



Putting It into Practice:
What might a fully implemented PCMH look like?

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The 2014 NCQA PCMH Standards

Table 1: Summary of NCQA PCMH 2014 Standards

Standard	Summary of Requirements
PCMH 1: Patient-Centered Access	The practice provides 24/7 access to team-based care for both routine and urgent needs of patients/families/caregivers.
PCMH 2: Team-based Care	The practice provides continuity of care using culturally and linguistically appropriate, team-based approaches.
PCMH 3: Population Health Management	The practice provides evidence-based decision support and proactive care reminders based on complete patient information, health assessment and clinical data.
PCMH 4: Care Management and Support	The practice systematically identifies individual patients and plans, manages and coordinates care, based on need.
PCMH 5: Care Coordination and Care Transitions	The practice systematically tracks tests and coordinates care across specialty care, facility-based care and community organizations.
PCMH 6: Performance Measurement and Quality Improvement	The practice uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency and patient experience.

Building a new model of primary care



- Venture Funded healthcare services and technology firm
Founded Dec 2010
- Mission is to transform healthcare by building a new model of primary care
- Based in Cambridge MA
- Now 150 employees, 12 sites running



Building a Wholly Different Operating System

Build for purpose from scratch

Platform Component

- Build from scratch- goal is to help improve health of the population, manage team
- Get data from everywhere, prompt proactive care
- Engage and involve the patient, teams

Process Component

- Need people as an effector arm for the technology
- Build the right process model to manage populations

People Component

- Build the right culture to provide the right sort of care
- This is what really scales and is impossible to replicate

A Different, Pureplay business model

The Culinary Extra Clinic



Partnership with the Culinary Health Fund (Local 226 of UNITE HERE!)

Provide health benefits to 130K hotel and casino workers, mostly back of the house

