Medical Home Summit
Opening

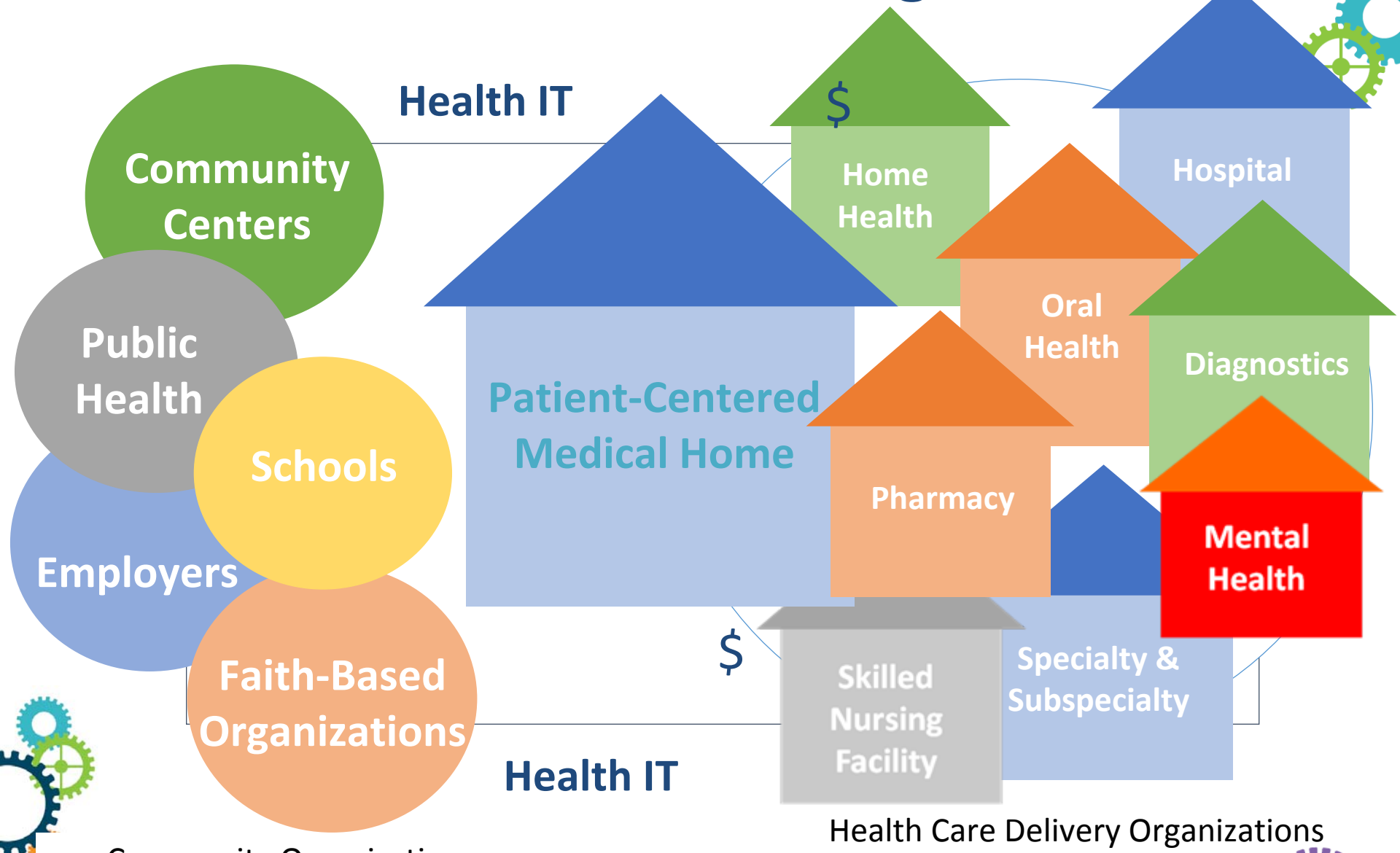
Patient-Centered Primary Care COLLABORATIVE

