a diverse range of programs using patient-centered medical homes (PCMH) and enhanced primary care teams as the model for improving health care delivery. Click the map for a summary of all public and commercial PCMH programs in the State (State View). For more information on what programs are included visit our [Frequently Asked Questions \(FAQ\)](#) page.

State View



- List View
- State View
- National View
- Outcomes View
- FAQ Page

What is a Medical Home?



Join our mailing list for the latest map updates and medical home news.



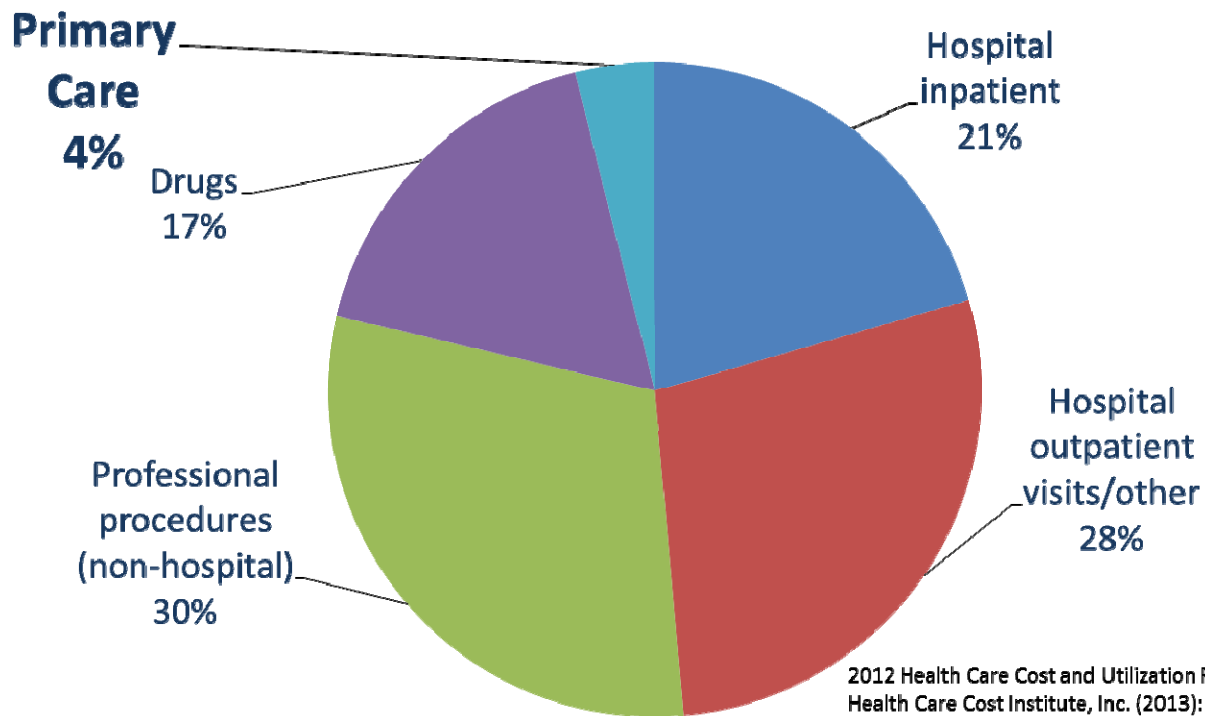
PCPCC Strategic Priorities

The PCPCC engages in advocacy/education; developing and disseminating information; convening experts.