Opened February 2012 as a choice for the sickest 10% of the population

Paid flat fee per patient, double usual primary care, no FFS billing, no copays

Located on Fund property, on the north end of the Strip



The Team



Morning Huddle



Visits and Beyond

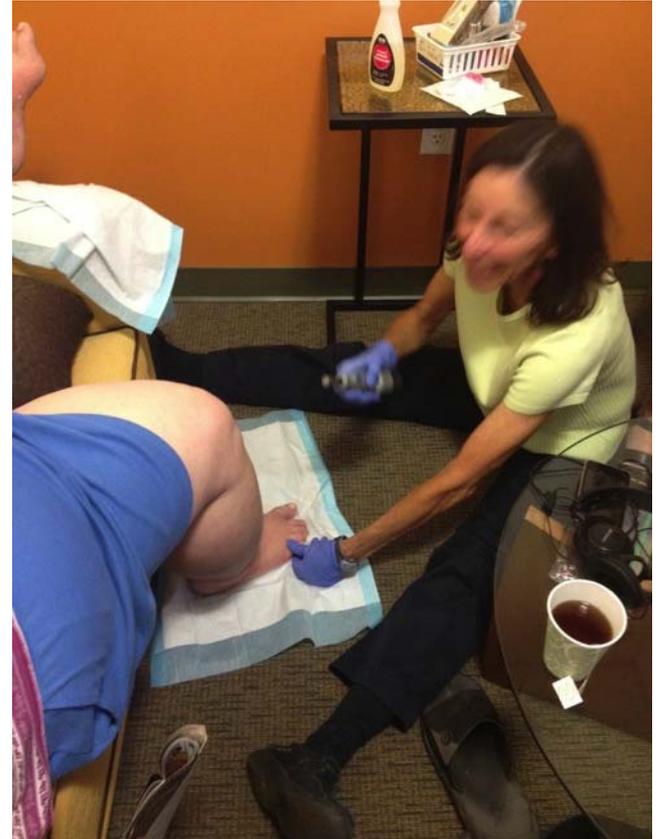


The power of social networks: Clubs





Whatever it takes

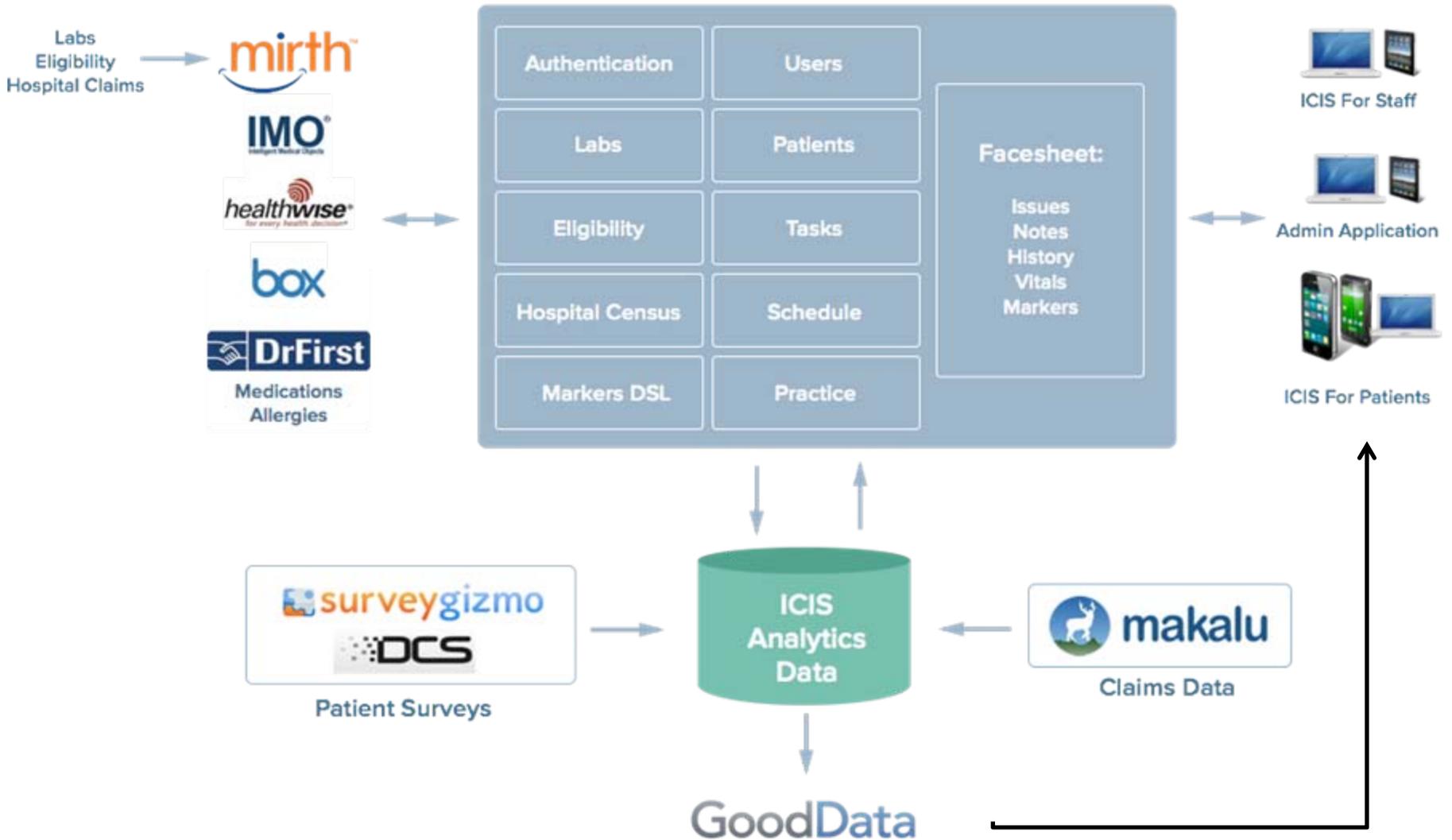


IT Systems too often get in the way...