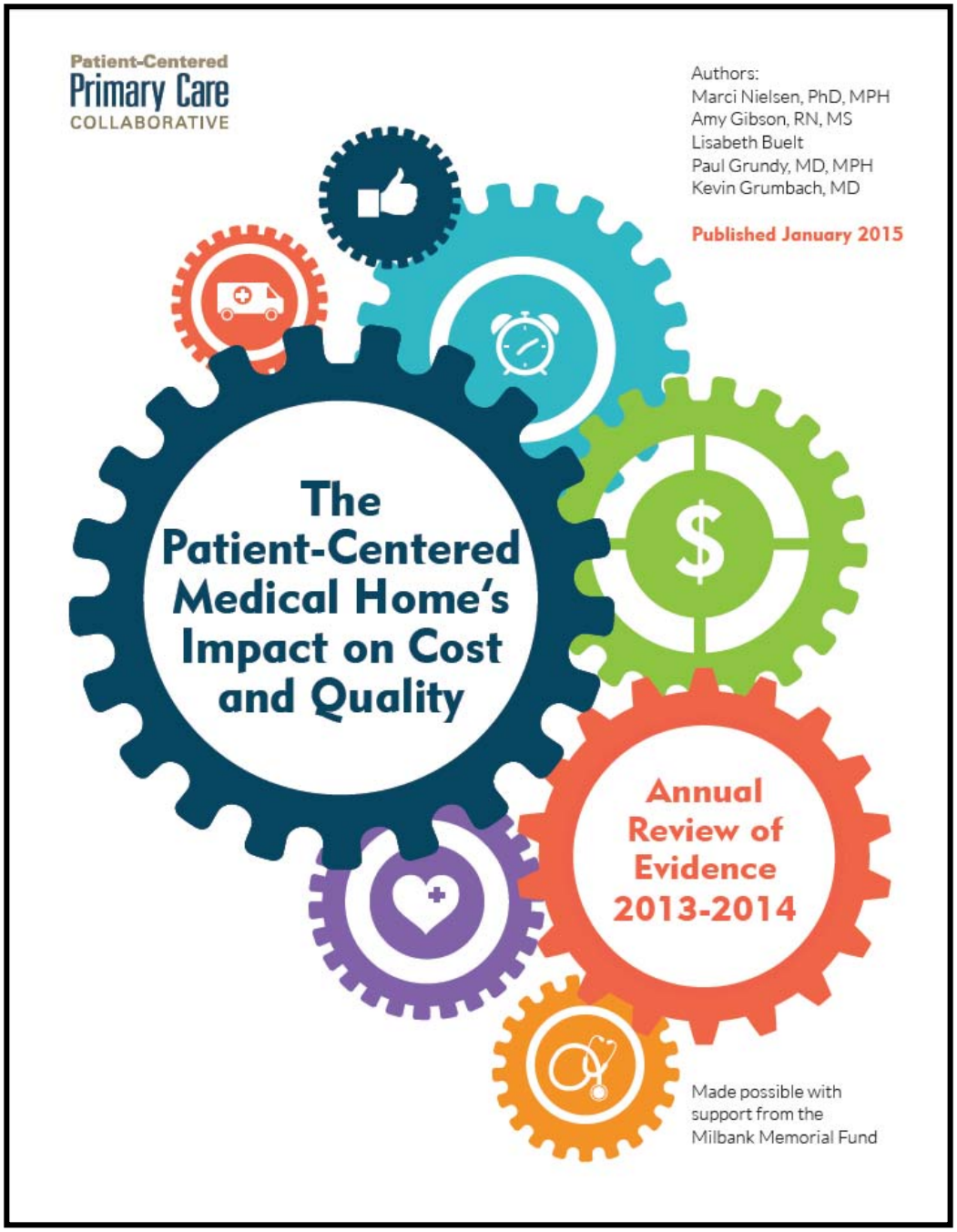
Marci Nielsen, PhD, MPH

CEO, PCPCC

March 23, 2015

PCMH at ♥ of "Medical Neighborhood"





Study Authors:

- Marci Nielsen, PhD, MPH
- Amy Gibson, RN, MS
- Lisabeth Buelt
- Paul Grundy, MD, MPH
- Kevin Grumbach, MD

