Top 10 Lessons Learned from the AAFP Medical Home Experiences

Amy Mullins, MD, CPE, FAAFP

amullins@aafp.org

Lesson 1: This is a Journey

- Take the first step
- 25% of our members have “recognition”
- Another 25% are in the process of recognition
- Fits and starts
- Start with low hanging fruit
- Celebrate small victories

Photo courtesy of Amy Mullins, MD

Lesson 2: Recognition??

- PCMH is not a four letter word
- PCMH is not NCQA
- PCMH is not punishment

Photo courtesy of Amy Mullins, MD

Lesson 3: Quality Matters

Photo courtesy of Amy Mullins, MD

"I don't care what you think of me, unless you think I am awesome, in which case you would be correct!"

- Basic QI skills are essential
- Measurement goals are never 100%
- In my experience is now =N3

Quality is a Continuum

- It is easy to feel stuck between “Accountability” and “Improvement”
- Accountability- measurement that others want you to do for their purposes
- Improvement- measurement that you want to do for your purposes
- You really must do both!

Photo courtesy of Amy Mullins, MD

Lesson 4: Payment for PCMH is Variable

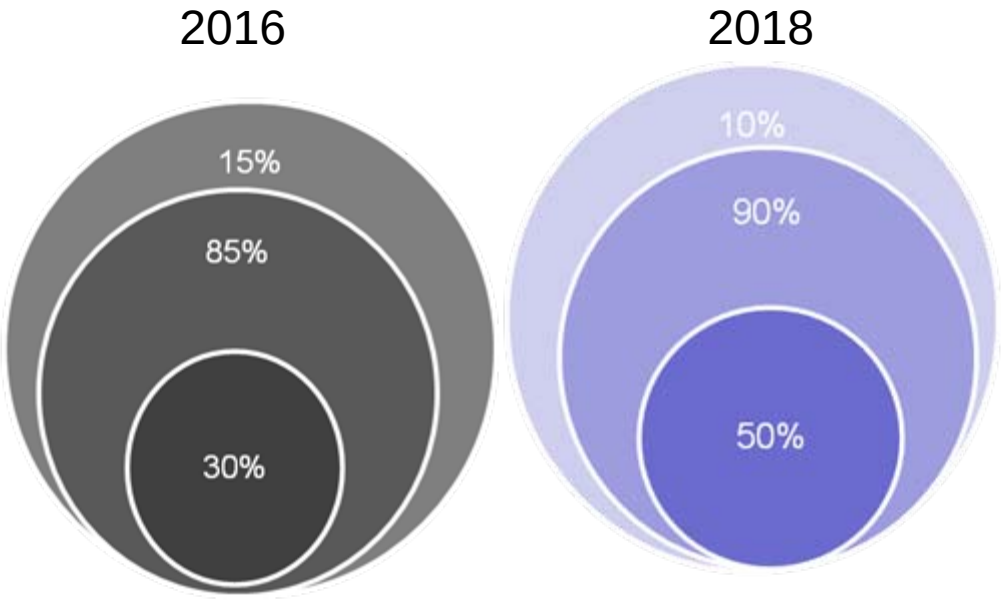
- Payments vary regionally
- Enhanced Pay for Performance
- Care Management Fee
- Enhanced Fee for Service
- Shared Savings
- Nothing

Lesson 5: Reform is Happening

- 1/2015- HHS announces new program
- Category 1- FFS only
- Category 2- FFS with link to Quality (Physician VBM, Hospital Readmission)
- Category 3- Alt Payment Models (ACO, PCMH, CPCI); pymt still triggered by service delivery; opportunity for shared savings
- Category 4- Population Based Payment (advanced ACO, PCMH); pymt not triggered by service delivery

Target percentage of MC FFS linked to quality & alternate pymt models by 2016 & 2018

All Medicare FFS (outer ring)-cat 1
FFS Linked to Quality (middle ring)-cat 2,3
Alternative Payment Models (inner circle)-Cat 4



Bottom Line

- By 2016, 85% of Medicare payments will have some link to quality
- In 2018, this will move to 90%
- By 2018 only 10% of Medicare payments will be traditional fee-for-service

Lesson 6: Measures Matter

- Are we measuring the right things, or the easily measured things?
- When measurement started we asked
  - What data is available, what is standardized, and what questions can be answered with that data
- We should be asking
  - What problems are important to solve, what data do we need, what can be standardized, how can we collect that data

Harmonization is Needed

- There is recognition that reporting multiple measures to multiple payers is a “burden”
- CMS, AHIP, NQF began work on measure harmonization
- Others now invited to join (including AAFP)
- Working towards a common core measure set for PCMH and ACO

Photo courtesy of Amy Mullins, MD

Lesson 7: It’s Not About the Nail

Lesson 8: We can learn from CPC year one (2013)

- Annual Hospitalizations decreased 2%
- Annual ED visits decreased 3%
- Annual specialty visits decreased 2%
- Annual Primary Care visits decreased 2%
- CPC reduced annual costs to Medicare by 2%, enough to make the program cost neutral in year one

Lessons from CPC: How did they do it?

- PMPM from Medicare ($20 average), some from Private Payers ($2-20)
- Hired Care Managers
- Implemented Population Health Management
- Invested in Health Information Technology

Lesson 9: Risk Stratification is Hard

- Risk Stratification- classify patients by their health status and health risk (free online tool available at aafp.org/rscm). Used in CPC practices, seen as time consuming yet helpful.
- Many practices are handed a list from their insurance company
- Do what gets the biggest bang for your buck!

Lesson 10: Population Health Management

Photo courtesy of Amy Mullins, MD

- Using information on a group of patients (low risk to high risk) to improve care and clinical outcomes
- Proactive vs. reactive- monthly assignments: well checks, mammograms, colonoscopies
- Critical as we move to value-based care
- Can’t be done solo!

Technology…

- All EHR versions should be labeled 1.0
- Registries are important, but many providers do not have a choice
- Interoperability is needed, but not a good business decision for vendors

Thanks…Questions?
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