Iora Clinical Intelligence System Architecture



Iora Health 2015



Patients absolutely love the care

We achieve 85%+ Net promoter scores in all our practices, and have been able to get patients to leave their current physicians and come to us, even in markets with strong local brands. Some representative comments:

"This is how I always imagined health care should be. I talked; they listened; it was an exchange."

"I've been to other doctors before and they would usually blame me for my health. They never actually tried to help me get better"

"I don't come to a clinic, I come to see family"

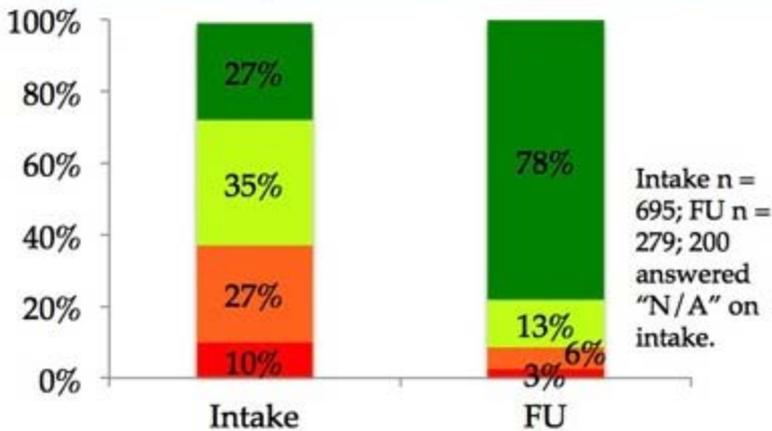
"I've never actually felt heard at a doctor's office before. This is so different"

"I don't feel pressured to take a bunch of tests, I don't sit in a waiting room for hours, I don't feel rushed, patronized, demised, unimportant, or exploited"

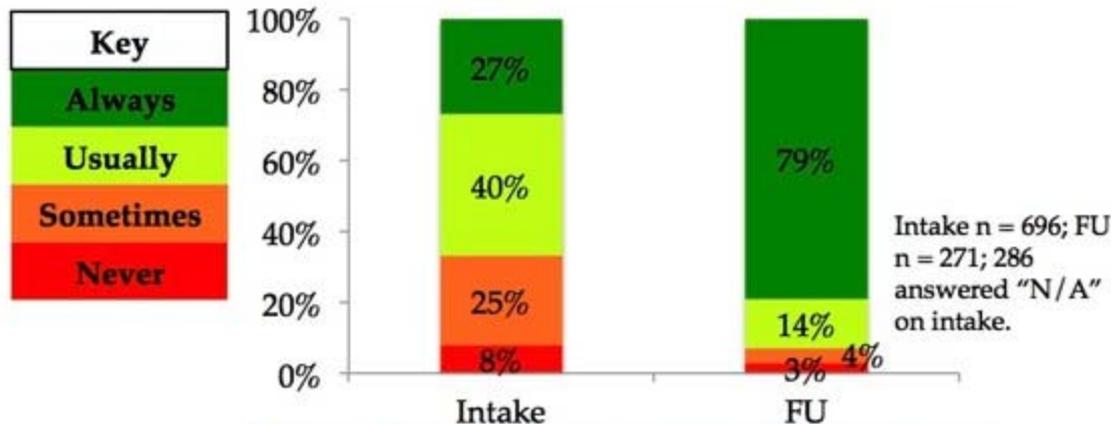
"I cannot thank you enough for restoring my faith in what modern medicine can be"

Access to services:

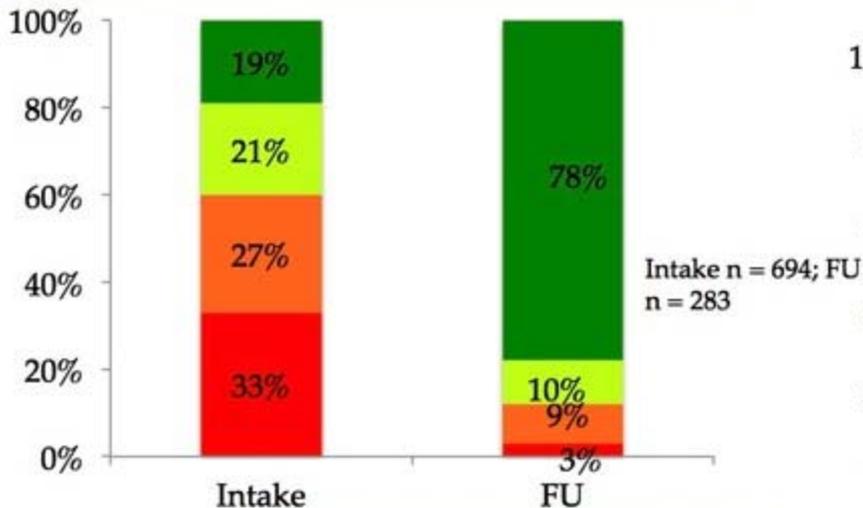
Patients report more reliable access to DHC services than they had prior to joining – Over 90% always/usually at DHC vs. 40-60% prior



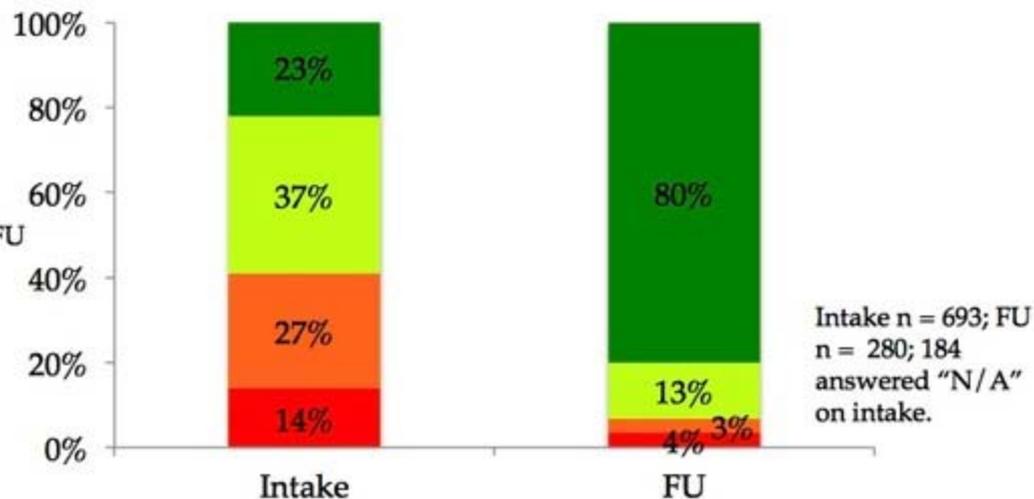
How often patients got a routine appointment as soon as they needed it.



How often patients got an urgent appointment with their primary care provider.



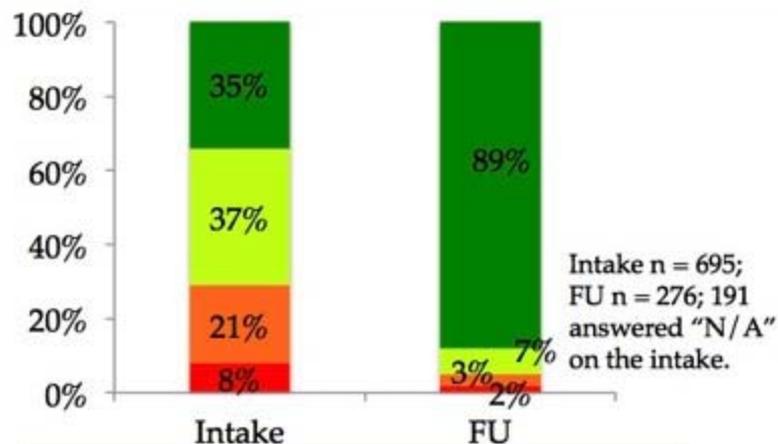
How often patients got an answer to their medical question over the phone as soon as they needed it.



