

Medical Home Summit

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Purpose of the FQHC APCP Demonstration

- In December 2009, President Obama directed the HHS, acting through CMS, to implement a three-year demonstration intended to support FQHC transformation into patient-centered medical homes (PCMHs) in support of Medicare beneficiaries

FQHCs Offer Primary Health Care to Underserved Populations

- FQHCs serve an important function nationally as organizations to offer primary health care to underserved populations
 - Use teams to provide essential primary care services
 - Serve seniors, Medicare and Medicaid beneficiaries, and others in underserved communities

Goal of the FQHC APCP Demonstration

- Support the transformation of FQHCs into PCMHs
 - within three years
 - through NCQA PCMH Level 3 recognition
- Improve beneficiary outcomes

Patient Centered Medical Homes (PCMH)

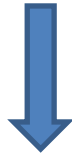
PCMHs:

- Medical practices directed by a physician or nurse practitioner that provides continuous, comprehensive, coordinated, and patient-centered medical care
 - Connects multiple points of health delivery by using team approach
 - Encourages doctors, hospitals, and other providers to work together to coordinate care

Transforming FQHCs into PCMHs

FQHCs:

Use teams to provide essential primary care services to seniors, Medicare and Medicaid beneficiaries, and others in underserved communities



PCMHs

Four Demonstration Components

Quarterly care management
fee payment of \$18 per
Medicare beneficiary

Technical assistance (TA)
from National Committee for
Quality Assurance (NCQA)

Training and assistance from
Health Resources and Services
Administration (HRSA), American
Institutes for Research (AIR), and
primary care associations (PCAs)

Periodic data and performance
feedback reports

Using Medical Home Recognition as a Marker of Advanced Primary Care Practices

- Recognition is based on NCQA's 2011 scoring of six standards:
 - Enhancing access and continuity
 - Identifying and managing patient populations
 - Planning and managing care
 - Providing self-care support and community resources
 - Tracking and coordinating care
 - Measuring and improving performance

Three Key Policy Questions

- What are the effects of the demonstration on practice structure and medical home recognition?
- Do demonstration sites deliver better beneficiary processes and outcomes than comparison sites?
- How does medical home recognition affect beneficiary processes and outcomes?