Description of Methods

- Examined medical home/PCMH studies published between September 2013 and October 2014
  - Peer-reviewed scholarly articles
  - State government program evaluations
  - Industry reports
- Explored relationship between “medical home/PCMH” model of care and Triple Aim outcomes
  - Predictor variable: “Medical home”, “PCMH”, “advanced primary care”, or “health home”
  - Outcome variable: “Cost” or “Utilization”
- Resulted in **14** peer reviewed studies, **7** state PCMH program evaluations, and **7** industry reports

How data is reported: Oregon as example

Location/Initiative	Cost & Utilization	Population Health & Preventive Services	Access to Primary Care Services	Patient or Clinician Satisfaction
Oregon				
Oregon Coordinated Care Organizations (CCO)[53] ***Published:*** *Oregon Health Authority*, June 2014 ***Data Review:*** 2011 (comparison group); 2013 (PCMH group)	• 19% reduction in ED spending • 17% reduction in ED visits • 5% reduction in all-cause readmission rates **Decreased hospitalization for chronic conditions:** • 27% reduction for patients with CHF* • 32% reduction for patients with COPD* • 18% reduction for patients with adult asthma	• 58% increase in percentage of children screened for risk of developmental, behavioral, and social delays • Increase in screening, intervention and referral for treatment for alcohol or other substance abuse (from 0% to 2%) • 5% improvement in LDL screening in patients with diabetes • Increase in follow up care after hospitalization for mental illness (from 65.2% to 67.6%) • Improvement in all 3 components of medical assistance with smoking and tobacco use cessation	• 52% increase in enrollment in patient-centered primary care homes since 2012 • >20% increase in spending for primary care and preventive services • 11% increase in outpatient primary care visits • Increase in adolescent well-care visits (from 27.1% to 29.2%)	• Increase in patient satisfaction with care (from 78% to 83.1%)

Key Point #1:

Recent evidence demonstrates improvements in cost and utilization associated with the PCMH.

PCMH Peer-Reviewed Outcomes

- Medicare FFS (NCQA PCMH)
- Veterans Affairs (PACT)
  - (4 studies)
- Florida Medicaid
- Illinois Medicaid
- Kentucky – Ft. Campbell
- New York Presbyterian Regional Health Collaborative
- Community Care North Carolina
- Pennsylvania Chronic Care Initiative
  - Rand
  - Independence BCBS (2 studies)

PCMH **State Government** Outcomes

- Colorado Medicaid
- Minnesota Health Care Homes
- Missouri Health Homes
- Oklahoma SoonerCare Choice
- Oregon Coordinated Care
- Rhode Island Chronic Care Sustainability Initiative
- Vermont Blue Print for Health

