

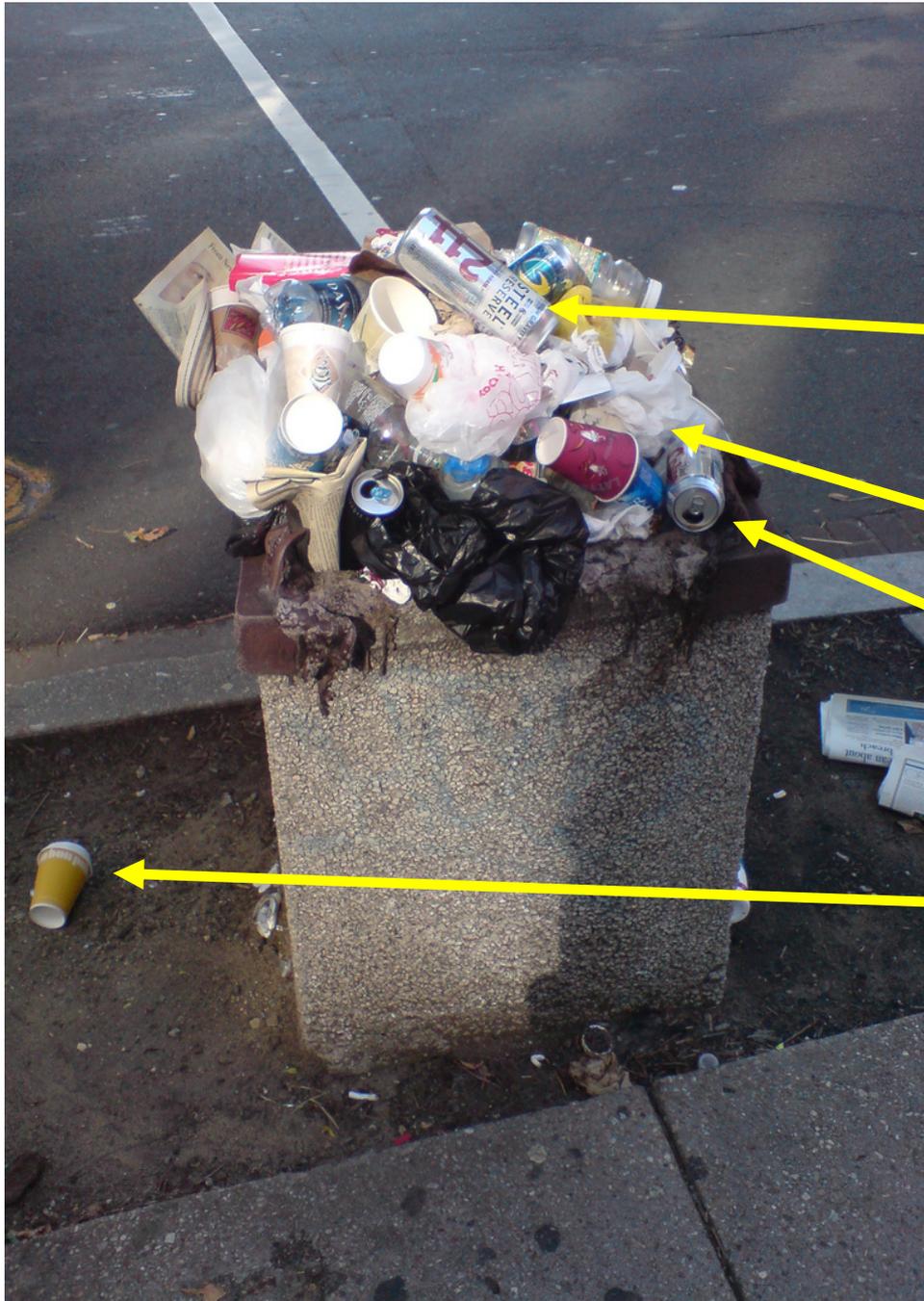
A scenic photograph of a snowy mountain landscape. The foreground and middle ground are covered in deep, white snow, with several ski tracks visible. Numerous evergreen trees, heavily laden with snow, are scattered across the scene. The background shows a clear, bright blue sky. The overall atmosphere is serene and winter-themed.

Swedish Community Health Medical Home

A Unique Primary Care Capitation Model

Mark Johnson, MD

Reforming Primary Care



- Incentive for overtreatment
- No accountability
- Lack of flexibility to meet individual patient needs
- No focus on prevention



- Spend time with patients when they need it
- Perform “non” face-to-face visits
- Create and manage registries
- Coordinate care
- Address preventative care at every visit

- Shift the incentives toward caring for patients and away from RVU’s
- Make primary care a more attractive specialty
- Address the lack of outcomes /accountability



Payment Reform Required to Support, Sustain PCMH, Expert Says

By James Arvantes

5/5/2010

The patient-centered medical home, or PCMH, cannot operate in a sustained fashion without fundamental payment reform to support the tenets of the medical home. But physician practices will have to determine the type of payment reform that works best for them based on their individual needs, says Allan Goroll, M.D., professor of medicine at Harvard Medical School and chair of the Payment Reform Task Force for the Patient-Centered Primary Care Collaborative, or PCPCC.

According to Goroll, all health care is local. The payment model that works best for a particular practice is an individualized issue, says Goroll, one that will have to be negotiated between payers, purchasers and practices when possible. "Practices vary tremendously based on their culture, their location and their patient populations." And this means that different payment models will work best for different practices, says Goroll.

The logo for "Business of MEDICINE" consists of two stacked rectangular boxes. The top box is red with the words "Business of" in white, sans-serif font. The bottom box is blue with the word "MEDICINE" in white, all-caps, sans-serif font.

Comparison of payment models for the medical home foundation

	Strength	Weakness
<i>Fee For Service</i>	Many	Misaligned incentives; Restrictive model of payment
<i>Primary Care Capitation</i>		
<i>Primary Care Capitation + Pay for Performance</i>		

Comparison of payment models for the medical home foundation

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<i>Primary Care Capitation</i>	Gives flexibility to incorporate medical home concepts	Possible incentive to limit care rather than delivery quality care
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<i>Primary Care Capitation + Pay for Performance</i>	Flexibility plus financial incentives for quality	?