- **Priority 1.** Promote **increased primary care investment** (controlling total cost of care by increasing % spend & moving to comprehensive payment).
- **Priority 2.** Promote **clinical transformation and integration** with the medical neighborhood & communities.
- **Priority 3.** Promote patient/consumer/employee(r) **engagement.**
- **Priority 4.** Promote development of **health workforce.**



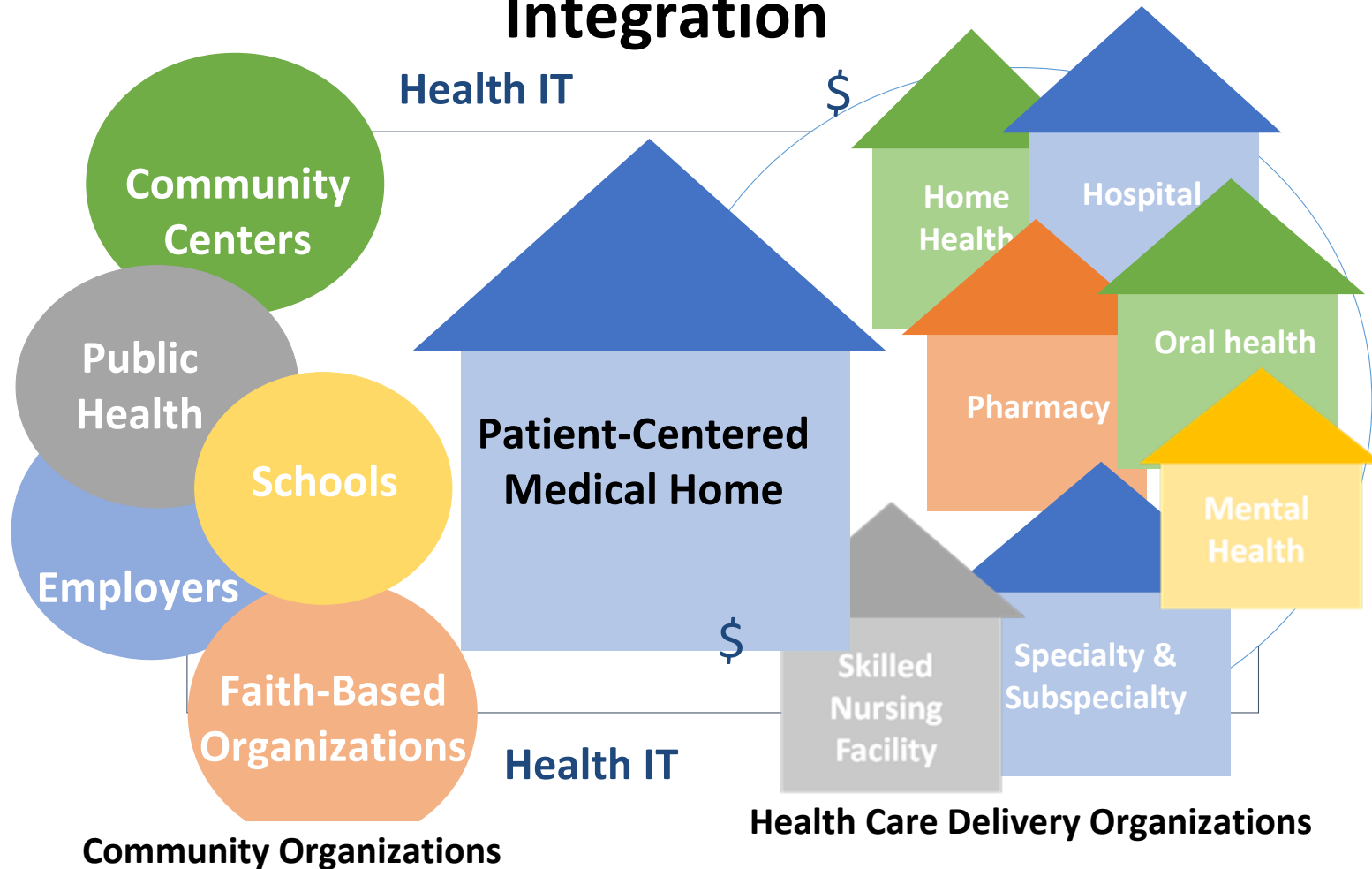
#1. Promote Primary Care Investment



2012 Health Care Cost and Utilization Report. “
Health Care Cost Institute, Inc. (2013): Table A1 [Intro]
Washington, DC: HCCI; 2013 Sept
<http://www.healthcostinstitute.org/>”

U.S. per-capita health spending,
2012 (under 65 with employer-
sponsored health insurance)