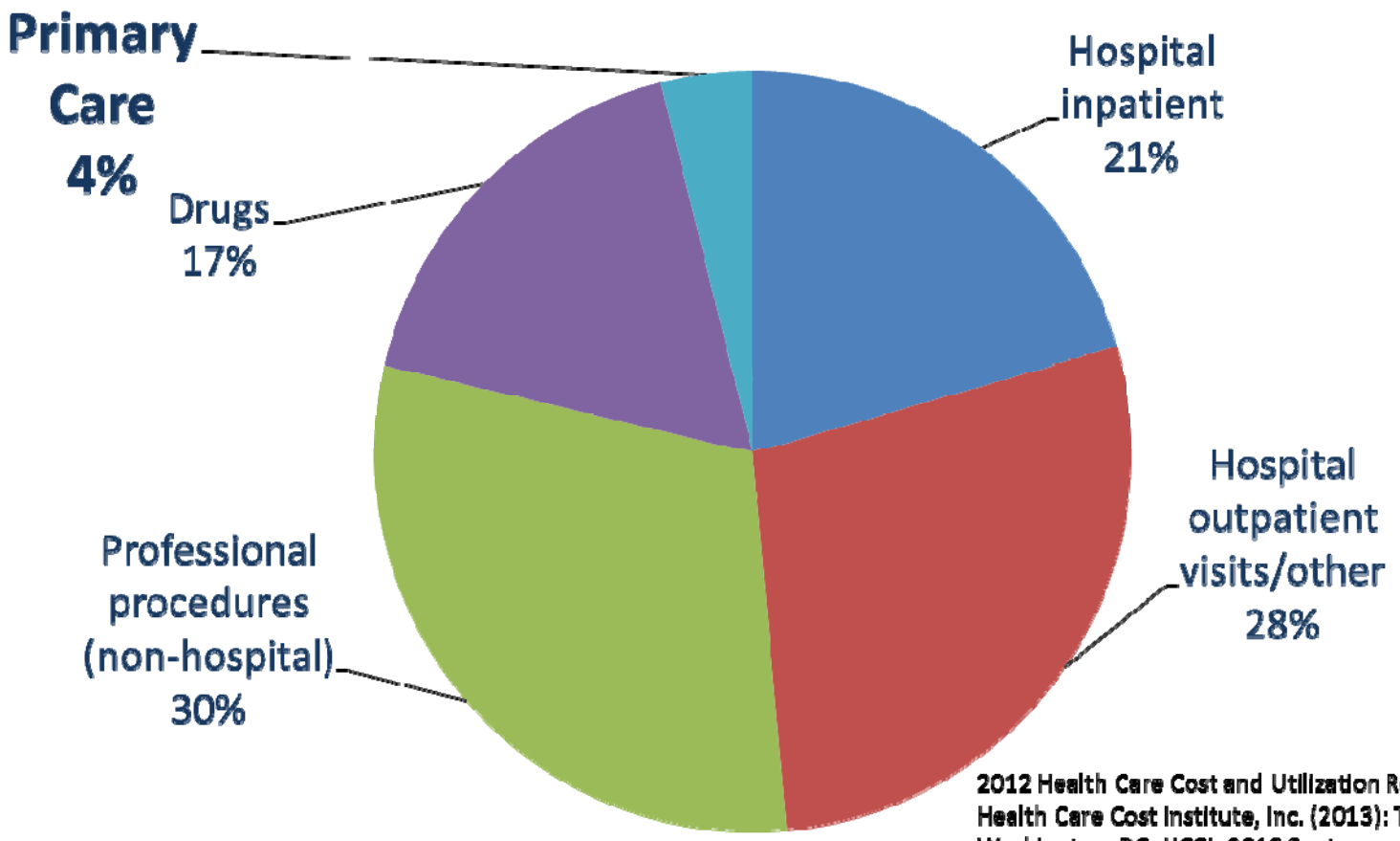
PCMH **Industry Reports** Outcomes

- UnitedHealth Care PCMH
- California AFP & Community Medical Providers
- CareFirst BCBS
- BCBS Michigan
- Horizon BCBS New Jersey
- Aetna PCMH: Westmed
- Pennsylvania Highmark

Key Point #2:

The health care marketplace must invest in primary care in new ways to achieve the Triple Aim.