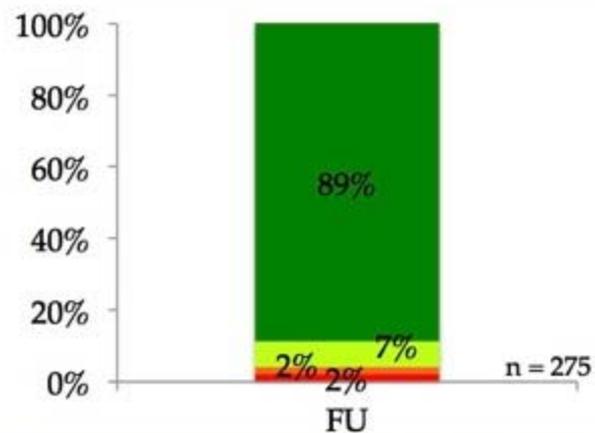
How often patients were seen within 15 minutes of their appointment time.

Communication with providers:

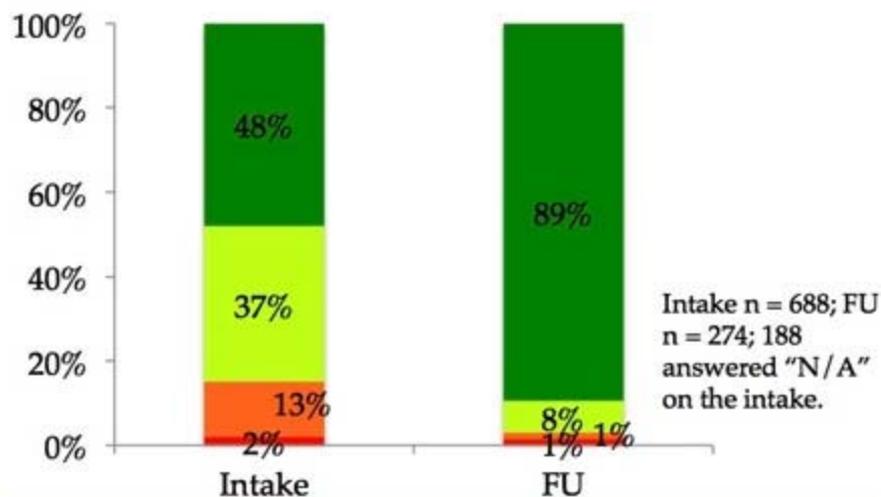
Nearly all patients report consistent, meaningful time with DHC care team



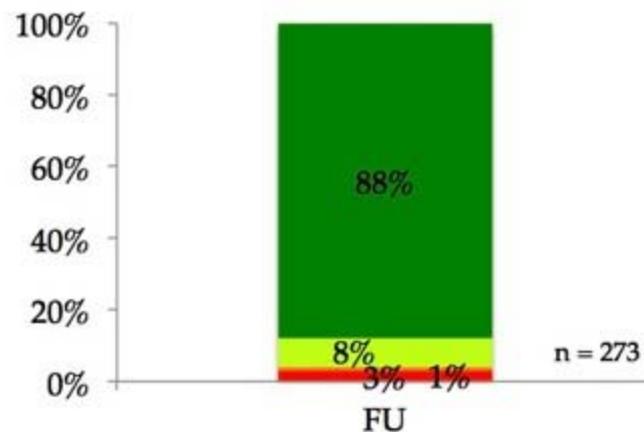
How often patients felt that their primary care provider spent enough time with them.



How often patients felt that their health coach spent enough time with them.