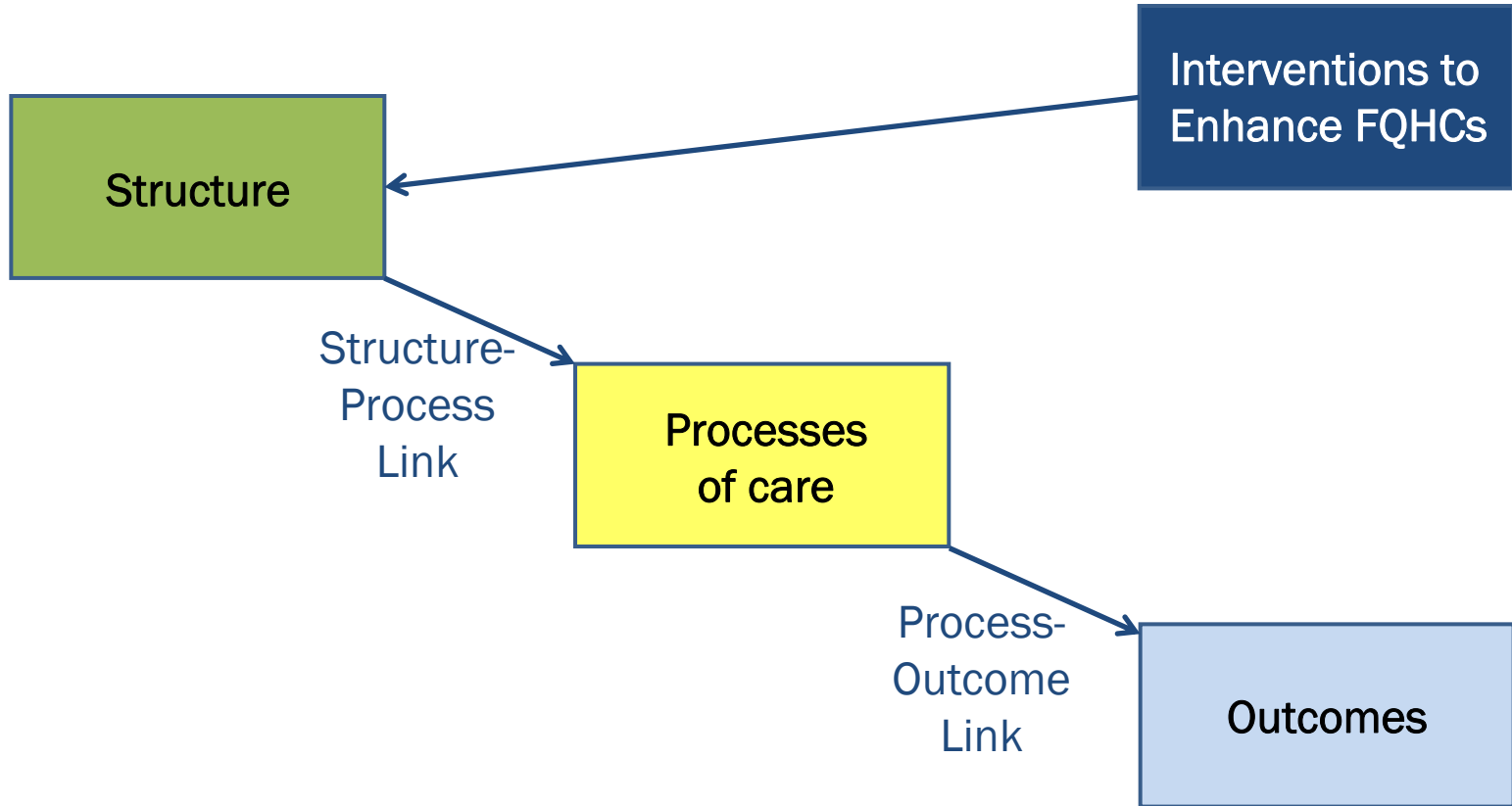
Components of RAND's Evaluation

- Uses classic quality of care model to anchor the evaluation
- Conducts integrated mixed methods analyses
- Studies the processes and challenges involved in transforming FQHCs into PCMHs
- Assesses effects of the demonstration on utilization, quality, and cost of care for Medicare and Medicaid beneficiaries served by FQHCs

Design Issues

- CMS identified 503 demonstration sites
- RAND selected comparison FQHCs
- RAND attributed beneficiaries to FQHCs

We Used the Building Blocks of Donabedian's Classic Quality-of-Care Model



Demonstration and Comparison Groups

Demonstration

- 500 FQHCs
- Up to 195,000 Medicare patients
- Enrolled using criteria designed by CMS

Comparison

- 827 FQHCs
- Includes
 - sites not selected for demonstration
 - sites that were nearly applicable
 - sites that did not apply

Multiple Data Sources

FQHCs and Attributed Beneficiaries

- CMS Medicare and Medicaid claims and enrollment data
- HRSA Uniform Data System data on Section 330 grantee
- American Community Survey data from Bureau of the Census

Surveys

- Clinician and staff experience surveys
- Surveys of Medicare beneficiaries

Interviews and Focus Groups

- Interviews and focus groups involving representatives of FQHCs and PCAs
- NCQA Recognition status; other program Recognition status

Medical Home Recognition

- FQHC-level self-reported RAS data
- TA participation reports describing participation in training

Specific PCMH Practice Changes Emphasized in Demonstration Site Interviews, Grouped by Relevant NCQA 2011 Standard^a

1. Enhance Access and Continuity

Care team and other staffing changes, empanelment, open access with linguistic/cultural access, portal and remote specialty care access with care team/staffing changes and empanelment

2. Identify and Manage Patient Populations

Population management with collection of demographic and clinical data, creation of registries

3. Plan and Manage Care

Pre-visit planning with care plan development, including involving patients and caregivers

4. Provide Self-Care and Community Support

Self-management support including community resources linking for self-care, social or other nonmedical needs

5. Track and Coordinate Care

Tracking, following up on and coordinating referrals and care with hospitals, and coordinating follow-up

6. Measure and Improve Performance

Monitor use, performance, outcome, and pt experience data for QI and for consistent care documentation

^a See National Committee for Quality Assurance, *NCQA PCMH 2011 Standards, Elements, and Factors*, June 5, 2012