Primary Care Remains Undervalued



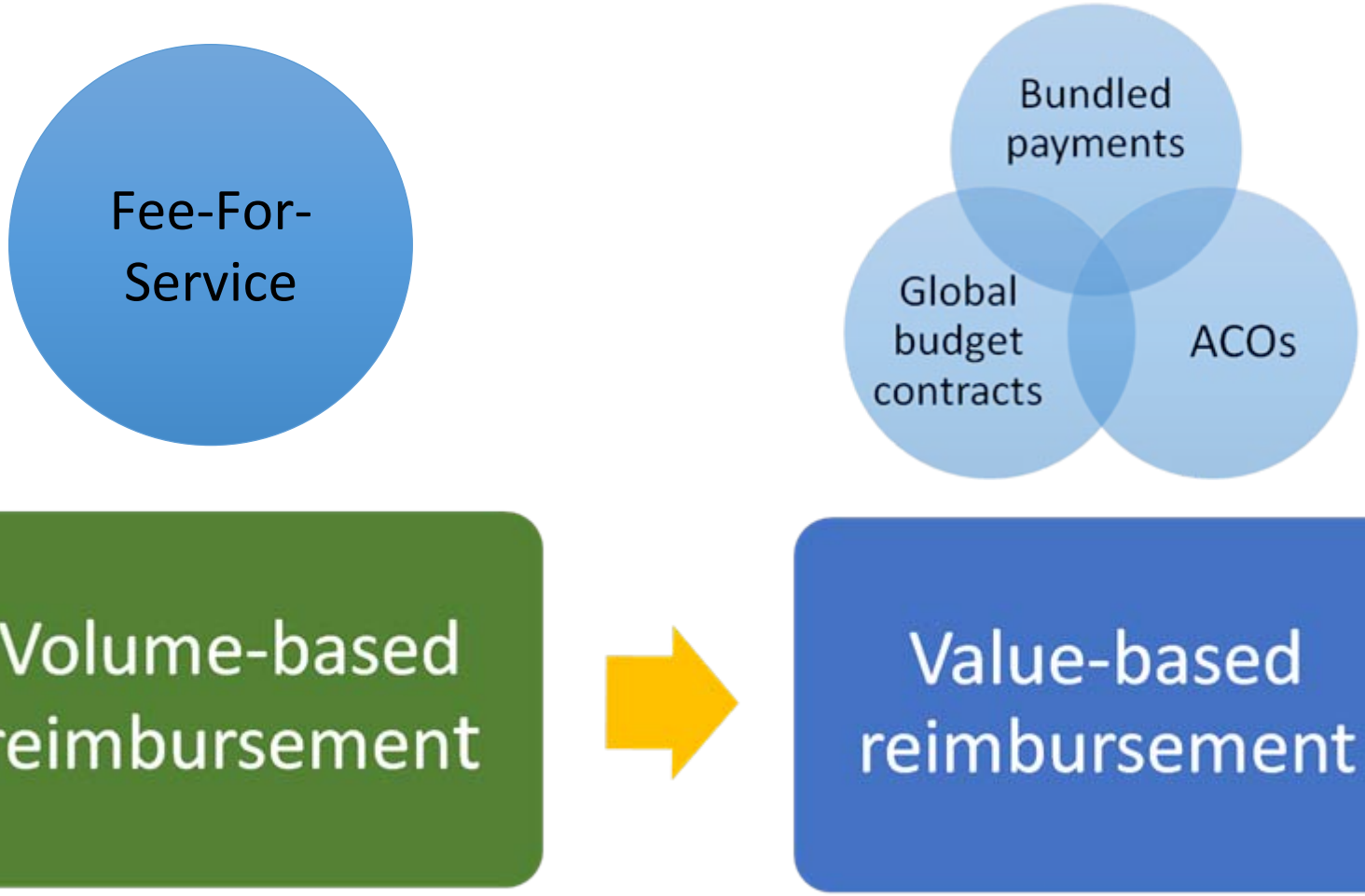
2012 Health Care Cost and Utilization Report. "
Health Care Cost Institute, Inc. (2013): Table A1 [Int
Washington, DC: HCCI; 2013 Sept
http://www.healthcostinstitute.org/

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

Investing in Primary Care

- **Payment Reform**
  - Increase % spend on primary care (relative to total cost of care)
  - Move away from fee-for-service & embrace value-based comprehensive primary care payment
- **Investment in primary care**
  - The United States spent over 2.9 trillion dollars on health care in 2013
  - Only four to seven percent is dedicated to primary care, when primary care visits in the U.S .account for more than half (55 percent) of physician office visits each year

Emerging Payment Reform Trends



Patient-Centered Primary Care COLLABORATIVE

Key Point #3:

Future directions for the PCMH & primary care include clinical integration (inside and outside of the PCMH), increased financial support, team-based training, consumer engagement & technology.