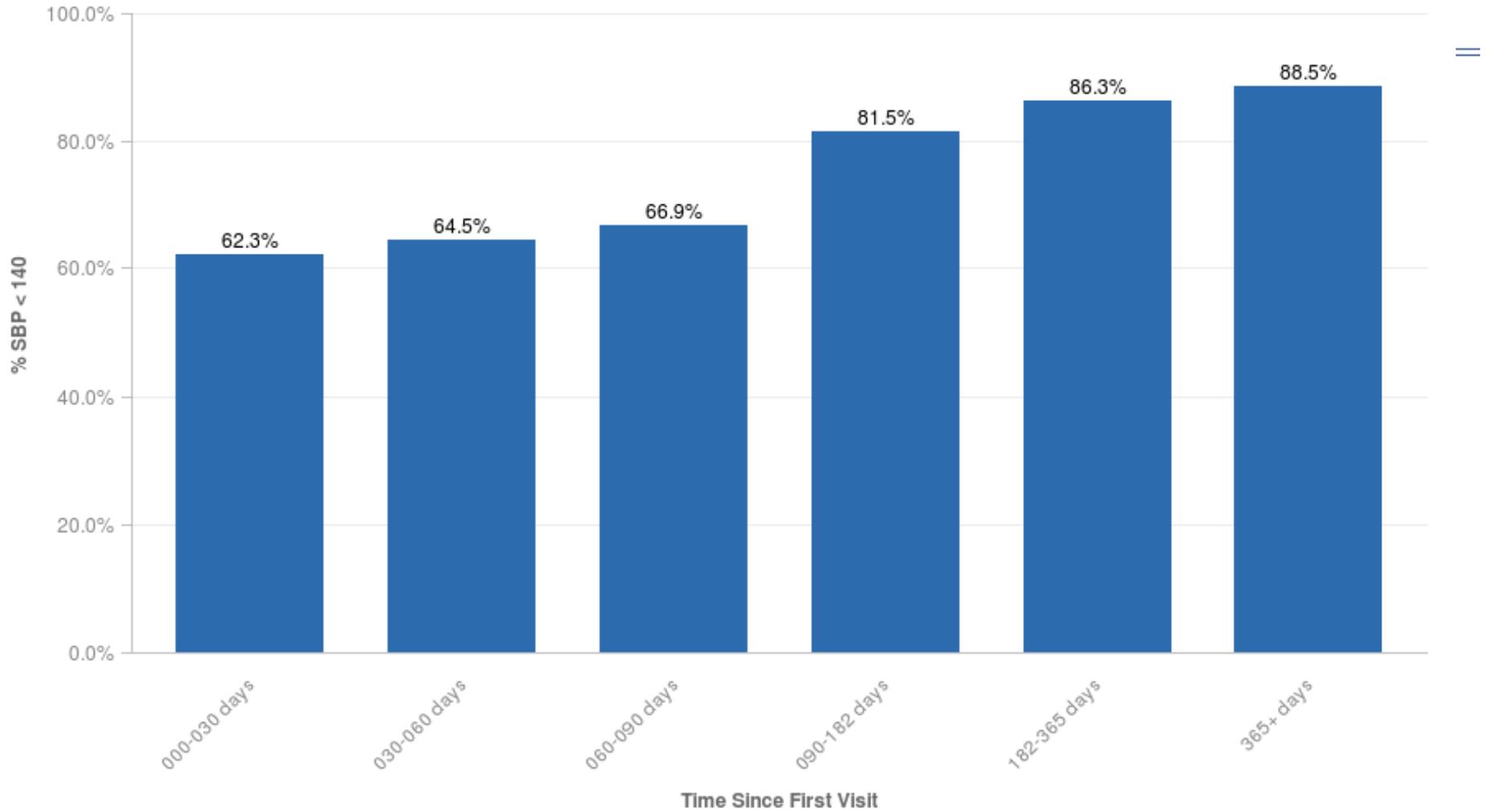


How often patients felt that their primary care provider explained things in way that was easy to understand.