Payers



Payers

- **Privately Insured**

- Managed Medicaid
- Self Pay
- Medicare
- Charity Care

- Premera Blue Cross
- Not-for-profit
- Pays us PMPM plus performance bonus
- Covers all services within the clinic walls
- Medications, sub-specialty care and outside labs and imaging paid separately as FFS

Payers

- Privately Insured
- **Managed Medicaid**
- Self Pay
- Medicare
- Charity Care
- Molina -- managed Medicaid
- For profit company
- Pay us PMPM plus performance bonus
- Medications, sub-specialty care and outside labs and imaging paid separately as FFS

Payers

- Privately Insured
- Managed Medicaid
- **Self Pay**
- Medicare
- Charity Care
- Individuals pay \$45 per month for clinic services
- Clinic negotiates with hospital for discounts of some imaging and labs
- Clinic identifies pharmacies with \$4 generic medication programs
- Patients encouraged to get catastrophic coverage for ED visits or hospitalizations

Payers

- Privately Insured
- Managed Medicaid
- Self Pay
- **Medicare**
- Charity Care
- Fee for Service right now
- Residency training requires geriatric medicine experience
- Would like to contract with a Medicare managed care company or participate in a Medicare pilot in the near future

Payers

- Privately Insured
 - Managed Medicaid
 - Self Pay
 - Medicare
 - **Charity Care**
- Patients less than 200% FPL qualify
 - Hospital-based services are also covered (lab, imaging, some sub-specialty care)
 - Medications are not covered
 - Patients must re-new after 6 months

In the Beginning . . .

- Opened March 31, 2009
- Basic PCMH concepts from day one
- Residency training site
- Hospital supported
- Mixed payment model → Primary care capitation model

primary care

Medical Home: changing the rules of primary care

Swedish Medical Center | May 30, 2010

It's mid-afternoon in Caffe Fiore on Ballard's Leary Avenue, and the soft autumn light adds its warmth to an already inviting setting. Behind the counter, baristas serve steaming coffee to a steady flow of customers who are pushing strollers, chatting with friends, or intensely focused on the laptop screens in front of them. The baristas are all in their 20s. They are cheerful, hardworking and – until recently – among the millions of Americans who might have insurance to cover a catastrophic illness, but can't afford the primary health care it takes to stay well.



"Our business is too small to be able to provide health care for our staff; our first priority is making sure we can pay their wages," said Katrine Callahan, Caffe Fiore's general manager. "We are always looking for ways to help them out, to get them care. What we want for ourselves and our staff is a doctor who knows us when one of us walks in the door. I want someone who is actually concerned about helping me stay healthy instead of waiting for an issue to come up and then trying to fix it. But how could we afford that?"

Staffing

Clinical:

- 6 family medicine residents
- 3 clinical faculty (1.5 FTE)
- 1 ARNP
- 2 RN's



Non-Clinical:

- 2 PSR's
- 1 Clinic Administrator



Swedish Medical Center -- Seattle

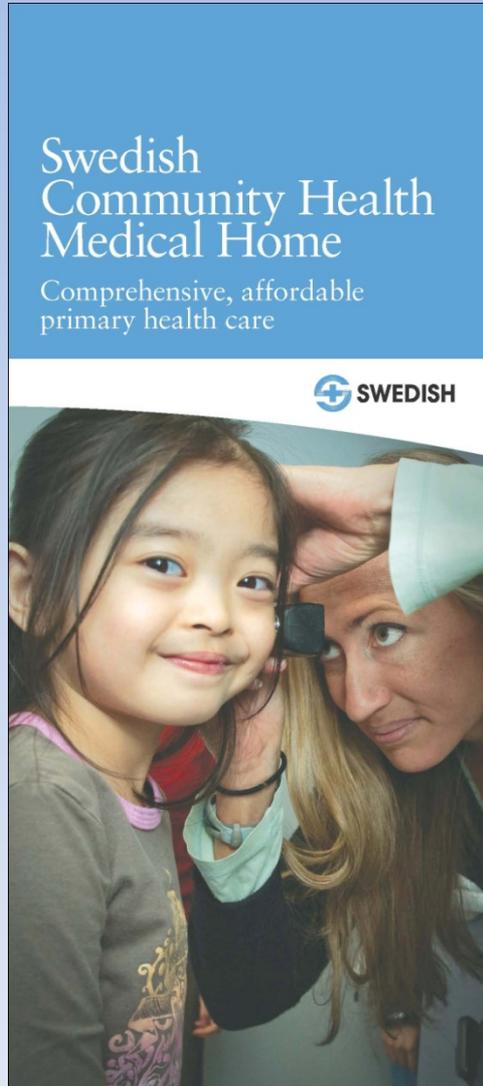
- Not-for-profit
- 4 hospitals – 1245 beds
- >2300 doctors on medical staff
- About 500 employed physicians
- 12 Primary care clinics
- 20 specialty care clinics



Medical Home Components

- 30 and 60 minute office visits
- Same or next day appointments
- Patient centered care
 - Office, home, telephone, group and email visits
- Evidence based care
- 24 hour physician telephone access
- Data outcomes collection
- Electronic Medical Record
- Registry creation and management

Services Provided



- Full spectrum family medicine
 - Pediatric,
 - obstetric,
 - geriatric care,
 - preventive care
- Immunization administration
- Minor procedures
- 15 point of care labs
- Psychological care
- Care Coordination