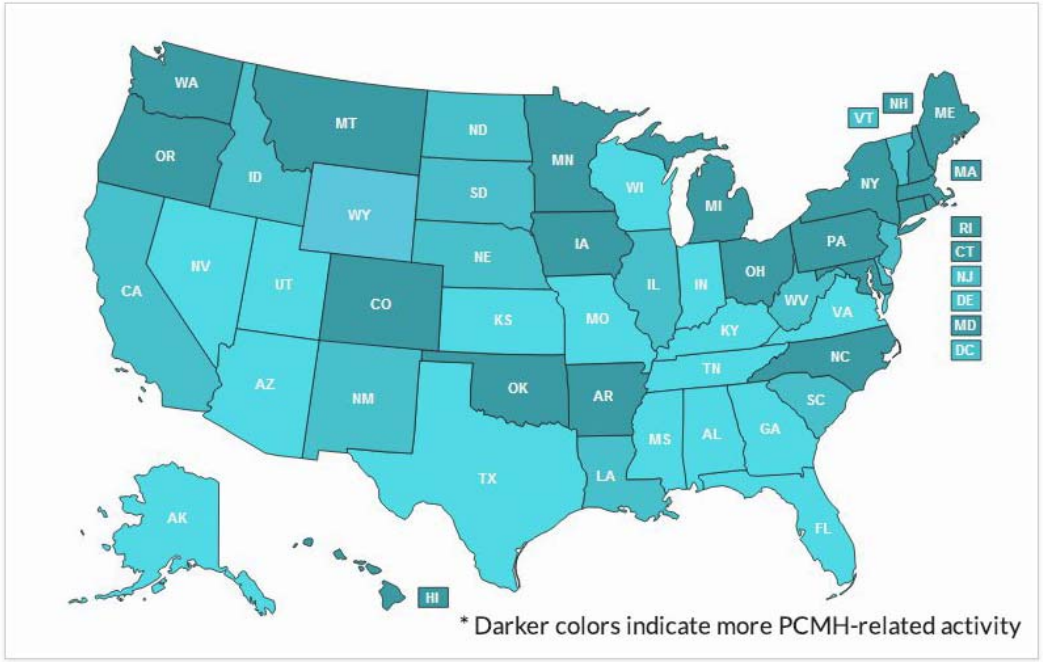
www.pcpcc.org/initiatives

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



* Darker colors indicate more PCMH-related activity

- 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.

State View: Iowa

Iowa

In June of 2013, Governor Terry Branstad signed Senate File 446 into law, which authorized health care delivery and payment system reforms including expanded use of medical homes and ACOs.

Iowa is implementing a comprehensive PCMH-based health care payment and delivery system that will reduce health care costs, improve population health and improve patient care. Iowa is transforming health care across the state through the integration of several legislative initiatives including Health Homes, Integrated Health Homes (IHH), the Balancing Incentives Payment Program (BIPP), the Iowa Health and Wellness Plan, and the Mental Health and Disability Services (MHDS) Redesign. Wellmark, the predominant private payer across the state of Iowa, is partnering with the state in its effort to implement multi-payer ACO methodology statewide. Iowa plans to implement regional ACOs for Medicaid enrollees statewide in January of 2016.

List View
State View
National View
Outcomes View
FAQ Page

Federal/Military Programs

State PCMH Activity

CHIPRA	MAPCP	Dual Eligible	2703 SPA	CPC	SIM Award	PCMH QHP	PCMH Legislation	Private Payer
✗	✗	✗	✓	✗	✓	✗	✓	✓

Public Payer Programs

Program Name	Payer Type	Coverage Area	Parent Program	Outcomes
AAMC eConsults/eReferrals program - Iowa	Grant	California, Iowa, New Hampshire, Virginia, Wisconsin	CMS Health Care Innovation Award (Round 2)	
Catholic Health Initiatives Value-Based Care program - Iowa	Grant		CMS Health Care Innovation Award (Round 2)	
CMS State Innovation Model (SIM) Testing Award - Iowa	Grant	Statewide	CMS State Innovation Model (SIM)	
Iowa Health Homes	Medicaid	Statewide	ACA Section 2703 Health Homes	

State Facts:

Population:
3,070,800
Uninsured Population:
9%
Total Medicaid Spending FY 2012:
$3.5 Billion
Overweight/Obese Adults:
64%
Poor Mental Health among Adults:
31.5%
2014 Medicaid Expansion:
Yes
Source: Kaiser

Legend

$ Cost Savings

Fewer ED / Hospital Visits

Take Home Points

- ✓Recent evidence demonstrates improvements in **cost and utilization** associated with the PCMH.
- ✓The health care marketplace must **invest** in primary care in new ways to achieve the **Triple Aim**.
- ✓Collaboration across stakeholders is critical to the **long-term success** of the PCMH.