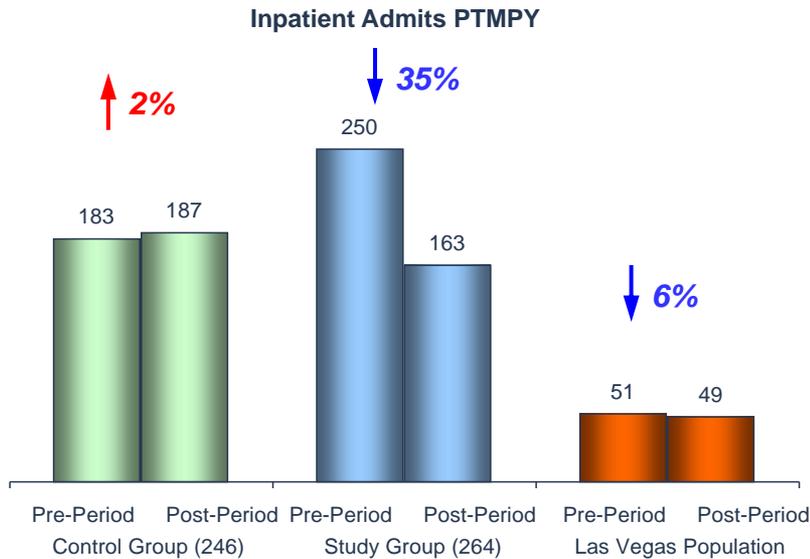


How often patients felt that their health coach explained things in way that was easy to understand.

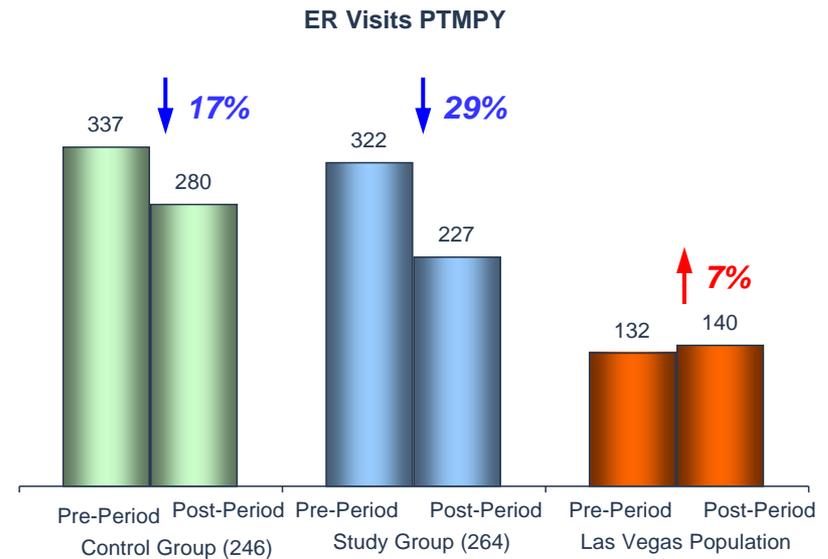
% of Hypertension Patients in control, by tenure in practice



Even after just 12 months, dramatically lower downstream utilization at Las Vegas practice