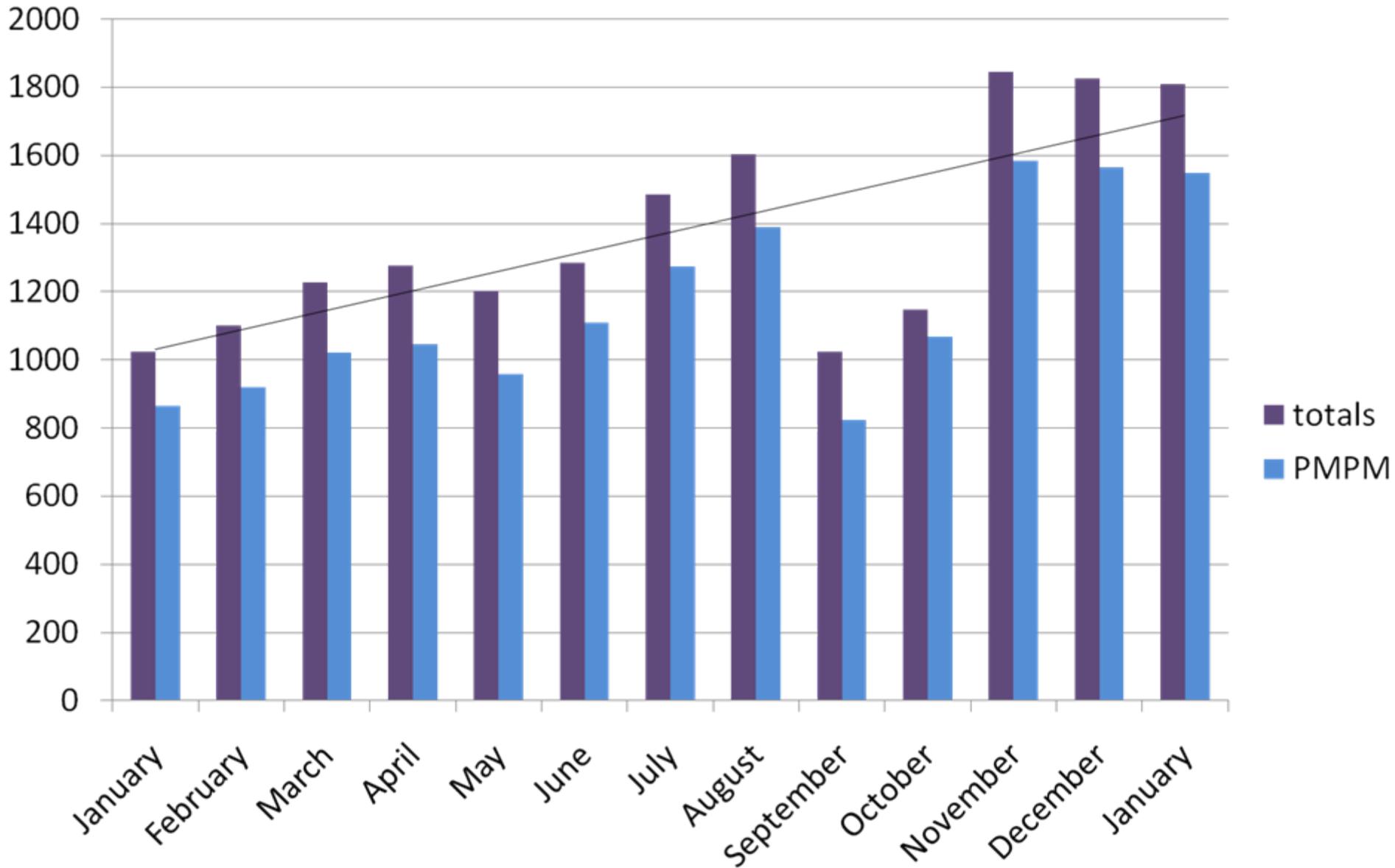
Services Not Included

- Other labs
- Radiology
- Pathology
- Specialty care
- Casting

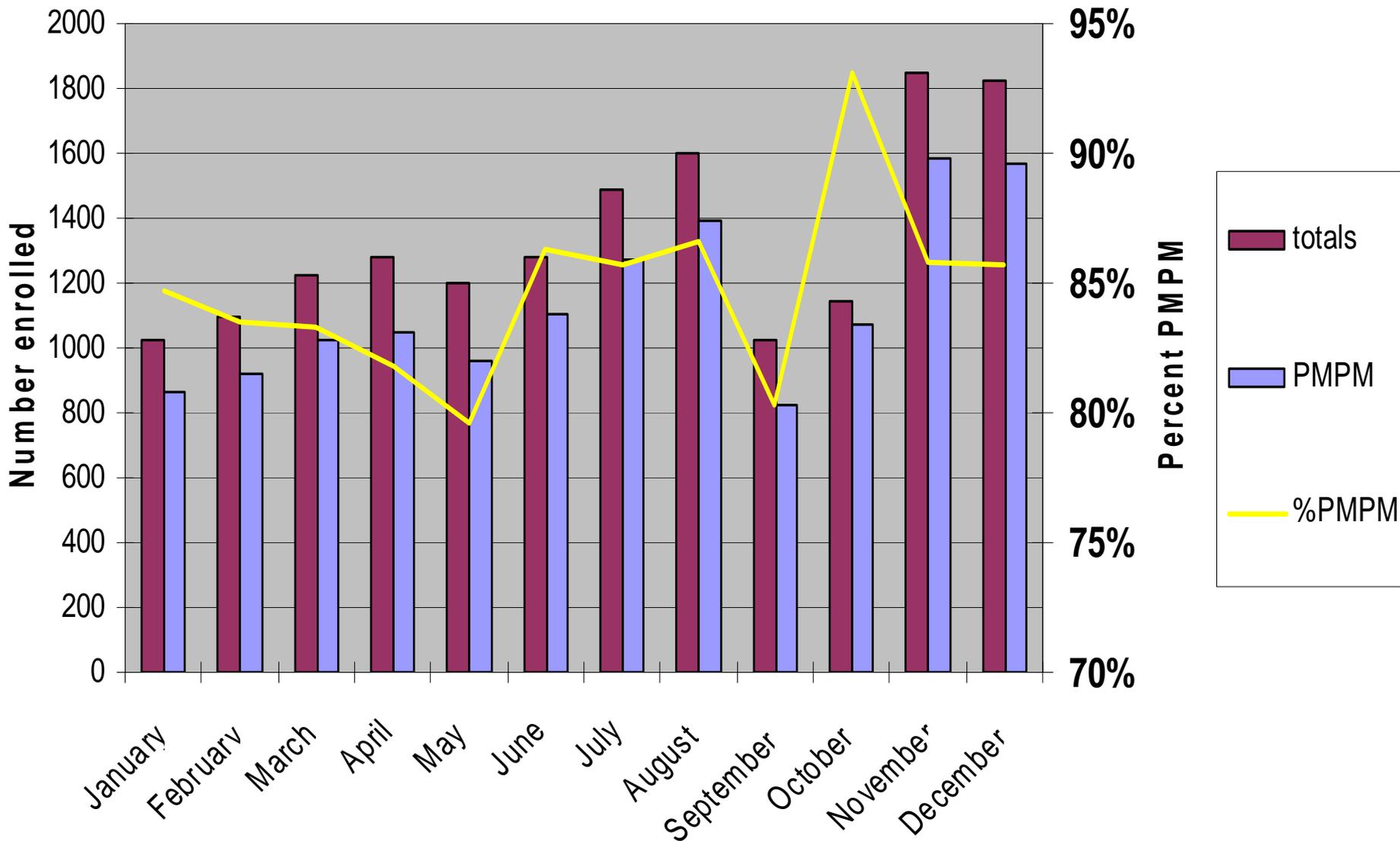
How are we doing?