#2. Promote Clinical Transformation & Integration



Community Organizations

Health Care Delivery Organizations

3. Promote patient/consumer/employee(r) engagement

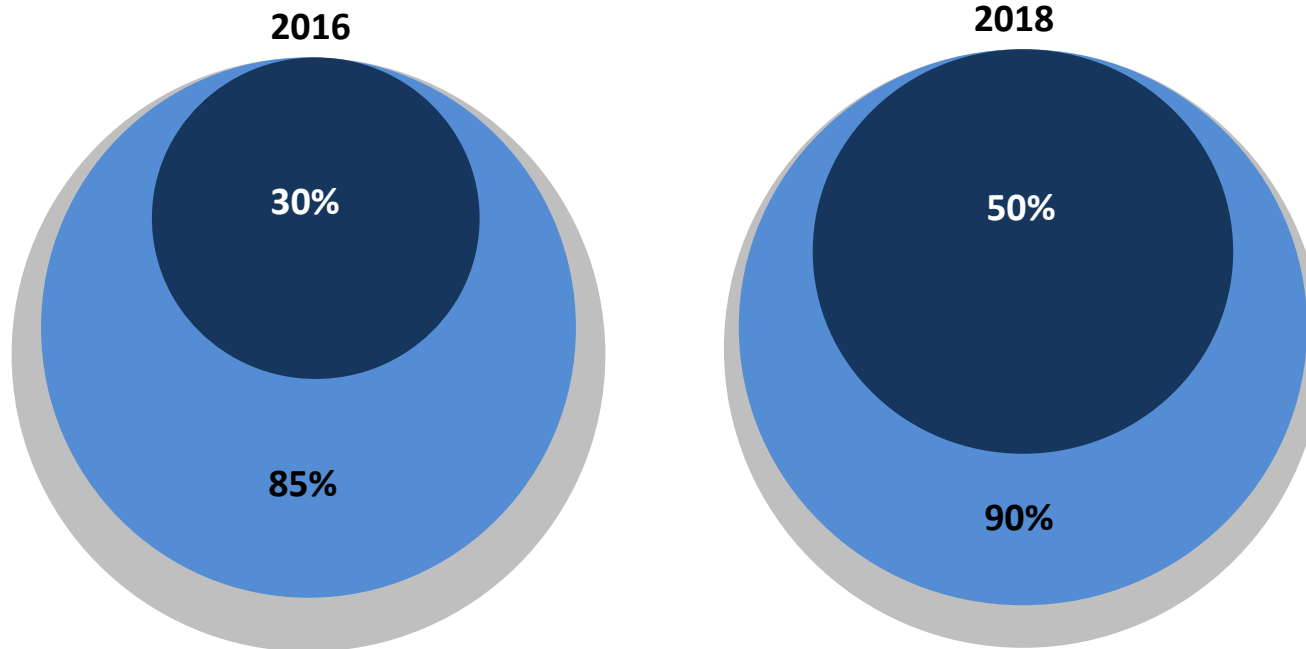


#4. Promote development of health work force



HHS: Linking % Medicare FFS payments to quality and alternative payment models

- All Medicare FFS (Categories 1-4)
- FFS linked to qua(Categories -4)
- Alternative payment models (Categories 3-4)



Source: CMS

Medicare Access and CHIP Reauthorization Act of 2015

Created in 1997, the SGR capped Medicare physician spending per beneficiary at the growth in GD

The formula does not incentivize high-quality, high-value care

Since 2003, Congress has passed 17 laws to override SGR cuts

SGR creates uncertainty and disruption for physicians and other providers

Most of \$170B in 'patches' financed by health systems



On 3/26, the House passed H.R. 2 by 392-37 vote.

On 4/14, the Senate passed the House bill by a vote of 92-8, and the President signed the bill.

Four perspectives: Advancing Primary Care Delivery and Design

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 - CEO Bon Secours Medical Group
- Jamie Colbert, MD
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 - Hospitalist, Newton-Wellesley Hospital
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