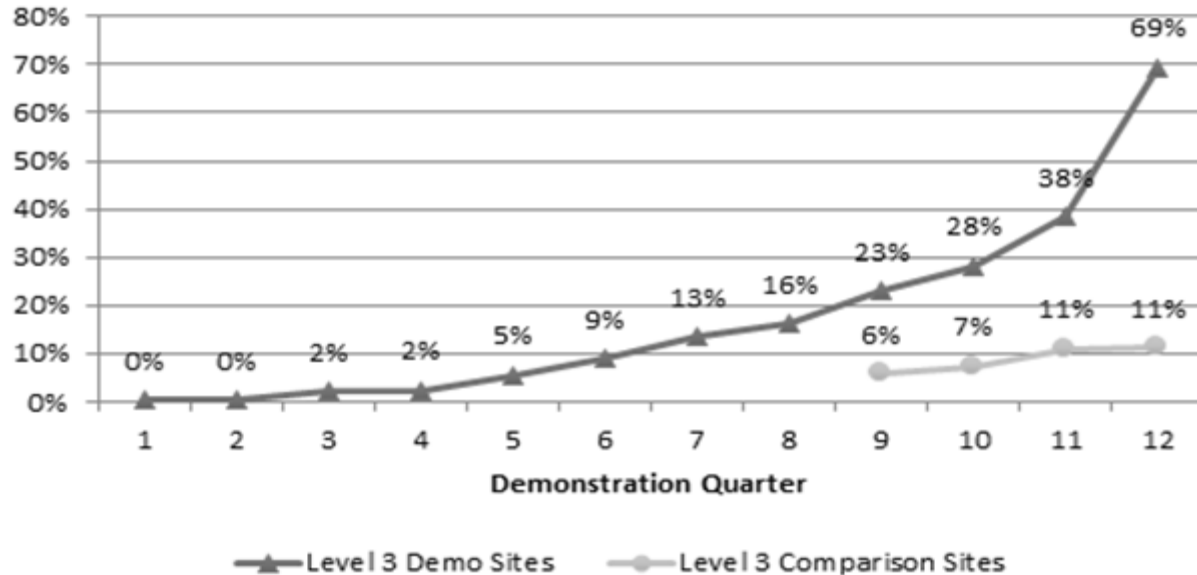
Overview of PCMH TA Support Components Used by FQHC APCP Demonstration Sites

NCQA	AIR (non-PCA)	Qualis
Main (Most Helpful) Components Used		
<ul style="list-style-type: none"> •Answering specific application process inquiries •In-person, offsite training sessions 	<ul style="list-style-type: none"> •PCMH transformation webinars, recognition standards, and “Office Hours” 	<ul style="list-style-type: none"> •Answering specific NCQA application and documentation inquiries •Pre-submission reviews •Collaboration with PCAs to provide training and direct TA to sites •Participated as experts on AIR and PCA sponsored webinars
Other Components Used		
<ul style="list-style-type: none"> •Webinars on recognition standards and application process •Mock application surveys •Other pre-submission feedback (e.g., RAS) •Reviewer and post-submission feedback 	<ul style="list-style-type: none"> •Answering and referral of site inquiries •APCP project web portal 	
Additional Qualitative Detail		
<ul style="list-style-type: none"> •Some sites frustrated that NCQA does not provide determinations on the acceptability of specific documentation prior to application submission •In-person, offsite NCQA training can be expensive for sites if not sponsored or subsidized by other sources 	<ul style="list-style-type: none"> •Archive of the AIR webinars 	<ul style="list-style-type: none"> •Qualis direct TA to sites began in last year of the demonstration and generally focused on assistance with NCQA recognition •Sites also recognized Qualis staff knowledge in PCMH transformation

Challenges: NCQA Recognition

- Interim Readiness Assessment Scores were not consistently helpful to sites
- Sites have incentive to delay their application until they are confident they will succeed
 - Sites receive no “credit” for recognition less than Level 3,
 - Applying as late as possible delays expenditures for reapplying once recognition status expires

Trends in NCQA Level 3 Recognition for Demonstration and Comparison FQHCs



Source: Truven for demonstration sites (n=503), December 2014, and Health Resources and Services Administration (HRSA) for comparison sites approaching the end of the demonstration's 12th quarter, October 2014. Comparison site data for NCQA recognition is only available starting with Quarter 9.

Challenges: Processes and Outcomes

- Early analyses indicated higher Medicare costs and utilization in demonstration FQHCs than at comparison sites
- Unclear whether observed additional costs for demonstration sites are associated with better (or worse) clinical outcomes and beneficiary experiences for FQHC users

Qualitative Methods Provided Important Insights to Supplement Other Data

- Site visits, site leader interviews, PCA interviews, PCA focus groups, and beneficiary and caregiver focus groups provided understanding of how clinics aspire to and achieve NCQA recognition
- Sites varied with respect to their attitudes regarding the demonstration's fiscal support, technical assistance, and feedback reports
- We learned about experiences of beneficiaries, clinicians, and staff

Lessons Learned

- Technical assistance and care management fees can impact change
- Exposing comparison sites to interventions similar to those of demonstration sites can weaken demonstration effects
- FQHCs have unique characteristics
- Medical home recognition may be a marker for transformation, but it does not necessarily = transformation



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