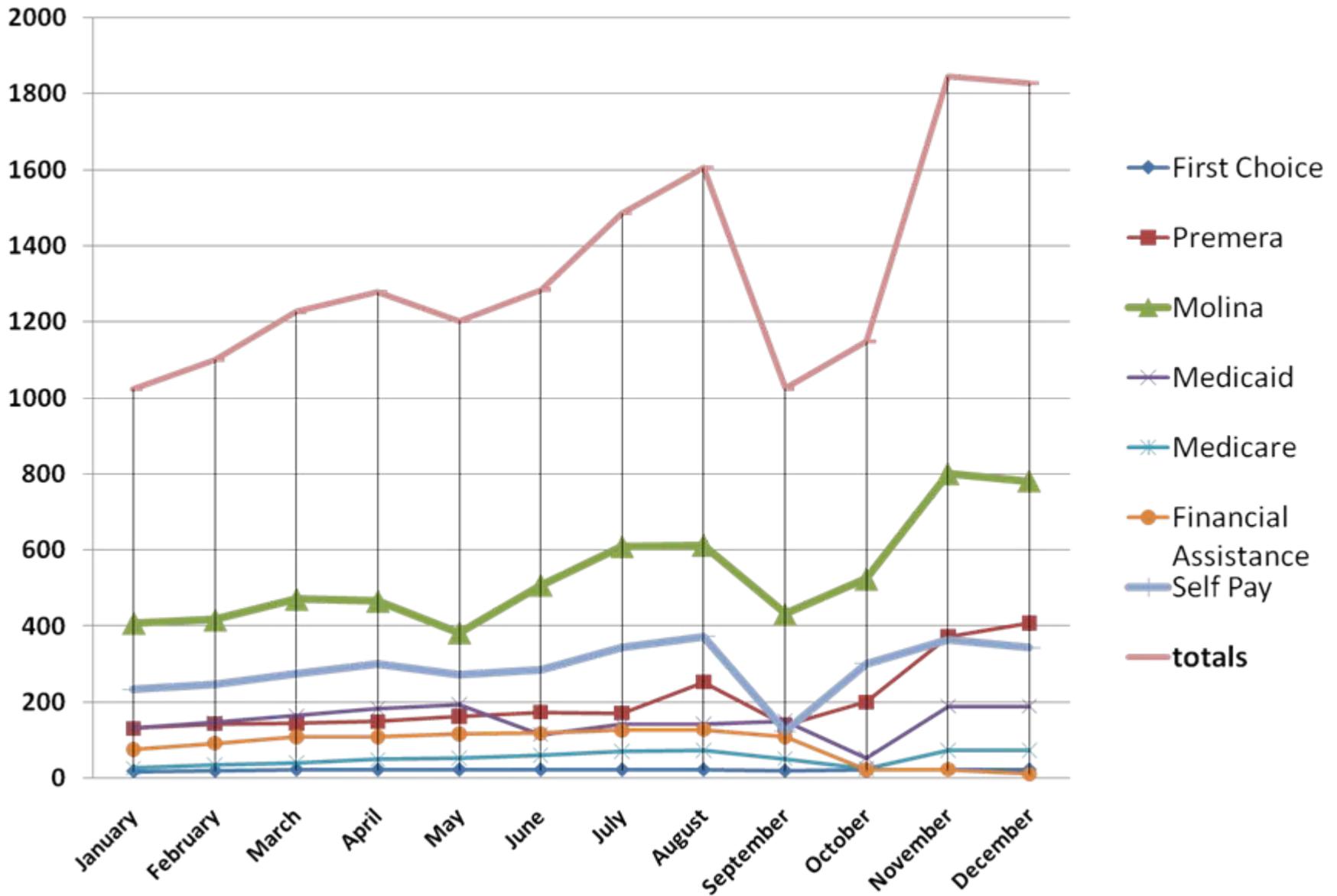
Enrollment 2010



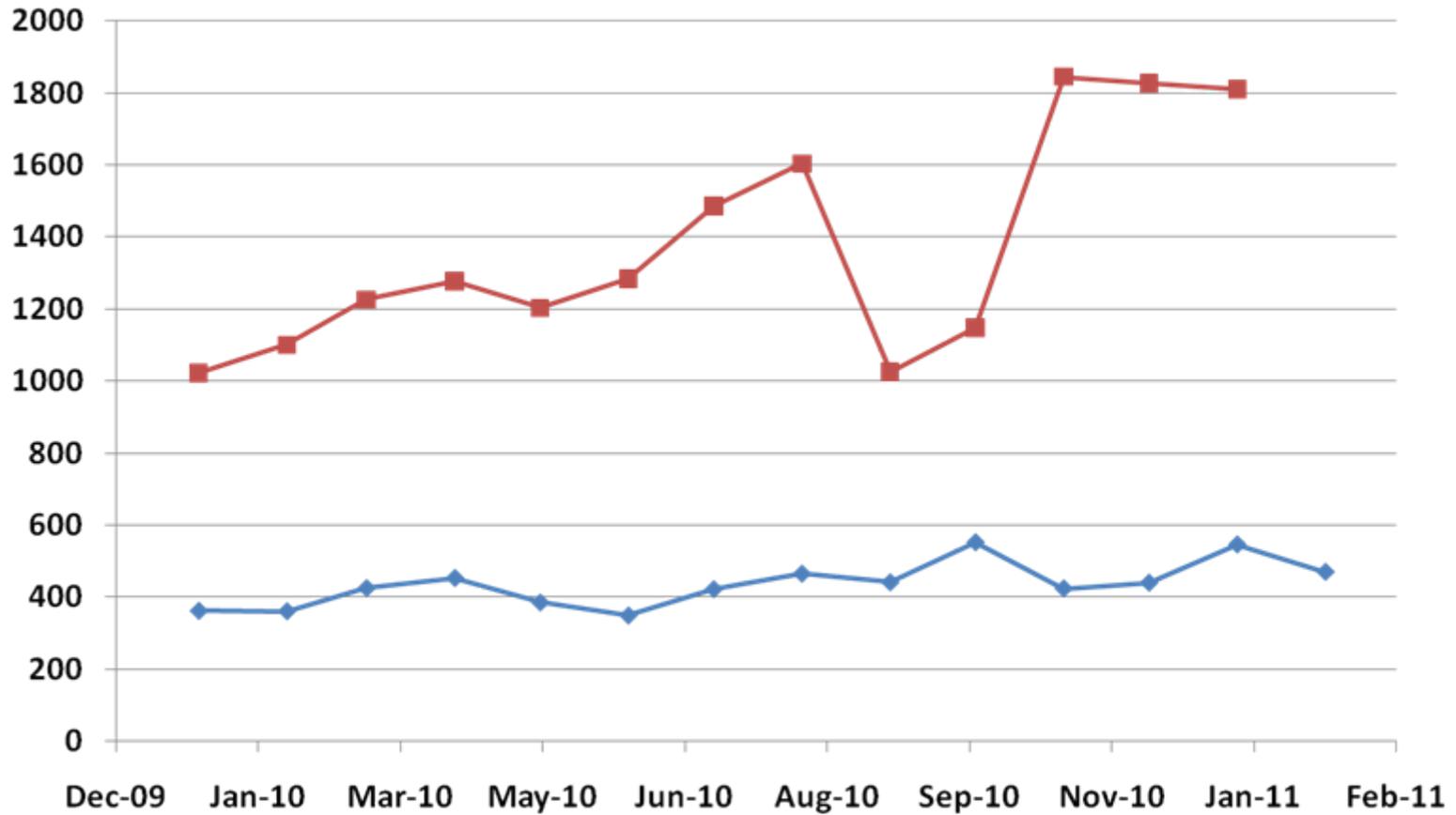
Enrollment 2010



Enrollment 2010



