MEDICAL HOME SUMMIT: WELCOME AND OVERVIEW

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PATIENT-CENTERED PRIMARY CARE COLLABORATIVE

Unifying for a better health system --- by better investing in team-based patient-centered primary care

PUBLIC: Patients, Families, Caregivers, Communities

PAYERs: Employers, Government, Health plans, Consumers

COLLABORATIVE:
• Convene
• Communicate
• Advocate

HEALTH CARE PROVIDERS: People who take care of patients/families
PATIENT-Centered “MEDICAL HOME”? 

MARCI’S TOP TEN CHALLENGES

1. Skepticism
SKEPTICAL

Calmly, patiently listening to what others have to say, and recognizing when they’re feeding you a line of s**t.
Milestones in PCMH Development

1967-2006

1967
Alma Alta Declaration

1978
Medical Home Term in Standards of Child Health Care by Council on Ped. Practice

1979
Medical Home and Hawaii Child Health Plan (Calvin Sia, MD)

1989
Future of Family Medicine

2002
AAFP & TransforMED

2004
ACP & Advanced Medical Home

2006
PCPCC Founded
Milestones in PCMH Development

2006-Present

- Various multi-payer initiatives tested (CPC, MAPCP, IAH, SIM)

- Medicare Access & CHIP Reauthorization Act (MACRA) Passes

- "CPC Plus" Announced

- Medicare Access & CHIP Reauthorization Act (MACRA) Passes

- Affordable Care Act (ACA) passed

- State & Local PCMH Pilots

- Joint Principles of PCMH

- Commonwealth Fund PCMH Programs

- Recognition or accreditation of NCQA PCMH begins

- National Business Group on Health (NBGH Award)

- Commonwealth Fund PCMH Programs
MARCI’S TOP TEN CHALLENGES

1. Skepticism

2. Nomenclature (PATIENT, MEDICAL, & HOME)
TERMINOLOGY PREFERRED BY PATIENTS AND CONSUMERS

MARCI’S TOP TEN CHALLENGES

1. Skepticism
2. Nomenclature (PATIENT, MEDICAL, & HOME)
3. Buy-in (leadership & culture change)
800 LB GORILLA IN THE ROOM
MARCI’S TOP TEN CHALLENGES

1. Skepticism
2. Nomenclature (PATIENT, MEDICAL, & HOME)
3. Buy-in (leadership & culture change)
4. Measurement fatigue (process vs outcome)
Physicians See Effect Of Health IT As Positive, Quality Metrics and Financial Penalties As Negative, For Overall Quality Of Care

AMONG PRIMARY CARE PHYSICIANS: Do you think each of the following is having a positive, negative, or no impact on primary care providers’ ability to provide quality care to their patients?

- Increased use of health information technology: 50% Positive, 10% No impact, 28% Negative, 11% Not sure
- Increased use of quality metrics to assess provider performance: 22% Positive, 17% No impact, 50% Negative, 10% Not sure
- Programs that include financial penalties for unnecessary hospital admissions or readmissions: 12% Positive, 14% No impact, 52% Negative, 21% Not sure

SOURCE: The Kaiser Family Foundation/Commonwealth Fund 2015 National Survey of Primary Care Providers (conducted January 5 – March 30, 2015)
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5. Administrative burden (in PCMH recognition/certification programs)
PCMH as a “certification”

- External validation
- “Short term” view of model
- Focused more on process measures
- Role in practice transformation & increased reimbursement
- Role in assessing value by payers

PCMH as ideal of practice transformation

- “North star” – aspirational guide
- “Long term” view of model
- Focused more on outcomes
- What’s most important to patients, families, caregivers & consumers?
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6. Transformation costs ($ & opportunity costs)
Primary Care Practice “Journey”

1. Laying the Foundation
   - Engaged Leadership

2. Building Relationships
   - Empanelment
   - Continuous and Team-Based Healing Relationships

3. Changing Care Delivery
   - Organized, Evidence-Based Care
   - Patient-Centered Interactions

4. Reducing Barriers to Care
   - Enhanced Access
   - Care Coordination

http://www.safetynetmedicalhome.org/resources-tools/all-resources
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7. Workforce: roles, training & effectiveness of teams
COMMON ELEMENTS OF SUCCESSFUL TEAM-BASED INITIATIVES

- Focus on patient-centered care
- Cultural sensitivity and community focus
- Continuous quality improvement
- Development of effective team practice
- Dispersed team leadership
- Integration of behavioral health
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8. Payment sufficiency & sustainability
PRIMARY CARE UNDERVALUED

55% of all medical office visits are for primary care

but only 4 to 7% of health care dollars are spent on primary care
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9. Shifting from fee-for-service (FFS) to Alternative Payment Models (APM)
PAYMENT REFORM AND MEDICARE

Health & Human Services

• Shift 30% of Medicare FFS payments to value through APMs by 2016, 50% by 2018
• Created of Health Care Payment Learning & Action Network
• Investment in Multi-payer Efforts: MAPCP, CPC, CPC+

Congress

• Medicare Access and CHIP Reauthorization Act (MACRA)
  • Merit-based Incentive Payment System (MIPS)
  • Alternative Payment Models (APMs)

https://hcp-lan.org/

http://doctorwhostories.wikia.com/wiki/The_Macra_Terror_(TS)
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9. Shifting from fee-for-service (FFS) to Alternative Payment Models (APM)
10. Public awareness & support
MORE HEALTH CARE IS NOT THE GOAL

What Makes Us Healthy
- Genetics 20%
- Environment 20%
- Healthy Behaviors 50%
- Access to Care 10%

What We Spend On Being Healthy
- 88% Medical Services
- Healthy Behaviors 4%
- Other 8%
WELCOME!

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