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# Safety Net Practice Patient Centered Medical Home

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# Strategic Importance: An Expressed Need

- Lawmakers and policy makers asking for a solution for physicians practicing in HPSAs
- Physicians express concern that current PCMH process has limited value in quality improvement
- Medical home, clinical integration and accountable are part of a continuum

# Expressions of Interest

- Minority Staff of Health, Education, Labor, Pension Committee
- Staff Senate Finance Committee
- MEDPAC
- Medical Society, North Carolina
- National Rural Health Association
- State Medical Association
- State Medicaid Directors

# Why PCMH for Safety Net Practices?

- Created in response to interest and concern from policymakers
- Opportunity for rural and urban underserved practices to compete for alternative payment
- Resource challenges for safety net practices
- Evidence shows transformation for HPSA practices requires a different approach

# Why the Phased Approach?

- Assist mission driven providers without resources:
  - Manpower
  - Money
  - Time
- Recent analysis of PCMH outcomes: focus on practice transformation to achieve outcomes in chronically ill

# What Can Be Accomplished?

- Move practices toward transformation
- Cumulative steps reinforce sustainability
- Begin with benchmarking
- Steps logically and successfully taken in order
- Building on minimum set of capabilities

# Learning from Prior Work

Demonstration projects and early industry efforts drive strategies to strengthen practice capabilities in 3 years

- Change requires physician champions, stimulus and incentives, and external monitoring and validation
- Practices qualify initially at any level, but must progress in 6 -12 month intervals, reaching Level 3 within 3.5 years
- Practices could achieve Level 3 Certification in 12 to 24 months
- HIT designation at any time but no later than 12 months from the date of Level 3 Certification

# What is Different?

Enable rural and urban underserved practices to transform through progression

- Current URAC PCMH standards
- Step by step approach
- Practice enhancement tools developed by others
- Focus on physician champion
- Co-horting approach to learning
- eLearning
- Group vs individual sales/distribution model



# First Things First: Core Elements

Levels assure core elements are first, they include:

- Patient centered care delivery team effectiveness
- Active patient participation in care decisions and self-management
- Enhanced access to care
- Beginning population health management for chronic conditions and multiple co-morbidities
- Use of guidelines
- Performance reporting and improvement

# The Step by Step Transformation

- Practices must demonstrate eligibility for PCMH recognition at Level 1
- Achievements are cumulative; Level 2 and Level 3 built on prior achievement and maintenance of capabilities
- Progress through Levels 2 and 3 in prescribed timeframes to achieve full Certification
- Monitoring in each phase
- HIT designation is available for those practices that have a fully implemented Electronic Health Record and Consumer Communication Portal

# Compared to PCMH certification?

## Level 1

- **Staff Training for Patient-Centered Team Roles**
- **Active Patient Participation in their Care**
- **Beginning Population Health Management & Medical Neighborhood capabilities**

## Level 2

- **Effective Workflows for Collaboration & Care Coordination**
- **Enhanced Access to Services & Referrals via the Medical Neighborhood**
- **Gaps in Care & Barriers Identified via Use of Clinical Guidelines**

## Level 3

- **Patient Engagement in Decision-making and Self Care**
- **Promotion of Prevention, Wellness and Health Risk Management**
- **Care continuity, Integration of Behavioral Health & Substance Use Disorders Care**
- **Demonstrated Performance Improvement**

## HIT Designation

- **Basic + Advanced EHR**
- **Consumer Communications Portal**
- **Electronic Exchange of Information during Transitions of Care**

# Timeline

<b>Level 1: Qualified</b>	<b>Level 2: Established</b>	<b>Level 3: Certified</b>	<b>HIT Designation</b>
12-18 months from date of contract	6 – 12 months from date of initial qualification	6 months – 12 months from date of Level 2 achievement	At any time but no longer than 12 months from date of Level 3 certification

# Early Response

- It all makes sense
- No hesitancy about phasing
- How do we test the theoretical?
- Who makes the first move?
- What limits interest?
- What will change things?

References	Publications	
Safety Net Medical Home Initiative	Safety Net Medical Home Initiative News	July 2013
Leading Delivery Models Emphasize Care Coordination for Chronic Conditions	Patient-Centered Medical Home Legal & Compliance	August 2014
Safety Net Medical Home Initiative	Introduction to the Safety Net Medical Home Initiative Implementation Guide Series	May 2013
Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanisms White Paper	Agency for Healthcare Research and Quality (AHRQ)	July 2011
Medical Home Digest	Safety Net Medical Home Initiative News	Summer 2013
Michigan Medical Homes Deliver Robust Quality and Cost Results	Dorland Health Articles	
Partial and Incremental PCMH Practice Transformation: Implications for Quality and Costs	Health Services Research	February 2014
The Patient-Centered Medical Home: One Size Does Not Fit All	Jama Network	February 26, 2014
The Building blocks of High-Performing Primary Care: Lessons from the Field	California HealthCare Foundation	April 2012
Practice Facilitation in the Safety Net Medical Home Initiative	The Safety Net Medical Home Initiative	
Learn from the Safety Net Medical Home Initiative	The Safety Net Medical Home Initiative	October 2013



***Thank You for Your Time***

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