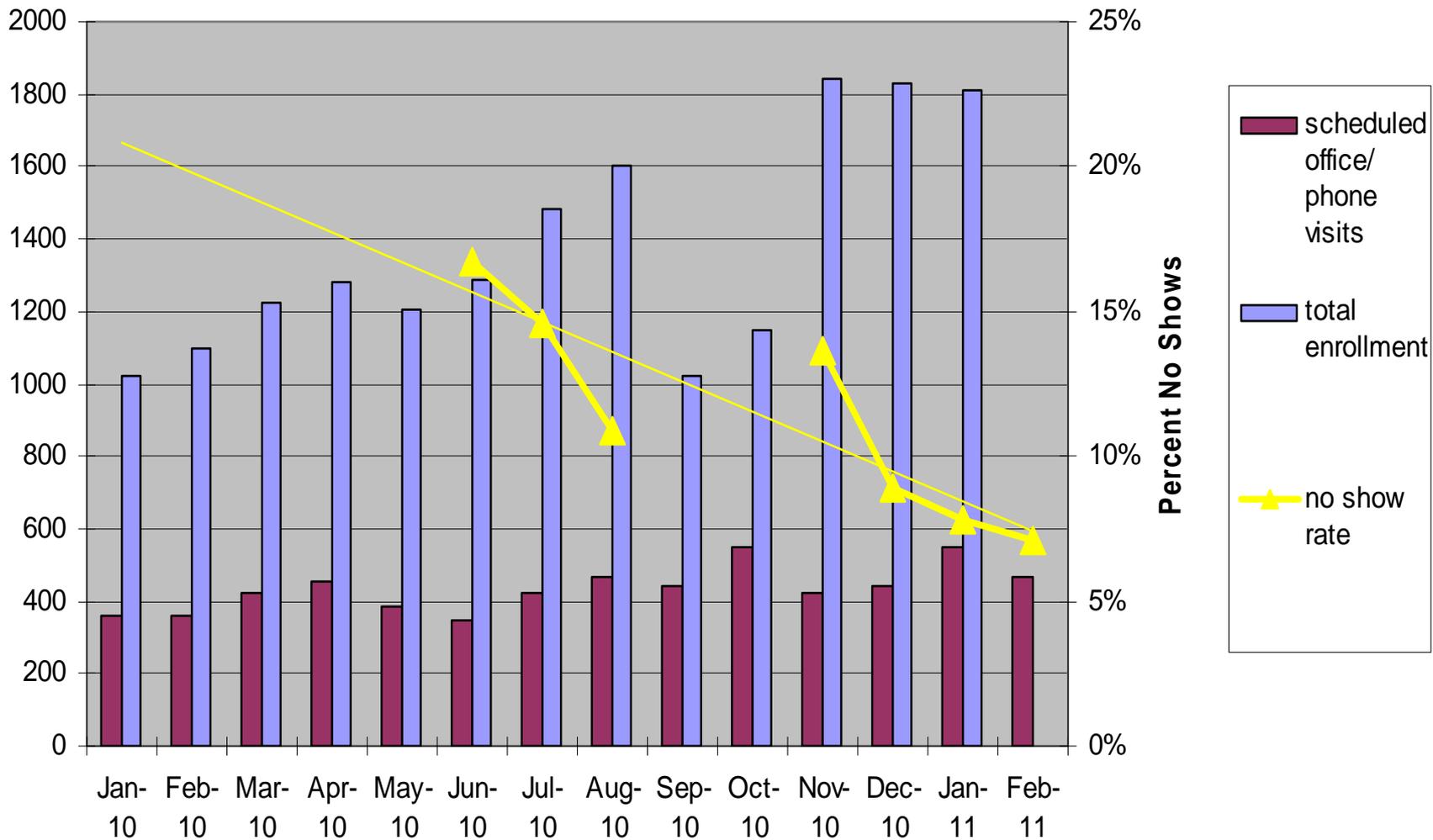
Office Visits / Total Enrollment



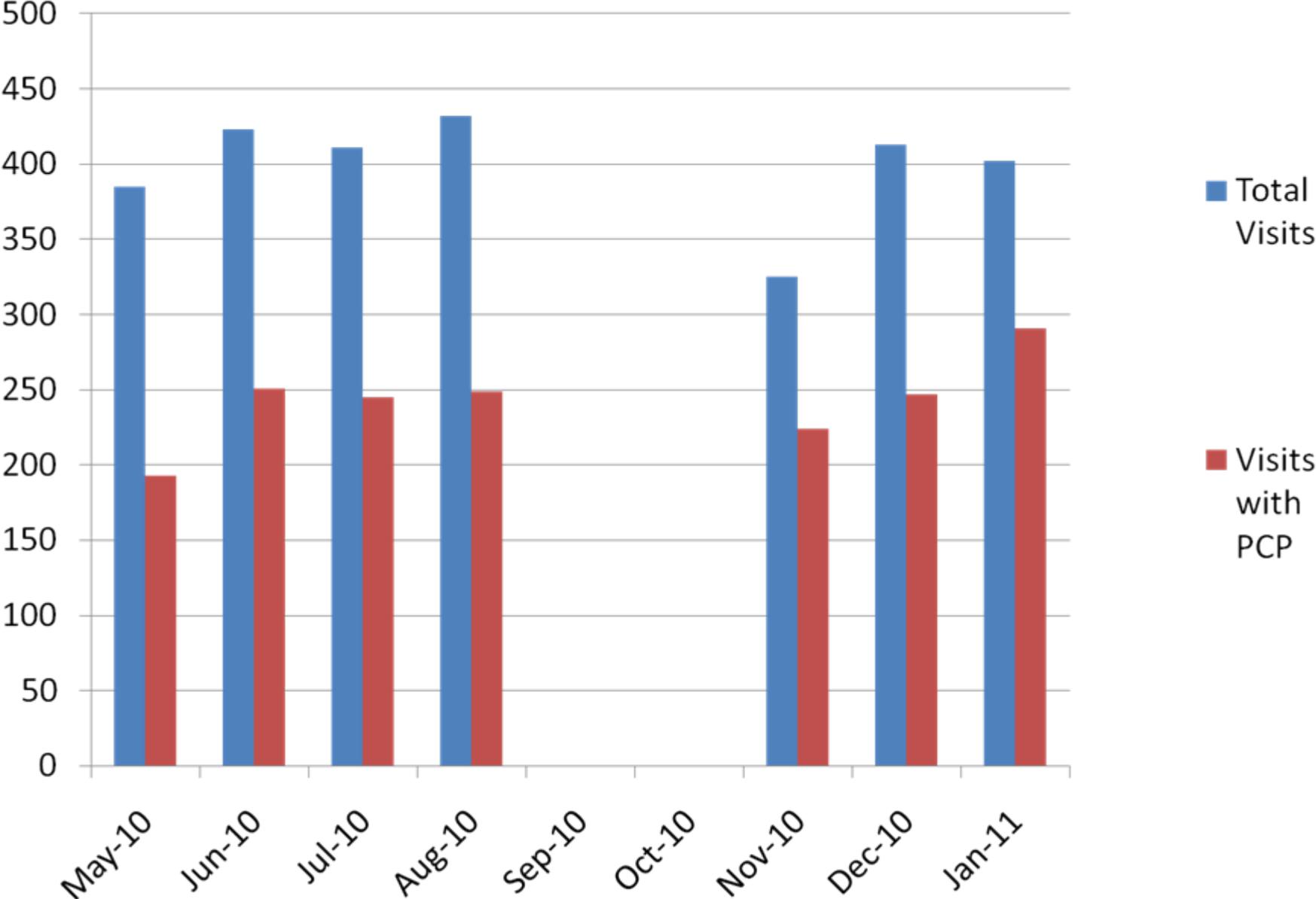
