Medical Home Principles, Findings & Pilots

Commonwealth North Health Care Action Coalition
February 24, 2011

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Today’s Presentation

• Medical home overview  (Eric Britten)
  • The principles of medical homes
  • Medical home benefits
  • Medical home pilot projects and outcomes
  • Alaska and medical homes

• APCA focus on the PCHCH  (Marilyn Kasmar)

• Juneau update on the medical home  
  (Shelley Hughes)
The medical home is an approach to providing comprehensive primary care that:

- Increases the quality of health of the population
- Enhances patient’s health care experience
- Reduces, or at least controls, the per capita cost of health care

*IHI* Triple Aim

*Institute for Healthcare Improvement*
What Is A Medical Home?

- Also known as
  - PCMH (Patient Centered Medical Home)
  - PCHCH (Patient Centered Health Care Home)
  - PCPCH (Patient Centered Primary Care Home)
  - Medical Home
  - Primary Care Home
- Associated with
  - Patient centered care
The American Academy of Pediatrics (AAP) formally introduced the medical home concept in 1967.

- Children with disabilities or chronic conditions
- Evolution …..

“To infinity and beyond!”
Principles of a Medical Home

- **Patient centered**: puts the patient at the center of their health care decisions
- **Access to care**: makes it easier for patients to get care and advice when they need it
- **Comprehensive care**: provides the right care at the right time and eliminates unnecessary procedures
- **Coordinated and integrated care**: coordinates care across multiple providers and services
Principles of a Medical Home

- **Quality and safety**: Continuous quality improvement, clinical support tools, evidence based medicine
- **Continuity of care**: partners patients with their own team of primary care providers
- **Alternate reimbursement model**
  - Existing visit-based fee for face-to-face services
  - A bundled per-member-per-month (PMPM) component that covers medical home services not currently reimbursed by most payers
  - A performance based component reflective of the achievement of defined quality and efficiency goals
Benefits of a Medical Home

- Reductions in emergency room visits
- Reductions in hospital admissions
- Reductions in length of hospital stays
- Reductions in total medical and pharmacy costs
- Reduced diagnostic imaging expense
- Comprehensive evaluation and management for chronic disease management patients
- Improved quality outcomes: improves health outcomes
- Improved patient satisfaction
- Improved provider & team satisfaction
- Recruitment incentive
What’s **REALLY** Different

- The focus is on **wellness**, not cure
- Care is focused on the **whole patient**
- The PCP and care team **collaborate** with the patient
- Care team members **focus on the patient**, not the PCP
- The **patient** is at the center of the care team
- **Interactions** don’t just happen at the clinic
- The care team and patient develop a care plan **together**
- The **patient** can learn to manage much of their own care
- **Populations** as well as patients are managed
- **Data** is used to continuously assess and improve care
- **Costs** are being reduced or controlled
Patient-Centered Medical Home
Overview of Pilot Activity and Planning Discussions

Source: Patient Centered Primary Care Collaborative (PCPCC)
Medical Home Models

- No single model
- Most pilot projects develop their own models, principles, standards, quality metrics
  - Over 26 pilot projects in 25 states
  - More than 14,000 physicians caring for nearly 5 million patients
  - Length of pilots: 2 – 3 years average
- Recognition programs
  - NCQA
  - Joint Commission
“Investing in primary care patient centered medical homes results in improved quality of care and patient experiences, and reductions in expensive hospital and emergency department utilization.”

Outcomes of Implementing Patient Centered Medical Home Interventions,
Patient Centered Primary Care Collaborative (PCPCC), November 2010
Pilot Project Outcomes

- 16-24% reduction in hospital admissions\(^1\)
- 29-39% reduction in ED (emergency room) visits\(^1\)
- 10% decrease in diagnostic imaging expenses\(^1\)
- $200-$600 reduction in costs per patient per year\(^1\)
- V.A. saved $593 per patient per year in a CDM medical home program\(^1\)
- Community Care of N.C.: Saved $974.9M over 6 years\(^1\)
- BCBS of Michigan’s medical home incentive program saved the payer $80M in 2010\(^2\)

\(^1\) Outcomes of Implementing Patient Centered Medical Home Interventions, PCPCC, November 2010
\(^2\) Blues program rewards doctors for offering enhanced access, cutting costs, Detroit News, January 2011
Alaska Clinics are Transforming

From our Medical Director, "Why We Are Transforming..."

We are fundamentally changing the way we deliver health care. We are moving from the current model where health care to passive patient recipients supported by a clinic where care is provided by a true team focusing their collective knowledge, skills, and patients in the collaborative management of their care.

The clinic will be set up as what is called a "patient-centered medical home," an approach in which a team of people such as a nurse, doctor and case manager provide comprehensive care for each patient. The case manager, for example, would follow-up with the...
2010-2014 strategic plan

“The Commission recommends that the Governor and Alaska Legislature aggressively pursue development of patient-centric care models through payment reform, removal of statutory and regulatory barriers, and implementation of pilot projects.”
An Alaska Medical Home Pilot

Alaska has unique rural and frontier clinic issues:

- Remote communities; geographic isolation
- Small populations; low-volume practices
- Extensive use of non-physician providers
- Lack of access to specialty care
- Lack of transportation and communications infrastructure
- Lab and x-ray results
- Lack of pharmacy system
- Health care worker crisis
- Challenges to living a healthy lifestyle

Existing recognition programs don’t address these issues
Purpose of a Pilot Project

- Develop a medical home model for a specific target population, geographic area or both
- Test the elements of the medical home model in the environment for which it was developed
  - Identify issues; improve the model
- Measure effects of the model
  - Vs. a control group
- Project the longer term benefits if the model is implemented on a large scale
- Size of pilot must be sufficient to produce statistically reliable data
QUESTIONS

Medical home resources at: www.brittenassociates.com/medicalhome.htm

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