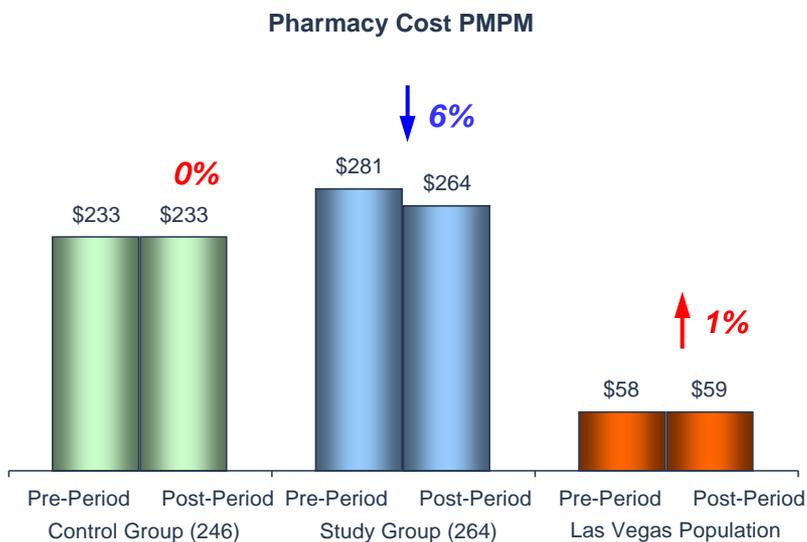
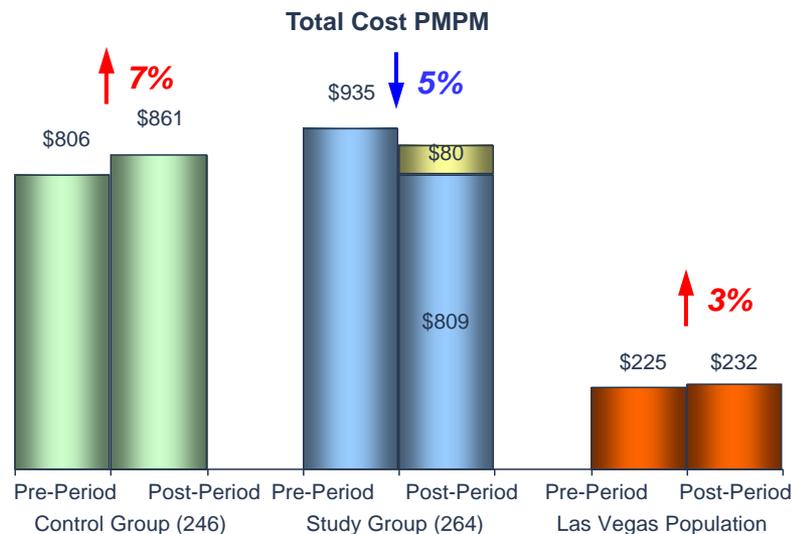
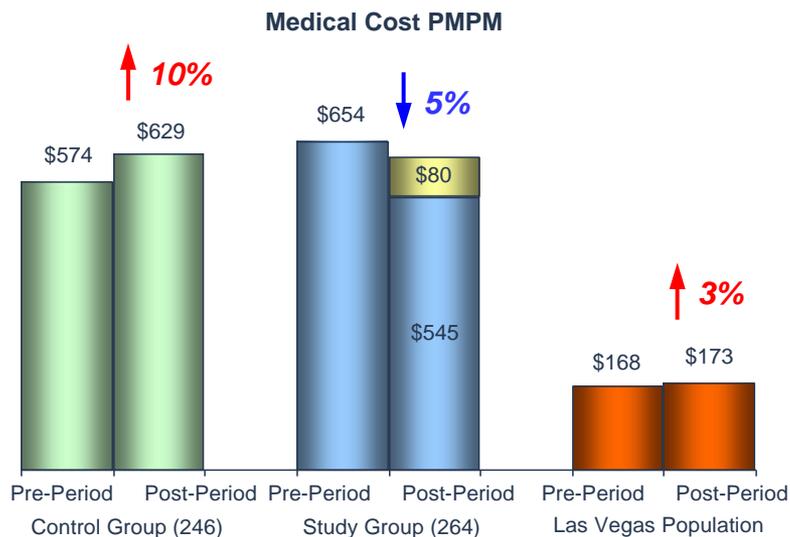


In an analysis done by the Culinary Fund, inpatients admits down 37% and ER visits down 12% relative to matched controls



Costs measurably down in Las Vegas as well

Gross savings were down 20%, and net savings down 12% relative to controls



The Fourth Aim: Joy in Practice



Dozens of Practices
Dozens of Practices

A Number of Pureplay Use Cases

Self insured employers, union trusts



Fewest regulatory barriers, but need large geographic concentration. Starting to work with health systems as employers

Medicare Advantage Plans:



Partner to build exclusive senior-focused practices; drives membership, accurate risk adjustment, and lowers costs;

Exchange Plans



Allows us to capture value from better experience and health; helps drive volume to plans; small but growing market

Health Systems



Build Practices for self insured employees, also for other customers. Part of larger transformation strategy



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