◆ scheduled office/ phone visits

■ total enrollment

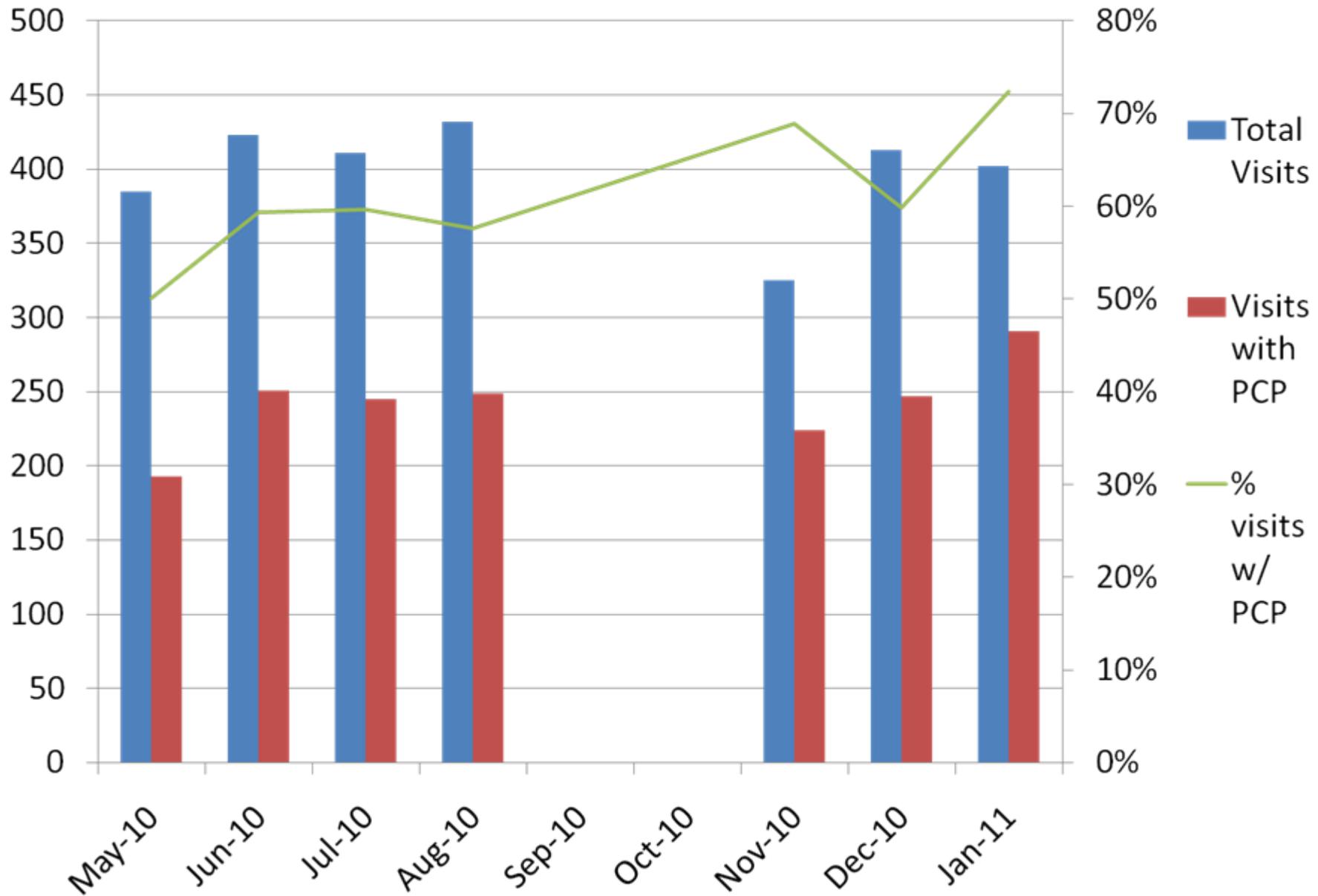
Enrollment, Office Visits and No Show rate



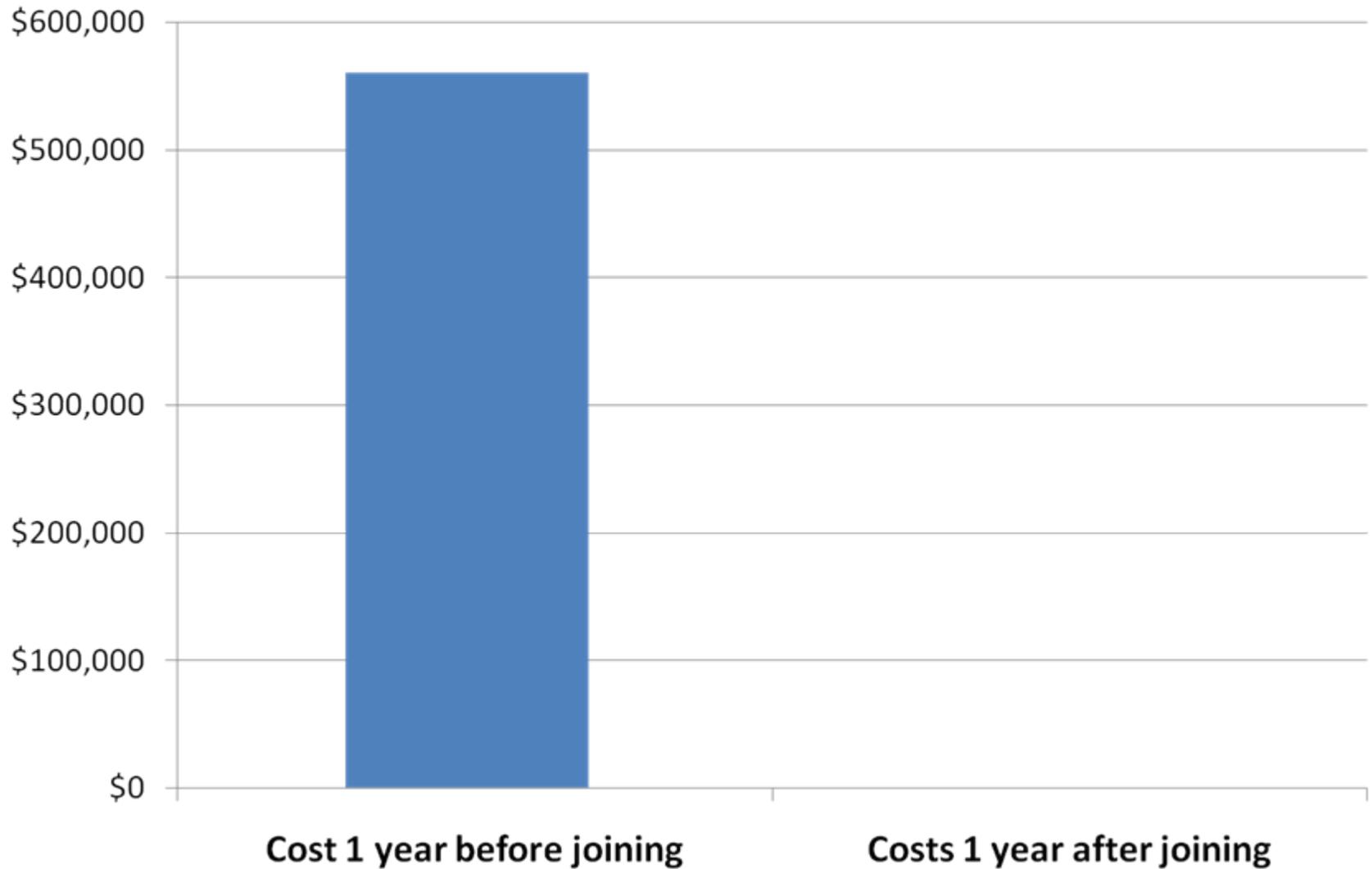
How Often Do Patients See *Their* PCP?



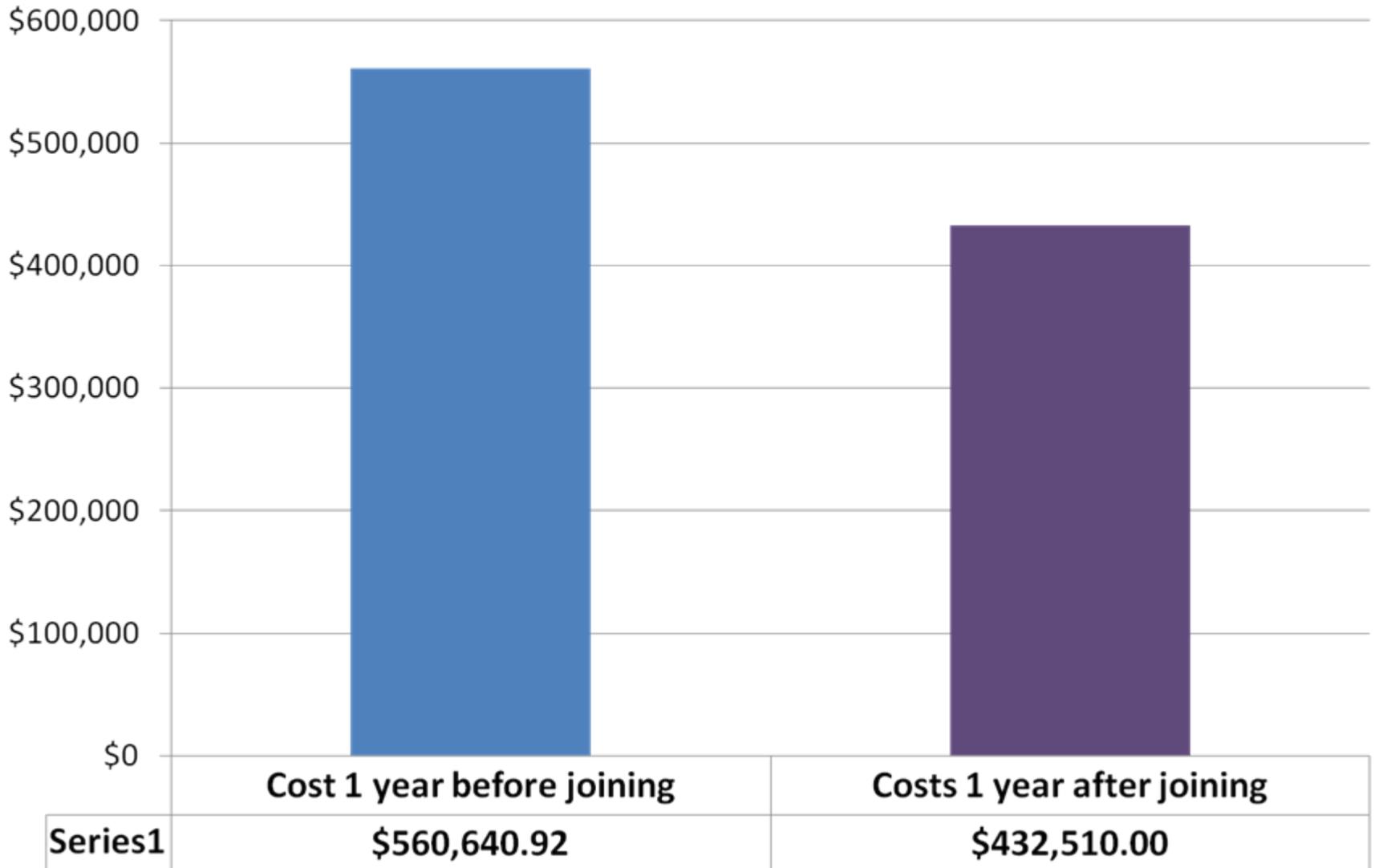
How Often Do Patients See *Their* PCP?



Swedish ED Costs Before and After Joining the Medical Home



Swedish ED Costs Before and After Joining the Medical Home



Lessons Learned



Self-Pay Program

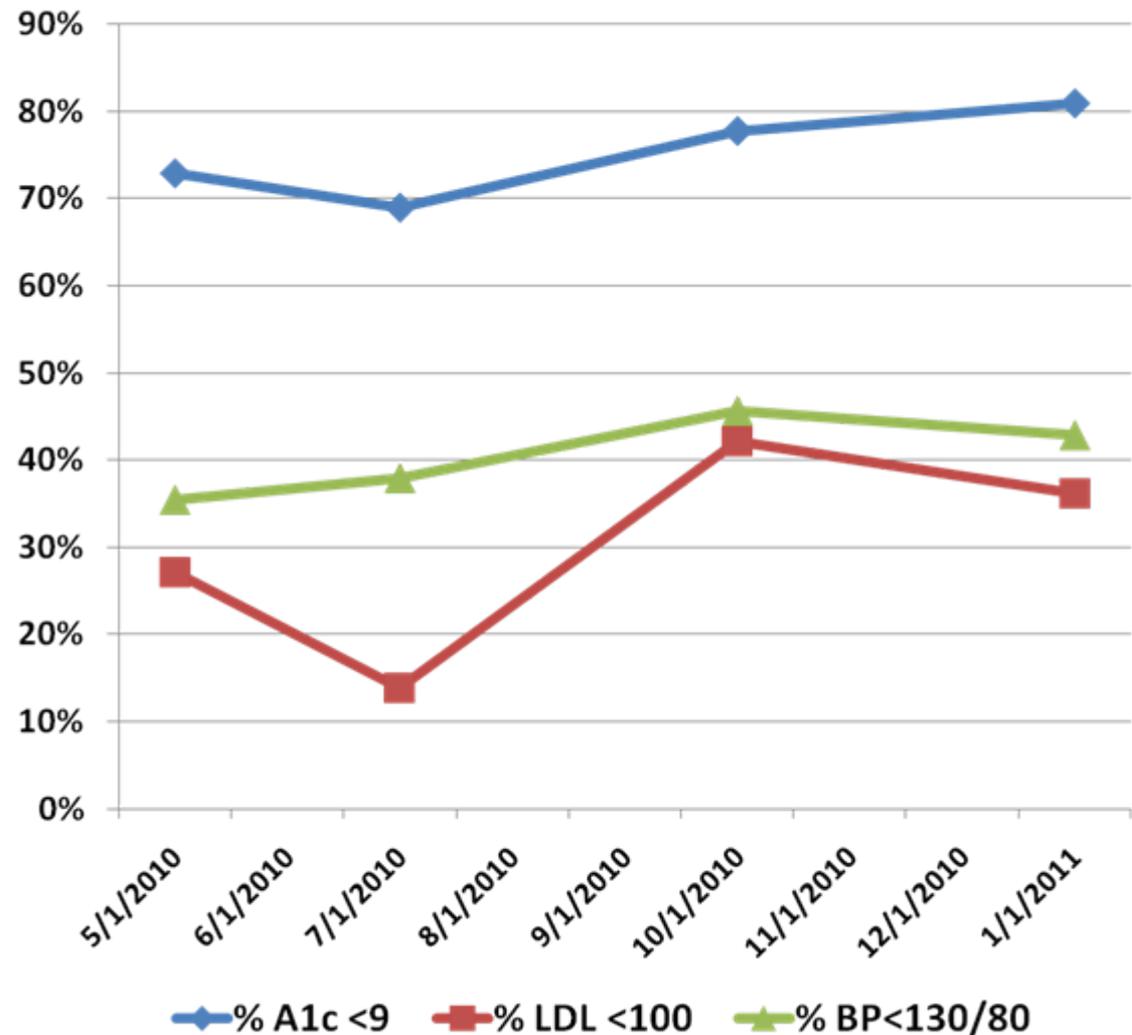
- \$45/ month seems to be too little for the time required
- Patients are medically complex
- Require frequent office visits
- Difficult to manage all their needs in a primary care setting
- Enrollment fee?
- Length of contract?



Clinical Data

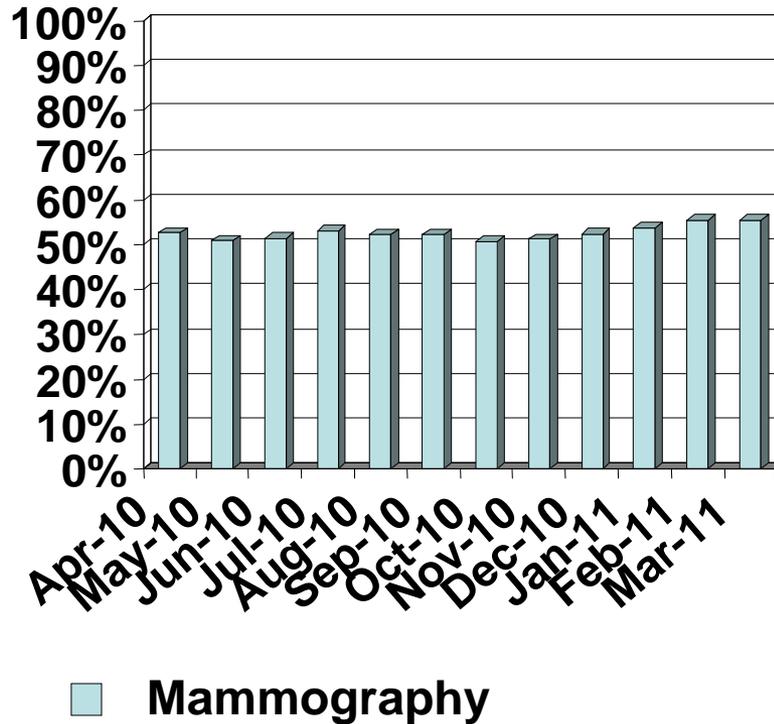
- Who are our active patients?
- Providers must document in “mine-able” fields
- Improving outcomes has been more difficult than making a phone call

Diabetes Care



Using the data to improve practice

Percentage of age 50 and older female patients who have had breast cancer screening



“We record data in the wrong spot”

“My patients can’t afford them”

“We are adding so many new patients”

“NO WAY – I don’t believe it”

Patient and Provider Satisfaction



Patient Experience/ Satisfaction

- One survey of 170 patients with a 30% response rate revealed:
 - #1 reason for joining was same day access
 - For non-urgent care, 88% thought they usually or always got care as soon as they thought they needed it
 - Overall healthcare quality rating was 8.4/ 10
 - If 10 is the best personal doctor possible our clinic average was 8.3



Provider Experience



“Knowing how you are doing is fantastic”

“Interacting with patients at a slower pace helps you get to the underlying problems”

“I’m more likely to call a specialist and ask what work up they’d like before referring or ask if they need to see that patient”

“I spend more time explaining the pro’s and con’s of different treatment options”

“Being accountable is also sort of stressful”

“I don’t work any less, but my work is a lot more rewarding”

A scenic view of a city at sunset. The sky is a mix of orange, red, and purple. In the foreground, there are dark silhouettes of bare trees. In the background, a city is visible with some lights, and a range of mountains is silhouetted against the horizon. The word "QUESTIONS?" is written in large, white, bold, sans-serif capital letters across the upper right portion of the image. A thin white horizontal line is positioned directly beneath the text.

QUESTIONS?